

# BIENNIAL REPORT

For the Fiscal Years 2003 and 2004

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## Regulating Healthcare Professionals

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Robert A. Nebiker, Director

## **BIENNIAL REPORT**

*FOR THE FISCAL YEARS*

JULY 1, 2002 to JUNE 30, 2003

*And*

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## **OUR MISSION:**

To assure the safe and competent delivery of health care to the citizens of the Commonwealth

## **OUR VISION:**

To face the challenges of an increasingly complex health care environment by:

- Licensing applicants who meet defined standards as determined by law and regulation.
- Issuing licenses or permits to specified health related businesses that are in compliance with applicable laws and regulations, and inspecting to verify continued compliance.
- Ensuring occupational competency by monitoring and enforcing continuing education or experience requirements, as required by law and/or regulation.
- Enforcing compliance with legal policies and assuring professional accountability through diligent investigation of complaints, application of established standards, and objective disciplinary decisions while ensuring the fair and equitable treatment of health professionals.
- Conducting facility inspections to assure the safety and integrity of drugs and medical devices, and to prevent pharmaceutical drug diversion.
- Studying, evaluating and recommending the appropriate type and degree of regulation, based on verifiable research outcomes, for health professions and occupations.
- Maximizing the use of advanced information systems and internet technology in sharing accurate, timely information with all types of consumers for their use in health care decisions; and to facilitate the delivery of other appropriate services to patients, clients, applicants and licensees.

## STATEMENT OF PURPOSE

The Department of Health Professions (DHP) is a state agency created to safeguard high quality and readily available health care services. DHP's work is based on the independent oversight of both individuals and facilities regulated by the Commonwealth.

### 2003-2004 Biennial Report

This report has been prepared as required by the *Code of Virginia* § 54.1-114 which requests:

1. a summary of the board's fiscal affairs
2. a description of the board's activities
3. statistical information regarding board disciplinary issues
4. a summary of complaints and follow-up actions
5. board activities designed to increase its visibility and encourage public participation.

It also includes in its appendices specific statistical information as requested by § 54.1-2400.3 that has not been reported in prior biennial reports:

1. case processing time
2. licensees with more than two Confidential Consent agreements attendant to a standard of care issue within a ten-year time frame
3. disciplinary case staffing levels

Healthcare issues of concern to the Department of Health Professions during the fiscal years 2003 and 2004, are noted, reflecting the activities undertaken to promote better, more accessible health care provided by any of the health related occupations licensed or regulated under the legal requirements of the State of Virginia.

The core of this report is prepared from information generated by each of the thirteen individual health regulatory boards, the new Prescription Monitoring Program, and the Health Practitioners Intervention Program as well as the oversight element, the Board of Health Professions,

Every board has provided a summary of its activities for the past two fiscal years to include information on 1) regulations changed, adopted or repealed, 2) new initiatives implemented, and 3) trends in licensing and disciplinary cases. Other information germane to the operation of an individual board may be included as well if it is considered a significant event or influence.

## DEPARTMENTAL OVERVIEW

### Introduction

The Department of Health Professions (DHP) and Virginia's 13 health regulatory boards, along with the Board of Health Professions (BHP), have responsibility for ensuring the safe and competent delivery of health care services through the regulation of the health professions. DHP provides services coordination and staff support to the health regulatory boards and BHP.

### Department of Health Professions

The Department of Health Professions is the state agency that supports the 13 individual regulatory boards and the Board of Health Professions. The department supports the boards through several means. Some of the agency staff serve as staff to the individual boards. In addition, the agency provides central staff to support the disciplinary function. The agency also provides the automated systems, budgetary and financial staff support, and human resources management support for the boards.

The Department is under the supervision of its Director, appointed by the Governor to serve at his pleasure. Consistent with his specific mandate in Section 54.1-2400 et. seq of the *Code of Virginia*, the director appoints all staff consistent with the Virginia Personnel Act, prepares the budget for inclusion in the Governor's submission, enforces (investigates and inspects for compliance) law and regulation governing the professions, collects and accounts for revenue, expends all appropriated funds, enters into all contracts, and provides consolidated administrative services for the boards. In addition to these responsibilities the Director is responsible for the operation of the Health Practitioners Intervention Program (HPIP).

### Health Regulatory Boards

Virginia's 13 health regulatory boards are responsible for licensing and disciplining health practitioners, and promulgating the regulations that govern health professionals. Some boards have additional responsibilities. For example, the Board of Nursing accredits nursing programs. The Department of Health Professions employees support the boards in their activities, but the members of these boards have the ultimate decision-making authority involving case decisions and promulgation of regulations.

During the biennium the 13 boards regulated more than 265,000 health professionals, facilities, and other entities. The June 30 licensee totals would indicate the number of professionals regulated by these boards has increased by about two (2) percent over the prior biennial and about 39 percent in the last ten years. The boards also received approximately 8,600 disciplinary cases over the two year period and promulgate dozens of regulations. A description of each of these boards and the professions they regulate are contained in separate chapters of this report.

The Governor appoints all board members, and most are health professionals licensed by the boards to which they are appointed. In addition all boards have one to four citizen members. Board members serve four-year terms and cannot serve more than two successive full terms.

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Each of the 13 health regulatory boards is responsible for determining which applicants meet the necessary requirements for licensure, certification and registration. However, it is primarily DHP staff who process and evaluate applications with the assistance of testing services retained by DHP.

Licensure or certification typically requires the completion of a board-approved professional education program and the passage of an approved examination in the applicant's chosen professional field. To practice a licensed profession, one must hold a license: However, individuals may practice without receiving certification, but may not represent themselves to be certified.

DHP staff investigates and prosecutes most of the cases submitted to the agency, but board members hear the facts and render the final decisions. The Administrative Process Act allows these cases to be adjudicated by a hearing officer, but the health regulatory boards have exercised their authority to hear the great majority of the cases themselves.

The health regulatory boards are also responsible for promulgating the regulations which are necessary to govern the professionals they regulate. These regulations establish initial licensure requirements, set fee rates and renewal requirements, and establish standards and scopes of practice.

### **Board of Health Professions**

The Board of Health Professions (BHP) was created in 1977 to assist the health regulatory boards coordinate the development of guidelines governing health care professionals in Virginia. BHP is also responsible for advising the DHP director, General Assembly, and the governor on matters related to the regulation of health professions. The Board is comprised of 18 members, one from each of the 13 health regulatory boards, and five citizens (consumers), all appointed by the Governor.

### **Board staff**

Each of the 13 boards is served by an Executive Director. The Boards of Medicine, Nursing, and Pharmacy, each have an Executive Director whose sole responsibility is to serve that board. In the case of the other boards that have fewer licensees, the executive director is responsible for overseeing two or three boards. The Executive Director who is responsible for both the Board of Optometry and the Board of Veterinary Medicine also serves the Board of Health Professions. Boards have additional support staff and, in some cases, Deputy Directors to support a variety of individual board functions. Board Executives are responsible to the boards they serve, and to the Department Director.

### **Enforcement Division**

Staff of the Enforcement Division provides complaint receipt, investigation, inspection and monitoring services for the for the agency. This division includes: investigators, both central and field staff who investigate allegations regarding health care professionals, and; inspectors who conduct routine inspections of pharma-

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cies, veterinary facilities and funeral establishments. At the conclusion of the biennium DHP employed 45 investigators including four intake investigators, three internal investigators and 38 field investigators, and 9 inspectors.

### **Administrative Proceedings**

The Administrative Proceedings Division (APD) reports to the Chief Deputy Director of the agency. Headed by a Director and Deputy Director, APD's 14 Senior Adjudication Analysts and three support staff are responsible for the preparation, processing, and prosecution of disciplinary cases.

### **Automated Systems**

The Division of Automated Systems is responsible for providing network, hardware, and software computer support for the agency and all the of the boards. This division is managed by a Technology Director and there are six staff positions in the division supplemented by two full-time staff.

DHP contracts with an application service provider for a licensing and discipline in-house net-worked software system that is operated by DHP and houses all of the database information of the department and the boards. The IT function of the Department has been integrated with the newly organized Virginia Technology Agency (VITA).

### **Finance**

DHP's Finance Division handles all of the budgeting, accounting, contracting, and purchases activities related to DHP and the individual boards. This division is managed by the Finance Director and is sub-divided into a financial unit and a material management unit. This division employs 11 full-time staff. Finance also manages the contract for the in-house copy center and mailroom.

### **Human Resources**

The Human Resources Division help recruit and process the applications for prospective employees, and assists in managing employee benefits. This division also works with agency management to apportion DHP's position within the agency and to obtain approval to fill vacant and new positions. Human Resources is comprised of a director, a personnel practice analyst, a human resources assistant, and two wage employees who provide clerical support.

### **Department of Health Professions Funding**

DHP is largely a special fund agency that received the money necessary to operate the department, the 13 health regulatory boards, and the Board of Health Professions through fees charged to those

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licensed or certified through the health regulatory boards. The *Code of Virginia* requires, with one exception, that each of the 13 health regulatory boards collect sufficient fees from its licensees to cover its own operating expenses. The only regulated health occupations whose costs are not paid for entirely by licensure fees are Certified Nurse Aides (CNAs) that fall under the Board of Nursing. Nurse Aides are regulated pursuant to a federal mandate, and the federal government provides some funding for their regulation. In this biennium the Department received a grant from the Bureau of Justice ??? To fund the Prescription Drug Monitoring Program.

During the biennium ending June 30, 2004, the 13 health regulatory boards received approximately \$37 million in total revenue while expenditures totaled approximately \$33.5 million. The board of Medicine had revenues of approximately \$11.1 million in the last biennial, followed closely by the Board of Nursing with \$10.7 million. Together the two boards represent approximately 59% of total revenues and 58.3% of total expenditures.

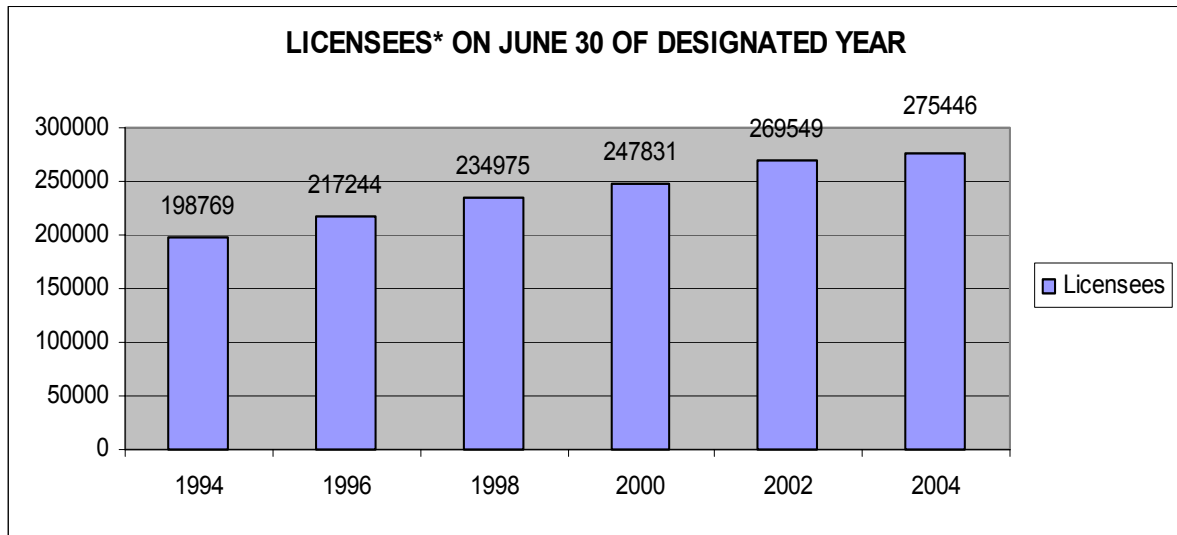
**Biennial Income and Expenditures  
July 1, 2002 to June 30, 2004**

	<b>Income</b>	<b>% of Total</b>	<b>Expenditures</b>	<b>% of Total</b>
Nursing	10,741,136	29.0%	8,580,354	25.6%
Medicine	11,109,381	30.0%	10,959,273	32.7%
Dentistry	2,166,201	5.8%	2,239,806	6.7%
Funeral Directors and Embalmers	834,245	2.3%	870,679	2.6%
Optometry	640,710	1.7%	512,675	1.5%
Veterinary Medicine	1,151,310	3.1%	970,243	2.9%
Pharmacy	3,739,122	10.1%	2,850,714	8.5%
Psychology	762,452	2.1%	578,611	1.7%
Counseling	1,017,564	2.7%	694,103	2.1%
Social Work	360,785	1.0%	570,196	1.7%
Certified Nurse Aides (Federal)	1,935,179	5.2%	2,037,388	6.1%
Certified Nurse Aides (State)	1,369,614	3.7%	1,110,380	3.3%
Nursing Home Administrator	384,625	1.0%	341,995	1.0%
Audiology and Speech Language Pathology	209,570	0.6%	334,531	1.0%
Physical Therapy	585,135	1.6%	509,782	1.5%
Prescription Monitoring Program	45,471	0.1%	106,509	0.3%
Miscellaneous	600	0.0%	150,362	0.3%
Nursing Scholarships Transfer*			109,751	0.4%
	<b>37,053,100</b>	<b>100.0%</b>	<b>33,527,352</b>	<b>100.0%</b>

\*Nursing Scholarship Transfer dollars are derived from Nursing income.

**Continued Growth**

As evident in the graph below, DHP as a whole continues to experience growth in the number of licensees authorized to render health care as measured by the number of individuals holding a license on June 30, 2004, the end of the biennium. The growth in numbers of practitioners is believed to be based on the demand for health care services and the number of individuals choosing careers in health care delivery as well as the availability of enrollment in corresponding educational institutions.



\*The number of licensees reflects all individuals and facilities holding a current license on the respective date..

## BOARD OF HEALTH PROFESSIONS

The Board of Health Professions is an advisory body within the Department of Health Professions authorized by the General Assembly with specific powers and duties listed in §§54.1-2500, 54.1-2409.2, 54.1-2410 et seq., and 54.1-2730 et seq. of the *Code of Virginia*. This eighteen-member body is appointed by the Governor and comprised of five consumers and representatives from each of the thirteen health regulatory boards. The chief role of the members from the health regulatory boards is to bring their subject-matter expertise and perspectives as health care providers to the Board to assist in conducting policy reviews. The five citizen members offer their unique perspectives to this effort as health care consumers and as informed members of the general public.

Among the Board's various powers and duties is its authority to review agency activities. The Board periodically examines the disciplinary processes of the Department and individual boards to ensure public protection and fair and equitable treatment of health professionals. The Board's authority also extends to review matters relating to the regulation or deregulation of health care professions, including whether or to what degree a particular profession should be regulated and to advise the Department Director, General Assembly, and Governor accordingly.

### ***Disciplinary Processes***

During the biennium, the Board oversaw work on two major reviews: the Sanctioning Reference Points Study and an evaluation of the disciplinary case prioritizing system. In response to legislation passed in 2003, the Board developed regulations to govern the credentialing of dialysis patient care technicians, and it began conducting its own review of the need to regulate administrators of assisted living facilities.

#### Sanctioning Reference Points Study

Consistent, rationally based decisions are fundamental to public protection and fairness. Boards have traditionally been criticized for harsh or lenient sanctioning and sometimes for inconsistent sanctioning. Members of health regulatory boards are called to serve in a quasi-judicial role; however, unlike judges, board members have traditionally had little in the way of objective information relating to previous sanctioning decisions and the underlying rationale. In addition, each health regulatory board hears different types of cases, and as a result, considers different factors when determining an appropriate sanction. To better assist the board members in their role as judges, the Board launched this seminal study in the spring of 2001 to provide each board with an empirical, systematic analysis of case decisions, and based upon this analysis, to derive a reference points system.

Patterned after the research which resulted in the sentencing guidelines for Virginia's judges, the bulk of the initial work involved development of an approach applicable to the health regulatory arena. The Board of Medicine was chosen as the first board to test a set of sanction reference points because of their volume of cases and breadth of case types, and they graciously accepted the invitation. By the end of 2004, the Board of Pharmacy, Board of Dentistry, and Board of Nursing had joined as participants, with the work for the Board of Medicine completed and that for Board of Pharmacy ready for their final review. The Board of Medicine's system was approved for implementation in August of 2004 and is de-

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scribed in detail in the Board of Medicine's Guidance Document 85-11 *Sanctioning Reference Points Instruction Manual*.

In addition to update reports for the Board of Health Professions and participating health regulatory boards, several professional presentation on the study and the Board of Medicine's system have been made this biennium. In the spring of 2003, a presentation was made to the Federation of State Medical Boards on the results of the study, to date. This summer, training on the Board of Medicine's system was offered to attorneys in anticipation of implementation. All meetings were well attended with many requests for the Board of Medicine manual and study updates as they occur.

#### Priority System Review

Since 1983, DHP has employed a prioritizing system to assist in managing cases. The level of the priority is based on the perceived level of danger to the public as defined in the descriptions for the system. In 1990, BHP recommended, and DHP adopted, a move from a 3-level to a 6-level system. A tremendous increased volume prompted the need for greater precision. With a more complex system, there was also deemed a need for professional vs. clerical staff to evaluate cases. The inherent presumption in either system was that the most dangerous cases should be resolved the fastest, the least, the slowest, and the intervening levels, moderately according to their priority.

However, historically, Priority 1 and 6 cases move the fastest. Cases with Priority 1 or 6 ranking have been the only ones that have ever met the agency's Case Standards (as of FY 2003). In addition, an internal study in 2000 revealed poor inter-rater reliability using the six-level system. The consideration of six levels as being too conceptually unwieldy and without real meaning emerged. Although the priorities generally rank cases on the "danger to the public" scale, there are cases that involve clinically related patient harm with lower priorities than those involving non-clinical, business-related issues.

To address the problem, the overall priority system was simplified to be comprised of fewer, more meaningful distinctions. Four priorities replace the old six, and relegated to the lowest priority were those cases that do not involve clinical patient harm but rather are non-clinical/business-related in nature. Descriptions were revised and validated through staff review and checks of inter-rater reliability.

The expected outcomes are greater agreement in assignment of priority level, better case resolution times for those that involve patient harm issues, and an aid to revision of agency case standards. Implementation of the new priorities was scheduled to begin July 1, 2004. Analyses of case resolution time across the new priorities will be conducted in the first six months and every six months thereafter to obtain trend data. Feedback from users on their impression of the efficacy of the system will also be gathered.

### **Regulation of Health Care Professions**

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Dialysis Patient Care Technicians

The 2003 General Assembly established title protection for "dialysis care technicians" or "dialysis patient care technicians." This same legislation required the Board of Health Professions to approve in regulation appropriate credentialing organizations through which someone could become certified, and thus, appropriately use one of the aforementioned restricted titles.

