

A review of public records indicates that final disciplinary orders have been entered on the following Physicians and Physician Assistants.

Copies of these Documents can be obtained by contacting the Board.

Listing Last Updated **January 31, 2018**

Licensee Name Aaron, John, .D.

Mailing Address

Disciplinary Summary **July 1991 – Board denied licensure of Respondent as he provided false and misleading statements on his application**

Licensee Name Alarcon, Victor M. MD

Mailing Address #3 MARGATE TERRACE
PUEBLO, CO 81001

Disciplinary Summary **1/06/03 voluntarily surrendered medical license due to disability.**

Licensee Name Allen, James L. MD

Mailing Address 1200 College Dr
Rock Springs, WY 82901

Disciplinary Summary **06/13/2006 Voluntary Surrender of license due to a guilty plea to felony. Dr. Allen petitioned for reinstatement of his medical license at a hearing November 17, 2010. The hearing reconvened on April 15, 2011 when Dr. Allen presented a CPEP evaluation for consideration. Based on the CPEP report the Board found that Dr. Allen had not demonstrated that he was able to safely, skillfully and competently resume the practice of medicine. The petition was denied on April 16, 2011**

Licensee Name Allen, Timothy J. MD

Mailing Address 7225 Streamside Drive
Fort Collins, CO 80525

Disciplinary Summary Dr. Allen submitted an application for reactivation of his Wyoming physician license in June 2016. As Dr. Allen had disciplinary action in Colorado, he was required to go through a hearing as the Board ACR had requested denial of the application. After the hearing the Board voted to grant Dr. Allen's reactivation application with very strict restrictions and conditions. Dr. Allen was reactivated on May 17, 2017.

Licensee Name Allerheiligen, David A. MD

Mailing Address 4935 WEBB CREEK ROAD
CASPER, WY 82604

Disciplinary Summary **Consent Decree dated 1/15/97 wherein licensee agreed to complete CME in appropriate prescribing and record keeping. Licensee met conditions of decree. Docket closed 2/16/98.**

Licensee Name Ames, Geoffrey, MD

Mailing Address 1303 N. Edison Place, #B
Kennewick, WA 88336

Disciplinary Summary Geoffrey Ames, M.D., applied for a Wyoming physician license. The information in the application stated that Dr. Ames' Washing state license had been revoked. At a hearing of the Board on April 28, 2017, the Board voted to deny the application of Dr.

Ames due to the Washington action. An Order Denying the license was filed by the Board on May 17, 2017.

Licensee Name Anderson, Victoria, MD
Mailing Address 2521 E 15th Street
Casper, WY 82609
Disciplinary Summary Dr. Anderson was granted a stipulated temporary license to complete requested CME in psychopharmacology. Dr. Anderson completed those courses and was granted a full and unrestricted permanent license

Licensee Name Andrew, Thomas T. MD
Mailing Address 201 W. Lakeway Road #300
Gillette, WY 82718
Disciplinary Summary **01-19 Stipulated license in which Dr. Andrew must comply with all conditions of WPAP and provide direct patient care only under the direction of a physician supervisor**
05-11 Physician entered five year consent decree with the Board whereas he would have to work under the supervision of another physician that would review all prescribing of controlled substances

Licensee Name Anneberg, Spencer K. MD
Mailing Address 909 28TH AVENUE
GREELEY, CO 80631
Disciplinary Summary **Order of Revocation of Physician's License issued on 2/24/97. Revocation of Wyoming license based on revocation of Colorado license on 12/19/96.**

Licensee Name Aquilna, Joseph N. MD
Mailing Address 1551 LINDEN PLACE
SAGINAW, MI 48603
Disciplinary Summary **Consent Decree dated 8/26/98. Licensee failed to report investigation in another state during the annual renewal cycle.**

Licensee Name Aranibar, Alberto . MD
Mailing Address 431 SOUTH BURNSIDE AVENUE #11-E
LOS ANGELES, CA 90036
Disciplinary Summary **On October 14, 2003 voluntarily surrendered license in lieu of investigation of action in California.**

Licensee Name Bacon, Tracy, PA-C
Mailing Address 726 Allen Street
Cody, WY 82414
Disciplinary Summary **On December 1, 1992, Mr. Bacon received a Stipulated License to Practice Medicine in Wyoming. As part of the stipulation, Mr. Bacon must not prescribe or self-administer controlled substances for his own use.**

Licensee Name Bainhaur, Jr., Frederick, D.O.
Mailing Address P.O. Box 2205
Lehigh Valley, AP 18100
Disciplinary Summary **On 2-7-1984 Dr. Bainhaur voluntarily surrendered his Wyoming License after**

he declined to appear before the Board to answer to plea of non contedere to 9 counts of mail fraud.

Licensee Name Barrier, Alvis L. MD
Mailing Address Univ. of Missouri Medical School
Columbia, MO 65212
Disciplinary Summary **Consent Decree dated 1/7/97 wherein licensee agreed to one month suspension, 5 years probation, refrain from self prescribing controlled substances and submit to random urine screens. Amended 1/9/98 to prohibit self prescribing of any kind. 11/1/00 Order Terminating Consent Decree. License fully restored with no restrictions or conditions.**

Licensee Name Baumstarck, Jr., Joseph . MD
Mailing Address StrongTree Clinic
Lovell, WY 82431
Disciplinary Summary **6-9-2008 The Board summarily suspended physicians license Board Accepted Voluntarily Relinquishment of License in Lieu of Contested Case Hearing on November 20, 2008.**

Licensee Name Beck, Joshua, M.D.
Mailing Address P.O. Box 7434
Jackson, WY 83002
Disciplinary Summary **On December 26, 2017, the Board approved an Order accepting a Consent Decree with Dr. Beck for failure to disclose information and misrepresentation on renewals. Dr. Beck has a stayed suspension and is required to attend and complete the ProBE program.**

Licensee Name Bell, Patricia, D.O.
Mailing Address 428 S. Durbin
Casper, WY 82601
Disciplinary Summary **On December 26, 2017, the Board approved an Order accepting a Consent Decree with Dr. Bell. Dr. Bell's practice is restricted to out-patient, in-clinic gynecology care only.**

Licensee Name Bender, David S. MD
Mailing Address 110 Hosptial Lane
Afton, WY 83110
Disciplinary Summary **Final order dated 4/11/02 wherein Dr. Bender agreed to an assessment by PLAS [Post Licensure Assessment Sytem] and agreed to complete additional training and education if necessary. Assessment and additional education requirement completed by 8/1/03. All requirements met and file closed on 9/23/03. MEDICAL LICENSE IS FULLY RESTORED WITH NO CONDITIONS OR RESTRICTIONS.**

Licensee Name Bennett, Bruce, M.D.
Mailing Address 405 W. Boxelder Rd., Suite A-1
Casper, WY 82609
Disciplinary Summary **10/3/2011 Dr. Bennett entered into a Consent Decree in which he will be on probation for a period of two years; he shall only provide medical treatment in a setting we he and the patients are visually observed by a third-party at all times during treatment; arrange for work site monitor to ensure he maintains**

patient boundaries and conducts himself appropriately and professionally; the work site monitor will send quarterly reports to the Board regarding Dr. Bennett's professional conduct. On January 25, 2013, Dr. Bennett came before the Wyoming Board of Medicine petitioning for removal of the restrictions placed on his medical license through the Consent Decree. On January 26, 2013, the Board voted to remove all restrictions, allowing Dr. Bennett to have a full and unrestricted physician license

Licensee Name Bernales, Wilson, M.D.
Mailing Address 3202 Dewar Drive
Rock Springs, WY 82901

Disciplinary Summary **10/21/2017 - The Board made a finding that Dr. Bernales' continued possession of a Wyoming Physician License poses a danger to the public and therefore his Wyoming Physician License No. 7632A is SUSPENDED effective immediately for a minimum of five (5) years. On January 26, 2018, the Board entered an Order detailing out the information on this matter.**

Licensee Name Blain, James L. DO
Mailing Address 27742 MISSOURI DRIVE
LEBANON, MO 65536

Disciplinary Summary **Consent Decree dated 3/26/97 wherein licensee agreed to a restriction from practicing medicine in Wyoming. Licensee may petition the Board for a hearing to resume practice in Wyoming. Licensee bears the burden of proof that he can safely and skillfully practice medicine.**

Licensee Name Blasidell, Glenn, MD
Mailing Address
Disciplinary Summary **Voluntary Relinquishment of license 3/10/1981**

Licensee Name Blount, James J. MD
Mailing Address 192 UINTA DRIVE
GREEN RIVER, WY 82935

