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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. PA-49

IN RE: THE LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT IN THE COMMONWEALTH OF KENTUCKY HELD BY VICTOR A. DUNN, P.A.-C., LICENSE NO. PA340, 2200 EAST PARRISH AVENUE, BUILDING C, OWENSBORO, KENTUCKY 42303

AGREED ORDER

Come now the Kentucky Board of Medical Licensure (“the Board”), acting by and through its Inquiry Panel A, and VICTOR A. DUNN, PA-C (“the licensee”), and, based upon their mutual desire to resolve the pending investigation, hereby ENTER INTO the following **AGREED ORDER**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order are:

1. At all relevant times, Victor A. Dunn, P.A.-C., was licensed by the Board to practice as a physician assistant within the Commonwealth of Kentucky.
2. Between 2004 and 2013, Mr. Dunn owned and operated the Springs Urgent Care Center (“the Springs”), Owensboro, Kentucky. Since in or around 2009, he has owned and operated Rapid Care, LLC, Owensboro, Kentucky.
3. Perry G. McLimore, M.D., began employment at the Springs around April 1, 2004. In that capacity, he was to serve as Supervising Physician for Mr. Dunn. Unfortunately, Dr. McLimore relapsed shortly thereafter. On or about June 15, 2004, Dr. McLimore informed Mr. Dunn that he was quitting his employment at the Springs because of his alcohol problem. He has not seen nor talked with Mr. Dunn since that time. Dr. McLimore entered residential treatment in Hattiesburg, Mississippi on June 20, 2004 and remained there until January 15, 2005.

4. Mr. Dunn did not report to the Board that Dr. McLimore was no longer acting as his Supervising Physician.
5. In spite of his absence from the practice, Dr. McLimore's prescribing records show that he either called in or wrote 258 prescriptions, totaling 8517 units of controlled substances from the Springs, during the time that he was physically present in Mississippi. Twenty-nine (29) of those controlled substance prescriptions were for Mr. Dunn and members of his family. Dr. McLimore has further confirmed that he did not write or phone-in any of those prescriptions during that time period. Dr. McLimore subsequently acknowledged signing blank prescriptions for Mr. Dunn, during the time he was still practicing at the Springs and before he left for treatment. When his wife went to the Springs to retrieve some personal items, she discovered that there was a rubber signature stamp for Dr. McLimore at the Springs. Dr. McLimore stated that he was unaware that Mr. Dunn had created a signature stamp with Dr. McLimore's signature and had never authorized its use on prescriptions or in patient records.
6. James H. Callis, M.D., was approved to act as Alternate Supervising Physician for Mr. Dunn from January 28, 2004 until January 26, 2005. At that time, he became Supervising Physician for Mr. Dunn and remained in that capacity until May 20, 2005. Dr. Callis states that he rarely went to the Springs between March and December 2004. He had undergone several major surgeries and was simply unable to work or do anything for several months. He would occasionally review records and sign off on charts, to help Mr. Dunn out. In January 2005, Dr. Callis began working an average of 20 hours per week at the Springs, usually on Thursdays and Saturdays. Generally, he would review and sign off on charts and see a few patients. His chart reviews may occur 4 or 5 days after Mr. Dunn had seen a patient. At one point, he cautioned Mr. Dunn that he was giving "too much drugs" to some patients, but took no

corrective action. In his initial interview, Dr. Callis noted that, early in his employment at the Springs, Mr. Dunn had presented Dr. Callis with a rubber stamp with the doctor's signature on it, and told the doctor to use that stamp when reviewing patient records. According to Dr. Callis, he immediately threw the rubber stamp away. When he was later shown some patient records that included his stamped signature, Dr. Callis modified his statement to the effect that he had only used the rubber signature stamp briefly at the beginning of his employment. Prescribing records for Dr. Callis for the period January 1, 2004 through December 15, 2005 totaled 147 pages. During the period March-December 2004, the period when he had said he was seldom at the Springs, these records showed that he wrote or called in 548 prescriptions totaling 18,695 units of controlled substances, from the Springs. When asked about these prescriptions, Dr. Callis responded that he had no control over others using his name to phone in prescriptions. He noted that he had treated Mr. Dunn's wife for anxiety and his daughter for an injured finger.