The Board approved four certifications: the "Certified Clinical Hemodialysis Technician" designation by the Nephrology Nursing Certification Commission, the "Certified Hemodialysis Technician" credential by the Board of Nephrology Examiners Nursing and Technology, the "Certified in Clinical Nephrology Technology" credential by the National Nephrology Certification Organization, or certification or licensure as a dialysis technician or similar title by another jurisdiction in the United States providing that the standards are substantially equivalent to those in Virginia. The final adoption of the regulations to effect this approval is scheduled for the Board's October 2004 meeting.

Assisted Living Facility Administrators

In September of 2003, the Board of Nursing Home Administrators' representative on the Board of Health Professions requested that the Board of Health Professions conduct a sunrise review into the need to regulate administrators/directors of assisted living facilities. The Board awaited a potential action from the General Assembly that may have provided some direction in the study's conduct; however, none resulted.

## **BOARD OF AUDIOLOGY AND SPEECH LANGUAGE PATHOLOGY**

### **Regulatory Issues**

The Board of Audiology and Speech-Language Pathology amended its regulations during the biennium effective January 28, 2004. The amendments reflect the approval of other occupational certification programs such as the American Board of Audiology. Also, the amended regulations allow the Board to license individuals who seek a Doctorate of Audiology and who have completed all requirements for a Master's degree.

During the biennium, the licensees of the Board of Audiology and Speech-Language Pathology began accruing continuing competency units. A licensee is required to report 30 hours of continuing competency units by December 31, 2004.

### **Major Initiatives**

No major initiatives were undertaken during this period.

### **Trends in Licensing**

The Board experienced an overall nine percent increase in number of licensees. The total number reflects 447 audiologists, up 4% from FY 2002, 2416 speech-language pathologists in the same fiscal year, and 113 school speech-language pathologists, up 88% from FY 2002. The large increase in the school speech-language pathology occupation may have been due to the growing need of local school districts to receive funding through Medicaid to provide services to a growing disabled population in the schools.

### **Trends in Discipline**

This biennium shows discipline activity similar to previous ones. The disciplinary case load continues to be small in comparison to the boards within the agency. The Board received 14 complaints which is a 43% increase in this biennium. The Board sanctioned only two licensees during the period. Billing fraud continues to be the major category of disciplinary cases.

## BOARD OF COUNSELING

### Regulatory Issues

During 2002, *Code of Virginia* Section 54.1-3505.1 authorized the Board to establish requirements for continuing education. The regulations became effective September 8 2004, and compliance with the 20 hours will be concurrent with the 2005 renewal.

Regulations for a one year “time-limited waiver” to the 60 graduate hour educational requirement were effective from February 26, 2003 until February 25, 2004 allowing approximately 7 individuals with a comprehensive amount of graduate training and extraordinary amount of experience to obtain licensure to practice as Licensed Substance Abuse Practitioners without having met the standard 60 graduate hour requirement.

### Major Initiatives

During this biennium the Board has joined with the Association of State Counseling Boards (AASCB) in an effort to facilitate mobility for Licensed Professional Counselors through the use of a registration in the AASCB National Credentials Registry. The initial draft of the registry document is currently before many state boards for consideration after a five year effort by the AASCB leadership, spearheaded by Janice McMillan, Ph.D., chair of the Virginia Board of Counseling, to bring the portability issue to fruition. Since the number of academic hours and coursework requirements, and the number of hours of supervised experience required for licensure vary among states a two tiered eligibility criteria has been proposed by AASCB. A Notice of Intended Regulatory Action has been published by the Board to consider use of the registry for licensure. The purpose of this registry is to promote greater uniformity in licensure requirements among jurisdictions, to create a credentialing repository to reduce the waiting time of licenses from one jurisdiction wishing to be licensed in another state. It is assumed that most of the states will adopt the portability plan.

### Trends in Licensing

The Board of Counseling regulates six professions: licensed professional counselors, licensed marriage and family therapists, licensed substance abuse treatment practitioners, certified substance abuse counselors, certified substance abuse counseling assistants and certified rehabilitation counselors. On June 30, 2004 the Board had 5,583 licensed and certified individuals representing an overall decrease of 33 licensees, or one (1) percent since the last biennium. The decrease was largely the result of 2004 legislation which removed the requirement for government agencies and sheltered workshops to require employees who provide vocational rehabilitation services to be certified by the Board of Counseling.

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## BOARD OF COUNSELING

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Legislation enacted in 2001 created a third tier for those employed in substance abuse treatment case management. The regulations setting requirements for the Certified Substance Counseling Assistant (CSACA) became effective June 18, 2003; and, as of the end of the biennium, only two individuals had obtained this certificate. As of June 2004, there were 2,741 professional counselors, 1,437 certified substance abuse counselors, 867 marriage and family therapists, and 162 substance abuse treatment practitioners.

### **Trends in Discipline**

Boundary violations comprise the majority of the complaints in this biennium as in previous years. Sanctions were imposed in 22 cases. Since Licensed Professional Counselors represent nearly fifty percent of the Board's licensees, the majority of the violations were attributable to that group of licensees.

## BOARD OF DENTISTRY

### Regulatory Issues

The Board conducted a comprehensive periodic regulatory review of the Regulations Governing the Practice of Dentistry and Dental Hygiene. The review process included extensive discussions with the dental community on the appropriate requirements for administration of sedation and anesthesia. Draft regulations include requirements for training, emergency equipment and techniques, and patient monitoring that are necessary to protect the health and safety of patients in dental offices. Other amendments specify the educational requirements for licensure as completion of an accredited pre-doctoral dental education program leading to a doctoral degree or a post-doctoral specialty program recognized by the American Dental Association. Changes in examination requirements offer additional options for persons who took the clinical examination five or more years prior to applying for licensure, remediation requirements are established for candidates who have failed the clinical examination three times and the requirement for passing a jurisprudence examination is replaced with a requirement for certification that the laws and regulations governing the practice of dentistry have been read and understood and that the licensee will keep current with changes made.

Legislation was enacted in 2004 to amend §54.1-2712.5 of the *Code of Virginia* to allow the Board to issue a Temporary Resident's License to dental residents and interns in post-doctoral programs. The legislation included an emergency enactment clause. The emergency regulations provide for a limited license and require oversight by a faculty member of the post-doctoral program. The license authorizes practice and the prescribing of controlled substances while imposing appropriate safeguards.

The Board implemented fee increases in 2003 to provide sufficient funding for the licensing, disciplinary and administrative functions. The annual renewal fee for a dentist was increased from \$100 to \$150 and for a dental hygienist from \$40 to \$50. The licensing fee for dentists was kept at \$225 and the licensing fee for dental hygienists was reduced from \$160 to \$135. Other fees were adjusted for consistency with the fees charged by other boards within the Department. Fees for returned checks and inspections were added.

Legislation enacted in 2002 amended §54.1-2722 of the *Code of Virginia* to permit General Supervision of Dental Hygienists. The legislation included an emergency enactment clause. Final regulations were effective on July 16, 2003. The regulations require that a dentist evaluate the patient and write an order for services to be provided under general supervision. The services that might be provided under general supervision are identified. Notification that the dentist will not be present must be given to the patient. The treatment must be provided within seven months of the date the order was written. As a result of a 2003 amendment to the Virginia Drug Control Act, the final regulations include a provision to allow the administration of oral topical drugs by the hygienist practicing under general supervision.

Legislation enacted in 2002 amended §54.1-2701(5) of the *Code of Virginia* to enable Voluntary Practice by dentists and dental hygienists who hold a current, unrestricted license in another state. The

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legislation also amended §54.1-2715 of the Code to include clinics operated by charitable corporations as practice settings which would make an applicant eligible for a Temporary Permit. The legislation included an emergency enactment clause. The regulations require registration with the Board for voluntary practice and a notarized statement from an eligible sponsoring organization. The licensure exemption is granted for specific dates and locations. The Board's final regulations became effective on June 18, 2003 and included modified language on sponsoring organizations in response to legislation enacted in 2003.

Final regulations setting forth provisions in 18 VAC 60-20-10 and 18 VAC 60-20-250 et seq., for Oral and Maxillofacial Surgeons became effective on February 26, 2003. These regulations were required as a result of legislation passed in 2001 to establish registration and certification requirements for dentists practicing the specialty of oral and maxillofacial surgery. The regulations require all oral and maxillofacial surgeons practicing in Virginia to register with the Board and to provide a profile on their practice. In addition, certification by the Board is required for any oral and maxillofacial surgeon who performs cosmetic procedures and such cosmetic procedures are limited to treatment above the clavicle or within the head and neck region of the body.

### **Major Initiatives**

Implementation of general supervision as discussed above was one of three major initiatives in this biennium. The Board worked with professional organizations to address the application of general supervision in free and reduced fee clinics to allow hygiene services to be expanded. The Board also developed a lengthy question and answer guidance document on practice under general supervision.

Another major area of effort was gathering and evaluating a large quantity of information about anesthesia and sedation to guide the regulatory development discussed above. The Board reviewed the statutes and regulations of other state boards. An advisory panel of experts was convened to discuss the standard of care for anesthesia and sedation in general dentistry, pediatric dentistry and oral and maxillofacial surgery. These experts also reviewed draft proposals and provided guidance on language to clearly establish the minimum standards that should be set out in regulations.

### **Trends in Licensing**

For the first time in the past decade, the number of dentists licensed at the end of a biennium has declined. The decline is slight at about 1%, with the number of licensees falling from 5,399 in the last biennium to 5,377 in this biennium. In contrast, the number of licensed dentists increased in the previous biennium by 4%. Also in contrast, the number of licensed dental hygienists increased by 5% from 3,647 in the last biennium to 3,838 in this biennium. The number of licensed dental hygienists has grown steadily during the decade.

In this biennium, licensed dentists practicing in the dental specialty of oral and maxillofacial surgery were required to register with the Board and to provide profiles of their practice. The registration require-

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ment is in addition to the requirement for licensure as a dentist. In addition any dentist who is registered as an oral and maxillofacial surgeon who intends to provide cosmetic procedures must obtain certification from the Board. There are 175 oral and maxillofacial surgeons registered with the Board and 10 of these registrants hold certification to perform cosmetic procedures.

### **Trends in Discipline**

During the biennium, 896 complaints against dentists and 11 complaints against dental hygienists were referred to the Board. Of this number 394 addressed standard of care allegations ranging from misdiagnosis to failed or excessive treatment. The Board issued sanctions for 32% of these standard of care complaints. The next highest number of complaints, 253, related to business practices including fraud and advertising. Sanctions were ordered in 13% of these cases.

Standard of Care cases more frequently require the collection and review of records from other practitioners who either previously treated the patient or subsequently treated the patient (dentists, emergency room, MDs). Also increasing are the number of cases involving more than one patient and allegations regarding an ongoing pattern of practice violations.

## BOARD OF FUNERAL DIRECTORS AND EMBALMERS

### Regulatory Issues

The Board of Funeral Directors and Embalmers was granted the statutory authority to require continuing education for licensee renewal in 2002. Funeral service licensees, funeral directors and funeral embalmers are required to obtain five continuing education units each year. The first renewal period of reporting will be March 31, 2005. The regulations for continuing education became effective July 1, 2003 and include provisions for the approval of continuing education providers by the Board. The Board has approved 30 providers at the end of this biennium.

On January 27, 2003, amendments to the General Regulations for the Board of Funeral Directors and Embalmers (18 VAC 65-20-10 et seq.), Regulations Governing the Resident Trainee Program (18 VAC 40-10 et seq.) and the Regulations Governing Pre-Need Funeral Planning (18 VAC 65-30-10 et seq.) became effective. The amendments resulted from a periodic review by the Board. The General Regulations were amended to eliminate unnecessary language, defined the term- "branch", amended requirements for change of ownership and surface transportation and removal companies, and amended preparation room requirements to address technological advances in embalming. The amendments to the Resident Trainee program regulations added pre-need training requirements by the resident trainee supervisor. The regulations governing Pre-Need Funeral Planning amended the prescribed pre-need funeral contracts and the revision of the Appointee Agreement (an addendum to the Pre-Need Contract).

On July 1, 2003, new laws became effective which amended the funeral statute. The amendments allow the Board to inspect crematories, clarify that the practice of funeral service may occur within the funeral service establishment, grant the board the authority to discipline a licensee based on a prior disciplinary action in another state, and allows the creation of an irrevocable trust.

### Major Initiatives

Beginning in 2003, after the cremation incidents in Georgia, the Board mandated that crematories be inspected as well as funeral service establishments. There are currently over 70 licensed crematories.

In 2004, the Federal Trade Commission received a complaint against the Virginia Board of Funeral Directors and Embalmers citing anti-competitive regulation within its pre-need funeral planning regulations prohibiting discounts of pre-need funeral arrangements. After review and investigation by the FTC, the Board voted to amend its pre-need planning regulations to allow the discounting of pre-need contracts. The amendment became effective July 28, 2004.

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### **Trends in Licensing**

Over the past several years, the Board has experienced a steady increase in the number of licensees. The total number of licensees increased by 2% in comparison with the last biennium. The major growth area is crematories with a 33 percent increase during the biennium. There is a direct correlation between the crematory growth area and the increase and acceptance of cremation as an alternative burial choice.

### **Trends in Discipline**

The Board experienced a ten percent increase in the number of disciplinary cases investigated during this biennium with a total number of 167 for the biennium. The increase is attributed to increased inspection violations and repeat violators of the law. Business Practices continues to be the major category for violations followed by inspection violations and unlicensed activity.

## BOARD OF MEDICINE

### Regulatory Issues

Regulatory activity has been robust in FY2003 and FY2004. The most significant new or amended regulations concerned office-based anesthesia, fee increases, changes to the practitioner information system, conformity to the statute requiring less postgraduate training for those from unapproved schools and standards of professional conduct.

#### Office-Based Anesthesia

Chapters 24 and 29 of Title 54.1 of the *Code of Virginia* empower the Board of Medicine to regulate the practice of medicine and related professions. In response to a November 1999 petition for rule-making from the Medical Society of Virginia and legislation from the 2002 General Assembly, the Board appointed an ad hoc committee to develop regulations for office-based anesthesia. Done initially as emergency regulations effective November 18, 2002, they address definitions, general provisions, qualifications of providers, procedure/anesthesia selection and patient evaluation, informed consent, monitoring, emergency and transfer protocols, discharge policies and procedures and reporting requirements. The final regulations became effective June 18, 2003.

#### Fee increases

Chapter 24 of Title 54.1 of the *Code of Virginia* authorizes the Board of Medicine to collect fees for the issuance of licenses. Pursuant to HB 1441 passed by the General Assembly in the 2003 Session, the Board of Medicine projected an increased disciplinary workload from the enhanced reporting requirements, the lowered threshold for taking action and the advent of confidential consent agreements. Only the fees for MDs, DOs, DPMs and DCs were increased. Initially done as emergency regulations effective July 15, 2003, the final regulations took effect June 14, 2004.

#### Changes to Practitioner Information

Chapter 29 of Title 54.1 of the *Code of Virginia* established the practitioner information system in 1998. Several amendments have been made to the original law. The new regulations were promulgated consistent with the changes in the law that removed insurance participation/acceptance as required data, added felony convictions, emergency contact information, and translation services at secondary offices as required data, clarified the reporting requirements for adverse actions and accurately described the display of malpractice paid claims data on the consumer website. The final regulations were effective June 18, 2003.

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## Postgraduate educational requirement for unapproved schools

Chapters 24 and 29 of Title 54.1 of the *Code of Virginia* authorize the Board of Medicine to set standards for the licensure of individuals who graduate from schools of medicine and surgery. Graduates of unapproved schools (other than US and Canadian), had been required to show three years of post-graduate training at an approved institution to qualify for licensure. The General Assembly passed legislation in the 2003 Session that reduced the requirement to two years. The final regulations became effective July 30, 2003.

## Standards of Professional Conduct

In 2003, the Board of Medicine discerned the need to have more specificity regarding its ethical requirements of licensees. An ad hoc committee, chaired by the Board president, was constituted with Board members and interested stakeholders to develop draft regulations. Using available references and the ethical complaint experience of the Board, the committee amended the existing regulations and added new language to address significant issues. Sections include: Treating self and family; Patient records; Confidentiality; Practitioner-patient communication; Termination of treatment relationship; Practitioner responsibility; Advertising; Vitamins, minerals and food supplements; Anabolic steroids; Solicitation or remuneration in exchange for referral; Pharmacotherapy for weight loss; Sexual contact; and Refusal to provide information to the Board. These proposed regulations were approved by the Board of Medicine on June 24, 2004 and were forwarded for Executive Branch review.

## **Major Initiatives**

HB 1441 from the 2003 Session of the General Assembly required the Board of Medicine to apply a new standard in its probable cause reviews and in the finding of violations. Instead of the gross negligence standard in place since 1934, the Assembly adopted “intentional or negligent conduct” that causes or is likely to cause injury to patients. All Board members have been instructed to bring this standard to their reviews. In Board bylaws, the president retains the authority to send a case forward to the Administrative Proceedings Division for prosecution.

Included in HB 1441 was a new tool for the Board to deal with minor misconduct, in which there was little or no patient harm, and that was not likely to be repeated. The Confidential Consent Agreement is a document of agreement between the Board and a licensee acknowledging the misconduct and a remedy. It is confidential by law and cannot be disclosed, except by the Board in a future disciplinary proceeding. The Board determined that confidential consent agreements would be most useful for violations of profiling, continuing education and advertising laws and regulations.

The Board of Medicine was the first board to be studied under the Board of Health Professions’ Sanctions Reference Study. Board members and staff, present and past, participated in the provision of data for analysis, which included five years of determinations by the Board of Medicine. The analysis described the weight of numerous elements in past decisions. From the data, it was possible to design a scoring grid consistent with past decisions. The project produced a manual, which the Board

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## BOARD OF MEDICINE

adopted as a guidance document, and voted to implement as policy at its informal conferences in early FY2005.

Two audits were undertaken this past biennium, continuing education and practitioner information. The regulations for continuing education require a 1-2% audit to determine licensees' compliance with requirements. Approximately 1% of those MDs, DOs, DPMs and DCs renewing in 2000 were contacted and asked to provide documentation of having obtained the 60 hours as required. Similarly, approximately 1% of the profiles of MDs, DOs and DPMs required to provide accurate and timely information have been reviewed. Compliance fell short of 100% in both audits.

### **Trends in Licensing**

The total number of active licensees of the Board has grown slightly over the biennium. On June 30, 2002, the total number of licensees was 45,378. On June 30, 2004, the total number of current licensees was 46,259. This represents an overall increase of 2%. A number of professions lost licensees. The professions experiencing the greatest drop in licensure were chiropractic, with a drop of 20%, and podiatry with a drop of 19%. Athletic trainers led the positive numbers with an increase of 95% over the biennium, followed by licensed acupuncturists at 45% and interns and residents at 44%. Doctors of osteopathic medicine were up by 8%, while their MD counterparts were down by 12%. In this biennium, 3,065 doctors of medicine and surgery closed out or allowed their license to expire. It is of note that radiology technologists -limited were down 15%, and radiology technologists were only up 1%. The Board continues to receive reports of the difficulty of finding radiology technologists and radiology technologists -limited.