Disciplinary Summary **Order Revoking Physicians License dated 1/3/94. Physician refused/failed to provide requested information and to appear for an informal interview and subsequent contested case hearing.**

Licensee Name Bobrow, Joseph, M.D.
Mailing Address 70 East First Street
Corning, NY 14830

Disciplinary Summary **Order of Summary suspension not fit to practice medicine or surgery with reasonable skill and safety to patients**

Licensee Name Brown, Craig S., MD
Mailing Address 7003 Cordova Drive
Cheyenne, WY 82009

Disciplinary Summary **On March 12, 2014, the Board Summarily Suspended the Medical License of Craig S. Brown, M.D. pending a Contested Case Hearing. On March 27, 2014, Dr. Brown, through his attorney requested a Voluntary Relinquishment of his Medical License. The Board approved the Voluntary Surrender on April 11, 2014.**

Licensee Name Bury, Richard R. MD
Mailing Address ,
Disciplinary Summary **Consent Decree dated 11/30/00 in which licensee agreed to 5 years probation and notification to Board prior to practicing in Wyoming. Action was taken due to action in Colorado for controlled substance diversion.**

Licensee Name Byram, Mark T. MD
Mailing Address Centennial Medical Center
Nashville, TN 37215
Disciplinary Summary **Stipulation for issuance of Physician's License with Conditions 2/27/92. Licensee self reported substance abuse. Licensee met all conditions. 8/1/94 conditions were removed.**

Licensee Name Cahoon, Valerie, PA-C
Mailing Address 1514 East 12th Street, #201
Casper, WY 82601
Disciplinary Summary **January 30, 2010 – Reinstatement of Physician Assistant license with restrictions and conditions. Must participate in and comply with all aspects of Wyoming Professional Assistant Program (WPAP) for a period of 5 years. October 31, 2014 – Ms. Cahoon petitioned the Board for release of her restrictions and conditions. The Board approved the petition and Ms. Cahoon now holds a full and unrestricted physician assistant license.**

Licensee Name Campbell, Robert, M.D.
Mailing Address 8160 Highway 789
Lander, WY 82520
Disciplinary Summary 11/17/2015 The Wyoming Physician license of Dr. Campbell was summarily suspended as it was determined that he is unable to safely and skillfully practice medicine.

Licensee Name Cantu, Amador R. DO
Mailing Address 354 South 1000 West
Blackfoot, ID 83221
Disciplinary Summary **11/10/03 Consent Decree. Licensee agrees to specialized training, chart review, annual visits with the Board and 5 years probation. 2/16/04 Consent Decree terminated. Licensee completed specialized training, Probationary period abrogated**

Licensee Name Cesko, David R. MD
Mailing Address 819 W. Maple Street
Rawlins, WY 82301
Disciplinary Summary December 20, 2005 – Dr. Cesko entered into a Consent Decree with the Board wherein he was to take a course on prescribing controlled substances; a course in medical record keeping; and be subject to random unannounced review of patient records by the Board.
September 24, 2010 Dr. Cesko entered into an Additional Consent Decree for the length of two years as his compliance was not properly monitored.
October 26, 2017 –Dr. Cesko was inappropriately prescribing controlled substances to patients for other than legitimate purposes, prescribing controlled substances to a known abuser(s), and offering to exchange the prescribing of controlled substances for some form of sexual gratification, in violation of sections of the Wyoming

Medical Practice Act. The Board summarily suspended the physician license effective immediately as the Board felt that Dr. Cesko posed an imminent threat to the health, welfare and safety of the people of Wyoming.

Licensee Name Cheatham, Goode, M.D
Mailing Address 354 South 1000 West
Blackfoot, ID 83221
Disciplinary Summary **11/10/03 Consent Decree. Licensee agrees to specialized training, chart review, annual visits with the Board and 5 years probation. 2/16/04 Consent Decree terminated. Licensee completed specialized training, Probationary period abrogated**

Licensee Name Climaco, Jesus L. MD
Mailing Address 1204 HILLTOP DR #109
ROCK SPRINGS, WY 82901
Disciplinary Summary **Emergency Suspension of license 9/4/92. Voluntary Relinquishment of license 12/4/92. Licensee indicted in county court for alleged indecent liberties with a child patient.**

Licensee Name Coe, Tracy, M.D.
Mailing Address 10 Grandview Drive
Sheridan, WY 82801
Disciplinary Summary **On April 11, 2014, Dr. Coe entered into a Consent Decree with the Board in which she received a Public Reprimand and was ordered to take a course in Ethics. Dr. Coe completed the requirements placed on her by the Consent Decree. On October 31, 2014, the Board granted a Stipulated Motion for Closure.**

Licensee Name W. Michael Comly, M.D.
Mailing Address 3116 Willet Drive
Laramie, WY 82072
Disciplinary Summary **7/31/2015 Dr. Comly entered into a Consent Decree in which he has a 180 day stayed suspension and must provide a presentation to the professional staff of the hospital he is employed on the topic of the transdermal Fentanyl patches and the warnings contained within the Black Box warning. Dr. Comly successfully met all the requirements of his Consent Decree and Order. On January 22, 2016, the Board closed the Docket against Dr. Comly.**

Licensee Name Cormack, Alvin P. MD
Mailing Address 320 14th Ave
Lewiston, ID 83501
Disciplinary Summary **Consent Decree and Order dated 10/8/99 wherein licensee agreed not to practice in Wyoming until resolution of disciplinary action in Idaho.**

Licensee Name Couch, II, Marvin W. MD
Mailing Address P.O. Box 128
Rawlins, WY 82301
Disciplinary Summary **Entered into 5 year consent decree requiring a Board-approved boundaries course and annual meetings with Petitioners. Order terminating probation issued on October 24, 2009.**

Licensee Name Cummings, Daniel, MD
Mailing Address 940 East 3rd Street
Casper, WY 82601
Disciplinary Summary **Dr. Cummings entered into a Consent Decree with the Board on October 31, 2014. Conditions of the Consent Decree are related to the prescribing of controlled substances. On January 26, 2018, the Board lifted the restrictions and conditions off the physician license of Dr. Cummings and closed this matter.**

Licensee Name Cunningham, Leon D. MD
Mailing Address 85 AREQUA RIDGE DRIVE
COLORADO SPRINGS, CO 80919
Disciplinary Summary **2/20/03 Order Revoking Physician's License due to action taken by Colorado Board of Medical Examiners.**

Licensee Name Cygan, Ronald W. MD
Mailing Address P.O. Box 26785
Overland Park, KS 66225
Disciplinary Summary **Consent decree dated 2/4/04 requiring neuropsychological evaluation, ongoing psychiatric treatment, quarterly reports to Board and five years probation for alleged unprofessional conduct.**

Licensee Name Davis, Thomas, MD
Mailing Address 4185 Overdale
Gillette, WY 82718
Disciplinary Summary **May 22, 2012 – The Wyoming Board of Medicine entered an Order accepting the Consent Decree between Dr. Davis and members of the Board in which Dr. Davis must have peer review of all Schedule II and II controlled substances, to mirror the actions the Federal Court placed on his license in a criminal matter. The Board was presented with a petition to vacate the Consent Decree of Thomas Davis, M.D. On January 26, 2013, the Board voted to approve an order vacating the Interim Consent Decree. The Order does not preclude the Board from further investigation or action related to the original complaint.**
On November 2, 2013, Dr. Davis entered into a consent decree in which he is to take courses in controlled substance prescribing and records keeping. Dr. Davis is also required to pay the Board costs in the amount of \$1,000 within 30-days of the consent decree.
Dr. Davis Complied with all the requirements of his Consent Decree with the Board. On August 1, 2014, the Board approved a stipulated motion for closure of this matter.