7. The licensee provided the following information to the Board,

- He had graduated from Physician's Assistant school in Pennsylvania in June 1996. He returned to Owensboro, his home town, and worked at Mercy Health Systems for a while.
- He and his wife opened the Springs in March 2004. They saw over 1200 patients per month there and employed 15 people, including family members. He expected some jealousy because of his success and felt that the investigation had been prompted by jealousy.
- When asked about the large number of controlled substances he and his family members were receiving from the Springs, Mr. Dunn responded that he had several back operations and that his wife and children had all suffered some type of injuries in the past, all requiring controlled substance treatment. In his opinion, "technically he did not treat himself or any members of his family," because the records had been signed by Drs. McLimore or Callis.
- When asked why Dr. McLimore's signature was in patient records during the time that he was in residential treatment in Mississippi, Mr. Dunn stated that he was not aware that Dr. McLimore was out of town and felt that he still maintained telephone contact with him as required by Kentucky law.

- Mr. Dunn then noted that Dr. Callis was the on-duty physician during that time period and had signed off on all patient records.
- Mr. Dunn indicated that Robert McClure, M.D., would be the new partner in the Springs and would serve as Supervising Physician.

8. A number of patient records were obtained from the Springs, following a review by the Drug Control Branch, and provided to a Board consultant for review. That Board consultant concluded, in part,

...This is an unusual case since the clinic is owned primarily by Mr. Dunn and his wife... Mr. Dunn is the employer and the physician is the employee. The clinic employs the physician and the PA is the owner of the clinic. There are 2 providers: The PA (Mr. Dunn) who works 40-50 hours a week and a physician who works about 20 hours a week. The physician also acts as the supervising physician.

Of the 16 charts that I reviewed 4 were deemed acceptable, 5 were borderline because the medication sheet is not accurate or complete. The controlled substances prescribed in do not match up when comparing office notes, medication sheet, and KASPER. 7 of the charts were deemed clearly below the minimal standards of care. The clinic administered injectable medications in the office, primarily Demerol and Valium. The drug log book is poorly kept and all injections were not recorded, especially those administered to himself. The drug log book shows that the PA is ordering and even personally administering these controlled substances to patients.

Physician oversight was inadequate. The PA pretty much practiced medicine independently. Narcotics were frequently called in for patients without the knowledge of the supervising physician. Even though the charts were later signed by the supervising physician, the PA would call these medicines in at the time of service without consulting with the supervising physician at the time of service. The narcotics were routinely called in under the supervising physician's name without his knowledge. Procedures were not in place or were not adequate to prevent the PA from prescribing controlled substances. The co-signatures of the supervising physician do not always match and may have been forged in some instances.

Mr. Dunn may have been in violation of KRS 311.850 On section 1(d) Victor Dunn appeared to be abusing controlled substances. He called in controlled substances for himself and self administered injectable controlled substances on numerous occasions without physician approval. On section 1(f) he knowingly made or caused to be made in the making of a false statement in any document executed in connection with the practice of medicine by prescribing, ordering, and administering controlled substances to patients without physician

approval. He called in controlled substances 186 times between 7/1/04 and 12/1/04 using Dr. McLimore's name. Dr. McLimore left the practice on 6/28/04.

Mr. Dunn may have been in violation of KRS 311.858. Section (2) states that the physician assistant shall be considered an agent of the supervising physician. It appears that the supervising physician is working for the physician assistant. The physician assistant owned the practice and did most of the work. The physician assistant and physician rarely, if ever, saw patients in the clinic at the same time. Section (5) states that the physician assistant shall not submit direct billing for medical services performed by the physician assistant. Although services were billed using the supervising physician's name, the PA was the owner of the practice and the practice received the revenues. Section (8) states that the physician assistant shall not practice medicine independently. The physician assistant clearly was not properly supervised. Co-signing charts does not, by itself, constitute "supervision." Some of the physician signatures may have been forged. Certainly rubber stamps were used without the permission of the supervising physician. The business model of Springs Urgent Treatment suggests that the physician assistant employed the physicians to "give the appearance" of a "by the book" medical practice. The physicians chosen by Mr. Dunn to be the supervising physicians clearly did not know their responsibilities. This may have been by design as to allow maximum freedom to practice medicine.