### **Trends in Discipline**

FY2003 and FY2004 saw increases in the total number of complaints relative the previous biennium. Whereas the previous biennium had yielded 2,709, this biennium had 3,807. This represents an increase of 40%. In the previous biennium, 3,690 cases had been referred to the Board. In this biennium, the number was 5,100, an increase of 38%.

Doctors of medicine and surgery accounted for 88% of all complaints. Doctors of podiatry led in terms of the rate of complaints, reaching 127.8 complaints per thousand licensees in FY2004. They were followed by doctors of medicine and surgery with 78.96, doctors of osteopathic medicine with 72.94, doctors of chiropractors with 41.84, and physician assistants with 25.78. These rates were almost double those of FY2003, which might be attributed to higher visibility of the Board and profiling issues.

The largest category of complaint, by far, was standard of care. It accounted for 1,988 or 51%. By percentage, the categories that followed standard of care for volume of complaints were: business practices (6.7%); required report not filed (3.9%); prescription blanks (3.7%); patient records (2.7%); drug-related, excessive prescribing (2.6%); followed by fraud, advertising and all other categories.

Violations were not found at the same rate in all categories. In the standard of care category, only 111 violations were found, a rate of 5.6%. However, in a number of significant categories the rate of violation was much higher. Violations found, by percentage, in the following complaint categories were: criminal

## BOARD OF MEDICINE

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activity (73%), impairment (66%), and compliance with a previous Board Order (63%), action by another state/entity (49%), inappropriate relationships (45%), and drug-related, excessive prescribing (43.6%). It is anticipated that the rate of violations found for standard of care cases will increase in the next biennium due to the new intentional or negligent conduct threshold.

The Board of Medicine has made significant progress in its efforts to meet DHP standards for case resolution. The hiring of a Medical Review Coordinator has helped at the probable cause stage, as have additional investigators and adjudication analysts that impact other stages of Board of Medicine cases. By the end of the biennium, approximately 50% of the cases were meeting closure standards. The goal for the end of the next biennium is 85%.

## BOARD OF NURSING

### Regulatory Review

The Board of Nursing completed a number of rule making processes during this biennium. Chapter 448 of the 2001 Acts of the Assembly mandated the Board to promulgate regulations to establish a career advanced certification for certified nurse aides. Final regulations establishing qualifications for advanced certification, the requirements for renewal and the criteria for an approved education and training program were adopted April 9, 2003.

On July 1, 2004 amendments to 18 VAC 90-20 et. seq. became effective resulting in an increase in fees related to applications and renewal of licensure as a registered nurse and a licensed practical nurse. The fees were adjusted to provide sufficient funding for an increased disciplinary case load related to mandated reporting of misconduct and to offset the decrease in revenue related to Virginia's entry in the Nurse Licensure Compact in January 2005. Both initiatives resulted from legislation passed by the 2003 General Assembly.

Emergency Regulations Governing Licensure of Nurse Practitioners 18 VAC 90-30 et. seq. were adopted by the Board of Nursing and the Board of Medicine effective July 2004 to comply with the second enactment clause of Chapter 49 of the 2004 Acts of the Assembly. These regulations were promulgated in order to implement the Nurse Licensure Compact. As a result of this second enactment clause, emergency regulations were also adopted governing the practice of Nursing 18 VAC 90-20 et. seq. and became effective August 25, 2004. These emergency regulations include rules for implementation of the Nurse Licensure Compact and issuance of a multi-state licensure privilege, moving from one state to another, limitations on multi-state privilege and inclusion of multi-state privilege in the disciplinary provisions.

Amendments to 18 VAC 90-20-10 et. seq. Regulations Governing the Practice of Nursing became final following a periodic review. These amendments resulted in clarification of the requirements for applicants and education programs as well as an alternative for program review that would ease the burden on nursing schools. Additionally, continued competency requirements were established for reinstatement, grounds for disciplinary action added. A new Chapter 25 was added to replace existing regulations for nurse aides and nurse aide education programs. This separate set of regulations previously contained in Chapter 20 more clearly sets out the requirements for approval and maintenance of a nurse aide program and for the certification and practice of a certified nurse aide, becoming effective in September 2004.

### Major Initiatives

The Board of Nursing celebrated its centennial in May 2003. The year long celebration culminated in a dinner hosted by the Virginia Nurses Association and honored 100 Board Members who have served during the 100 years.

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Since passage of legislation during the 2003 General Assembly which authorized Virginia's membership in the Nurse Licensure Compact, the Board and staff have been preparing for implementation set for January 1, 2005. In addition to necessary rule making, this has included a major educational effort to the public and staff, establishing Board policy, revision of all applications and forms as well as preparation for participation in a coordinated licensure information system known as NURSYS. NURSYS will provide for electronic sharing of licensure and discipline information between 17 other compact states. The Nurse Licensure Compact authorized licensed practical nurses and registered nurses licensed and residing in a compact state, to practice in other compact states without obtaining additional licensure. This "multi-state privilege" requires that the nurse practice according to the laws and regulations of the state in which she is rendering care.

### **Trends in Licensing**

The Board of Nursing has experienced an overall increase in the number of licensees this biennium for a total of 166,693 for all occupations.

The greatest percentage of increase was noted for certified nurse aides, licensed nurse practitioners and licensed practical nurses with an increase of 5.2%, 4.7% and 3.4% respectively in FY 04 compared to FY 03.

### **Trends in Discipline**

The total number of complaints received for all categories of providers has increased by 18.8% in FY 04 compared to FY 03. The largest percentage of increase in complaints is noted in the categories of registered nurses and licensed practical nurses and reflects a 32% and 18.8% increase respectively. The increase can primarily be attributed to the passage of HBI 441 in 2003 that increased hospital and other health care institutions mandatory reporting requirements. An increase of 8.1% in the number of complaints related to certified nurse aides was also noted in FY 04.

Although the number of licensees found in violation decreased by 30% in FY 04 compared to FY 03 an increase in violations was noted in the categories of licensed nurse practitioners, certified massage therapists and registered nurses. The number of violations for licensed nurse practitioners and certified massage therapists increased by 33% each and registered nurses in violation increased by 5.3%. The number of violations for certified nurse aides decreased by 50%.

## BOARD OF NURSING HOME ADMINISTRATORS

### Regulatory Issues

On January 15, 2003, fee increases went into effect for initial licensure and renewal for nursing home administrators and for preceptors. The application fee for nursing home administrators increased from \$150 to \$200 and the renewal fee increased from \$125 to \$225. The renewal fee for preceptors increased from \$60 to \$100. These substantial increases were necessary to address a deficit brought about the declining number of licensees and the escalating costs for administering the licensing and disciplinary functions of the Board.

During the biennium the Board completed a periodic regulatory review of the Regulations Governing the Practice of Nursing Home Administrators. The Board adopted amendments for the administrator in training program (AIT) to allow additional hours of credit for persons holding bachelors and masters degrees and for persons with prior health care work experience. Other amendments allow the practical experience requirements to be met outside of Virginia, so long as the nursing home and the preceptor are licensed in that state. Also, the requirement for “direct supervision” by the preceptor was changed to “routinely present with the trainee in the training facility” to increase the opportunities for AIT programs. In addition, the Board amended its continuing education regulations to allow up to five of the twenty hours required annually for renewal to be obtained through self-study or internet courses rather than in a classroom.

The intent of the Board in amending the regulations was to eliminate barriers to qualifying for licensure and to replace unnecessarily restrictive rules with reasonable requirements which protect the public health, safety and welfare. The amended regulations went into effect on July 2, 2003.

### Major Initiatives

After a hiatus of several years, the Board re-instituted an annual audit of continuing education to verify compliance with the continuing education (CE) requirements for license renewal. Two audits were conducted during the biennium, one in October 2002 and the other in April 2004.

A random sample of 5% of the licensed nursing home administrators was audited in 2002, producing a sample of 30 licensees. The rate of licensee non-compliance identified through this audit was about 30%. In these cases there was a shortfall in the number of hours obtained, ranging from one or two hours missing to all twenty of the required hours missing. In some instances the CE reported had been obtained from a sponsor not accepted by the Board, not related to health care administration, or it was not obtained in a classroom setting. In 2004, the sample size was increased to 10% and the sample of 74 licensees was randomly selected. The rate of non-compliance found in this audit was 31%. The number of hours that were missing or not approved ranged from one to twenty.

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Following the first audit, the Board amended its CE requirements to allow up to five hours of CE to be obtained through self-study or via the internet.

### **Trends in Licensing**

During the last decade the number of licensed nursing home administrators has fluctuated from a low of 663 in 1994 to a high of 755 in 2002. At the close of this biennium, June 30, 2004, the number was down significantly to 677, a 10% decline from the last biennium. This decline can be attributed to the number of licensees who are leaving the profession. In this biennium, 154 licensees failed to renew their license while only 106 new licensees were granted. While not adequate to prevent the significant decline in total numbers, the number of new licensees in this biennium rose by 16% over the last biennium.

### **Trends in Discipline**

As a result of re-instituting annual audits of compliance with continuing education requirements, the Board's disciplinary caseload increased 22% this biennium with 82 allegations of misconduct being referred to the Board. The majority of complaints result from the surveys of nursing facilities conducted by the Department of Health. Survey results are referred to the Board when significant violations have been identified. The Board investigates these complaints to see if the administrator caused or contributed to the violations cited. Of the 82 complaints addressed by the Board in this biennium, sanctions were ordered in 40, nearly half of all the complaints.

## BOARD OF OPTOMETRY

### Regulatory Review

During the 2002-2004 biennium, the Board conducted two regulatory reviews. The first was a periodic review of all of the regulations. The second was in response to legislation which required voluntary practice regulations.

#### Periodic Review

On September 20, 2002, the Board approved a number of amendments to its regulations pursuant to its comprehensive periodic review. The primary changes related to modification to licensure application and renewal provisions, continuing education, amendments to the fee structure to bring them in line with those of other boards, and disciplinary provisions for failing to notify clients when a practice is sold or terminated.

One of the most significant amendments to the regulations relating to licensure application provided for the Board's acceptance of national licensure scores from May of 1985 until the present. The prior regulation set the date as August of 1993 but did not take into consideration prior years. In depth analyses of the content domains and scoring methods used in the national examination in the intervening years showed essential comparability.

Optometrists are typically licensed in more than one state, usually with differing renewal periods. A common complaint has been problems with keeping up with when renewal and continuing education requirements are due. To simplify matters, the annual renewal date was changed from October 31 to December 31 to coincide with the calendar year.

In recognition of the national trend toward increased continuing education for optometrists, the Board increased the number of hours, from 14 to 16 for annual renewal. In addition, those with therapeutic pharmaceutical agent certification became required to devote at least two hours to courses in prescribing and administering drugs. The Board also stopped approving individual continuing education courses, rather the regulations now specify those organizations which may sponsor or approve continuing education. Licensure application amendments also reduced the requirement for proof of continuing education for those reinstating from the entire period before reinstatement (often many years) to a maximum of two years.

Finally, due to several complaints from consumers who could not locate their practitioner after a move or practice closure, the board amended the regulations to define as unprofessional practice failure to provide a good faith effort to notify patients in a timely manner of such a change.

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## Major Initiatives

### Decorative Contact Lens Media Advisory

In the Fall of 2003, the U. S. Food and Drug Administration reported that decorative contact lenses were being widely reported to be illegally available at flea markets, convenience stores, costume shops, and other retailers. These lenses were designed to alter the appearance of the eye, not to improve vision. Over concern about the serious risks to consumers posed by these unprescribed lenses, the Board of Optometry and the Board for Opticians developed a joint media advisory in October to warn consumers concerning the hazards of decorative contact lenses distributed without a prescription or proper fitting by a licensed eye care professional. This advisory was distributed to the media in Virginia and posted on both the Department of Health Professions' and Department of Professional and Occupational Regulation's websites. Educational information concerning contact lenses, the eye care professionals, the two state agencies and the Food and Drug Administration's MedWatch program was highlighted.

## Trends in Licensing

From the end of the previous biennium, the total number of licensees at the end of fiscal year 2004 decreased by 29 (-1%). At the end of fiscal year 2002, the Board regulated 1,417 optometrists, with 1,000 holding a separate therapeutic pharmaceutical agents (TPA) certification. Also, at that time, 123 professional designations (i.e., trade names) were registered with the Board. At the end of fiscal year 2004, there were 1,351 optometrists, with 1,031 who were TPA certified, and 129 professional designations. Although overall numbers of licensees decreased, the number of licensee who could use therapeutic pharmaceutical agents increased by 3% and trade names increased by 5%.

## Trends in Discipline

During the period FY 2003-2004, the Board adjudicated 95 cases, the same number adjudicated over the previous biennium. The proportion of closed cases with founded violations this biennium was also identical with the last (15%). The proportion of undetermined cases was also identical across the biennia, three cases (4%). Of note, however is that for this biennium, five cases (6%) were closed with Confidential Consent Agreements and would likely have been counted as violations otherwise.

The top three case categories for founded cases involved violations related to personal drug use (25% - eight cases), treatment related standard of care (23% - seven cases), and continuing education requirements (23%), followed by business practice issues (13% - four cases), and fraud (9% - three cases).



## BOARD OF PHARMACY

### Regulatory Issues

#### Biennial Review

Beginning August 19, 2002, the Board conducted a comprehensive review, of its regulations relating to the practice of pharmacy. It established a number of specialty practice ad hoc committees inviting experts and stakeholders in the specialty areas, such as nuclear pharmacy, home infusion pharmacy, correctional pharmacy, and long-term care pharmacy, to participate. This resulted in a number of recommended amendments to current regulation primarily designed to make the practice more flexible for pharmacists and take advantage of technology while still maintaining adequate safeguards to protect the public. The Board adopted final regulations to implement these recommendations on April 13, 2004 and the changes took effect on August 19, 2004. Because of the collaboration fostered during the promulgation process, the Board received only one negative comment during the process.

#### Fee increases

The Board restructured and in most cases raised its fees effective December 2004 in time for the 2003 renewal cycle. The Board had not raised its fees since 1988, and an analysis showed that the Board no longer had sufficient revenues to cover expenses necessary to provide essential services such as licensing and the disciplinary program of the Board.

#### Pharmacy compounding

The Board put forth a legislative proposal to regulate the practice of pharmacy compounding. Chapter 509 of the 2003 Acts of Assembly added § 54.1-3410.2 to the Drug Control Act which recognizes and sets forth standards for compounding by pharmacists and physicians. The federal law regulating compounding was invalidated by a Supreme Court decision related to an unconstitutional prohibition against advertising compounded products within that law. This left the practice of compounding, which is a necessary and traditional part of pharmacy practice, both unprotected as not recognized by the United States Food and Drug Administration (FDA) as lawful, and also largely unregulated against unsafe practices. There is a documented need for "custom" products tailored to individual needs in many cases such as pediatrics, oncology, patients with allergies and other situations. There is also a documented need for oversight of compounding, particularly sterile compounding where, for example, several patients in North Carolina died after receiving a contaminated intrathecal injection of a product compounded by a South Carolina pharmacy. That pharmacy was also shipping product into Virginia.

### Major Initiatives

#### Pharmacy technician registration

The 2001 Acts of Assembly added §§ 54.1-3320, 54.1-3321, and 54.1-3322 to the *Code of Virginia* to require registration of pharmacy technicians.. The legislation also required the Board to adopt regulations

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## BOARD OF PHARMACY

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to implement this statute and originally stated that registration would be required six months following the effective date of final regulations.

In 2003, the General Assembly amended the Acts of Assembly to extend the requirement for registration to one year following the effective date of final regulations. The Board currently has 50 approved technician training programs. The Board-approved examination for technicians was developed in early 2003 and first administered July 2003. It is a computerized test offered daily at all LaserGrade facilities throughout Virginia. Candidates may schedule the exam at their convenience. Final regulations for pharmacy technicians were effective February 26, 2003, which put the deadline for registration at February 25, 2004. As of the end of FY2004, the Board has registered 6292 pharmacy technicians.

### **Trends in Licensing**

The Board had an overall increase of 34% in numbers of total licenses this biennium. However, this is because of the new pharmacy technician registration which added over 6000 licensees. Disregarding the pharmacy technicians, the Board experienced an overall decrease in the number of licensees of 8%. The number of pharmacists has only grown 1% this biennium. This is in contrast to a growth rate of 8% last biennium. The number of pharmacies has decreased by 2% in contrast to a 4% increase last biennium. However, there was a 6% growth in the number of non-resident pharmacies and also non-resident wholesale distributors. There was a 24% decrease in physicians licensed to sell controlled substances.

### **Trends in Discipline**

The Department received 557 complaints related to licensees of the Board of Pharmacy, approximately an 8% increase over the number received last biennium, of which 510 were investigated. The Board received 712 cases for adjudication during this biennium, a decrease of 2% from the last biennium. The Board closed 529 cases during this biennium, a decrease of approximately 200 cases over last biennium. Of the closed cases, the Board closed 229 cases with a finding of a violation, 97 cases with a finding of no violation, and 55 cases using a confidential consent agreement. The Board imposed sanctions in 356 cases.

## **PRESCRIPTION MONITORING PROGRAM**

The 2002 Virginia General Assembly passed legislation requiring that the Director of the Department of Health Professions (“DHP”) establish a Prescription Monitoring Program (“PMP”). Implementation of the PMP was contingent upon receiving federal funding and/or other grants for initial operation. The PMP is limited to Schedule II controlled substances dispensed in State Health Planning Region III (Southwest Virginia). Information gathered relating to the prescribing and dispensing of covered substances is available to the State Police, to the health regulatory boards, and investigative grand juries. Information may be provided to prescription recipients, prescribers and other regulatory authorities. The legislation required that after two years of implementation, a report evaluating the performance of the program be forwarded to the Committee on Health, Welfare and Institutions of the Virginia House of Delegates and the Committee on Education and Health of the Senate of Virginia.

In July 2002, DHP submitted a grant application to the Bureau of Justice Assistance to request funding to implement the prescription monitoring program under the Harold Rogers Prescription Drug Monitoring Grant program. This grant was awarded in April 2003. In December 2003, DHP submitted a grant application for the purpose of sponsoring a conference on the prescription monitoring program and to conduct a survey to measure perceptions, problems and issues related to the program and to the legitimate medical use/prescribing of controlled substances. The supplemental grant was awarded in June 2004. The grants for the program will expire in June 2005.

The Notice of Intended Regulatory Action (NOIRA) for the prescription monitoring program was published in November 2002 with the regulations becoming final on September 10, 2003 (18 VAC 76-20-10 et seq.). DHP has initiated the process to submit another NOIRA to change 18 VAC 76-20-60 (B-2) based on comments received that raised concerns that the requirements of this section were a burden to the regulated and hindering utilization of the program.

Atlantic Associates, Inc. was awarded the contract in August 2003 to collect prescription information from approximately 320 dispensers, organize the data and then submit the data to DHP to be placed into a secure database. Pharmacies and other dispensers were notified and given information on how to report with the first reports being received October 10, 2003. At the end of June 2004, there were over 300,000 records in the program database.