Licensee Name Day, Robert G., MD
Mailing Address P.O. Box 1463
Casper, WY 82601
Disciplinary Summary **After a full Board interview, Dr. Day agreed to a stipulated license which mirrors the North Carolina Consent Decree and the DEA Memorandum of Agreement which ended on April 2012.**

Licensee Name Del Real, Frank , MD
Mailing Address 231 South Wilson Street
Casper, WY 82601

Disciplinary Summary **Petition for removal of all restrictions granted on June 8, 2007. License is now unencumbered and in good standing**

Licensee Name Devous, A. Scott. MD

Mailing Address I.H.S./ 107 H. STREET
POPLAR, MT 59255

Disciplinary Summary **7/18/83 Voluntarily Relinquished Medical License. Diverting controlled substances.**

Licensee Name Devous, A. Scott. MD

Mailing Address P.O. BOX 189
GILLETTE, WY 82717

Disciplinary Summary **7/18/83 Voluntarily relinquished medical license. Diverting controlled substances. 6/1/87 License reinstated with conditions. New license number issued. Must inform Board prior to practice of medicine in Wyoming. 6/8/90 license revoked due to non compliance of Board action. License reinstated 4/22/91 90 day suspension. Board order appealed to District Court. 90 day suspension upheld, all other restrictions and conditions reversed. License reinstated 8/19/91 without restrictions or conditions.**

Licensee Name Dobson, Joseph C. MD

Mailing Address Alpha Family Medicine
Cheyenne, WY 82001

Disciplinary Summary **Consent decree dated 1/30/03 wherein licensee agrees to conditions on license. 11/12/03 Licensee released from conditions.**

Licensee Name Dollar, Alvin J., MD

Mailing Address

Disciplinary Summary **12-21-1998 – Denial of licensure**

Licensee Name Douglas, James, MD

Mailing Address 8 Beverly Hills Drive
Rock Springs, WY 82901

Disciplinary Summary **7/31/2015 Dr. Douglas entered into a consent Decree in which he must enroll in and comply with the Wyoming Professional Assistance Program for the period of 5 years and comply with counseling requirements. On September 1, 2015, the license of Dr. Douglas was suspended for the period of one year due to violations of his consent decree. As a result of the 12 month suspension placed on Dr. Douglas, Dr. Douglas requested a voluntary relinquishment of his Wyoming physician license. On January 22, 2016, the Board granted a Stipulated Motion for Voluntary Relinquishment.**

Licensee Name Duck, Sigsbee W. MD

Mailing Address Sweetwater Medical Group
Rock Springs, WY 82901

Disciplinary Summary **3/4/2004 - License entered a consent decree - 1) Agreed to psych evaluation and followup treatment, 2) 5 years probation and 3) chaperone with all female patients Early termination of probation granted on 2/5/2007. License is in good standing and unrestricted.**

Licensee Name Duffy, John L. MD
Mailing Address P.O. BOX 261
WALKER, IA 52352
Disciplinary Summary **Order Revoking Physician's License 12/22/93. Licensee failed or refused to appear for contested case hearing. 2/23/05 - Licensee reinstated with conditions. Limited to assist physicians in limited practice in Iowa correctional system.**

Licensee Name Dunaway, Thomas, M.D.
Mailing Address 57 Blue Sky Highway
Ethete, WY 82520
Disciplinary Summary **2/3/2011 – Dr. Dunaway received a Stipulated license in which he will enter into and comply with WPAP for a period of five years and enter into and remain under the care of one or more mental health provider. On August 2, 2012, Dr. Dunaway appeared before the Board requesting his restrictions and conditions be removed. After the hearing, the Board determined that Dr. Dunaway established by a preponderance of the evidence that he had fulfilled and corrected all conditions previously imposed. Therefore the Board concluded that Dr. Dunaway’s restrictions and conditions be removed.**

Licensee Name Eppler, Stephen, M.D.
Mailing Address 1254 Clayton St.
Denver, CO 80206
Disciplinary Summary **Board entered an Order Denying License application due to Relinquishment of Colorado license in lieu of discipline for sexual boundary violations**

Licensee Name Famolaro, John P., PA-C
Mailing Address
Disciplinary Summary **Board entered Summary Suspension of PA license in March 1995. In May 1995, Respondent stipulated to a permanent revocation of his Wyoming PA license.**

Licensee Name Fancher, John H.,
M.D.
Mailing Address
Disciplinary Summary **Denial of license
April 1995**

Licensee Name Fernon, Chris J. DO
Mailing Address 799 HALLECK CANYON ROAD
WHEATLAND, WY 82001
Disciplinary Summary **Consent Decree dated 1/31/98 wherein licensee agreed to complete CME in appropriate prescribing and to a restriction in prescriptive practice. Consent decree dated 8/18/00 wherein licensee voluntarily surrendered medical license. Licensee may have a medical condition which involves addiction to illegal controlled substances and may have engaged in use of illegal controlled substances.**

Licensee Name Fitterman, William S. DO
Mailing Address

Disciplinary Summary

6/4/2010 - Physician placed on five years probation - complete CME on record keeping and documentation of prescribing of scheduled drugs - will obtain in advance of accepting employment obtain written approval by the Petitioners. Dr. Fitterman petitioned the Board for removal of all restrictions placed on his license in June 2010. On January 26, 2013, the Board voted to approve an order removing all restrictions allowing Dr. Fitterman a full and unrestricted license.

Licensee Name
Mailing Address

Flanigan, Sean, PA-C

Disciplinary Summary

Docket No. 92-9 – Revocation of License

Licensee Name
Mailing Address

Fowler, Robert, M.D.

Disciplinary Summary

7/20/1992 Relinquishment of Wyoming License 1657A

Licensee Name
Mailing Address

Fraser, Thomas B., III, MD
907 11th Street
Boulder, CO 80302

Disciplinary Summary

Dr. Fraser entered into a Stipulation for Issuance of a Wyoming Physician License with Conditions on October 31, 2014. As part of the Stipulations, Dr. Fraser must comply with all restrictions and conditions set forth on his Colorado license. On January 26, 2018, the Board lifted the restrictions and conditions placed on the physician license of Dr. Fraser and closed this matter.

Licensee Name
Mailing Address

Frazier, Jr, Robert A. MD
DEPT OF PATH/1060 FIRST COLONIAL
VIRGINIA BEACH, VA 23454

Disciplinary Summary

Stipulation for Issuance of Physician's License 11/24/92. Licensee agreed to drug and alcohol monitoring. Licensee met conditions. 6/4/94 conditions were removed.

Licensee Name
Mailing Address

Fuller, Chuck, PA-C

Disciplinary Summary

Docket 03-28 – Respondent entered into consent decree in which he was to enroll in WPAP and not self prescribe controlled substances

Licensee Name
Mailing Address

Gardner, Hugh, M.D.

Disciplinary Summary

6/17/1997 – Denied Licensure as insufficient knowledge to practice safely and skillfully

Licensee Name
Mailing Address

Garrison, Richard, M.D.

Disciplinary Summary

6/6/1989 Public reprimand for attempting to obtain a license by misrepresentation

Licensee Name	Gilbertson, Phillip R. MD
Mailing Address	Wyoming Life Resource Center Lander, WY 82520
Disciplinary Summary	9/3/2009 - Physician entered into Consent Decree in which he must enroll in and comply with WPAP for the length of 5 years
Disciplinary Summary	Dr. Gilbertson complied with all conditions of his five (5) year Consent Decree with the Board of Medicine. On August 1, 2014, the Board approved a Stipulated Motion for closure of this matter.
Licensee Name	Gladney, Samuel L. MD
Mailing Address	1600 WEST COLLEGE #110 GRAPEVINE, TX 76051
Disciplinary Summary	2/20/03 Order Revoking Physician's License due to action taken by Texas State Board of Medical Examiners.
Licensee Name	Gooder, Ronald L. MD
Mailing Address	2321 Breck Avenue Casper, WY 82601
Disciplinary Summary	License revoked 8/13/03.
Licensee Name	Goodpasture, John E. MD
Mailing Address	120 E Beaugard Ave San Angelo, TX 76903
Disciplinary Summary	Stipulation for Issuance of Physician's License with Restrictions 6/25/97. License restricted to practice of anesthesiology and to practice in a hospital where peer review is performed. Licensee prohibited from practicing in an office or healthcare facility where no peer review is performed. 4/24/00 restrictions removed.
Licensee Name	Gossett, Carl, M.D.
Mailing Address	915 Goforth Road Fort Worth, TX 76126
Disciplinary Summary	On August 1, 2014, Dr. Gossett entered into a Consent Decree with the Board as a result of actions taken by the Texas Medical Board. Dr. Gossett is under a five (5) year probationary period in which he must comply with all requirements of the Texas Order. On 2/21/2017 the Board entered an order which accepted the voluntary relinquishment of Dr. Gossett's Wyoming Medical license after Dr. Gossett violated his earlier consent decree.
Licensee Name	Guron, Azad S. MD
Mailing Address	13 FOWLOW DRIVE CANADA A2N 2V6,
Disciplinary Summary	Stipulation for Issuance of Physician's License with Restrictions dated 9/28/92. License restricted in Wyoming to practice of anesthesiology and may not practice outside scope of practice for anesthesiology.
Licensee Name	Gustafson, Paul T. DO
Mailing Address	2710 E. Harney Street Laramie, WY 82072