Outlining the specific charts that were "below minimum standards:

- (1) Victor Dunn ...is the physician assistant under review. There are nine prescriptions for Lortab 10mg by Dr. McLimore quantities ranging from 20 to 90 at a time. Two of these were after Dr. McLimore had left the practice. The chart shows Demerol 150 mg IM on 2 different occasions and Valium 20 mg IM on 4 different occasions all "stamped" with Dr. McLimore's name. All of these were in July 2004 and Dr. McLimore informed the physician assistant that his last day was June 28, 2004 and that he would no longer be his supervising physician after that date. There were 2 narcotic prescriptions called in using Dr. Callis' name. Dr. McLimore and Dr. Callis deny ever treating this patient. Dr. McLimore never authorized the creation of a rubber stamp in his name, but one was used anyway to "sign off" on charts. One Percocet prescription each by Dr. McLimore and Dr. Callis that they deny authorizing. There is only one office visit note in his chart and was created by the patient.
- (2) Patient B, the adult son of the PA with low back pain. There were 14 prescriptions for Lortab, Darvocet, Valium, or Stadol from 5/04 to 4/05. Two of these were under Dr. McLimore's name after he had left the practice. He got Darvocet #30 on 5/12/04, Lortab 7.5 mg #30 on 5/17/04, but the first office note was 5/29/04 when he received Demerol 100 mg and Lortab 10 mg #40. Stamps for Drs. McLimore and Callis used frequently.

- (3) Patient C, brother of the PA, with headaches and hypertension. 14/17 office visits resulted in controlled substances given. 8 of the visits showed that IM Demerol or Stadol was given. Medication sheet is not in chronological order. Two of the prescriptions were after Dr. McLimore had left. Dr. McLimore denies ever treating this patient.
- (4) Patient D, wife of the PA. She was prescribed controlled substances 34 times in an 18 month period. She also had 3 Demerol shots and 1 Morphine shot. The patient uses 4 different pharmacies. Dr. McLimore's stamp is used after he is gone. There are 6 prescriptions for controlled substances by Dr. McLimore after he was gone.
- (5) Patient E is seeing a pain management doctor for neck pain, headaches, arthritis and also has anxiety. In the clinic he got Demerol shots up to 150 mg 11 times, 35 prescriptions for controlled meds (Lortab, Xanax, Klonopin, Ativan). Direct physician oversight is not felt to be present. Prescribing narcotics without physician approval.
- (6) Patient F is a 50 yo with headaches and anxiety. Given 250 mg of Demerol in divided doses over a 40 minute period and stamped by Dr. McLimore. IM Morphine given in the office. Mr. Dunn ordered Stadol ½ mg IV push on 8/26/04.
- (7) Patient G is a 51 yo with migraine headaches. Given Demerol 150 mg IM and repeated at 100 mg 4 hours later. Ordered and signed by Mr. Dunn. No physician involvement felt to be present. Given Soma #24 with 5 refills on 12/27/04 with no associated office note.

9. At the direction of the Inquiry Panel, Mr. Dunn completed a neuropsychological evaluation on September 21, 2006. The Axis I diagnosis was: Rule out Cognitive Disorder, NOS. The evaluator concluded, in part,

... It is only in the area of memory that Mr. Dunn produced results that were cause for concern. Visually, all scores were at above expected parameters indicating that, visual information was encoded, stored, and available for recall.

...

Diagnostically, the testing, emotionally, does not indicate that this gentleman is suffering a condition that would inhibit his ability to practice medicine. He did appear during the testing process to become highly anxious which in all likelihood affected his verbal memory profile.

Neuropsychologically, the results of this evaluation do suggest a focal deficit in the left temporal lobe systems affecting short-term memory and recall even with prompting. Although this, most likely, is due to test anxiety, one cannot rule out an emergent or previously undiagnosed condition.

It is recommended that Mr. Dunn undergo imaging studies to rule out a previously undiagnosed or emergent condition in the left hemisphere. If these

tests are normal, then there is no evidence that the gentleman has a mental or physical condition that would impede his ability to practice competently as a physician's assistant.

10. Mr. Dunn asserts that Dr. McLimore did visit the Springs and did have telephone contact throughout the period he has identified that he was in residential treatment. Mr. Dunn also disagrees with various factual statements made by Dr. Callis.
11. At the direction of the Inquiry Panel, Mr. Dunn completed a psychiatric evaluation on October 5, 2006. There was no Axis I diagnosis. The evaluator concluded, "I can find no evidence on psychiatric examination to believe that Mr. Dunn has been unable or is unable to practice medicine as a physician assistant according to acceptable and prevailing standards of care by reason of mental or physical illness or any other condition included but not limited to physical deterioration that adversely affects his cognitive, motor or perceptive skills."
12. At the direction of the Inquiry Panel, Mr. Dunn completed a substance abuse evaluation on October 13, 2006. The evaluation was conducted by the Medical Director, Kentucky Physicians Health Foundation. He reported, "At this time I am pursuing collateral information and will report that to the Kentucky Board of Medical Licensure as soon as it is available to me."
13. At the direction of the Inquiry Panel, Mr. Dunn completed a neurological evaluation on January 9, 2007. The diagnoses were: 1) Chronic low back pain syndrome; and, 2) Right knee pain secondary to multiple surgeries. The evaluator concluded and recommended,