The Director of DHP formed an Advisory Committee to assist in the evaluation and implementation of the program. The committee held its first meeting in September 2003 and began developing an evaluation work plan. At its June 2004 meeting, the committee reviewed 5 policy issues that had been identified using the evaluation work plan and made several recommendations which will be included in the evaluation report to be presented to the 2005 General Assembly. The 5 areas identified were: Limitations in coverage; access to the data; analysis of the data maintained by the program; funding; and practitioner education.

## BOARD OF PHYSICAL THERAPY

### Regulatory Issues

Continuing competency regulations became effective in October of 2002. The regulations require physical therapists and physical therapist assistants to obtain 30 continuing competency units every two years for renewal of license. During the FY 2003, the Board began a periodic review of its regulations which had not been amended since its inception in 2000. The regulations would become final in September 2004. During the 2002 Virginia General Assembly, a statutory change occurred which allows a licensed nurse practitioner to provide referral and direction to a physical therapist and a physical therapist assistant.

During the 2003 Virginia General Assembly, 54.1-3480.4 of the *Code of Virginia* was amended in the standards of practice statute area. For the refusal, revocation or suspension of a license, gross negligence or careless in practice was amended to simple negligence as stated as, "Intentional or negligent conduct that causes or is likely to cause injury to a patient or patients;" The codification of this amendment has caused an increase in the number of complaints received during this biennium.

### Major Initiatives

In 2003, the Board began receiving national test scores electronically from its testing vendor, Federation of State Boards of Physical Therapy. Successful passage of the national examination is required for licensure as a physical therapist or physical therapist assistant by the Virginia Board and most boards in the United States.

### Trends in Licensing

Over the biennium, the Board has experienced a steady increase in the number of licensees. The total number of licensees increased by 3% in comparison with the last biennium. Four thousand four hundred and eighty six physical therapists were reported licensed at the end of FY 2003 resulting in a 2% percent increase from the last reporting period. There was a 5% increase in the number of physical therapist assistants during the report period with a number of 1643. Both increases reflect a continued need for physical therapy services in the health care field and the need to address the physical needs of an aging population.

### Trends in Discipline

The Board experienced a thirty percent increase in the number of disciplinary cases received during this biennium with a total number of seventy-four. There was a thirty-two percent increase in the number investigated from the previous biennium. Standard of care, unlicensed activity, fraud, and

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## BOARD OF PHYSICAL THERAPY

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reinstatements were the major investigation categories. Also, the increase in the number of disciplinary cases adjudicated may be caused by the amendment to the negligence statute of the Board which lowered the threshold for disciplinary allegations.

## BOARD OF PSYCHOLOGY

### Regulatory Issues

#### Fee Increase

On February 26, 2003, regulations of the Board became effective to address the need to increase fees to cover expenses for the essential functions of reviewing applications, licensing, investigation of complaints against licensees, and adjudication of disciplinary cases required for the public safety and security in the Commonwealth.

Section 54.1-113 of the *Code of Virginia* authorizes and requires boards to adjust fees to insure that expenditures stay within 10% of revenue. In order to comply with financial requirements the following fee and license adjustments were made:

1. The payment of a one-time debt reduction fee was required, ranging from \$15 to \$50, based on the licensure type and status. This assessment alone was insufficient to return the Board to acceptable financial levels. Therefore, it was also necessary to increase fees.
2. The new fee for Clinical, Applied, and School Psychologists became \$140 annually versus \$225 biennially, an increase of \$27.50 per year.

#### Continuing Education

Section 54.1-3606.1 of the *Code of Virginia* enacted by the Virginia General Assembly in 2000 authorized the Board to promulgate regulations governing continuing education regulations. All licensees renewing active licensure during the June 30, 2004 renewal were required to attest to completion of 14 hours of continuing education.

Additionally, the requirement for completion of continuing education also necessitated a random audit to gauge compliance. As such a random sample of 3% of active licensees were contacted and required to submit documentation of continuing education.

### Major Initiatives

In response to *Code of Virginia* Section 54.1-3606.1 mandating continuing education for licensure renewal the Board's regulations implementing compliance for 14 hours of continuing education was effective at the 2004 annual renewal. An audit of 3% of **active** licensees was conducted in the August of 2004, with an approximate compliance rate of 90%. The 10% of those licensees out of compliance will be offered Confidential Consent Agreements.

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In February 2003 the Board, facing a large shortfall in revenue, adopted regulations which required active licensees to pay a "One time debt reduction ." Since Boards depend on renewal revenue to operate, the Board operated under a deficit until the fees were adjusted. The Board is currently solvent.

## **Trends in Licensing**

On June 30, 2002, the total number of active licensees was 2,657 and on June 30, 2004, the total number of active licensees was 2,857. Included in this increase, however, is an increase of 82 licensees in the category of School Psychologists-Limited from the prior biennium when 47 renewed with the Board. The largest category of licensees, the Clinical Psychologists, saw a gain of 117 between June 2002 and June 2004. The professions of Applied Psychologists gained four (4) and School Psychologists decreased by 10. At the end of the biennial there were 50 Applied Psychologists and 106 School Psychologists. Additionally the Certified Sex Offender Treatment Providers increased three percent from 324 in June 2002, to 333 in June 2004.

A national trend is for increased portability among states, reflecting the desire for a simpler means of meeting licensure requirements among the various jurisdictions. Virginia is one of approximately 15 states which have accepted documentation from the credentialing bank (CPQ) of the Association of State and Provincial Psychology Boards (ASPPB) as a valid passport for application for Clinical Psychology licensure. This "credentialing bank" is expected to gain in popularity in states with similar requirements for licensure allowing for a simplified and prompt means to become licensed in participating states.

## **Trends in Discipline**

For the Board of Psychology, the number of complaints resulting in action by the board has remained fairly level compared to those in the previous biennium. Although the number of investigated complaints is small compared to other boards within the Department, the complaints which result in a disciplinary action frequently involve sexual misconduct. The Board took action against 14 licensees this biennium representing approximately three licensees sanctioned for every 1000 licensees. As in the past, most of the sanctions in this biennium reflect the Board's belief that a licensee who attempts to engage, or engages in sexual misconduct represents a serious danger to the public. The sanctions ranged from probation to revocation for sexual misconduct.

A matter of increasing concern to the Board relates to the role of the psychologist as an expert witness during child custody disputes before the courts. It is reported in psychology literature that, on a national level, some attorneys representing the interests of the opposing parents are suggesting that the parent make a complaint to the licensing board against the psychologist serving as the expert in order to impugn the psychologist. The increased number complaints related to child custody evaluations during this biennium give credibility to this theory.

## BOARD OF SOCIAL WORK

### Major Initiatives

The Board of Social Work regulations requiring 30 contact hours of continuing education became enforceable with 2003 renewal. Following renewal, the Board conducted a random audit of 175 licensees representing 6% of the licensees. Seventy-five percent of those audited documented compliance. Most of the remaining non-compliant licensees were issued Confidential Consent Agreements.

Another Board initiative was the review of the Standards of Practice relating to the absolute prohibition of a sexual relationship with a client or former client. Based on research of other boards' regulations and this Board's case decisions, the Board concluded that a specific timeframe for the absolute prohibition needed to be set out in regulation. Although the Board specified that it is the licensee's burden to prove that there was no client exploitation involved, a two year prohibition was set forth in the regulations adopted January 28, 2004.

### Trends in Licensing

As of June 30, 2004, the Board of Social Work had 4,848 licensees, 4,435 of which are Licensed Clinical Social Workers (LCSW's), the only professionals under the Board authorized to practice independently. The majority of the remaining licensees are Licensed Social Workers (LSW's) who primarily use this license as a career ladder while obtaining supervision to become LCSW's. This represents an increase of approximately 381 since June 30, 2002.

### Trends in Discipline

For the Board of Social Work the typical complaint rising to the level of "probable cause" deals with boundary violations. The Board took action against 20 licensees in this biennium. Most of the cases involved boundary violations of a sexual nature. The number of cases before the Board remains consistent with those reported in previous years.



## BOARD OF VETERINARY MEDICINE

### Regulatory Issues

During the 2002-2004 biennium, the Board conducted three regulatory reviews. The first was a periodic review of all of the regulations. The second addressed the need to increase fees, and the third provided final voluntary practice regulations.

#### Periodic Review

The periodic review of the Board's regulations resulted in amendments to most sections. Perhaps of greatest significance are those pertaining to the responsibilities of the veterinarian-in-charge; clarification of the definitions for "veterinary establishment," "surgery," and "preceptorship," and appropriate delegation of duties to unlicensed personnel.

The veterinarian-in-charge became expressly responsible to ensure that the veterinary establishment complied with all relevant federal and state regulations pertaining to the veterinary facility, not only those pertaining to drug control. Veterinary practices became denoted as "veterinary establishments," and "veterinary facility" was abolished. Confusion had arisen that "facility" meant building and there were instances of several practices operating within a single building under one permit. The new regulations ensured that each practice was identified separately and registered with the Board. The Board's disciplinary options against veterinary establishments expanded to include fines and other appropriate discipline in addition to revocation and suspension.

Excluded from the definition of "surgery" were skin closures and single rooted tooth extractions. Because licensed veterinary technicians may not perform surgery, this amendment expanded the scope of duties for licensed veterinary technicians to perform these procedures.

Veterinary and veterinary technician students in their last year of school may participate in preceptorships which allow practice of the profession with the oversight of their educational institution and direct supervision from a preceptor. To address the relative lack of licensed veterinary technicians, distance learning programs grew, and with them the need for preceptorships for veterinary technicians. Although veterinary preceptorships had been covered in the regulations for many years, the new revisions now also address those for veterinary technicians.

In addition to the primary issues, there were revisions pertaining to credentialing of licensure candidates, including graduates from veterinary programs from jurisdictions outside of the United States, and amendments for appropriate recordkeeping, a requirement to release valid prescriptions to clients, and more specific language pertaining to continuing competency requirements.

#### Fee Increase

Section 54.1-113 of the *Code of Virginia* requires an analysis of revenues and expenditures of each regulatory Board at the end of each biennium. At the end of the 2000-2002 biennium, it was pro-

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jected that the Board would incur a deficit by the end of this biennium. On October 31, 2002, the Board adopted final amendments to implement fee increases to ensure adequate funding to meet the Board's administrative, inspection and disciplinary expenditure needs. The new fee structure became effective March 1, 2003.

### **Major Initiatives**

Outside of regulatory review efforts, the primary initiative for the Board was its involvement in two training sessions. Beginning in 2003, to provide greater opportunities for dialog with the Department of Health Professions' Inspections Unit, members of the Board began participating in question and answer sessions during Inspector training sessions. Also in 2003, the Board held a forum in conjunction with the Virginia Veterinary Medical Association's annual meeting. Participants posed questions about how the disciplinary process works, what is involved in rulemaking, and other general questions concerning the activities of the Board and the Department. This "civics" lesson was well-received and is anticipated to be repeated as a public service in the future.

### **Trends in Licensing**

From the end of the previous biennium, the total number of licensees increased by 97 (+2%). For end of fiscal year 2002, the Board regulated 4,840 veterinarians, licensed veterinary technicians, and facilities combined. For the same date in 2004, there were 4,938. The greatest increase was attributable to licensed veterinary technicians which increased by 12% (from 840 in 2002 to 940 in 2004). Veterinary facilities also experienced a modest increase from 820 to 836 (+2%) These increases, however, were somewhat offset by a small reduction in veterinarians from 3,180 to 3,162 (-2%).

### **Trends in Discipline**

During the 2002-2004 biennium, the Board adjudicated 233 cases. Between FY 2003 (115) and FY 2004 (118) there was a 3% increase. The proportion of closed cases with founded violations has dropped slightly this biennium compared with the last, ranging between 20 to 27% as opposed to 32 to 41% for the 2000-2002 biennium. However, as in the past, the largest proportion of founded cases relate to substandard care (64% of the total violation cases. The vast majority of these cases (85%) relate to treatment issues. Allowing unlicensed personnel to perform duties restricted to licensees constitutes the next largest category of founded offenses (11%), with business practices issues following closely at 8%.

## DISCIPLINARY PROCESS

### General Information

The Virginia Department of Health Professions (DHP) works to ensure the safe and competent delivery of health care to the citizens of the Commonwealth of Virginia. The Department licenses, certifies or registers over 250,000 health care practitioners and facilities, and through its health regulatory boards, enforces the laws and regulations pertaining to the conduct and practices of health care professionals. The Department performs the following functions:

- issues licenses, registrations, certifications and permits to applicants that meet qualifications established by law;
  - investigates and undertakes enforcement activities to ensure compliance with relevant laws and regulations;
  - inspects facilities for compliance with laws and regulations;
  - conducts studies and makes recommendations regarding the regulation of health care professionals; and
- enforces standards to ensure safety and integrity of drugs and medical devices.

There are 13 health regulatory boards within the Department of Health Professions and over 88 different professions and 16 types of facilities are regulated by these boards. The web site will provide you a list of all occupations. The Boards are:

- Audiology & Speech-Language Pathology
  - Dentistry
  - Funeral Directors & Embalmers
  - Medicine
  - Nursing (includes the Nurse Aide Registry)
  - Nursing Home Administrators
  - Optometry
  - Pharmacy
  - Physical Therapy
  - Counseling
  - Psychology
  - Social Work
- Veterinary Medicine

Please see the web site ([www.dhp.virginia.gov](http://www.dhp.virginia.gov)) for a list of the professions regulated by the Department's health regulatory boards. To reach any of the Boards, please call **(804) 662-9900**.

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## THE COMPLAINT, INVESTIGATION AND DISCIPLINARY PROCESSES

### The Complaint Process

The Department of Health Professions receives reports and complaints about health care practitioners and regulated facilities that may have violated state laws or regulations. Complaints regarding persons regulated by any of the 13 Boards are processed through the Department's Enforcement Division Complaint Intake Unit. The sources of complaints are typically patients, family members, other health care providers, law enforcement entities, employers, courts or other concerned citizens. The Department accepts "anonymous" complaints, although anonymity cannot be guaranteed.

Complaints should be submitted in writing and may be delivered by mail, hand-delivery, fax or by e-mail.

There also is a toll-free number that can be used to phone in complaints: **1-800-533-1560**. Complaints may also be made in person during normal business hours. Anyone may request that the Complaint Intake Unit send them a complaint form for completion. This complaint form can also be downloaded or printed from the Department's web site: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

Hundreds of reports are made each year. The most frequently reported allegations are substandard care, substance abuse issues, and sexual misconduct. The Department and its boards do not have the legal authority, to order reimbursement or award damages, nor does the Department have authority to investigate complaints about business practices over which it has no jurisdiction. If appropriate, the person making such a report may be referred to another agency or organization for assistance.

### The Investigation Process

When information indicates that a possible violation of law or regulation within the Department's jurisdiction may have occurred, an investigation is opened, recorded in the Department's tracking system and assigned to an Investigator.

Specially trained, sworn Investigators and Inspectors of the Enforcement Division of the Department will attempt to interview all sources of the complaint, all potential witnesses and all subjects of the complaint. They will obtain copies of relevant documents and collect essential evidence. Sources involved in the investigation are encouraged to communicate directly with the assigned investigative staff as to the status of the investigations. Investigative staff typically is unable to discuss any details obtained from other witnesses or subjects of a complaint unless doing so is necessary to further the investigation.

Although the Department strives to ensure that all investigations are handled expeditiously, it is also the Department's expectation that a thorough and legally sufficient investigation be conducted. When the investigation is completed, a comprehensive investigative report is submitted to the appropriate health

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## DISCIPLINARY PROCESS

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regulatory board for its review and decision.

The Enforcement Unit is prohibited from providing a copy of the investigative report to the Source or the Subject of the complaint. However, the investigator assigned to the case will keep the person who made the report informed of the progress of the case.

### The Disciplinary Process

The report of a completed investigation is sent to one of the 13 regulatory boards. When a Board receives a case, it is reviewed to determine whether there is probable cause to charge the licensee with a violation. If there is insufficient evidence, the case may be closed and no further action is taken. Administrative proceedings may commence if the Board believes there is sufficient evidence to indicate that a violation has occurred. Matters involving minor misconduct, where there is little or no injury, and little likelihood of repetition by the practitioner may be resolved by a confidential consent agreement (CCA). Other matters will be scheduled for disciplinary proceedings, which usually commence with an informal fact-finding conference. The Commonwealth and the licensees may each call witnesses and introduce evidence. Disciplinary proceedings are open to the public. Notices of proceedings and final orders from these proceedings are public documents and can be obtained through our web site, [www.dhp.virginia.gov](http://www.dhp.virginia.gov) or by calling the relevant board offices at **(804) 662-9900**.

Boards are authorized to take the following actions:

- Close a case after a finding of no violation
- Offer a Confidential Consent Agreement (CCA), which is not regarded as a disciplinary action
- Offer an Consent Order to which the licensee consents to the Board's disciplinary sanction

After an informal fact-finding conference and/or formal hearing:

- Reprimand or censure
- Impose a monetary penalty
- Require remedial or corrective action
  - Require a licensee to meet probationary requirements
- Limit a licensee practice privileges
- Suspend or revoke a license

Appeals of orders issued by health regulatory boards are made directly to state circuit courts. The Office of the Attorney General represents the relevant board in any such appeal.

## HEALTH PRACTITIONERS' INTERVENTION PROGRAM

### OVERVIEW

In 1997, the General Assembly enacted legislation to establish a voluntary Healthcare Practitioners' Intervention Program (HPIP) for all persons licensed under the Department of Health Professions, including applicants and practitioners whose credentials may have been suspended or revoked, as an alternative to disciplinary action. The program began in January 1998 and at the end of the biennium had 559 participants.

### ACTIVITIES

The seven-member Intervention Program Committee appointed by the Director to oversee the HPIP, continues to meet on a bi-monthly basis. Current Committee appointments are as follows:

Michael Cohen, M.D.  
Fairfax Station, VA  
Second term expires June 30, 2007

Constance Pozniak, D.V.M  
Norfolk, VA  
Second term expires June 30, 2006

Charles F. Gressard, Ph.D.  
Williamsburg, VA  
Second term expires June 30, 2007

Harry D. Simpson, D.D.S.  
Ware Neck, VA  
Second term expires June 30, 2008

Rebecca Mason, R.N.  
Charlottesville, VA  
Second term expires June 30, 2007

Joseph Lynch, L.C.S.W.  
Harrisonburg, VA  
First term expires June 30, 2008

Johnny A. Moore, Pharmacist  
Mechanicsville, VA  
First term expires June 30, 2008

Progress of participants, including reports of those who have successfully completed the program, was reported to the Committee bi-monthly. Requests for stays of disciplinary action, dismissal for non-compliance and resignations from the program, as well as reports of relapse, were handled by the Committee which then determined when and if it was necessary to report any of this information to a health regulatory board or to the Enforcement Division of the Department.

Each of the 13 boards within the Department has a liaison for consultation and coordination between the boards, the Department and the Committee. Coordination of the monitoring function is the responsibility of the Intervention Program Manager.