Disciplinary Summary **The Board began an investigation in February 2010 into the physician resigning his clinical privileges at Ivinson Memorial Hospital in Laramie, Wyoming, while under investigation of a post operative death. Dr. Gustafson did not respond to the Board's request for information regarding this matter. Dr. Gustafson allowed his Wyoming medical license to lapse while under investigation by the Board. This action was reported to FSMB and NPDB. No final orders have been issued against licensee.**

Licensee Name Harnetty, Paul, M.D.
Mailing Address 5000 Blackmore Road
Casper, WY 82601

Disciplinary Summary **Dr. Harnetty requested the Board accept his request of a voluntary relinquishment in lieu of continuing with an investigation against him for wrongful practice. On October 7, 2016, the Board accepted the voluntary relinquishment.**

Licensee Name Harbrecht, David J. MD
Mailing Address 196 Arrowhead Drive, Suite 5
Evanston, WY 82930

Disciplinary Summary **Consent Decree dated 3/24/97 where licensee agrees to restriction in prescribing. Restrictions in Utah dated 8/15/96 caused subsequent restriction in Wyoming. On October 15, 2011, the Board granted the request of Dr. Harbrecht to have the conditions removed from his Wyoming license. Dr. Harbrecht now holds a full and unrestricted license.**

Licensee Name Hawley, Jr., James W. MD
Mailing Address 201 14th Street
Wheatland, WY 82201

Disciplinary Summary **Consent Decree 6/3/99. Licensee agreed to 5 years probation while he receives documented treatment and annual compliance visits with the Board. Amended decree 7/17/00, incorporated first consent decree and added chart & prescription review for one year and notification to Board prior to E.R. work. 11/12/03 Licensee released from all conditions and restrictions.**

Licensee Name Heiss, Richard J. MD
Mailing Address 2000 ASHE ROAD #28
BAKERSFIELD, CA 93309

Disciplinary Summary **1/30/03 license surrendered in lieu of revocation hearing.**

Licensee Name Henshaw, Diane C. MD
Mailing Address Rocky Mountain Oncology Center
Casper, WY 82609

Disciplinary Summary **2/7/03 license reinstated with conditions.**

Licensee Name Heydt, David, M.D.
Mailing Address 2302 Noblewood Road
Edgewater, MD 21037

Disciplinary Summary **11-2015 Stipulated Motion for License with Conditions – Must participate in WPAP and probationary term of 5 years**

Licensee Name Hillier, Anthony, D.O.
Mailing Address 736 Hirst Street
Cheyenne, WY 82009
Disciplinary Summary **On January 2013, Dr. Hillier entered into a consent decree with the Wyoming Board of Medicine in which Dr. Hillier will have a three (3) month stayed suspension; a five year probationary period; participate in and stay compliant with the WPAP program; participate in mental health and addictions counseling. Please contact the Board for a Full Consent Decree**
On May 17, 2017, the Board entered an Order Removing the Restrictions and Conditions of the physician license of Anthony Hillier, D.O.

Licensee Name Hoffman, David E. MD
Mailing Address 1115 Lane 12
Lovell, WY 82431
Disciplinary Summary **4/24/98 license suspended with conditions by consent decree. Conditions include 5 years probation and monitored by the Wyoming Physician Assistance Program for substance abuse. 6/22/99 reinstatement of license with conditions. 10/16/03 license fully restored with no encumbrances.**

Licensee Name Hopkin, Jeffrey, MD
Mailing Address 255 N 3rd E
Rexburg, ID 83440
Disciplinary Summary **After a full Board interview with Dr. Hopkin, the Board denied the license application of Dr. Hopkin on October 26, 2012.**

Licensee Name Hopkins, Matthew V. MD
Mailing Address 424 Yellowstone Avenue
Cody, WY 82414
Disciplinary Summary **10/24/2009 - Entered into consent decree to include he must enter a contract with WPAP and maintain compliance. 7/15/2011 After non-compliance Dr. Hopkins entered another Consent Decree with the Board to include a six-month stayed suspension. On November 1, 2011, after notification of non-compliance, Dr. Hopkins medical license was suspended for the six month term. The suspension shall end April 28, 2012. 7/31/2015 Dr. Hopkins petitioned the Board for removal of all restrictions and conditions related to his medical license. On July 31, 2015, the Board granted the Petition. Dr. Hopkins now has a full and unrestricted Wyoming medical license.**
On March 28, 2017, after his second DUI in six months, Dr. Hopkins sent notification to the Board that he would voluntarily suspend his license pending investigation. On May 17, 2017, the Board entered an Order Granting the Petition for voluntary Suspension.
On August 15, 2017, through his counsel, Dr. Hopkins requested the Board to have his license voluntarily relinquished. The Board heard the matter at its October 2017 meeting and on December 26, 2017, entered an Order Accepting the Voluntary Relinquishment of Dr. Hopkins physician license.

Licensee Name Horan, Anthony, M.D.
Mailing Address
Disciplinary Summary **10/17/2002 – Denial if Initial**

licensure

Licensee Name Horiagon, Thomas, M.D.
Mailing Address 9146 Princeton Street
Highlands Ranch, CO 80130
Disciplinary Summary **4/10/2015 Entered into consent decree that mirrors the Colorado Medical Boards actions against physician. On September 21, 2015, the license of Dr. Horiagon was placed on suspension for violation of his Consent Decree.**

Licensee Name Houston, Robert E. MD
Mailing Address Spartanburg Fam Med/Residency
Spartanburg, SC 29303
Disciplinary Summary **Stipulation for Issuance of Physician's License 6/15/93 wherein licensee agreed to mental health monitoring. Licensee met conditions. 11/18/97 conditions were removed.**

Licensee Name Hrnicek, Gary E. MD
Mailing Address 1200 Hawthorne Ave.
Casper, WY 82604
Disciplinary Summary **Consent decree dated 1/20/00 requiring 5 years probation during which time licensee would be evaluated by the Colorado Personalized Education for Physicians. Probation and all conditions removed effective June 11, 2001.**

Licensee Name Hudson, Carl, MD
Mailing Address P.O. Box 662
Borger, TX 79008
Disciplinary Summary **11/20/2008 Suspension of license. Physician must complete 100 hours of Category 1 CME including comprehensive Family Practice courses and complete a 6 month clinical rotation based in primary care. After completion, physician can petition for reinstatement.**

Licensee Name Iliya, John A. MD
Mailing Address 1208 Hilltop, Ste 105
Rock Springs, WY 82901
Disciplinary Summary **Consent Decree dated 01/10/00 whereupon licensee agreed to conditions on license to include 5 years probation. During probation licensee agreed to assessment and treatment if necessary and annual compliance visits with the Board. 4/14/04 Order for release from conditions and restoration of license without encumbrances.**

Licensee Name Jenkins, Lawrence A. MD
Mailing Address 1063 Duna Drive
Laramie, WY 82070
Disciplinary Summary **Dr. Jenkins entered into a Consent Decree on April 15, 2016 wherein he must attend CME courses on Controlled Substance prescribing and medical ethics, must author an article on the Duragesic Fentanyl Transdermal System, pay costs and a fine. 5/17/2017 – As Dr. Jenkins had complied with and completed all of the requirements requested of him, the Board approved a stipulated motion for closure of this matter.**

Licensee Name Jereb, John J., M.D.
Mailing Address
Disciplinary Summary 2/6/1994 – Denial of license due to lack of basic knowledge to practice safely and skillfully.

Licensee Name Johnson, Alan B. MD
Mailing Address ,
Disciplinary Summary **Docket No. 06-03 – Physician entered into a Consent Decree wherein he will surrender his DEA license, complete a residential treatment facility program, enter into Wyoming Professional Assistance Program, and re-enter the UW Family Residency Program for further education. Physician relapsed to controlled substances and failed out of the UW Residency Program. Therefore, on July 20, 2007, Physician's license was summarily suspended.**
Docket No. 08-06 - Physician petitioned for reinstatement of his medical license. The Board approved the reinstatement with conditions on 7/28/2008. On 1/20/2010, the Board summarily suspended the physician's license after hearing the physician was obtaining Soma through his employers DEA and diverting it for personal use. The physician was terminated from his employment.
Docket No. 10-08 - After summarily suspending the license of physician on 1/20/10, physician voluntarily offered to relinquish his license in lieu of a contested case hearing. On June 4, 2010, the Board voted unanimously to accept the voluntary relinquishment. Please contact the Board office for more information.