Based on the above history, clinical examination and review of records, my conclusion is that Mr. Victor Dunn suffers from chronic pain syndrome; however, he does have mild attention problems but this could also be related to anxiety state which he attributed to his impaired attention span.

However, the neuropsychological evaluation stated that there could be an underlying left temporal dysfunction of undetermined etiology, and further an MRI of the head was suggested. I did not find any focal neurological deficits

to impair him to function as a physician's assistant, and MRI of the head may be appropriate to further clarify the above neuropsychiatric evaluation/testing.

I further questioned his cognitive status and capabilities of functioning on the pain medications; and Mr. Dunn reported that he has had no problem since he has been on these medications for quite some time, and he did not think that would impair his judgment and his clinical decision making process as a physician's assistant.

14. On August 23, 2006, the Board's Inquiry Panel A issued a Complaint and an Emergency Order of Suspension against Mr. Dunn's PA certificate.
15. On or about April 13, 2007, the Board's Hearing Panel B resolved the Complaint and Emergency Order under the terms and conditions of an Agreed Order of Suspension and Probation, in which the licensee agreed and stipulated to the above facts.
16. In June 2007, the Board allowed Mr. Dunn to resume practice under the terms and conditions of an Amended Agreed Order of Probation, in which the licensee again agreed and stipulated to the above facts.
17. In 2008, Mr. Dunn was implanted with a Medtronic Morphine Pump to address pain related to osteoarthritis in his knee, lumbar stenosis, and degenerative disc disease lumbar.
18. In late 2009 or early 2010, Robert Byrd, M.D., reported that a Springs patient had complained that Mr. Dunn appeared "groggy" while performing an exam and that staff confirmed that Mr. Dunn had not been alert on the day in question. Dr. Byrd suspected that Dr. Dunn's morphine pump was malfunctioning and after his primary care physician adjusted his medications, Dr. Byrd reported that Mr. Dunn became less groggy.
19. Following the report of the morphine pump malfunction, the Kentucky Physicians Health Foundation ("the Foundation") recommended that Mr. Dunn wean from the narcotic medication and, in September 2010, Mr. Dunn entered a 28-day residential treatment program

at Questhouse to facilitate that process. Upon discharge, he then entered into an After Care Contract with the Foundation in November 2010.

20. On or about April 28, 2011, Mr. Dunn entered into a five-year Letter of Agreement with the Board, in which he agreed to maintain and comply with his contractual relationship with the Foundation; to completely abstain from the consumption of mood-altering substances (including alcohol), except as prescribed by a duly-licensed physician for a documented legitimate medical purpose and with proper notice given to the Board of such prescribing; and to be subject to periodic testing to confirm compliance. The Letter of Agreement also provided that violation with any term of the Letter of Agreement would be grounds for disciplinary action by the Board.
21. On or about March 19, 2012, Mr. Dunn submitted to a urine drug screen, which came back positive for ethyl glucuronide at a level of 1,660 ng/mL and ethyl sulfate at a level of 440 ng/mL.
22. On or about March 23, 2012, Mr. Dunn submitted to a urine drug screen, which came back positive for Oxymorphone and Hydromorphone.
23. On or about March 28, 2012, Mr. Dunn submitted to a urine drug screen, which also came back positive for Oxymorphone and Hydromorphone.
24. Although Mr. Dunn stated that he had been prescribed opiates by a treating physician, neither the Board nor the Foundation received adequate notice or appropriate documentation from the treating physician to substantiate the prescribing of opiates to Mr. Dunn.
25. In a letter dated April 17, 2012, Mr. Dunn stated

First let me thank you for this opportunity to respond to the noncompliance issue for a positive urine alcohol test on March 9 and the positive drug screens for opiates two weeks after that. I would first begin by saying that the tests are accurate, having been on vacation before the test, I'm sure I had a of drink

alcohol. I am not denying this. I haven't had an issue with alcohol in the past, and have only drank very sporadically over the last 25 years of my life. I understand that any mood altering substance puts me at risk of a relapse, and I agreed not to drink or take these substances. It was a mistake on my part. ...

