

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 **May 30, 2017**

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 Ames' Washing state license had been revoked.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 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 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.

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.

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 condntions. 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 - License 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 Flanigan, Sean, PA-C

Mailing Address

Disciplinary Summary Docket No. 92-9 – Revocation of
License

Licensee Name Fowler, Robert, M.D.

Mailing Address

Disciplinary Summary **7/20/1992 Relinquishment of Wyoming
License 1657A**

Licensee Name Fraser, Thomas B., III, MD

Mailing Address 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.**

Licensee Name Frazier, Jr, Robert A. MD

Mailing Address 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	Fuller, Chuck, PA-C
Mailing Address	
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	Gardner, Hugh, M.D.
Mailing Address	
Disciplinary Summary	6/17/1997 – Denied Licensure as insufficient knowledge to practice safely and skillfully
Licensee Name	Garrison, Richard, M.D.
Mailing Address	
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 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 Beauregard 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 3 rd 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.

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

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.

Disciplinary Summary **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

Disciplinary Summary **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

Disciplinary Summary **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

Disciplinary Summary **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

Disciplinary Summary **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
Disciplinary Summary **1990 letter of censure.**

Licensee Name Larsen, James C. MD
Mailing Address 2642 Ardon Lane
Capser, WY 82609
Disciplinary Summary **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
Disciplinary Summary	1990 license revoked when licensee didn't appear for contested case hearing. Action based upon misrepresentation on renewal application regarding multiple malpractice actions.
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.
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

McCreeedy, 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
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.
Disciplinary Summary **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 Miller, Malachi, M.D.
Address

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 Morrell, Harley, PA-C
Mailing Address 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 Muir, John D., M.D.
Mailing Address 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

Mundy, Gary, M.D.

Mailing Address

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 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

Disciplinary Summary SANTA BARBARA, CA 93110
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.**

Licensee Name Sickel, Kenneth, PA-C

Mailing Address	1262 West 5 th 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 after
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 radom 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. Sususpension 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

Disciplinary Summary GILLETTE, WY 82716
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 Turner, Clayton E. MD
Mailing Address Casper Orthopaedic Associates
Casper, WY 82609

Disciplinary Summary **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/ 10th 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

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.**