Licensee Name Johnson, Everitt, M.D.
Mailing Address
Disciplinary Summary February 1997– Denial if Initial licensure

Licensee Name Johnson, Gerald W. MD
Mailing Address 4265 SAN FELIPE SUITE 620
HOUSTON, TX 77027
Disciplinary Summary **99-11 Consent Decree 6/24/99 wherein licensee agreed to a restriction on Wyoming license. Licensee will not practice in Wyoming until and unless the restriction on his surgical practice in Texas is removed.**
03-30 On 10/14/03 license revoked for failure to respond to a Contested Case Hearing.

Licensee Name Johnson, Tone, M.D.
Mailing Address 3138 Alameda
Corpus Christi, TX 78404
Disciplinary Summary **In 2006, a formal complaint and petition was filed against Dr. Johnson for actions taken against him by the Texas medical board. Through his attorney, Dr. Johnson asked that the Wyoming matter be stayed until such time he was able to appeal the Texas action. The Texas action was finalized September 25, 2013. The Wyoming Board contacted Dr.**

Johnson, through his attorney, requesting Dr. Johnson enter a voluntary relinquishment, or face disciplinary action by the Board. Neither Dr. Johnson nor his attorney complied by this request. Dr. Johnson allowed his license Wyoming medical license to lapse while under or to avoid disciplinary action on June 30, 2014.

Licensee Name Kahn, Shakeel, MD
Mailing Address 940 E. 3rd Street
Casper, WY 82601
2/1/2008 The Board approved a private reprimand of Shakeil Kahn, M.D. as a final resolution to the complaint filed against him.

Disciplinary Summary **11-29-2016 – The Board suspended the Wyoming Medical License of Dr. Kahn for excessive prescribing and repeatedly prescribing controlled substance to a family member.**

Licensee Name Karandikar, Mahesh, M.D.
Mailing Address 6600 East 2nd Street
Casper, WY 82601
7/31/2015 Dr. Karandikar entered into a Consent Decree in which he was given a public reprimand and must complete courses in medical ethics and medical records.

Licensee Name Kirbens, Drew J. MD
Mailing Address 13691 E. MARINA DRIVE APT 207
AURORA, CO 80014
4/9/98 license revoked for negligence and willful use of inappropriate or unnecessary medical treatments.

Licensee Name Kleppinger, Kent M. MD
Mailing Address 1252 N. 22nd, Suite B
Laramie, WY 82072
Consent decree dated 8/94. Licensee agreed to complete CME for ethics and sexual misconduct and 5 years probation. 10/2/99 license conditions removed.

Licensee Name Landreth, Jr., Knute . MD
Mailing Address HRMC 172 4th St. S.D.
Huron, SD 57350
1990 letter of censure.

Licensee Name Larsen, James C. MD
Mailing Address 2642 Ardon Lane
Casper, WY 82609
90 day suspension for failure to report professional liability settlements to the Board. February 5, 2003 license restored to good standing.

Licensee Name Larson, Trenette A. MD
Mailing Address On 2/7/2005 Physician agreed to a Consent Decree which includes a 5 year

probationary period, a CPEP evaluation and an ethics course.

Disciplinary Summary

6/4/2010 - Physician entered into a two year consent decree to include 8 hours of CME each month on a variety of subjects; will not prescribe controlled substances to family members; will not keep any scheduled drugs in a solely run office

Licensee Name

Lea, Mark S. MD

Mailing Address

1016 Highland Way
Rock Springs, WY 82901

Disciplinary Summary

**Licensee voluntarily relinquished license, Board accepted relinquishment on June 4, 2010 - See also Docket #10-11
Dr. Lea petitioned the Board for Reinstatement of his physician license. On October 31, 2014, the Board granted his request for reinstatement of his license with restrictions and conditions. On October 22, 2015, the physician license of Dr. Lea was suspended pending a contested case hearing as a result of a positive drug screen and suspension of his Colorado license. On January 22, 2016, the Board accepted the Request for Relinquishment of the medical license of Dr. Lea.**

Licensee Name

Lefever, Michael E. DO

Mailing Address

1101 SO. MONTANA STREET
BUTTE, MT 59701

Disciplinary Summary

On 9/29/03 the Board accepted surrender of license in lieu of investigation.

Licensee Name

Levenson, Alvin, M.D.

Mailing Address

Disciplinary Summary

11/8/1995 Denial of Initial Licensure

Licensee Name

Lovell, Jason, D.O.

Mailing Address

P.O. Box 6029
Riverton, WY 82501

Disciplinary Summary

Dr. Lovell entered into a consent decree with the Board on April 13, 2012, wherein he must enroll in and successfully complete a boundaries course; be placed on a two year probationary period; and notify the Board monthly of his work activities.

December 26, 2012 – Voluntary Suspension of Wyoming medical accepted by the Board on this date. Dr. Lovell allegedly had sexual contact with a patient during a scheduled appointment at his clinic after completing a course on maintaining appropriate boundaries. Dr. Lovell also allegedly provided a prescription for a controlled substance at that appointment.

November 2015 – Dr. Lovell entered into a consent decree and order requiring him to have a workplace monitor and to be in counseling and other requirements

Licensee Name

Mackay, Calvin R. MD

Mailing Address

123 2ND AVENUE #410

SALT LAKE CITY, UT 84103
1990 license revoked when licensee didn't appear for contested case hearing. Action based upon misrepresentation on renewal application regarding multiple malpractice actions.

Disciplinary Summary

Licensee Name Mackay, Calvin R. MD
Mailing Address 4535 NORTHGATE DRIVE
PROVO, UT 84604
Disciplinary Summary **2/6/93 Consent Decree licensee agreed to the following restrictions: restricted from practice of general surgery and orthopedic surgery; give 45 days notice and interview with full Board prior to return to Wyoming to practice.**

Licensee Name Madjar, Jr., David D. MD
Mailing Address 160 S. 8th Street
Lander, WY 82520
Disciplinary Summary **4/11/97 voluntary surrender of Wyoming license. 4/17/08 Licensee petitioned for re-instatement of his license. The Board granted re-instatement effective 4/17/08**

Licensee Name Mahaffey, Gene, M.D.
Mailing Address
Disciplinary Summary **Docket No. 92-8 November 1991 Denial of Initial licensure**

Licensee Name Mahony, Cheryl . MD
Mailing Address 4547 Teller Place
Loveland, CO 80538
Disciplinary Summary **License Emergently Suspended on 6/11/02. License reinstated with conditions on 5/5/03. 5/24/04 Summary Suspension of Medical License.**

Licensee Name Maly, Timothy, M.D.
Mailing Address PO BOX 9
JACKSON, WY 83001
Disciplinary Summary **Stipulated Reactivation of medical license with conditions and restrictions that match the Colorado Medical Boards actions against physician. On December 26, 2017, the Board summarily suspended the Wyoming physician license of Dr. Maly for failure to comply with the conditions of his Stipulation. On January 26, 2018, the Board and Dr. Maly entered into a Consent Decree and Order requiring Dr. Maly to abide by the Stipulation filed in 2014 and retain a practice monitor.**

Licensee Name Marbach, James, M.D.
Mailing Address
Disciplinary Summary 3/15/2002 Board summarily suspended the temporary license of physician due to notification of physician's erratic, irrational and unpredictable behavior

Licensee Name Marler, Mary E. MD
Mailing Address WYOMING STATE TRAINING SCHOOL
LANDER, WY 82520
Disciplinary Summary **1/27/94 voluntary, indefinite suspension of license. Allegations of**

attempting to renew or obtain license by misrepresentation, incapacity and/or incompetence to practice medicine and mental or physical disability rendering medical practice unsafe.

Licensee Name Marlow, Lea Ann, M.D.

Mailing Address 1413 Silver Slate Drive
New Albany, In 47150

Disciplinary Summary **After summarily suspending the Wyoming medical license of Dr. Marlow on February 20, 2013, Dr. Marlow offered a Voluntary Relinquishment of her license. On April 13, 2013, the Board approved the relinquishment. Dr. Marlow's License was relinquished on April 13, 2013.**

Licensee Name Martin, Michael P. MD

Mailing Address 126 Quincy Road
Cheyenne, WY 82009

Disciplinary Summary **Consent decree dated 2/27/04 wherein Dr. Martin agreed to complete a medical ethics course and remain on a two year probation with the Board.**

Licensee Name Martin, Robert, Jr., M.D.

Mailing Address

Disciplinary Summary **Order accepting voluntary relinquishment of temporary license and permitting withdrawal of application for permanent licensure.**

Licensee Name McCreedy, Philip A. MD

Mailing Address 430 ASPEN PLACE
GOLDEN, CO 80401

Disciplinary Summary **11/17/98 Stipulated surrender of license and agreement to never reapply for Wyoming licensure.**

Licensee Name McInnis, Michael J. MD

Mailing Address 1204 Hilltop Drive, #108
Rock Springs, WY 82901

Disciplinary Summary **Respondent came before the Board at a hearing in November 2009 to petition for reinstatement of his license. On January 30, 2010, the Board approved the reinstatement of his license with conditions. He is on probation for a period of five years. He must enter into a contract and comply with WPAP. He must have a proctor with will supervise his activities. He will pay the costs of the hearing.**

Licensee Name McKee, James K., D.O.