26. On or about April 10, 2012, the Foundation notified this Board that Mr. Dunn was non-compliant with his Foundation contract and that the Foundation could no longer advocate for him to continue practicing as a physician assistant at this time.

27. On or about July 19, 2012, the Board's Inquiry Panel B issued a Complaint and an Emergency Order of Suspension against Mr. Dunn's license to practice as a physician assistant in the Commonwealth of Kentucky.

28. In February 2013, Mr. Dunn resolved the Complaint by entering into an Agreed Order of Indefinite Restriction with the following substantive terms and conditions:

- Mr. Dunn SHALL NOT perform any act which would constitute the practice of a physician assistant, until approved to do so by the Panel;
- The Panel SHALL NOT consider a petition to resume the active practice of a physician assistant unless and until Mr. Dunn completes and is successfully discharged from a minimum 90-day long-term residential treatment in the Cumberland Heights' Professionals Track/Program;
- Any request from Mr. Dunn to resume the active practice of a physician assistant must be accompanied by a favorable recommendation by the Foundation;
- If and/or when Mr. Dunn should submit a petition to resume the practice of a physician assistant, he shall also submit full payment of a \$5,000 fine; and
- Within six months, he must reimburse the Board \$100.00 of its costs in this matter.

29. In September 2014, Mr. Dunn entered residential treatment at Cumberland Heights. During treatment it was noted that he had prior history with recovery in 12-step programs, that his prior relapses had occurred after periods of prolonged recovery and that he lacked relapse prevention skills and techniques to deal with his triggers and relapse warning signs.

30. In November 2014, Mr. Dunn was discharged from treatment with Axis I diagnoses of Opioid Dependence, Anxiety Disorder NOS and Mood Disorder NOS.
31. On or about March 27, 2015, Mr. Dunn entered into a new AfterCare contract with the Foundation.
32. On or about September 15, 2015, Mr. Dunn reimbursed the Board \$100 and paid the \$5,000 fine pursuant to the 2013 Agreed Order of Indefinite Restriction. In addition, he requested that he be allowed to resume practice as a physician assistant under the employment and direct supervision of Michael W. Jones, D.O. In support of the request, Dr. Jones submitted a letter stating that Mr. Dunn would practice in a primary/acute setting and would neither manage/assist in the management of chronic pain patients nor have access to narcotics in the practice setting.
33. On or about October 15, 2015, the Panel chose to allow Mr. Dunn to resume the practice of a physician assistant pursuant to terms and conditions set forth in an Amended Agreed Order, which required, in part, that he have practice location approval and he was approved to practice at Enclave Family Healthcare under the supervision of Michael W. Jones, D.O.
34. On or about January 9, 2017, the licensee was approved to modify his practice location to Owensboro Medical Practice under the supervision of Kishor N. Vora, M.D. pursuant to terms and conditions set forth in a Second Amended Agreed Order.
35. In or around December 2017, the licensee was approved to practice with Dr. Vora at a second clinic location for the same practice group in Central City, Kentucky, and up to twelve (12) hours per week but no more than sixteen (16) – twenty (20) hours per month at Springs Urgent Care, pursuant to terms and conditions set forth in a Third Amended Agreed Order. In approving the request for Springs Urgent Care, the Panel Chair considered that the licensee

has no ownership or partnership interests in Springs Urgent Care, would not have access to controlled substance prescription pads at Springs Urgent Care, and would be supervised at Springs Urgent Care by Lauren Bickel, M.D., and Sarah Crawford, D.O.

36. In or around October 2018, the licensee was approved to practice additional hours at Springs Urgent Care, without direct supervision, pursuant to terms and conditions set forth in a Fourth Amended Agreed Order in case No. PA-29.

37. On or about August 26, 2020, the licensee successfully completed and was released from his Foundation contract.

38. In or around January 2022, the licensee reported to the Foundation that he “relapsed” to the use of substances and an event at work in which he overdosed and was given Narcan.