The implementation and continued operation of the program has not altered the responsibility of the Department of Health Professions to investigate complaints through the Enforcement Division.

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## HEALTH PRACTITIONERS' INTERVENTION PROGRAM

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The following table provides program statistics for all Boards for fiscal years ending June 30, 2003 and June 30, 2004.

HPIP Participants	Occupation	FY-2003	FY-2004
Board of Nursing	Registered Nurse	250	246
	CRNA	11	3
	Nurse Practitioner	6	4
	Licensed Practical Nurse	87	82
	Certified Nurse Aide	19	22
	Massage Therapist	0	0
	<b>Nursing Total</b>	<b>373</b>	<b>364</b>
Board of Medicine	Medicine and Surgery	108	100
	Chiropractic	1	1
	Osteopathy	4	3
	Podiatry	1	0
	Interns and Residents	2	3
	Physician Assistant	4	5
	Respiratory Care Prov.	6	6
	Radiological Tech	0	2
	<b>Medicine Total</b>	<b>126</b>	<b>120</b>
Board of Pharmacy	Pharmacists	45	42
	Pharmacy Technician	0	1
	<b>Pharmacy Total</b>	<b>45</b>	<b>43</b>
Board of Dentistry	Dentists	16	14
	Hygienist	3	3
	<b>Dentistry Total</b>	<b>19</b>	<b>17</b>
Board of Social Work	Clinical Social Worker	4	2
	<b>Social Work Total</b>	<b>4</b>	<b>2</b>
Board of Counseling	Professional Counselor	1	2
	Substance Abuse Counselor	1	0
	<b>Counseling Total</b>	<b>2</b>	<b>2</b>
Board of Psychology	Clinical Psychologist	2	1
	<b>Psychology Total</b>	<b>2</b>	<b>1</b>

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**HEALTH PRACTITIONERS'  
INTERVENTION PROGRAM**

(Continued from page 43)

HPIP Participants	Occupation	FY-2003	FY-2004
Board of Veterinary Medicine	Veterinarians	8	7
	Veterinary Technicians	0	1
	<b>Veterinary Medicine Total</b>	<b>8</b>	<b>8</b>
Board of Physical Therapy	Physical Therapist Assistant	1	2
	<b>Physical Therapy Total</b>	<b>1</b>	<b>2</b>
Board of Audiology And Speech Language Pathology	Speech Pathologist	0	1
	<b>Audiology and Speech Language Pathology Total</b>	<b>0</b>	<b>1</b>
		<b>581</b>	<b>559</b>



# APPENDICES A—J

**COMPLAINT INFORMATION**

BOARD	OCCUPATION	Licensees <sup>1</sup>		Complaints <sup>2</sup>		Complaints Investigated <sup>3</sup>		Complaints Referred To Board <sup>4</sup>		Complaints per 1000 Licensees <sup>5</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
Audiology/Speech Pathology	Audiologist	461	428	2	6	2	2	3	8	4.34	14.02
	School Speech Pathologist	86	113								
	Speech Pathologist	2512	2332	1	4		3	3	6	0.40	1.72
<b>Audiology/Speech Pathology Total</b>		<b>3059</b>	<b>2873</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>14</b>	<b>4.74</b>	<b>15.73</b>
Counseling	Certified Substance Abuse Counselor	1420	1438	8	3	10	8	8	9	5.63	2.09
	Licensed Marriage and Family Therapist	874	867		1		1	1	1	1.15	1.15
	Licensed Professional Counselor	2704	2741	29	20	38	18	48	25	10.72	7.30
	Rehabilitation Provider	405	407		1				1		2.46
	SA Oral Examiner	15	15								
	Substance Abuse Treatment Practitioner	145	163								
<b>Counseling Total</b>		<b>5563</b>	<b>5631</b>	<b>37</b>	<b>25</b>	<b>48</b>	<b>27</b>	<b>57</b>	<b>36</b>	<b>16.36</b>	<b>12.99</b>
Dentistry	Cosmetic Procedure Certification	9	10								
	Dental Full Time Faculty	14	15								
	Dental Hygienist	3468	3589	8	6	6	7	6	5	2.31	1.67
	Dental Hygienist Teacher	2	2								
	Dental Teacher	9	5								
	Dental Temporary Permit	7	5								
	Dentist	4996	5004	357	321	442	473	461	435	71.46	64.15
	Oral/Maxillofacial Surgeon Registration	177	178			2	2		1		
<b>Dentistry Total</b>		<b>8682</b>	<b>8808</b>	<b>365</b>	<b>327</b>	<b>450</b>	<b>482</b>	<b>467</b>	<b>441</b>	<b>73.76</b>	<b>65.82</b>
Funeral Directing	Courtesy Card	114	115		3		3		1		26.09
	Crematories	63	70	1		1		2	1	15.87	
	Embalmer	8	7								
	Funeral Director	156	146	7	2	5	1	5	5	44.87	13.70
	Funeral Establishment	527	530	25	31	17	32	32	43	47.44	58.49
	Funeral Service Provider	1492	1474	42	43	56	46	85	67	28.15	29.17
	Funeral Trainee	220	212	3	6	2	2	5	4	13.64	28.30
	Surface Transport & Removal Services	53	52	1		2		2	1	18.87	
<b>Funeral Directing Total</b>		<b>2633</b>	<b>2606</b>	<b>79</b>	<b>85</b>	<b>83</b>	<b>84</b>	<b>131</b>	<b>122</b>	<b>168.84</b>	<b>155.75</b>
Medicine	Athletic Trainer	576	684	2				2		3.47	
	Chiropractor	1482	1458	45	61	69	83	89	101	30.36	41.84
	Interns and Resident	2932	2990	7	16	7	12	7	13	2.39	5.35
	Licensed Acupuncturist	209	253	1	2	3	2	3	3	4.78	7.91
	Limited Radiologic Technologist	972	998	1	1	2	2	2	3	1.03	1.00
	Medicine & Surgery	27667	27762	1168	2192	1405	1353	1778	2690	42.22	78.96
	Occupational Therapist	2254	2321	5	4	5	6	8	7	2.22	1.72
	Osteopathy and Surgery	956	1042	35	76	45	53	52	86	36.61	72.94
	Physician Assistant	983	1086	14	28	17	25	24	26	14.24	25.78
	Podiatry	443	446	32	57	41	51	47	77	72.23	127.80
	Radiologic Technologist	2725	2801	19	12	4	3	24	10	6.97	4.28
	Respiratory Care Practitioner	3215	3244	11	15	16	15	22	21	3.42	4.62
	University Limited License	28	26		3	1	1	2	3		115.38
<b>Medicine Total</b>		<b>44442</b>	<b>45111</b>	<b>1340</b>	<b>2467</b>	<b>1615</b>	<b>1606</b>	<b>2060</b>	<b>3040</b>	<b>219.95</b>	<b>487.59</b>
Nursing	Authorization to Prescribe	2441	2610	6	2	11	4	19	5	2.46	0.77
	Certified Massage Therapist	3474	3983	13	14	6	12	19	17	3.74	3.51
	Certified Nurse Aides	42654	44563	564	614	535	489	862	855	13.22	13.78
	Clinical Nurse Specialist	489	488	2		1		2		4.09	
	Licensed Nurse Practitioner	4839	5086	42	68	64	65	82	66	8.68	13.37
	Licensed Practical Nurse	28880	30057	290	357	278	350	429	457	10.04	11.88
	Registered Nurse	89728	91180	320	470	374	470	502	648	3.57	5.15
<b>Nursing Total</b>		<b>172505</b>	<b>177967</b>	<b>1237</b>	<b>1525</b>	<b>1269</b>	<b>1390</b>	<b>1915</b>	<b>2048</b>	<b>45.80</b>	<b>48.46</b>

BOARD	OCCUPATION	Licensees <sup>1</sup>		Complaints <sup>2</sup>		Complaints Investigated <sup>3</sup>		Complaints Referred To Board <sup>4</sup>		Complaints per 1000 Licensees <sup>5</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
Nursing Home Administrator	Nursing Home Administrator	794	780	35	20	31	33	41	41	44.08	25.64
	Nursing Home Preceptor	202	205			2		2			
<b>Nursing Home Administrator Total</b>		<b>996</b>	<b>985</b>	<b>35</b>	<b>20</b>	<b>33</b>	<b>33</b>	<b>43</b>	<b>41</b>	<b>44.08</b>	<b>25.64</b>
Optometry	Optometrist	1418	1420	35	42	42	60	62	58	24.68	29.58
	Opometrist - Volunteer Registration	1	0								
	Professional Designation	132	141								
	TPA Certified Optometrist	1049	1069		1		5	1	3		0.94
<b>Optometry Total</b>		<b>2600</b>	<b>2630</b>	<b>35</b>	<b>43</b>	<b>42</b>	<b>65</b>	<b>63</b>	<b>61</b>	<b>24.68</b>	<b>30.51</b>
Pharmacy	Business CSR	353	371	1	1	1	2	1	1	2.83	2.70
	Humane Society	49	49		2			4	2		40.82
	Medical Equipment Supplier	318	327	4	1	3	2	10	1	12.58	3.06
	Non-resident Pharmacy	469	523	11	10	8	10		12	23.45	19.12
	Non-resident Wholesale Distributor	531	584								
	Non-restricted Manufacturer	21	20								
	Permitted Physician	17	16		2		2				125.00
	Pharmacist	8070	8126	191	248	203	200	294	307	23.67	30.52
	Pharmacy	1559	1582	27	37	25	36	35	27	17.32	23.39
	Pharmacy Intern	1290	1472	2	2	2	2		4	1.55	1.36
	Pharmacy Technician	492	6292		14		11		8		2.23
	Physician Selling Controlled Substances	232	254					1	1		
	Restricted Manufacturer	78	75								
Warehouser	31	30	1				1	1	32.26		
Wholesale Distributor	198	197	1	1		1	1	1	5.05	5.08	
<b>Pharmacy Total</b>		<b>13708</b>	<b>19918</b>	<b>238</b>	<b>318</b>	<b>242</b>	<b>267</b>	<b>346</b>	<b>365</b>	<b>118.71</b>	<b>253.26</b>
Physical Therapy	Physical Therapist	4373	4520	25	28	26	27	25	35	5.72	6.19
	Physical Therapist Assistant	1601	1653	9	12	6	8	6	15	5.62	7.26
<b>Physical Therapy Total</b>		<b>5974</b>	<b>6173</b>	<b>34</b>	<b>40</b>	<b>32</b>	<b>35</b>	<b>31</b>	<b>50</b>	<b>11.34</b>	<b>13.45</b>
Psychology	Applied Psychologist	51	45		1				1		22.22
	Clinical Psychologist	2114	2117	53	53	51	42	59	65	25.07	25.04
	Continuing Education Provider	5	8								
	School Psychologist	111	110		1			1	1		9.09
	School Psychologist-Limited	104	136		1				1		7.35
	Sex Offender Treatment Provider	334	334								
<b>Psychology Total</b>		<b>2719</b>	<b>2750</b>	<b>53</b>	<b>56</b>	<b>51</b>	<b>42</b>	<b>60</b>	<b>68</b>	<b>25.07</b>	<b>63.70</b>
Social Work	Associate Social Worker	7	6								
	Licensed Clinical Social Worker	4191	4180	41	53	42	36	51	77	9.78	12.68
	Licensed Social Worker	333	301	1	2	1		1	2	3.00	6.64
	Registered Social Worker	92	75								
<b>Social Work Total</b>		<b>4623</b>	<b>4562</b>	<b>42</b>	<b>55</b>	<b>43</b>	<b>36</b>	<b>52</b>	<b>79</b>	<b>12.79</b>	<b>19.32</b>
Veterinary Medicine	Full Service Veterinary Facility	643	653	1	1	1		1	1	1.56	1.53
	Restricted Veterinary Facility	200	210								
	Veterinarian	2544	2674	132	123	156	170	145	140	51.89	46.00
	Veterinary Technician	882	943	8	3		6	12	3	9.07	3.18
<b>Veterinary Medicine Total</b>		<b>4269</b>	<b>4480</b>	<b>141</b>	<b>127</b>	<b>157</b>	<b>176</b>	<b>158</b>	<b>144</b>	<b>62.51</b>	<b>50.71</b>
<b>AGENCY TOTAL</b>		<b>271773</b>	<b>284494</b>	<b>3639</b>	<b>5098</b>	<b>4067</b>	<b>4248</b>	<b>5389</b>	<b>6509</b>	<b>123.47</b>	<b>99.89</b>

The number of complaints reflects all complaints received within the designated timeframe but complaints investigated or referred to the board may also include complaints that had been received in prior timeframes.

1. Any individual or entity that held a valid and current license within the designated timeframe
2. All allegations assigned a case number
3. Cases that underwent the investigatory process
4. Cases reviewed by the respective regulatory board to determine whether further action is necessary
5. Shows the ratio of complaints per 1,000 licensees of the respective board and occupations

## VIOLATION INFORMATION

BOARD	OCCUPATION	Licensees <sup>1</sup>		No Violation <sup>2</sup>		Violation <sup>3</sup>		Total Findings <sup>4</sup>		Violations pgr 1000 Licensees <sup>5</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
Audiology/Speech Pathology	Audiologist	461	428	2				2		0.00	0.00
	School Speech Pathologist	86	113								
	Speech Pathologist	2512	2332		1		1		2		0.43
<b>Audiology/Speech Pathology Total</b>		<b>3059</b>	<b>2873</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0.00</b>	<b>0.35</b>
Counseling	Certified Substance Abuse Counselor	1420	1438	1	2	3	3	4	5	2.11	2.09
	Licensed Marriage and Family Therapist	874	867		1				1		
	Licensed Professional Counselor	2704	2741	21	6	8	3	29	9	2.96	1.09
	Rehabilitation Provider	405	407								
	SA Oral Examiner	15	15								
	Substance Abuse Treatment Practitioner	145	163								
<b>Counseling Total</b>		<b>5563</b>	<b>5631</b>	<b>22</b>	<b>9</b>	<b>11</b>	<b>6</b>	<b>33</b>	<b>15</b>	<b>1.98</b>	<b>1.07</b>
Dentistry	Cosmetic Procedure Certification	9	10								
	Dental Full Time Faculty	14	15								
	Dental Hygienist	3468	3589	4	1		3	4	4	0.00	0.84
	Dental Hygienist Teacher	2	2								
	Dental Teacher	9	5								
	Dental Temporary Permit	7	5								
	Dentist	4996	5004	236	141	51	63	287	204	10.21	12.59
	Oral/Maxillofacial Surgeon Registration	177	178		1				1		0.00
<b>Dentistry Total</b>		<b>8682</b>	<b>8808</b>	<b>240</b>	<b>143</b>	<b>51</b>	<b>66</b>	<b>291</b>	<b>209</b>	<b>5.87</b>	<b>7.49</b>
Funeral Directing	Courtesy Card	114	115								
	Crematories	63	70	1	1			1	1	0.00	0.00
	Embalmer	8	7								
	Funeral Director	156	146	1	3		1	1	4	0.00	6.85
	Funeral Establishment	527	530	5	9	6	11	11	20	11.39	20.75
	Funeral Service Provider	1492	1474	21	26	15	21	36	47	10.05	14.25
	Funeral Trainee	220	212	1				1	0	0.00	
	Surface Transport & Removal Services	53	52		1				1		0.00
<b>Funeral Directing Total</b>		<b>2633</b>	<b>2606</b>	<b>29</b>	<b>40</b>	<b>21</b>	<b>33</b>	<b>50</b>	<b>73</b>	<b>7.98</b>	<b>12.66</b>
Medicine	Athletic Trainer	576	684				1	1		1.74	
	Chiropractor	1482	1458	15	21	9	19	24	40	6.07	13.03
	Interns and Resident	2932	2990	1	6	1	1	2	7	0.34	0.33
	Licensed Acupuncturist	209	253		1				1	0.00	0.00
	Limited Radiologic Technologist	972	998				1		1	0.00	1.00
	Medicine & Surgery	27667	27762	615	773	100	81	715	854	3.61	2.92
	Occupational Therapist	2254	2321	3	3	2	1	5	4	0.89	0.43
	Osteopathy and Surgery	956	1042	22	21	6	3	28	24	6.28	2.88
	Physician Assistant	983	1086	6	12		1	6	13	0.00	0.92
	Podiatry	443	446	11	14	9	3	20	17	20.32	6.73
	Radiologic Technologist	2725	2801	4		19	10	23	10	6.97	3.57
	Respiratory Care Practitioner	3215	3244	2	2	5	13	7	15	1.56	4.01
	University Limited License	28	26		2				2		0.00
	<b>Medicine Total</b>		<b>44442</b>	<b>45111</b>	<b>679</b>	<b>855</b>	<b>152</b>	<b>133</b>	<b>831</b>	<b>988</b>	<b>3.42</b>
Nursing	Authorization to Prescribe	2441	2610				2	2		0.82	0.00
	Certified Massage Therapist	3474	3983	2	8	2	3	4	11	0.58	0.75
	Certified Nurse Aides	42654	44563	285	356	217	106	502	462	5.09	2.38
	Clinical Nurse Specialist	489	488	1				1		0.00	
	Licensed Nurse Practitioner	4839	5086	15	11	4	6	19	17	0.83	1.18
	Licensed Practical Nurse	28880	30057	138	120	107	102	245	222	3.70	3.39
	Registered Nurse	89728	91180	105	122	125	132	230	254	1.39	1.45