Mailing Address

Disciplinary Summary **January 2000 – Denial of Initial licensure due to falsification of information provided on application file.**

Licensee Name McLagan (Kline), Lynnette, PA-C

Mailing Address 2417 East 15th Street
Casper, WY 82609

Disciplinary Summary **1/30/2010 – Denial of Petition for Reinstatement of Physician Assistant License.
1/28/2011 – Reinstatement of Physician Assistant license with restrictions and conditions. Must participate in and comply with all aspects of the**

Wyoming Professional Assistant Program (WPAP) for the period of five (5) years.

4/13/2013 – Order for Consent Decree – restating all restrictions in the addition of a one month suspension and a five month stayed suspension. October 31, 2014 – Ms. McLagan entered into a consent Decree with the Board that will remain in effect until 2017. Ms. McLagan will undergo an evaluation and abide by the required conditions of her Consent Decree. August 5, 2015 – Board Order removing all restrictions and conditions from Ms. McLagan’s license was approved by the Board. Ms. McLagan now holds an unrestricted physician assistant license.

Licensee Name Address Miller, Malachi, M.D.

Disciplinary The Board entered into a Consent Decree with Dr. Miller which included that the license be voluntarily suspended pending alcohol evaluation and treatment. On J the Board granted Dr. Miller’s license reinstatement with a stayed six month sus September 9, 2011, after notification of a DUI in Colorado, the Board lifted the s suspension that will run through March 9, 2012.

Licensee Name Moser, Christopher MD

Mailing Address

Disciplinary Summary **License revoked January 27, 2012.** While under investigation for failure to sut informal interview following a proper request from the Board, and failure to prep maintain legible and complete medical records Dr. Moser allowed his license to l

Licensee Name Mailing Address Morrell, Harley, PA-C
29 Iron Creek Drive
Cody, WY 82414

Disciplinary Summary **Respondent entered into a Consent Decree with the Board on April 13, 2012 agreed to a stayed Revocation of his license pending the outcome of disciplin against his supervising physician. Final determination of this matter will be three (3) months following the outcome of matters related to his supervising**

Licensee Name Mailing Address Muir, John D., M.D.
143 Granite Drive
Whitefish, MT 59937

Disciplinary Summary **On August 1, 2014, Dr. Muir entered into a Consent Decree with the Board in which he received a public reprimand and must attend a medical ethics course. On January 30, 2015, the Board granted a Stipulated Motion for Closure of this matter. All conditions on the license of Dr. Muir have been removed.**

Licensee Name Mailing Address Mundy, Gary, M.D.

Disciplinary Summary 1/8/2007 The Respondent agreed to voluntarily relinquish his Wyoming medical license in lieu of going to a contested case hearing

Licensee Name Naramore, Lloyd, M.D.
Mailing Address

Disciplinary Summary **Physician failed to notify the Board of actions taken against him by the Kansas Board. Physician agreed to voluntarily relinquish his Wyoming license in lieu of actions being taken against him.**

Licensee Name Nash, Robert A. MD
Mailing Address 831 S. Highway 150
Evanston, WY 82931

Disciplinary Summary **12/29/93 enjoined from providing treatment to female patients. 12/26/94 license restored with restrictions. Licensee permanently restricted from treating/counseling female patients unless a chaperone (physician, nurse or social worker) is present.**

Licensee Name Norelli, Robert A. MD
Mailing Address 2805 CEDAR AVENUE #A
GILLETTE, WY 82716

Disciplinary Summary **Signed consent decree dated 11/14/02 wherein doctor agreed to comply with Wyoming statutes and cease prescribing controlled substances to family members**

Licensee Name Novick, Robert A. MD
Mailing Address 1230 East 1st Street
Casper, WY 82601

Disciplinary Summary **7/23/92 consent decree with conditions concerning licensee's history of chemical dependency. 9/29/95 stipulated conditions on license removed and license restored without restrictions.**

Licensee Name Nutt, Benjamin W., MD
Mailing Address

Disciplinary Summary **Nutt entered into a Stipulation with the Board that he would not practice medicine in Wyoming, to include writing prescriptions, without a license granted by the Board.**

Licensee Name Oglesby, Richard J. MD
Mailing Address 409 NO. DAVID
WICHITA, KS 67212

Disciplinary Summary **6/24/92 consent decree with conditions concerning licensee's history of chemical dependency. 7/1/95 stipulated conditions were amended and imposed stay while licensee resides and practices in another state.**

Licensee Name Ottaviano, Paul, MD
Mailing Address

Disciplinary Summary **1/7/2000 Denial of Wyoming medical license as physician failed to take SPEX exam as required by the Board.**

Licensee Name Rebecca Painter, M.D.

Mailing Address P.O. Box 189
Gillette, WY 82717

Disciplinary Summary **7/15/2017 – The Board made a finding that Dr. Painter’s continued possession of a Wyoming Physician License poses a danger to the public and therefore her Wyoming Physician License No. 4086A is SUSPENDED effective immediately for a period of five (5) years.**

Licensee Name Pickens, Corey, MD

Mailing Address 235 South 41st Street West
Billings, MT 59106

Disciplinary Summary **On May 2, 2011 the Board issued Dr. Pickens a Stipulated Wyoming Medical License in which he is to enter into and comply with a WPAP monitoring agreement for the period of 5 years.
On April 10, 2014, the Board Summarily Suspended Dr. Pickens medical license due to a relapse of controlled substances. The suspension will stay in effect pending a Contested Case Hearing or other resolution of this matter.**

Dr. Pickens allowed his Wyoming medical license to lapse while under suspension pending a Contested Case Hearing for disciplinary action.

Licensee Name Pull, Joel. MD

Mailing Address 4450 East 24th Street
Casper, WY 82609

Disciplinary Summary **On April 11, 2014, Dr. Pull entered into a Consent Decree with the Board wherein he will attend and successfully complete courses in record keeping and controlled substance prescribing.
Dr. Pull completed all the requirements placed on his through his Consent Decree. On October 31, 2014, the Board granted a Stipulated Motion for Closure of this matter.**

Licensee Name Quinlan, James, M.D.

Mailing Address 14 Pitner Place
Jacksonville, IL 62650

Disciplinary Summary **11/20/2008 Physician granted a Stipulated Temporary license to practice in Wyoming while adhering to the conditions that he submit to a psychiatric evaluation and enroll in WPAP.
6/29/2009 Board denied permanent licensure as physician did not comply with the conditions of the Stipulated Temporary license.**

Licensee Name Rainey, Debra K. MD

Mailing Address BOX 661
HANNA, WY 82327

Disciplinary Summary **8/17/04 agreed to voluntarily surrender license due to action in Iowa.
12/16/93 licensee voluntarily surrendered license in response to alleged misrepresentation on renewal application and inappropriate prescribing.
3/15/95 license reinstated with conditions including practice monitoring and continued therapy with quarterly reports. 6/2/95 Order Nunc Pro Tunc required preapproval of practice changes. 12/4/97 Order removed remaining restrictions & conditions. 8/13/2004 surrendered license in lieu of investigation.**

Licensee Name	Ramsay, William J. MD
Mailing Address	P.O. Box 4070 Jackson, WY 83001
Disciplinary Summary	10/15/03 consent decree. Licensee completed course in patient boundary issues.
Licensee Name	Rees, Joseph R. MD
Mailing Address	5450 South 850 East South Ogden, UT 84405
Disciplinary Summary	6/23/93 licensee applied for reactivation of his lapsed license and was granted reactivation of license with conditions concerning his history of chemical dependency. 6/16/96 three year term of conditional licensure terminated and license restored without conditions.
Licensee Name	Repas, Thomas B. DO
Mailing Address	640 Flormann Street Rapid City, SD 57701
Disciplinary Summary	Consent decree dated 5/5/03 requires additional education by 9/12/03. Consent decree conditions satisfied and docket closed 10/12/03.
Licensee Name	Riley, Edward C. DO
Mailing Address	Fort Belknap Health Center Harlem, MT 59526
Disciplinary Summary	On June 27, 2008, Dr. Riley was given a stipulated license stating that he must sign a five year contract with WPAP and stay in compliance.
Licensee Name	Riley, Nicola MD
Mailing Address	10414 S. Wasatch Blvd Sandy, UT 84092
Disciplinary Summary	It was determined that Dr. Riley obtained a Wyoming medical license by fraud or misrepresentation. In lieu of the Petitioners seeking revocation, Dr. Riley voluntarily relinquished her license and the Board accepted it on 4/15/2011.
Licensee Name	Rodreiguez, Encarnacion, MD
Mailing Address	
Disciplinary Summary	10/7/1995 Denial of Wyoming medical license as physician failed to take SPEX exam as requested by the Board.
Licensee Name	Sappington, John S. MD
Mailing Address	Wyoming Behavioral Institute Casper, WY 82609
Disciplinary Summary	License granted with Stipulation with Restrictions and Conditions. Licensee must enroll in the WPAP for 5 years due to substance abuse issues. Board accepted Voluntary Relinquishment of Dr. Sappington's license on October 23, 2010.
Licensee Name	Saranga, Jean J. MD
Mailing Address	991 WINTHER WAY SANTA BARBARA, CA 93110

Disciplinary Summary 7/28/92 license restricted to practice of child and adolescent psychiatry. Licensee agreed to inability to practice in other areas.