39. On or about February 1, 2022, the licensee voluntarily admitted to UF Health Florida Recovery Center (“FRC”) for treatment. At FRC, the licensee disclosed that

... [H]e took four (4) illegally obtained 5mg Percocet while working at his desk on 1/28/2022 and woke up after EMS gave him Narcan. The emergency department sent a referral to the Kentucky Board of Medicine and he states he self-reported to the Kentucky Physician’s Health Foundation (KPHF) as well. Mr. Dunn would report that his recent issues began about six (6) months ago when he was infected with Covid for the second time. He states that the first infection was very severe, and caused him to feel as though he was suffocating. He stopped attending meetings, released his sponsees, and stopped leading his weekly meeting. He had recurrent nightmares of suffocating with his second infection and began using kratom for sleep. His initial use on workdays quickly escalated to daily use and at the time of his admission to FRC, he was using 3-4 pills per day (50-60 dollars per day). He sought Percocet/hydrocodone from a dealer, “a friend of a friend.” He reported that he took approximately 20mg of oxycodone or 30-40mg hydrocodone 3-4 times per week. He also used a CBD product weekly.

40. On or about February 3, 2022, the Board and licensee entered into an Interim Agreed Order (Treatment) in which the licensee agreed not to practice as a physician assistant pending completion of an investigation and until approved to do so by the Board.

41. On or about May 5, 2022, the licensee successfully completed treatment at FRC and was discharged with Axis I diagnoses including Opioid Use Disorder, Severe; Sedative (Gabapentin, Xanax) Use Disorder, severe, in sustained remission; Alcohol Use Disorder, severe, in sustained remission.

42. FRC's discharge recommendations included that:

- the licensee enter into a monitoring contract with the Foundation and be subject to toxicology testing per that contract, to include kratom testing;
- the licensee engage in individual therapy at least weekly for three months;
- the licensee receive monthly Vivitrol injections under the medical management of a psychiatrist/addictionologist;
- the licensee attend mutual aid meetings at a minimum of three times weekly; and
- that the licensee may resume practice as a physician assistant thirty (30) days after discharge provided he is under a monitoring contract with the Foundation and cleared by them to do so.

43. On or about May 17, 2022, the licensee entered into a new contract with Kentucky Physicians Health Foundation.

44. On or about January 9, 2023, the licensee contacted the Board and explained that he did not have plans to resume practice as a physician assistant and would not be able to afford to continue to maintain a contractual relationship with the Foundation contract if not practicing. For these reasons, the licensee enters into this Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order:

1. The licensee's Kentucky physician assistant license is subject to regulation and discipline by the Board.

2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.850(1)(e), (f) and (s). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending matter without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to resolve the pending investigation, the parties hereby ENTER INTO the following **AGREED ORDER**:

1. The license to practice as a physician assistant in the Commonwealth of Kentucky held by Victor A. Dunn, PA-C, is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Agreed Order.
2. During the effective period of this Agreed Order, the licensee's Kentucky physician assistant license shall be subject to the following terms and conditions of restriction/limitation until further order of the Board:
 - a. The licensee SHALL NOT engage in or perform any act which would constitute the practice of a physician assistant as set forth in KRS 311.840, *et seq.*;
 - b. The licensee shall not request, and the Panel shall not consider a request, to resume the practice as a physician assistant unless and until the licensee:
 - i. Enters into, maintains, complies and obtains at least one (1) year of documented abstinence under a with a contractual monitoring relationship with the Kentucky Physicians Health Foundation; and
 - ii. Prior to submitting a request to resume practice, the licensee shall obtain a clinical skills reentry assessment appropriate to his practice plans from the Center for Personalized Education for Professionals ("CPEP"), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246, Tel. (303) 577-3232 Fax: (303) 577-3241 or KSTAR, Crystal Park Plaza

2700 Earl Rudder Frwy., S., Suite 3000, College Station, Texas 77845, Tel. (979) 436-0407, if he does not or cannot resume practice on or before January 1, 2024; and

- c. The licensee SHALL NOT violate any provision of KRS 311.840, *et seq.*
3. The licensee understands and agrees that if the Panel should permit the licensee to resume the practice as a physician assistant in the future, it shall do so by Amended Agreed Order, which shall include any and all terms and conditions deemed appropriate by the Panel at that time.
4. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.852 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.852 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order.

5. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, pursuant to KRS 311.850(1), including revocation, and may provide a legal basis for criminal prosecution.

SO AGREED on this 17 day of JANUARY, 2023.

FOR THE LICENSEE:




VICTOR A. DUNN, PA-C

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



WAQAR A. SALEEM, M.D.
CHAIR, INQUIRY PANEL A



LEANNE K. DIAKOV
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150