BOARD	OCCUPATION	Licensees <sup>1</sup>		No Violation <sup>2</sup>		Violation <sup>3</sup>		Total Findings <sup>4</sup>		Violations pgr 1000 Licensees <sup>5</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
<b>Nursing Total</b>		<b>172505</b>	<b>177967</b>	<b>546</b>	<b>617</b>	<b>457</b>	<b>349</b>	<b>1003</b>	<b>966</b>	<b>2.65</b>	<b>1.96</b>
Nursing Home Administrator	Nursing Home Administrator	794	780	13	13	6	8	19	21	7.56	10.26
	Nursing Home Preceptor	202	205	1							
<b>Nursing Home Administrator Total</b>		<b>996</b>	<b>985</b>	<b>14</b>	<b>13</b>	<b>6</b>	<b>8</b>	<b>20</b>	<b>21</b>	<b>6.02</b>	<b>8.12</b>
Optometry	Optometrist	1418	1420	33	35	11	2			7.76	1.41
	Opometrist - Volunteer Registration	1	0								
	Professional Designation	132	141								
	TPA Certified Optometrist	1049	1069						0		0.00
<b>Optometry Total</b>		<b>2600</b>	<b>2630</b>	<b>33</b>	<b>35</b>	<b>11</b>	<b>2</b>	<b>44</b>	<b>37</b>	<b>4.23</b>	<b>0.76</b>
Pharmacy	Business CSR	353	371	1			1	1	1	0.00	2.70
	Humane Society	49	49								0.00
	Medical Equipment Supplier	318	327	1		1		2		3.14	
	Non-resident Pharmacy	469	523	3			1	3	1	0.00	1.91
	Non-resident Wholesale Distributor	531	584								
	Non-restricted Manufacturer	21	20								
	Permitted Physician	17	16								0.00
	Pharmacist	8070	8126	40	25	126	89	166	114	15.61	10.95
	Pharmacy	1559	1582	15	10	2	2	17	12	1.28	1.26
	Pharmacy Intern	1290	1472				1	0	1	0.00	0.68
	Pharmacy Technician	492	6292				4	0	4		0.64
	Physician Selling Controlled Substances	232	254	1	1						
	Restricted Manufacturer	78	75				1		1		13.33
	Warehouser	31	30							0.00	
	Wholesale Distributor	198	197				1		1	0.00	5.08
<b>Pharmacy Total</b>		<b>13708</b>	<b>19918</b>	<b>61</b>	<b>36</b>	<b>129</b>	<b>100</b>	<b>190</b>	<b>136</b>	<b>9.41</b>	<b>5.02</b>
Physical Therapy	Physical Therapist	4373	4520	8	12	4	2	12	14	0.91	0.44
	Physical Therapist Assistant	1601	1653	1	3	3			3	1.87	0.00
<b>Physical Therapy Total</b>		<b>5974</b>	<b>6173</b>	<b>9</b>	<b>15</b>	<b>7</b>	<b>2</b>	<b>16</b>	<b>17</b>	<b>1.17</b>	<b>0.32</b>
Psychology	Applied Psychologist	51	45								0.00
	Clinical Psychologist	2114	2117	35	29	5	6	40	35	2.37	2.83
	Continuing Education Provider	5	8								
	School Psychologist	111	110								0.00
	School Psychologist-Limited	104	136								0.00
	Sex Offender Treatment Provider	334	334						0		
<b>Psychology Total</b>		<b>2719</b>	<b>2750</b>	<b>35</b>	<b>29</b>	<b>5</b>	<b>6</b>	<b>40</b>	<b>35</b>	<b>1.84</b>	<b>2.18</b>
Social Work	Associate Social Worker	7	6								
	Licensed Clinical Social Worker	4191	4180	18	18	3	12	21	30	0.72	2.87
	Licensed Social Worker	333	301	1						0.00	0.00
	Registered Social Worker	92	75						0		
<b>Social Work Total</b>		<b>4623</b>	<b>4562</b>	<b>19</b>	<b>18</b>	<b>3</b>	<b>12</b>	<b>22</b>	<b>30</b>	<b>0.65</b>	<b>2.63</b>
Veterinary Medicine	Full Service Veterinary Facility	643	653							0.00	0.00
	Restricted Veterinary Facility	200	210								
	Veterinarian	2544	2674	88	86	18	30	106	116	7.08	11.22
	Veterinary Technician	882	943	7	1	2	1	9	2	2.27	1.06
<b>Veterinary Medicine Total</b>		<b>4269</b>	<b>4480</b>	<b>95</b>	<b>87</b>	<b>20</b>	<b>31</b>	<b>115</b>	<b>118</b>	<b>4.68</b>	<b>6.92</b>
<b>AGENCY TOTAL</b>		<b>271773</b>	<b>284494</b>	<b>1784</b>	<b>1898</b>	<b>873</b>	<b>749</b>	<b>2657</b>	<b>2647</b>	<b>3.21</b>	<b>2.63</b>

The number of case findings includes cases closed in the designated timeframe but which may have been received in a prior timeframe.

1. Any individual or entity that held a valid and current license within the designated timeframe
2. Cases in which allegations were not substantiated
3. Cases in which allegations were substantiated
4. Total number of cases adjudicated by the regulatory board
5. Shows the ratio of violations found per 1,000 licensees of the respective board and occupations

<b>CASE SANCTION INFORMATION</b>							
BOARD	OCCUPATION	Licensees <sup>1</sup>		Sanctions <sup>2</sup>		Sanctions per 1000 Licensees <sup>3</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
Audiology/Speech Pathology	Audiologist	461	428	1		2.17	
	School Speech Pathologist	86	113				
	Speech Pathologist	2512	2332		1		0.43
<b>Audiology/Speech Pathology Total</b>		<b>3059</b>	<b>2873</b>	<b>1</b>	<b>1</b>	<b>0.33</b>	<b>0.35</b>
Counseling	Certified Substance Abuse Counselor	1420	1438	4	3	2.82	2.09
	Licensed Marriage and Family Therapist	874	867	1		1.14	
	Licensed Professional Counselor	2704	2741	9	5	3.33	1.82
	Rehabilitation Provider	405	407				
	SA Oral Examiner	15	15				
	Substance Abuse Treatment Practitioner	145	163				
<b>Counseling Total</b>		<b>5563</b>	<b>5631</b>	<b>14</b>	<b>8</b>	<b>2.52</b>	<b>1.42</b>
Dentistry	Cosmetic Procedure Certification	9	10				
	Dental Full Time Faculty	14	15				
	Dental Hygienist	3468	3589	2	5	0.58	1.39
	Dental Hygienist Teacher	2	2				
	Dental Teacher	9	5				
	Dental Temporary Permit	7	5				
	Dentist	4996	5004	100	117	20.02	23.38
Oral/Maxillofacial Surgeon Registration	177	178					
<b>Dentistry Total</b>		<b>8682</b>	<b>8808</b>	<b>102</b>	<b>122</b>	<b>11.75</b>	<b>13.85</b>
Funeral Directing	Courtesy Card	114	115				
	Crematories	63	70				
	Embalmer	8	7				
	Funeral Director	156	146		1		6.85
	Funeral Establishment	527	530	4	11	7.59	20.75
	Funeral Service Provider	1492	1474	28	30	18.77	20.35
	Funeral Trainee	220	212	2		9.09	
Surface Transport & Removal Services	53	52					
<b>Funeral Directing Total</b>		<b>2633</b>	<b>2606</b>	<b>34</b>	<b>42</b>	<b>12.91</b>	<b>16.12</b>
Medicine	Athletic Trainer	576	684	2		3.47	0.00
	Chiropractor	1482	1458	13	16	8.77	10.97
	Interns and Resident	2932	2990	1	1	0.34	0.33
	Licensed Acupuncturist	209	253				
	Limited Radiologic Technologist	972	998		2		2.00
	Medicine & Surgery	27667	27762	178	140	6.43	5.04
	Occupational Therapist	2254	2321	3	2	1.33	0.86
	Osteopathy and Surgery	956	1042	12	9	12.55	8.64
	Physician Assistant	983	1086		1		0.92
	Podiatry	443	446	8	4	18.06	8.97
	Radiologic Technologist	2725	2801	37	11	13.58	3.93
	Respiratory Care Practitioner	3215	3244	5	14	1.56	4.32
	University Limited License	28	26				
<b>Medicine Total</b>		<b>44442</b>	<b>45111</b>	<b>259</b>	<b>200</b>	<b>5.83</b>	<b>4.43</b>
Nursing	Authorization to Prescribe	2441	2610	3	1	1.23	0.38
	Certified Massage Therapist	3474	3983	7	9	2.01	2.26
	Certified Nurse Aides	42654	44563	349	331	8.18	7.43
	Clinical Nurse Specialist	489	488	1		2.04	
	Licensed Nurse Practitioner	4839	5086	10	16	2.07	3.15
	Licensed Practical Nurse	28880	30057	171	153	5.92	5.09
	Registered Nurse	89728	91180	175	217	1.95	2.38

BOARD	OCCUPATION	Licensees <sup>1</sup>		Sanctions <sup>2</sup>		Sanctions per 1000 Licensees <sup>3</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
<b>Nursing Total</b>		<b>172505</b>	<b>177967</b>	<b>716</b>	<b>727</b>	<b>4.15</b>	<b>4.09</b>
Nursing Home Administrator	Nursing Home Administrator	794	780	12	15	15.11	19.23
	Nursing Home Preceptor	202	205				
<b>Nursing Home Administrator Total</b>		<b>996</b>	<b>985</b>	<b>12</b>	<b>15</b>	<b>12.05</b>	<b>15.23</b>
Optometry	Optometrist	1418	1420	24	15	16.93	10.56
	Opometrist - Volunteer Registration	1	0				
	Professional Designation	132	141				
	TPA Certified Optometrist	1049	1069				
<b>Optometry Total</b>		<b>2600</b>	<b>2630</b>	<b>24</b>	<b>15</b>	<b>9.23</b>	<b>5.70</b>
Pharmacy	Business CSR	353	371		1		2.70
	Humane Society	49	49		1		20.41
	Medical Equipment Supplier	318	327	1		3.14	
	Non-resident Pharmacy	469	523		1		1.91
	Non-resident Wholesale Distributor	531	584				
	Non-restricted Manufacturer	21	20				
	Permitted Physician	17	16				
	Pharmacist	8070	8126	203	130	25.15	16.00
	Pharmacy	1559	1582	2	7	1.28	4.42
	Pharmacy Intern	1290	1472	1		0.78	
	Pharmacy Technician	492	6292		5		0.79
	Physician Selling Controlled Substances	232	254		1		3.94
	Restricted Manufacturer	78	75				
	Warehouser	31	30		1		33.33
	Wholesale Distributor	198	197				
<b>Pharmacy Total</b>		<b>13708</b>	<b>19918</b>	<b>207</b>	<b>147</b>	<b>15.10</b>	<b>7.38</b>
Physical Therapy	Physical Therapist	4373	4520	5	4	1.14	0.88
	Physical Therapist Assistant	1601	1653	3	1	1.87	0.60
<b>Physical Therapy Total</b>		<b>5974</b>	<b>6173</b>	<b>8</b>	<b>5</b>	<b>1.34</b>	<b>0.81</b>
Psychology	Applied Psychologist	51	45				
	Clinical Psychologist	2114	2117	5	9	2.37	4.25
	Continuing Education Provider	5	8				
	School Psychologist	111	110				
	School Psychologist-Limited	104	136				
	Sex Offender Treatment Provider	334	334				
<b>Psychology Total</b>		<b>2719</b>	<b>2750</b>	<b>5</b>	<b>9</b>	<b>1.84</b>	<b>3.27</b>
Social Work	Associate Social Worker	7	6				
	Licensed Clinical Social Worker	4191	4180	5	15	1.19	3.59
	Licensed Social Worker	333	301				
	Registered Social Worker	92	75				
<b>Social Work Total</b>		<b>4623</b>	<b>4562</b>	<b>5</b>	<b>15</b>	<b>1.08</b>	<b>3.29</b>
Veterinary Medicine	Full Service Veterinary Facility	643	653				
	Restricted Veterinary Facility	200	210				
	Veterinarian	2544	2674	44	75	17.30	28.05
	Veterinary Technician	882	943	11	1	12.47	1.06
<b>Veterinary Medicine Total</b>		<b>4269</b>	<b>4480</b>	<b>55</b>	<b>76</b>	<b>12.88</b>	<b>16.96</b>
<b>AGENCY TOTAL</b>		<b>271773</b>	<b>284494</b>	<b>1442</b>	<b>1382</b>	<b>5.31</b>	<b>4.86</b>

More than one sanction may be imposed per case or category charge found in violation.

1. Any individual or entity that held a valid and current license within the designated timeframe
2. Shows the total number of sanctions imposed per licensed occupation and board
3. Shows the ratio of sanction per 1,000 licensees of the respective board and occupations

**JUNE 30 LICENSE INFORMATION**

<b>BOARD</b>	<b>OCCUPATION</b>	<b>1994 30-Jun</b>	<b>1996 30-Jun</b>	<b>1998 30-Jun</b>	<b>2000 30-Jun</b>	<b>2002 30-Jun</b>	<b>2004 30-Jun</b>	<b>% Change 2002-2004</b>
Audiology/Speech Pathology	Audiologist	302	322	363	401	415	447	8%
	School Speech Pathologist					60	113	88%
	Speech Pathologist	1375	1575	1863	2130	2251	2416	7%
<b>Audiology/Speech Pathology Total</b>		<b>1677</b>	<b>1897</b>	<b>2226</b>	<b>2531</b>	<b>2726</b>	<b>2976</b>	<b>9%</b>
Counseling	Certified Substance Abuse Counselor	730	942	1067	2384	1329	1437	8%
	Licensed Marriage and Family Therapist			511	912	887	867	-2%
	Licensed Professional Counselor	1662	1896	2156	2384	2595	2741	6%
	Rehabilitation Provider		2992	2052	877	676	376	-44%
	Substance Abuse Treatment Practitioner				24	129	162	26%
<b>Counseling Total</b>		<b>2392</b>	<b>5830</b>	<b>5786</b>	<b>6581</b>	<b>5616</b>	<b>5583</b>	<b>-1%</b>
Dentistry	Cosmetic Procedure Certification					7	10	43%
	Dental Full Time Faculty	17	12	10	12	13	14	8%
	Dental Hygienist	2761	2833	3102	3333	3647	3838	5%
	Dental Hygienist Teacher	7	5	3	3	2	2	0%
	Dental Teacher	10	8	5	6	8	5	-38%
	Dental Temporary Permit					4	4	0%
	Dentist	4690	5105	5177	5167	5399	5337	-1%
	Dentist-Volunteer Registration				1	1		-100%
	Oral/Maxillofacial Surgeon Registration					175	175	0%
<b>Dentistry Total</b>		<b>7485</b>	<b>7963</b>	<b>8297</b>	<b>8522</b>	<b>9256</b>	<b>9385</b>	<b>1%</b>
Funeral Directing	Courtesy Card	70	87	106	103	113	106	-6%
	Crematories				48	56	67	20%
	Embalmer	11	10	9	8	8	6	-25%
	Funeral Director	233	214	199	180	163	129	-21%
	Funeral Establishment	487	485	489	495	526	516	-2%
	Funeral Service Provider	1279	1321	1359	1391	1464	1396	-5%
	Funeral Trainee	168	196	201	185	188	164	-13%
	Surface Transport & Removal Services	25	32	36	33	49	44	-10%
<b>Funeral Directing Total</b>		<b>2273</b>	<b>2345</b>	<b>2399</b>	<b>2443</b>	<b>2567</b>	<b>2428</b>	<b>-5%</b>
Medicine	Athletic Trainer					337	656	95%
	Chiropractor	972	1268	1431	1553	1709	1593	-7%
	Interns and Resident	2488	2610	2004	2797	2080	2989	44%
	Licensed Acupuncturist	1	15	193	94	167	248	49%
	Limited Radiologic Technologist			980	1047	1048	938	-10%
	Medicine & Surgery	23796	25251	26924	27977	29658	29227	-1%
	Naturopath	1	1	1	1	1		-100%
	Occupational Therapist	1140	1439	1725	1918	2229	2259	1%
	Osteopathy and Surgery	518	606	727	801	926	1096	18%
	Physical Therapist	2669	3023	3427	3866			
	Physical Therapist Assistant	676	918	1171	1352			
	Physician Accupuncturist	57	69	38	309			
	Physician Assistant	410	480	461	603	893	1040	16%
	Podiatry	471	494	493	501	519	492	-5%
	Radiologic Technologist	3	25	1658	1870	2510	2603	4%
	Respiratory Care Practitioner	1559	1839	2419	2884	3274	3093	-6%
University Limited License	58	46	25	27	27	25	-7%	
<b>Medicine Total</b>		<b>34819</b>	<b>38084</b>	<b>43677</b>	<b>47600</b>	<b>45378</b>	<b>46259</b>	<b>2%</b>
Nursing	Authorization to Prescribe	536	881	1393	1826	2274	2513	11%
	Certified Massage Therapist			1477	2146	3046	3715	22%
	Certified Nurse Aides	33424	37549	39197	36020	40513	40239	-1%
	Clinical Nurse Specialist	370	423	439	445	476	455	-4%
	Licensed Nurse Practitioner	2330	2695	3344	3924	4637	4872	5%
	Licensed Practical Nurse	25401	25884	26553	26694	28422	28239	-1%
	Registered Nurse	69249	72820	76781	82492	88314	86660	-2%



BOARD		1994	1996	1998	2000	2002	2004	% Change
OCCUPATION		30-Jun	30-Jun	30-Jun	30-Jun	30-Jun	30-Jun	2002-2004
<b>Nursing Total</b>		<b>131310</b>	<b>140252</b>	<b>149184</b>	<b>153547</b>	<b>167682</b>	<b>166693</b>	<b>-1%</b>
Nursing Home Administrator	Nursing Home Administrator	663	702	751	740	755	677	-10%
	Nursing Home Preceptor	164	177	159	166	193	185	-4%
<b>Nursing Home Administrator Total</b>		<b>827</b>	<b>879</b>	<b>910</b>	<b>906</b>	<b>948</b>	<b>862</b>	<b>-9%</b>
Optometry	Optometrist	1156	1206	1278	1309	1417	1351	-5%
	Professional Designation	51	99	108		123	129	5%
	TPA Certified Optometrist				850	1000	1031	3%
<b>Optometry Total</b>		<b>1207</b>	<b>1305</b>	<b>1386</b>	<b>2273</b>	<b>2540</b>	<b>2511</b>	<b>-1%</b>
Pharmacy	Business CSR		236	231	284	342	336	-2%
	Humane Society	78	88	89	61	59	46	-22%
	Medical Equipment Supplier	109	121	178	247	304	293	-4%
	Non-resident Pharmacy	95	154	226	309	434	462	6%
	Non-resident Wholesale Distributor		125	226	316	505	537	6%
	Non-restricted Manufacturer	22	22	22	21	22	20	-9%
	Nurse Practitioner CSR					900		-100%
	Optometrist CSR			423	485	496	14	-97%
	Permitted Physician	20	17	22	19	17		-100%
	Pharmacist	6759	7156	7638	7955	8640	8754	1%
	Pharmacy	1520	1514	1613	1518	1584	1547	-2%
	Pharmacy Intern				845	1044	1181	13%
	Pharmacy Technician						6292	
	Physician Selling Controlled Substances	197	205	235	246	284	215	-24%
	Restricted Manufacturer	56	66	72	65	73	72	-1%
	Warehouser	11	11	19	19	29	26	-10%
	Wholesale Distributor	99	122	137	160	179	182	2%
<b>Pharmacy Total</b>		<b>8966</b>	<b>9837</b>	<b>11131</b>	<b>12550</b>	<b>14912</b>	<b>19977</b>	<b>34%</b>
Physical Therapy	Physical Therapist					4399	4486	2%
	Physical Therapist Assistant					1561	1643	5%
<b>Physical Therapy Total</b>						<b>5960</b>	<b>6129</b>	<b>3%</b>
Psychology	<b>Applied Psychologist</b>			65	56	54	50	-7%
	Clinical Psychologist	1325	1406	1743	1895	2116	2233	6%
	School Psychologist	79	88	106	106	116	106	-9%
	School Psychologist-Limited					47	135	187%
	Sex Offender Treatment Provider				330	324	333	3%
<b>Psychology Total</b>		<b>1404</b>	<b>1494</b>	<b>1914</b>	<b>2387</b>	<b>2657</b>	<b>2857</b>	<b>8%</b>
Social Work	Associate Social Worker	12	11	9	7	7	6	-14%
	Licensed Clinical Social Worker	2442	3007	3484	3765	4077	4435	9%
	Licensed Social Worker	208	252	297	279	291	332	14%
	Registered Social Worker	171	145	125	102	92	75	-18%
<b>Social Work Total</b>		<b>2833</b>	<b>3415</b>	<b>3915</b>	<b>4153</b>	<b>4467</b>	<b>4848</b>	<b>9%</b>
Veterinary Medicine	Full Service Veterinary Facility	645	684	731	611	627	645	3%
	Restricted Veterinary Facility				153	193	191	-1%
	Veterinarian	2388	2644	2787	2885	3180	3162	-1%
	Veterinary Technician	543	615	632	689	840	940	12%
<b>Veterinary Medicine Total</b>		<b>3576</b>	<b>3943</b>	<b>4150</b>	<b>4338</b>	<b>4840</b>	<b>4938</b>	<b>2%</b>
<b>AGENCY TOTAL</b>		<b>198769</b>	<b>217244</b>	<b>234975</b>	<b>247831</b>	<b>269549</b>	<b>275446</b>	<b>2%</b>