Licensee Name Sarner, Steven W. MD
Mailing Address 915 DOVE ISLAND ROAD
NEWTON, NJ 07860

Disciplinary Summary 2/23/99 consent decree where licensee agreed to relinquish Wyoming license concurrent with relinquishment in New Jersey and to never reapply in Wyoming.

Licensee Name Schmunk, Robert F. MD
Mailing Address RT 1 BOX 135
DOUGLAS, WY 82633
Disciplinary Summary Wyoming medical license revoked 3/13/84.

Licensee Name Schneider, Jr., John H. MD
OMNI
1739 Spring Creek Lane, Suite 200
Mailing Address Billings, MT 59102

Disciplinary Summary The Board of Medicine summarily suspended the Wyoming Medical license of John H. Schneider, Jr., M.D., effective 5:00 p.m., January 28, 2012. Based upon evidence provided by staff, the Board was led to find that Dr. Schneider's continued possession of a Wyoming Medical License posed an imminent and immediate threat to the public health, safety, and welfare of the people of Wyoming that imperatively required a temporary suspension of Dr. Schneider's license. On March 20, 2012, a special meeting of the Board of Medicine was held to hear the request of Dr. Schneider to have his license reinstated after complying with the requirement of attending a controlled substance prescribing course and entering into a consent decree placing restrictions on his license. The Board lifted the suspension and required Dr. Schneider to comply with the consent decree.

After a Contested Case Hearing regarding multiple violations of the Medical Practice Act, the Board revoked the Wyoming medical license of Dr. Schneider effective January 25, 2014

Licensee Name Shippen, Kent, PA-C
Mailing Address P.O. Box 13663
Jackson, WY 83001

Disciplinary Summary 2/23/2017 – Order of the Board approving Consent Decree in which Mr. Shippen must attend and complete an ethics course and pay costs and a fine. This action is a result of allowing his certification to lapse for four years.
7/14/2017 – Mr. Shippen complied with and completed all of the requirements of the Board. On July 14, 2017 en

Licensee Name Sickel, Kenneth, PA-C
Mailing Address 1262 West 5th Street
Sheridan, WY 82801
Disciplinary Summary **11/20/2008 – Stipulated Issuance of Physician Assistant license with restrictions and conditions. Must participate in and strictly comply with all aspects of the Wyoming Professional Assistance Program (WPAP) for five (5) years; may not hold a DEA Registration for the period of five years 1/26/2013 – Restriction of DEA registration lifted from Stipulated license. 11/20/2013 – Completion of five (5) year compliance with WPAP. License restored to full and unrestricted.**

Licensee Name Sidhu, Anup S. MD
Mailing Address 1456 West 5th Street
Sheridan, WY 82801
Disciplinary Summary **Entered into a 5 year consent decree requiring review of patient records by a mental health professional and annual meetings with the Petitioners. 10-24-2009 – Dr, Sidhu came before the Board to petition to have his restrictions and conditions removed. The Board entered an Order terminating the Consent Decree.**

Licensee Name Simpson, Rebecca, PA-C
Mailing Address 634 Wendover Road
Guernsey, WY 82214
Disciplinary Summary **May 2017 – Ms. Simpson entered into a Consent Decree in which she had a stayed three (3) month suspension and would attend and successfully complete courses in medical ethics, controlled substance prescribing, medical records and boundaries**

Licensee Name Singer, Jonathan, D.O.
Mailing Address 1401 Airport Parkway, Suite 150
Cheyenne, WY 82001
Disciplinary Summary **3/31/2000 Consent Decree regarding medical records keeping.**

Licensee Name Singer, Jonathan W. DO
Mailing Address 1401 Airport Parkway, Suite 150
Cheyenne, WY 82001
Disciplinary Summary **Physician entered into five year probation with the Board to include continuation of counseling; a chaperone present when treatment requires the disrobing of a female patient. Dr. Singer petitioned the Board for removal of the restriction requiring a chaperone when female patients are disrobed, and the Board granted the petition on Jan.27, 2012. Dr. Singer currently holds an unrestricted license with the Wyoming Board of Medicine.**

Licensee Name Sisk, Jerald L. MD
Mailing Address ,
Disciplinary Summary **10/22/03 Consent Decree wherein licensee agrees to follow recommendations by CPEP regarding educational standards.**

Licensee Name Smith, William, MD
Mailing Address
Disciplinary Summary **8/19/1999 Denial of Wyoming medical license as physician failed to take the SPEX exam as requested by the Board**

Licensee Name Smith, Richard, M.D.
Mailing Address
Disciplinary Summary **August 19, 1999 – Denial of initial license as Respondent failed to sit for and pass SPEX exam as required by Board for licensure**

Licensee Name Smith, William J. MD
Mailing Address 2301 SOUTH HWY 65
MARSHALL, MO 65340
Disciplinary Summary **3/22/99 emergency suspension of license. 8/6/99 Order restoring license with conditions and 5 years probation . Licensee admitted to sexual exploitation of a patient, negligence and malpractice. 1/3/01 supplemental order requiring Dr. Smith to submit to a psychiatric evaluation and treatment if applicable. 5/14/01 surrendered license with conditions.**

Licensee Name Sridharan, Palur V. MD
Mailing Address P.O. Box 2139
Rawlins, WY 82301
Disciplinary Summary **6/5/92 consent decree requiring competency examination and random urine screens for one year. 6/5/97 encumbrances removed and license restored without conditions.**

Licensee Name Sridharan, Palur V. MD
Mailing Address P.O. Box 2139
Rawlins, WY 82301
Disciplinary Summary **Consent Decree in which physician must be evaluated by CPEP and Dr. Gendel and will not perform elective vascular surgeries 10-24-2009 Pursuant to a petition from physician, the Board entered an Order terminating the Consent Decree**

Licensee Name Stamps, Thomas, MD
Mailing Address 814 Vance Drive
Lander, WY 82520
Disciplinary Summary **The Wyoming physician license of Dr. Stamps was revoked on July 31, 2015.**

Licensee Name Steger, David J. MD
Mailing Address 1130 Major Avenue
Riverton, WY 82501
Disciplinary Summary **Temporary Suspension for mental/substance abuse evaluations effective March 3, 2010. Suspension in effect until 10 days after Board receives results of evaluation or until a contested case hearing. License reinstated on June 4, 2010 with restrictions and 5 years probation related to mental health treatment and alcohol monitoring. Board accepted Voluntary Relinquishment of Dr. Steger's license on October 27, 2010.**

Licensee Name Steinhaus, Lyndon K. MD
Mailing Address ,
Disciplinary Summary **Voluntary surrender of license due to criminal conviction**

Licensee Name Sterkel, Sheila, PA-C
Mailing Address
Disciplinary Summary **Docket No. 04-32 – Respondent entered into a consent decree wherein she must attend a medical ethics and professionalism course at Case Western.**

Licensee Name Stevenson, George, MD
Mailing Address
Disciplinary Summary **2/7/1994 Denial of Wyoming medical license as physician failed to appear for a full Board interview requested by the Board.**

Licensee Name Story, John H. MD
Mailing Address 25 WEST 10TH ST
LOVELL, WY 82431
Disciplinary Summary **6/5/85 license revoked.**

Licensee Name Strahan, Michael J. MD
Mailing Address 1333 W. 5th Street, #103
Sheridan, WY 82801
Disciplinary Summary **10/25/2004 five year probation. Meet with Dr. Gendel and follow all recommendations. Do not diagnose initial psychiatric conditions. All restrictions and conditions removed as of 10/25/2006.**

Licensee Name Summers, Leonard, PA-C
Mailing Address
Disciplinary Summary **Docket No 07-03 – Respondent entered into a consent decree and order which he must enroll in WPAP, must prescribe controlled substances approved by his supervising physician.**

Licensee Name Sundell, Mark A. DO
Mailing Address 2295 E. MAPLE STREET
GLOBE, AZ 85501
Disciplinary Summary **8/26/2002 Consent Decree CPEP assessment, comply with all requirements. License surrendered 4/3/03.**

Licensee Name Swenson, Michael, M.D.
Mailing Address 49 Deer Valley Drive
Lander, WY 82520
Disciplinary Summary **2/16/2011 – Stipulated License given in which Dr. Swenson will enroll in and be compliant with WPAP for a period of five (5) years. After petitioning for removal of restrictions, the Board granted the removal of restrictions on Dr. Swenson's license. Dr. Swenson's Wyoming physician license is now full and unrestricted.**

Licensee Name Taylor, Jack E. MD

Mailing Address PO BOX 159
GILLETTE, WY 82716

Disciplinary Summary **1986 license revoked due to a felony conviction in Federal court. Physician's petition for reinstatement denied in 1994 and again in 1995. Physician didn't demonstrate knowledge in scope of practice to enable to safely and competently practice medicine in Wyoming.**

Licensee Name Taylor, Linda. MD

Mailing Address PO BOX 159
GILLETTE, WY 82716

Disciplinary Summary **10/24/2016 – A Stipulated physician license was granted to Dr. Taylor with restrictions and conditions to include unable to practice or perform certain medical procedures.**

Licensee Name Tesoro, Augusto . MD

Mailing Address 2105 YOUNG FARM PLACE
MONTGOMERY, AL 36106

Disciplinary Summary **11/29/93 permanent injunction from prescribing or diagnosing by phone, mail or other indirect communications. Must notify Board 30 days prior to returning to practice in Wyoming and must complete CME in proper prescribing.**

Licensee Name Thomas, Jennifer

Mailing Address 1206 West 4th Street
Gillette, WY 82716

Disciplinary Summary **On August 1, 2014, Dr. Thomas entered into a Consent Decree with the Board in which she received a public reprimand and must attend a controlled substance prescribing course. On January 30, 2015, the Board granted a Stipulated Motion for Closure of this matter. All conditions on the license of Dr. Thomas have been removed.**

Licensee Name Told, Matthew, D.O.

Mailing Address 722 West North Street
Grangerville, ID 83530

Disciplinary Summary **On October 20, 2017, Dr. Told came before the Board to request acceptance of a Consent Decree. On December 26, 2017, the Board entered an Order approving the Consent Decree. Dr. Told was given a reprimand for failure to disclose action by another licensing Board.**

Licensee Name Trent, James, M.D.

Mailing Address 2000 B S Main
Fairfiled, IA 52556

Disciplinary Summary **On October 20, 2017, Dr. Trent requested the Board accept a Stipulated Consent Decree. On December 26, 2017, the Board entered an Order approving the Consent Decree. Dr. Trent was given a reprimand, a stayed suspension and required to complete CME due to improperly prescribing Fentanyl**

Licensee Name Turner, Clayton E. MD

Mailing Address Casper Orthopaedic Associates

Disciplinary Summary	Casper, WY 82609 9/24/04 - Consent decree issued requiring 5 years probation, mandatory attendance in prescribing and boundaries CME courses, psychiatric evaluation, annual meetings with Board and CPEP evaluation if necessary.
Licensee Name	Turner, Kenneth, D.O.
Mailing Address	521 S/ 10 th Street Lusk, WY 82225
Disciplinary Summary	9-19-1998 Consent Decree in which physician surrendered his medical license in Wyoming.
Licensee Name	Vogel, Robert J, PA-C
Mailing Address	900 CY Avenue Casper, WY 82601
Disciplinary Summary	Mr. Vogel requested a voluntary relinquishment of his physician assistant license effective October 21, 2016, in lieu of being investigated for wrongful prescribing. The Board accepted the voluntary relinquishment on October 7, 2016.
Licensee Name	Wagner, Malcolm E. MD
Mailing Address	590 W PUTNAM PORTERVILLE, CA 93257
Disciplinary Summary	4/30/99 conditions on Wyoming license adopted from those imposed by California including CME in record keeping, supervision boundaries and medical ethics; continuing psychotherapy, practice monitoring with chaparone when treating a female patient. Licensee admitted to unprofessional conduct and inappropriate supervision of a physician assistant.
Licensee Name	Walker, Richard W. MD
Mailing Address	1354 SAGE COURT ROCK SPRINGS, WY 82901
Disciplinary Summary	8/6/03 Voluntarily surrendered medical license.
Licensee Name	Walsh, Thomas D. DO
Mailing Address	,
Disciplinary Summary	Consent decree 11/28/00 wherein licensee agrees to 5 years probation and not to practice medicine until treating physician's release that he is able to safely and skillfully practice medicine and written notification from WY Board that he may return to practice. Consent decree amended on 2/28/01 extends probation indefinitely. Consent decree amended 7/14/03 requires evaluation, completion of Colorado Personalized Education for Physicians (CPEP) program and contract with Wyoming Professional Assistance Program.
Licensee Name	Washburn, James W. DO
Mailing Address	2804 Marc Knighton Court Lecanto, FL 34461

Disciplinary Summary **Consent decree dated 5/5/03 requires additional education by 9/12/03. Consent decree conditions satisfied and docket closed 10/12/03.**

Licensee Name Wells, Marjorie L. MD
Mailing Address 6500 East Second Street
Casper, WY 82609

Disciplinary Summary **Consent decree dated 8/5/02 restricting OB and ICU practice for five years. 10/25/04 - Restrictions on license removed. License is now unencumbered and in good standing.**

Licensee Name Whinnery, Amy, PA-C
Mailing Address 5000 Blackmore Road
Casper, WY 82601

Disciplinary Summary **Board Accepted Voluntarily Relinquishment of License in Lieu of Contested Case Hearing on 4/13/2013.**

Licensee Name Wicks, Dennis. MD
Mailing Address 25224 Holiday Trail
Custer, SD 57730

Disciplinary Summary Dr. Wicks was found guilty of felony tax evasion in South Dakota. The South Dakota medical Board revoked his license. On April 10, 2015, the Board accepted the voluntary relinquishment of Dr. Wicks.

Licensee Name Wingate, James, M.D.
Mailing Address [Address not provided]

Disciplinary Summary **Docket No. 92-7 On November 13, 1991 the Board denied initial licensure as a result of Respondent providing false and fraudulent statement on his application**

Licensee Name Wilson, Edward, D.O.
Mailing Address 359 Pheasant Place
Sheridan, WY 82801

Disciplinary Summary **Board accepted the request for Voluntary Relinquishment of the medical license of Dr. Wilson effective 5:00 p.m., November 2, 2013.**

Licensee Name Wineinger, David K. MD
Mailing Address 10301 HICKMAN MILLS DRIVE #100
KANSAS CITY, MO 64137

Disciplinary Summary **7/21/97 licensee permanently precluded from alcohol use. Licensee admitted failure to disclose impairment concerning substance abuse.**

Licensee Name Wuchinich, Jane . MD
Mailing Address PO BOX 350/118 HEART BUTTE RD
EAST GLAZIER, MT 59434

Disciplinary Summary **Consent decree 3/10/97 requiring urine screens concerning history of substance abuse. Suspension of license 1/31/98 for 30 days due to violation of existing consent decree. Amendment 6/28/00 to consent decree requiring evaluation for substance abuse within 90 days. On 8/14/00 the 1998 Order of Suspension reversed by District Court and remanded for**

a new hearing. License lapsed on July 1, 2000.

Licensee Name

Wyatt, Paul Wade. MD

Mailing Address

2466 Green Oaks Drive
Bountiful, UT 84010

Disciplinary Summary

6/6/2006 – Summary suspension for several bad surgical outcomes.

10/3/2006 – Consent Decree entered into wherein physician can do only non-surgical, non-invasive eye examinations and treatment. Must do a rotation in the Ophthalmology program at the University of Utah.

6/8/2007 - Petition for removal of all restrictions granted on June 8, 2007. License is now unencumbered and in good standing

Licensee Name

Young, James R. MD

Mailing Address

5020 Virtue Arc Drive #219
Stockton, CA 95207

Disciplinary Summary

7/9/91 license reinstated with restrictions and conditions: Shall not perform surgery or obstetrics.