The number of licensees in all years reflects all current licenses on June 30, the last day of each fiscal year.  
Physical Therapists and Physical Therapist Assistants were licensed under the Board of Medicine until FY2002

<b>COMPLAINT CATEGORY INFORMATION</b>							
BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
Audiology/Speech Pathology	Abandonment	1				1	0
	Action by Another Board/Entity	1				1	0
	Advertising-deceptive/misleading	1				1	0
	Business Practices/Issues			1		1	0
	Fraud			1	1	1	1
	Records/Inspections/Audits			1		1	0
	Standard of Care-Diagnosis Related	1				1	0
	Standard of Care-Other			1		1	0
	Standard of Care-Treatment Related	1				1	0
	<b>Audiology/Speech Pathology Total</b>		<b>5</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>9</b>
Counseling	Abuse	5		1		6	0
	Action by Another Board/Entity	1	1			1	1
	Advertising-deceptive/misleading	1		1		2	0
	Business Practices/Issues	1		3		4	0
	Compliance	1	1			1	1
	Confidentiality-Breach	6				6	0
	Criminal Activity/Conviction	4	4			4	4
	Drug Related-Other			1		1	0
	Drug Related-Personal Use	2	2			2	2
	Fraud	1		2		3	0
	Inability Safely Prac-Impairment	2	2	1		3	2
	Inability Safely Prac-Incapacitated	2	2	1		3	2
	Other	4		3		7	0
	Records Release	4		1		5	0
	Records/Inspections/Audits	1				1	0
	Relationship-Inappropriate	11	4	11	5	22	9
	Standard of Care-Diagnosis Related	1				1	0
	Standard of Care-Other	1				1	0
	Standard of Care-Treatment Related	12	5	5		17	5
	Supervision-Neglect	2		7	7	9	7
Unlicensed Activity	4	2			4	2	
<b>Counseling Total</b>		<b>66</b>	<b>23</b>	<b>37</b>	<b>12</b>	<b>103</b>	<b>35</b>
Dentistry	Abandonment	8	2	4		12	2
	Abuse	10	5	1	1	11	6
	Action by Another Board/Entity	6	3	3	2	9	5
	Advertising-deceptive/misleading	42	9	16	5	58	14
	Business Practices/Issues	78		76	10	154	10
	Compliance	20	12	7	6	27	18
	Confidentiality-Breach			2		2	0
	Cont'd Competency Req.-not met	2	1			2	1
	Criminal Activity/Conviction			7	6	7	6
	Drug Related-Excessive Rx/Dispensing	9	8	10	7	19	15
	Drug Related-Obtaining Drugs by Fraud			3	3	3	3
	Drug Related-Other			1		1	0
	Drug Related-Personal Use	3	2	1		4	2
	Fraud	23	2	18	6	41	8
	Inability Safely Prac-Impairment	2	2	8	8	10	10
	Inability To Safely Practice-Other	1				1	0
	Neglect	2	2			2	2
	Other	7	5	2		9	5
	Prescription Blanks	31	3	2		33	3
	Records Release	16		22	8	38	8

BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
	Records/Inspections/Audits	1		1	1	2	1
	Reinstatement	1				1	0
	Standard of Care-Consent Related	1		1		2	0
	Standard of Care-Diagnosis Related	4		2		6	0
	Standard of Care-Equip/Prod Related	2	2			2	2
	Standard of Care-Malpractice Reports	11	3	13	9	24	12
	Standard of Care-Med/Prescrip Related	3	2	17	14	20	16
	Standard of Care-Other	2	2	1		3	2
	Standard of Care-Surgery Related	1		2		3	0
	Standard of Care-Treatment Related	159	44	175	59	334	103
	Unlicensed Activity	22	9	13		35	9
	<b>Dentistry Total</b>	<b>467</b>	<b>118</b>	<b>408</b>	<b>145</b>	<b>875</b>	<b>263</b>
Funeral Directing	Action by Another Board/Entity			1		1	0
	Advertising-deceptive/misleading	1		4		5	0
	Business Practices/Issues	56	17	61	23	117	40
	Compliance	11	2	2		13	2
	Confidentiality-Breach			1		1	0
	Criminal Activity/Conviction	1	1	4	2	5	3
	Dishonored Check	2	2	2	2	4	4
	Drug Related-Personal Use			1		1	0
	Fraud	7	7	7	4	14	11
	Misappropriation of Property	1		2	1	3	1
	Neglect			1	1	1	1
	Other	3		5	3	8	3
	Records/Inspections/Audits	7	1	20	10	27	11
	Reinstatement			1		1	0
	Required Report Not Filed	5				5	0
	Standard of Care-Consent Related	1				1	0
	Standard of Care-Other			1	1	1	1
	Standard of Care-Treatment Related	2		4	2	6	2
	Supervision-Neglect			1	1	1	1
	Unlicensed Activity	14	5	13	8	27	13
	<b>Funeral Directing Total</b>	<b>111</b>	<b>35</b>	<b>131</b>	<b>58</b>	<b>242</b>	<b>93</b>
Medicine	Abandonment	31	2	20	1	51	3
	Abuse	31	7	59	20	90	27
	Action by Another Board/Entity	50	25	62	30	112	55
	Advertising-deceptive/misleading	43	4	48	4	91	8
	Business Practices/Issues	131		130	2	261	2
	Compliance	33	20	19	13	52	33
	Confidentiality-Breach	14		22		36	0
	Criminal Activity/Conviction	19	14	25	18	44	32
	Default on Guaranteed Student Loan	1	1			1	1
	Disclosure			4	3	4	3
	Dishonored Check	10	6	5	5	15	11
	Drug Related- Security	2				2	0
	Drug Related-Excessive Rx/Dispensing	60	32	43	13	103	45
	Drug Related-Obtaining Drugs by Fraud	9	5	7		16	5
	Drug Related-Other	12	7	15	10	27	17
	Drug Related-Personal Use	17	9	12	8	29	17
	Fraud	31	5	64	3	95	8
	HPIP Dismissal			4	3	4	3
	Inability Safely Prac-Impairment	21	13	29	20	50	33
	Inability Safely Prac-Incapacitated	8	6	6	1	14	7
	Inability To Safely Practice-Other	1	1	1		2	1

BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
	Neglect	23	1	39	4	62	5
	Other	25		25		50	0
	Prescription Blanks	135		9		144	0
	Records Release	63	2	42		105	2
	Records/Inspections/Audits	7	2			7	2
	Reinstatement	23	10	22	13	45	23
	Relationship-Inappropriate	17	10	25	9	42	19
	Required Report Not Filed	78	33	75	22	153	55
	Self-Referral of Patients			6		6	0
	Solicitation	3		2		5	0
	Standard of Care-Consent Related	6		8		14	0
	Standard of Care-Diagnosis Related	147	10	158	6	305	16
	Standard of Care-Equip/Prod Related	3		4		7	0
	Standard of Care-Malpractice Reports	68	5	78	2	146	7
	Standard of Care-Med/Prescrip Related	74	15	79	15	153	30
	Standard of Care-Other	20		18		38	0
	Standard of Care-Surgery Related	97	14	143	4	240	18
	Standard of Care-Treatment Related	407	12	677	28	1084	40
	Supervision-Neglect	8		7		15	0
	Unlicensed Activity	103	40	52	17	155	57
<b>Medicine Total</b>		<b>1831</b>	<b>311</b>	<b>2044</b>	<b>274</b>	<b>3875</b>	<b>585</b>
Nurse Aide	Abandonment	42	16	45	16	87	32
	Abuse	259	74	343	71	602	145
	Action by Another Board/Entity	6	2	8	5	14	7
	Business Practices/Issues	2		4		6	0
	Compliance	10	5	12	9	22	14
	Criminal Activity/Conviction	45	19	52	24	97	43
	Disclosure			2	1	2	1
	Dishonored Check	53	32	56	44	109	76
	Drug Related- Security	1				1	0
	Drug Related-Obtaining Drugs by Fraud	15	9	12	7	27	16
	Drug Related-Other	2		2	1	4	1
	Drug Related-Personal Use	21	6	22	9	43	15
	Fraud	50	28	51	26	101	54
	HPIP Dismissal			8	7	8	7
	Inability Safely Prac-Impairment	14	7	18	8	32	15
	Inability Safely Prac-Incapacitated	2	2	9	8	11	10
	Inability To Safely Practice-Other	6	3	4	3	10	6
	Misappropriation of Property	49	20	21	6	70	26
	Neglect	71	29	97	12	168	41
	Other	10	6	18	8	28	14
	Records/Inspections/Audits			1	1	1	1
	Reinstatement	38	15	22	8	60	23
	Relationship-Inappropriate	5	3	9	9	14	12
	Required Report Not Filed	1				1	0
	Standard of Care-Med/Prescrip Related	2	1	2		4	1
	Standard of Care-Other	15	5	29	22	44	27
	Standard of Care-Treatment Related	224	49	154	15	378	64
	Supervision-Neglect	3	2			3	2
	Unlicensed Activity	3	1	8	5	11	6
<b>Nurse Aide Total</b>		<b>949</b>	<b>334</b>	<b>1009</b>	<b>325</b>	<b>1958</b>	<b>659</b>
Nursing	Abandonment	58	24	63	21	121	45
	Abuse	315	83	401	77	716	160
	Action by Another Board/Entity	32	14	40	20	72	34

BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category	Sanction	Category	Sanction	Category	Sanction
		Count <sup>1</sup>	Count <sup>2</sup>	Count <sup>1</sup>	Count <sup>2</sup>	Count <sup>1</sup>	Count <sup>2</sup>
	Advertising-deceptive/misleading	0	0	1	0	1	0
	Business Practices/Issues	7	0	15	0	22	0
	Compliance	109	82	107	47	216	129
	Confidentiality-Breach	8	0	12	0	20	0
	Criminal Activity/Conviction	63	30	81	38	144	68
	Disclosure	0	0	2	1	2	1
	Dishonored Check	110	64	101	73	211	137
	Drug Related- Security	11	4	8	2	19	6
	Drug Related-Excessive Rx/Dispensing	1	1	1	0	2	1
	Drug Related-Obtaining Drugs by Fraud	132	76	174	94	306	170
	Drug Related-Other	34	24	15	8	49	32
	Drug Related-Personal Use	65	23	102	28	167	51
	Fraud	90	40	101	43	191	83
	HPIP Dismissal	1	0	56	35	57	35
	Inability Safely Prac-Impairment	44	22	100	51	144	73
	Inability Safely Prac-Incapacitated	13	4	17	9	30	13
	Inability To Safely Practice-Other	12	7	11	8	23	15
	Misappropriation of Property	56	24	31	7	87	31
	Neglect	95	30	148	20	243	50
	Other	18	7	38	11	56	18
	Prescription Blanks	50	0	35	1	85	1
	Records/Inspections/Audits	1	0	0	0	1	0
	Reinstatement	74	27	73	32	147	59
	Relationship-Inappropriate	10	7	17	9	27	16
	Required Report Not Filed	1	0	1	1	2	1
	Standard of Care-Consent Related	0	0	2	0	2	0
	Standard of Care-IV/Blood Prod Related	2	0	0	0	2	0
	Standard of Care-Malpractice Reports	8	0	3	1	11	1
	Standard of Care-Med/Prescrip Related	31	4	36	9	67	13
	Standard of Care-Other	28	7	30	23	58	30
	Standard of Care-Surgery Related	0	0	3	0	3	0
	Standard of Care-Treatment Related	319	60	253	28	572	88
	Supervision-Neglect	9	3	5	0	14	3
	Unlicensed Activity	48	16	65	24	113	40
	<b>Nursing Total</b>	<b>906</b>	<b>349</b>	<b>1139</b>	<b>396</b>	<b>2045</b>	<b>745</b>
Nursing Home Administrator	Abuse	12	10	1		13	10
	Business Practices/Issues	5		2		7	0
	Compliance	6	4	3	3	9	7
	Confidentiality-Breach	1				1	0
	Cont'd Competency Req.-not met			1		1	0
	Drug Related-Other	1	1			1	1
	Fraud			7	6	7	6
	Misappropriation of Property			1		1	0
	Neglect	2		2		4	0
	Other	9	5	1	1	10	6
	Records Release	1				1	0
	Records/Inspections/Audits	6	2	3	1	9	3
	Required Report Not Filed			1		1	0
	Standard of Care-Other	2		9	7	11	7
	Standard of Care-Treatment Related	5		5		10	0
	Supervision-Neglect			1		1	0
	Unlicensed Activity			2		2	0
	<b>Nursing Home Administrator Total</b>	<b>50</b>	<b>22</b>	<b>39</b>	<b>18</b>	<b>89</b>	<b>40</b>
Optometry	Abandonment	1				1	0

BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
	Advertising-deceptive/misleading	3		1		4	0
	Business Practices/Issues	12	4	10		22	4
	Compliance	1	1	2		3	1
	Cont'd Competency Req.-not met	19	7	4		23	7
	Drug Related-Personal Use	8	8			8	8
	Fraud			6	3	6	3
	Inability Safely Prac-Impairment			1		1	0
	Inability To Safely Practice-Other			1		1	0
	Prescription Blanks	1				1	0
	Records Release	2		2		4	0
	Standard of Care-Consent Related			1		1	0
	Standard of Care-Diagnosis Related	1		2		3	0
	Standard of Care-Equip/Prod Related	1				1	0
	Standard of Care-Med/Prescrip Related	1		3		4	0
	Standard of Care-Treatment Related	15	7	14		29	7
	Unlicensed Activity	2	1	1		3	1
<b>Optometry Total</b>		<b>67</b>	<b>28</b>	<b>48</b>	<b>3</b>	<b>115</b>	<b>31</b>
Pharmacy	Abandonment			1		1	0
	Abuse			1		1	0
	Action by Another Board/Entity	6	2	5	4	11	6
	Advertising-deceptive/misleading	1				1	0
	Business Practices/Issues	39	4	51	26	90	30
	Compliance	47	35	24	22	71	57
	Confidentiality-Breach	2	1	9	4	11	5
	Cont'd Competency Req.-not met	77	71	69	35	146	106
	Criminal Activity/Conviction	5	4	3	1	8	5
	Dishonored Check	1		2	2	3	2
	Drug Related- Security	17	10	19	11	36	21
	Drug Related-Excessive Rx/Dispensing	21	15	1	1	22	16
	Drug Related-Obtaining Drugs by Fraud	2	2	16	6	18	8
	Drug Related-Other	3	2	7	4	10	6
	Drug Related-Personal Use	3	3	4	3	7	6
	Fraud	4		3	1	7	1
	HPIP Dismissal			8	7	8	7
	Inability Safely Prac-Impairment	4	4	10	8	14	12
	Inability To Safely Practice-Other	4	3	2	2	6	5
	Other	9	5	8	3	17	8
	Records Release	1				1	0
	Records/Inspections/Audits	7	2	23	16	30	18
	Reinstatement	16	9	16	12	32	21
	Required Report Not Filed			2	2	2	2
	Standard of Care-Equip/Prod Related	1				1	0
	Standard of Care-Malpractice Reports			1		1	0
	Standard of Care-Med/Prescrip Related	133	68	103	50	236	118
	Standard of Care-Other	4	3	5	5	9	8
	Standard of Care-Treatment Related	2		3	1	5	1
	Supervision-Neglect	2		1		3	0
	Unlicensed Activity	10	1	21	9	31	10
<b>Pharmacy Total</b>		<b>421</b>	<b>244</b>	<b>418</b>	<b>235</b>	<b>839</b>	<b>479</b>
Physical Therapy	Abuse			2		2	0
	Action by Another Board/Entity			3	1	3	1
	Criminal Activity/Conviction			1		1	0
	Drug Related-Personal Use			1		1	0
	Fraud	1	1	3		4	1

BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
	Inability Safely Prac-Impairment	1				1	0
	Neglect			1		1	0
	Other			1		1	0
	Records/Inspections/Audits	1				1	0
	Reinstatement	2				3	0
	Relationship-Inappropriate			2		2	0
	Standard of Care-Malpractice Reports			1		1	0
	Standard of Care-Treatment Related	13	6	7		20	6
	Supervision-Neglect			2		2	0
	Unlicensed Activity	6	4	3		9	4
<b>Physical Therapy Total</b>		<b>24</b>	<b>11</b>	<b>28</b>	<b>1</b>	<b>52</b>	<b>12</b>
Psychology	Abuse	2				2	0
	Advertising-deceptive/misleading			1		1	0
	Business Practices/Issues	4		7		11	0
	Compliance	1				1	0
	Confidentiality-Breach	4		1		5	0
	Drug Related-Personal Use	1	1			1	1
	Fraud	2		2	2	4	2
	Inability Safely Prac-Impairment	1				1	0
	Inability Safely Prac-Incapacitated	1				1	0
	Other	2		4		6	0
	Records Release	8		5		13	0
	Reinstatement	3	3			3	3
	Relationship-Inappropriate	8	4	9	8	17	12
	Solicitation	1		1		2	0
	Standard of Care-Consent Related			1	1	1	1
	Standard of Care-Diagnosis Related	1		1		2	0
	Standard of Care-Other	2		1		3	0
	Standard of Care-Treatment Related	21	1	20		41	1
	Supervision-Neglect	1				1	0
<b>Psychology Total</b>		<b>63</b>	<b>9</b>	<b>53</b>	<b>11</b>	<b>116</b>	<b>20</b>
Social Work	Abandonment			1	1	1	1
	Abuse	1		6	6	7	6
	Business Practices/Issues	2		6		8	0
	Compliance	2				2	0
	Confidentiality-Breach	5		3		8	0
	Cont'd Competency Req.-not met			6		6	0
	Criminal Activity/Conviction	1	1	1		2	1
	Fraud			1		1	0
	Other	2				2	0
	Records Release	4		3		7	0
	Records/Inspections/Audits			2	1	2	1
	Reinstatement	3	3			3	3
	Relationship-Inappropriate	2	2	12	7	14	9
	Required Report Not Filed	1				1	0
	Standard of Care-Other	1				1	0
	Standard of Care-Treatment Related	11		13	4	24	4
<b>Social Work Total</b>		<b>35</b>	<b>6</b>	<b>54</b>	<b>19</b>	<b>89</b>	<b>25</b>
Veterinary Medicine	Abuse	2		2	2	4	2
	Advertising-deceptive/misleading	3	2			3	2
	Business Practices/Issues	13	2	16		29	2
	Compliance	6	3	4	4	10	7
	Confidentiality-Breach			1		1	0
	Cont'd Competency Req.-not met	4	3			4	3

BOARD	COMPLAINT CATEGORY	FY 2003		FY 2004		TOTAL	
		Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>	Category Count <sup>1</sup>	Sanction Count <sup>2</sup>
	Criminal Activity/Conviction	2	1			2	1
	Drug Related-Personal Use	2	2			2	2
	HPIP Dismissal			1	1	1	1
	Inability Safely Prac-Incapacitated	1				1	0
	Neglect			8	8	8	8
	Prescription Blanks	4				4	0
	Records Release	1		2		3	0
	Records/Inspections/Audits	7	6	7	6	14	12
	Reinstatement	2	1			2	1
	Standard of Care-Consent Related	2				2	0
	Standard of Care-Diagnosis Related	3	2	4		7	2
	Standard of Care-Med/Prescrip Related	8	2	6		14	2
	Standard of Care-Other	2				2	0
	Standard of Care-Surgery Related	6	3	2	3	8	6
	Standard of Care-Treatment Related	69	11	125	60	194	71
	Unlicensed Activity	25	2	13		38	2
<b>Veterinary Medicine Total</b>		<b>162</b>	<b>40</b>	<b>191</b>	<b>84</b>	<b>353</b>	<b>124</b>
<i>Grand Total</i>		<i>5157</i>	<i>1530</i>	<i>5603</i>	<i>1582</i>	<i>10760</i>	<i>3112</i>
1. A single case may fall into more than one category.							
2. More than one sanction may be imposed per case found in violation							



***STANDARD OF CARE CASES IN WHICH A CONFIDENTIAL CONSENT AGREEMENT (CCA) WAS ACCEPTED, AND MORE THAN TWO CCAs ACCEPTED FOR STANDARD OF CARE VIOLATION WITHIN A TEN-YEAR PERIOD\****

\*No Cases fit the criteria at this time.

**FTEs\* DEVOTED TO THE DISCIPLINE PROCESS MEASURED AGAINST CASE PROCESSING TIME**

	Complaints Closed			FTEs			Complaint per FTE			Average Time (days) to Process Case		
	FY 01-02	FY 03-04	Change	FY01-02	FY03-04	Change	FY01-02	FY03-04	Change	FY01-02	FY03-04	Change
BOARD												
Audiology/Speech Pathology	5	8	60%	2.10	2.10	0%	2.38	3.81	60%	185.4	325.1	75%
Counseling	61	74	21%	0.40	0.50	25%	152.50	148.00	-3%	187.9	235.4	25%
Dentistry	618	630	2%	1.75	2.00	14%	353.14	315.00	-11%	254.9	334.2	31%
Funeral Directing	145	166	14%	2.10	2.10	0%	69.05	79.05	14%	292.2	340.8	17%
Medicine	2527	3298	31%	4.70	6.00	28%	537.66	549.67	2%	315.3	293.0	-7%
Nursing	2439	2729	12%	4.75	5.75	21%	513.47	474.61	-8%	235.4	285.5	21%
Nursing Home Administrator	44	54	23%	0.30	0.30	0%	146.67	180.00	23%	271.3	337.9	25%
Optometry	137	94	-31%	0.50	0.50	0%	274.00	188.00	-31%	267.4	312.0	17%
Pharmacy	721	584	-19%	2.70	2.70	0%	267.04	216.30	-19%	280.6	235.3	-16%
Physical Therapy	21	44	110%	2.10	2.10	0%	10.00	20.95	110%	232.1	315.2	36%
Psychology	66	101	53%	0.30	0.40	33%	220.00	252.50	15%	164.9	168.4	2%
Social Work	68	83	22%	0.35	0.60	71%	194.29	138.33	-29%	195.7	208.8	7%
Veterinary Medicine	276	259	-6%	0.58	0.58	0%	475.86	446.55	-6%	217.0	254.1	17%
Enforcement				55.20	63.10	14%						
Administrative Proceedings				14.00	20.00	43%						
<b>AGENCY TOTAL</b>	<b>7128</b>	<b>8124</b>	<b>14%</b>	<b>91.83</b>	<b>108.73</b>	<b>18%</b>	<b>77.62</b>	<b>74.72</b>	<b>-4%</b>	<b>269.3</b>	<b>287.2</b>	<b>7%</b>

\*Full Time Equivalent (FTE) refers to the 2,080 hours per year that comprise a single full time position. In some cases the hours may be divided among several employees.

**RATE OF COMPLIANCE WITH ESTABLISHED CASE STANDARDS\***

	Fiscal Year 04	Fiscal Year 03	Fiscal Year 02	Fiscal Year 01	Fiscal Year 00	Fiscal Year 99
<i>Board</i>						
Audiology/Speech Pathology	40.1%	25.0%	100.0%	N/A	0%	0%
Counseling	44.2%	71.1%	70.6%	90.0%	56%	21%
Dentistry	47.4%	57.1%	50.7%	63.3%	75%	59%
Funeral Directing	42.3%	41.2%	34.1%	57.7%	69%	25%
Medicine	63.8%	32.3%	14.0%	37.6%	44%	46%
Nurse Aide	36.8%	43.5%	54.6%	76.6%	83%	65%
Nursing	60.0%	58.3%	57.3%	65.7%	74%	55%
Nursing Home Administrator	63.6%	45.0%	50.0%	38.5%	71%	80%
Optometry	31.3%	33.3%	55.6%	55.4%	74%	62%
Pharmacy	73.7%	67.4%	63.0%	54.7%	55%	61%
Physical Therapy	62.9%	0.0%	0.0%	60.0%	50%	33%
Psychology	50.0%	77.1%	66.7%	73.1%	71%	12%
Social Work	60.0%	86.7%	67.9%	76.5%	70%	27%
Veterinary Medicine	55.2%	68.0%	66.9%	63.0%	83%	72%
<b>Department Total</b>	<b>50.2%</b>	<b>47.9%</b>	<b>39.8%</b>	<b>56.1%</b>	<b>63%</b>	<b>53%</b>

\*Case standards are predetermined time frames allotted to cases as they pass through the disciplinary process. The total time for each case depends on the number of stages it must pass through before it is finally resolved. See Agency Guidance Document 76-13.1 (Directive 4.6) for a complete explanation of case standards.

Attached you will find errata sheets with corrections, highlighted in green, to The Department of Health Professions Biennial Report for the Fiscal Years 2003 and 2004.

The first sheet is a replacement for page 43 of the report, a table with program statistics for the Health Practitioners Intervention Program correcting the fiscal year 2004 numbers for CRNAs and Nurse Practitioners.

The second attachment is the replacement for Appendix A which shows ratios of licensees to complaints. The corrections to "Complaints per 1000 Licensees" are at the board and agency level only.

## Errata - (Replacement for page 43)

The following table provides program statistics for all Boards for fiscal years ending June 30, 2003 and June 30, 2004.

HPIP Participants	Occupation	FY-2003	FY-2004
Board of Nursing	Registered Nurse	250	246
	CRNA	11	7
	Nurse Practitioner	6	7
	Licensed Practical Nurse	87	82
	Certified Nurse Aide	19	22
	Massage Therapist	0	0
	<b>Nursing Total</b>		<b>373</b>
Board of Medicine	Medicine and Surgery	108	100
	Chiropractic	1	1
	Osteopathy	4	3
	Podiatry	1	0
	Interns and Residents	2	3
	Physician Assistant	4	5
	Respiratory Care Prov.	6	6
	Radiological Tech	0	2
<b>Medicine Total</b>		<b>126</b>	<b>120</b>
Board of Pharmacy	Pharmacists	45	42
	Pharmacy Technician	0	1
	<b>Pharmacy Total</b>	<b>45</b>	<b>43</b>
Board of Dentistry	Dentists	16	14
	Hygienist	3	3
	<b>Dentistry Total</b>	<b>19</b>	<b>17</b>
Board of Social Work	Clinical Social Worker	4	2
	<b>Social Work Total</b>	<b>4</b>	<b>2</b>
Board of Counseling	Professional Counselor	1	2
	Substance Abuse Counselor	1	0
	<b>Counseling Total</b>	<b>2</b>	<b>2</b>
Board of Psychology	Clinical Psychologist	2	1
	<b>Psychology Total</b>	<b>2</b>	<b>1</b>

**COMPLAINT INFORMATION-Corrected as of 5/16/2005 - Errata**

BOARD	OCCUPATION	Licensees <sup>1</sup>		Complaints <sup>2</sup>		Complaints Investigated <sup>3</sup>		Complaints Referred To Board <sup>4</sup>		Complaints per 1000 Licensees <sup>5</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
Audiology/Speech Pathology	Audiologist	461	428	2	6	2	2	3	8	4.34	14.02
	School Speech Pathologist	86	113								
	Speech Pathologist	2512	2332	1	4		3	3	6	0.40	1.72
<b>Audiology/Speech Pathology Total</b>		<b>3059</b>	<b>2873</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>14</b>	<b>0.98</b>	<b>3.48</b>
Counseling	Certified Substance Abuse Counselor	1420	1438	8	3	10	8	8	9	5.63	2.09
	Licensed Marriage and Family Therapist	874	867		1			1	1		1.15
	Licensed Professional Counselor	2704	2741	29	20	38	18	48	25	10.72	7.30
	Rehabilitation Provider	405	407		1				1		2.46
	SA Oral Examiner	15	15								
	Substance Abuse Treatment Practitioner	145	163								
<b>Counseling Total</b>		<b>5563</b>	<b>5631</b>	<b>37</b>	<b>25</b>	<b>48</b>	<b>27</b>	<b>57</b>	<b>36</b>	<b>6.65</b>	<b>4.44</b>
Dentistry	Cosmetic Procedure Certification	9	10								
	Dental Full Time Faculty	14	15								
	Dental Hygienist	3468	3589	8	6	6	7	6	5	2.31	1.67
	Dental Hygienist Teacher	2	2								
	Dental Teacher	9	5								
	Dental Temporary Permit	7	5								
	Dentist	4996	5004	357	321	442	473	461	435	71.46	64.15
	Oral/Maxillofacial Surgeon Registration	177	178			2	2		1		
<b>Dentistry Total</b>		<b>8682</b>	<b>8808</b>	<b>365</b>	<b>327</b>	<b>450</b>	<b>482</b>	<b>467</b>	<b>441</b>	<b>42.04</b>	<b>37.13</b>
Funeral Directing	Courtesy Card	114	115		3		3		1		26.09
	Crematories	63	70	1		1		2	1	15.87	
	Embalmer	8	7								
	Funeral Director	156	146	7	2	5	1	5	5	44.87	13.70
	Funeral Establishment	527	530	25	31	17	32	32	43	47.44	58.49
	Funeral Service Provider	1492	1474	42	43	56	46	85	67	28.15	29.17
	Funeral Trainee	220	212	3	6	2	2	5	4	13.64	28.30
	Surface Transport & Removal Services	53	52	1		2		2	1	18.87	
<b>Funeral Directing Total</b>		<b>2633</b>	<b>2606</b>	<b>79</b>	<b>85</b>	<b>83</b>	<b>84</b>	<b>131</b>	<b>122</b>	<b>30.00</b>	<b>32.62</b>
Medicine	Athletic Trainer	576	684	2				2		3.47	
	Chiropractor	1482	1458	45	61	69	83	89	101	30.36	41.84
	Interns and Resident	2932	2990	7	16	7	12	7	13	2.39	5.35
	Licensed Acupuncturist	209	253	1	2	3	2	3	3	4.78	7.91
	Limited Radiologic Technologist	972	998	1	1	2	2	2	3	1.03	1.00
	Medicine & Surgery	27667	27762	1168	2192	1405	1353	1778	2690	42.22	78.96
	Occupational Therapist	2254	2321	5	4	5	6	8	7	2.22	1.72
	Osteopathy and Surgery	956	1042	35	76	45	53	52	86	36.61	72.94
	Physician Assistant	983	1086	14	28	17	25	24	26	14.24	25.78
	Podiatry	443	446	32	57	41	51	47	77	72.23	127.80
	Radiologic Technologist	2725	2801	19	12	4	3	24	10	6.97	4.28
	Respiratory Care Practitioner	3215	3244	11	15	16	15	22	21	3.42	4.62
		University Limited License	28	26		3	1	1	2	3	
<b>Medicine Total</b>		<b>44442</b>	<b>45111</b>	<b>1340</b>	<b>2467</b>	<b>1615</b>	<b>1606</b>	<b>2060</b>	<b>3040</b>	<b>30.15</b>	<b>54.69</b>
Nursing	Authorization to Prescribe	2441	2610	6	2	11	4	19	5	2.46	0.77
	Certified Massage Therapist	3474	3983	13	14	6	12	19	17	3.74	3.51
	Certified Nurse Aides	42654	44563	564	614	535	489	862	855	13.22	13.78
	Clinical Nurse Specialist	489	488	2		1		2		4.09	
	Licensed Nurse Practitioner	4839	5086	42	68	64	65	82	66	8.68	13.37
	Licensed Practical Nurse	28880	30057	290	357	278	350	429	457	10.04	11.88
		Registered Nurse	89728	91180	320	470	374	470	502	648	3.57
<b>Nursing Total</b>		<b>172505</b>	<b>177967</b>	<b>1237</b>	<b>1525</b>	<b>1269</b>	<b>1390</b>	<b>1915</b>	<b>2048</b>	<b>7.17</b>	<b>8.57</b>

BOARD	OCCUPATION	Licensees <sup>1</sup>		Complaints <sup>2</sup>		Complaints Investigated <sup>3</sup>		Complaints Referred To Board <sup>4</sup>		Complaints per 1000 Licensees <sup>5</sup>	
		FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004	FY2003	FY2004
Nursing Home Administrator	Nursing Home Administrator	794	780	35	20	31	33	41	41	44.08	25.64
	Nursing Home Preceptor	202	205			2		2			
<b>Nursing Home Administrator Total</b>		<b>996</b>	<b>985</b>	<b>35</b>	<b>20</b>	<b>33</b>	<b>33</b>	<b>43</b>	<b>41</b>	<b>35.14</b>	<b>20.30</b>
Optometry	Optometrist	1418	1420	35	42	42	60	62	58	24.68	29.58
	Opometrist - Volunteer Registration	1	0								
	Professional Designation	132	141								
	TPA Certified Optometrist	1049	1069		1		5	1	3		0.94
<b>Optometry Total</b>		<b>2600</b>	<b>2630</b>	<b>35</b>	<b>43</b>	<b>42</b>	<b>65</b>	<b>63</b>	<b>61</b>	<b>13.46</b>	<b>16.35</b>
Pharmacy	Business CSR	353	371	1	1	1	2	1	1	2.83	2.70
	Humane Society	49	49		2			4	2	40.82	
	Medical Equipment Supplier	318	327	4	1	3	2	10	1	12.58	3.06
	Non-resident Pharmacy	469	523	11	10	8	10		12	23.45	19.12
	Non-resident Wholesale Distributor	531	584								
	Non-restricted Manufacturer	21	20								
	Permitted Physician	17	16		2		2				125.00
	Pharmacist	8070	8126	191	248	203	200	294	307	23.67	30.52
	Pharmacy	1559	1582	27	37	25	36	35	27	17.32	23.39
	Pharmacy Intern	1290	1472	2	2	2	2		4	1.55	1.36
	Pharmacy Technician	492	6292		14			11		8	2.23
	Physician Selling Controlled Substances	232	254					1	1		
	Restricted Manufacturer	78	75								
	Warehouser	31	30	1				1	1	32.26	
	Wholesale Distributor	198	197	1	1		1	1	1	5.05	5.08
<b>Pharmacy Total</b>		<b>13708</b>	<b>19918</b>	<b>238</b>	<b>318</b>	<b>242</b>	<b>267</b>	<b>346</b>	<b>365</b>	<b>17.36</b>	<b>15.97</b>
Physical Therapy	Physical Therapist	4373	4520	25	28	26	27	25	35	5.72	6.19
	Physical Therapist Assistant	1601	1653	9	12	6	8	6	15	5.62	7.26
<b>Physical Therapy Total</b>		<b>5974</b>	<b>6173</b>	<b>34</b>	<b>40</b>	<b>32</b>	<b>35</b>	<b>31</b>	<b>50</b>	<b>5.69</b>	<b>6.48</b>
Psychology	Applied Psychologist	51	45		1				1		22.22
	Clinical Psychologist	2114	2117	53	53	51	42	59	65	25.07	25.04
	Continuing Education Provider	5	8								
	School Psychologist	111	110		1			1	1		9.09
	School Psychologist-Limited	104	136		1				1		7.35
	Sex Offender Treatment Provider	334	334								
<b>Psychology Total</b>		<b>2719</b>	<b>2750</b>	<b>53</b>	<b>56</b>	<b>51</b>	<b>42</b>	<b>60</b>	<b>68</b>	<b>19.49</b>	<b>20.36</b>
Social Work	Associate Social Worker	7	6								
	Licensed Clinical Social Worker	4191	4180	41	53	42	36	51	77	9.78	12.68
	Licensed Social Worker	333	301	1	2	1		1	2	3.00	6.64
	Registered Social Worker	92	75								
<b>Social Work Total</b>		<b>4623</b>	<b>4562</b>	<b>42</b>	<b>55</b>	<b>43</b>	<b>36</b>	<b>52</b>	<b>79</b>	<b>9.09</b>	<b>12.06</b>
Veterinary Medicine	Full Service Veterinary Facility	643	653	1	1	1		1	1	1.56	1.53
	Restricted Veterinary Facility	200	210								
	Veterinarian	2544	2674	132	123	156	170	145	140	51.89	46.00
	Veterinary Technician	882	943	8	3		6	12	3	9.07	3.18
<b>Veterinary Medicine Total</b>		<b>4269</b>	<b>4480</b>	<b>141</b>	<b>127</b>	<b>157</b>	<b>176</b>	<b>158</b>	<b>144</b>	<b>33.03</b>	<b>28.35</b>
<b>AGENCY TOTAL</b>		<b>271773</b>	<b>284494</b>	<b>3639</b>	<b>5098</b>	<b>4067</b>	<b>4248</b>	<b>5389</b>	<b>6509</b>	<b>13.39</b>	<b>17.92</b>

The number of complaints reflects all complaints received within the designated timeframe but complaints investigated or referred to the board may also include complaints that had been received in

1. Any individual or entity that held a valid and current license within the designated timeframe
2. All allegations assigned a case number
3. Cases that underwent the investigatory process
4. Cases reviewed by the respective regulatory board to determine whether further action is necessary
5. Shows the ratio of complaints per 1,000 licensees of the respective board and occupations