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President

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Vice President



Arizona State Board of Optometry
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Margaret Whelan
Executive Director

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**FINAL MINUTES FOR REGULAR MEETING
NOVEMBER 21, 2014 SCHEDULED TO COMMENCE AT 9:00 A.M.**

Board Members

Brian Mach, O.D., President
Michael Lamb, O.D., Vice-President
Marla Husz, O.D.
John Chrisagis, O.D.
Mark Peller, O.D.
George A. Evanoff, Public Member
Blake Whiteman, Public Member

Staff:

Margaret Whelan, Executive Director
Paula Hollins, Licensing Administrator

Legal Counsel:

Mona Baskin, Assistant Attorney General

A. CALL TO ORDER:

Dr. Mach

Dr. Mach called the meeting to order at 9:06 a.m.

B. ROLL CALL:

Ms. Hollins

Board Members Present:

Brian Mach O.D., President
Michael Lamb O.D., Vice President
John Chrisagis, O.D.
Marla Husz, O.D.
Mark Peller, O.D.
George A. Evanoff, Public Member
Blake Whiteman, Public Member

Legal Counsel:

Mona Baskin, Assistant Attorney General

Staff Present:

Margaret Whelan, Executive Director
Paula Hollins, Licensing Administrator

C. PRESIDENT'S REPORT:

Dr. Mach

Dr. Mach asked that during the informal interviews that all Board members and witnesses speak clearly, one at a time, and use appropriate language.

D. INFORMAL INTERVIEW:

1. R.C. vs. Stephen Cohen, O.D. IR#201420

Allegation: Failure to diagnose glaucoma; failed to refer patient to a specialist

This case was continued from the April 18, 2014, June 20, 2014 and August 15, 2014 Board meetings. The informal interview was scheduled for the September 26, 2014 at which time a second postponement was requested by Dr. Cohen and his attorney. The case was moved to the November 21, 2014 meeting and is being heard at this meeting.

Dr. Mach began the informal interview asking for any preliminary business from Dr. Cohen or his attorney. Dr. Cohen's attorney addressed the Board stating that he had submitted a letter to the Board on November 12, 2014 regarding Dr. Cohen's position on Dr. Zimmerman's medical records, discussion in previous meeting minutes and that his client would entertain a consent agreement at this time.

Dr. Mach asked the court reporter to swear in all witnesses in preparation for discussion. Dr. Mach asked if patient R.C. was present; he was not. Dr. Mach asked Ms. Whelan to present a summary of this case for the record. After the summary, Dr. Mach asked Dr. Cohen for any comments regarding the summary. Dr. Cohen stated he had discrepancies that have been stated in his November 12, 2014 letter to the Board but wanted to verbalize them at this time. Dr. Cohen thanked the Board for the opportunity to meet with them to discuss this matter and that a situation like this is unpleasant to patient R.C.; someone whom he cares about a great deal. Dr. Cohen stated he would like to comment on an issue raised at the April 18, 2014 Board meeting regarding Dr. Zimmerman's comments that "R.C. should have been seen by a specialist five years ago" (prior to the current glaucoma diagnosis). Dr. Cohen noted that based upon Dr. Zimmerman's records, patient R.C. should have conservatively been seen by him, however in Dr. Zimmerman's own notes received by Dr. Cohen, he stated it was impossible to say when the glaucoma started, when it progressed and whether any type of treatment would have made a difference; except to say that started earlier, the better the outcome would have been, with which Dr. Cohen agrees.

On January 9, 2011 Dr. David Coulson saw the patient, noted the glaucoma suspect and urged the patient to follow-up in one month for further testing. Patient R. C. followed back up with Dr. Cohen three weeks later on February 1, 2011 instead of following up with Dr. Coulson. At that time, R.C.'s IOPs were 25; the highest to date. Dr. Cohen administered a GDX Nerve Fiber Analysis and after reviewing the results, scheduled a visual fields tests for February 7, 2011. Dr. Cohen states he immediately started patient on Travitan Z QHS- OU with follow-up 3 to 4 weeks later. Dr. Cohen stated that previously, Dr. Peller said that in January 2011 Dr Cohen noted in the patient record that there was glaucoma suspect when in fact it was Dr. Coulson's notes and he would like the record corrected as he did not see patient R.C. in January of 2011. Dr. Cohen states he followed up with patient R.C. in March and June of 2011, checking IOPs while on the Travitan medication. Dr. Cohen stated his records showed the referral to an ophthalmologist on September 13, 2011. Dr. Cohen also addressed the minutes of the April 18, 2014 meeting minutes. He stated that the issue about the bottom half of the records that were missing was an oversight and that he later submitted them to the Board. He also stated

that the prescribed medications were noted in the original records. Dr. Cohen states that his patient records were not incomplete with reference to the medications or treatment plan for the medication and follow-up visits.

Dr. Cohen noted that since the April 18, 2014 meeting, he purchased new Humphrey OCT and has routinely implemented tests to help identify glaucoma suspect as early in the disease process as possible. Dr. Cohen also stated that while he feels he is practicing well within his scope of practice; he has increased his referrals to glaucoma specialists to confirm the diagnosis and co-manage care of these patients. Dr. Cohen has also implemented a new policy in his office regarding the electronic medical records and how addendums are added to the patient records. He also registered for and completed 13 hours of glaucoma oriented continuing education.

Dr. Peller commended Dr. Cohen for his initiative and taking steps to improve what he does regarding education and documentation. Dr. Peller stated his concern was that he has been seeing patient R.C. for years and then in January 2011 it wasn't him who discovered the glaucoma. Dr. Peller asked Dr. Cohen what he was seeing all the time before the patient saw Dr. Coulson and received the glaucoma suspect diagnosis, as patient R.C. had advanced field loss at this time. Dr. Peller wanted to know what Dr. Cohen was doing for the patient in the years prior this diagnosis. Dr. Cohen responded saying that he did note glaucoma suspect but it was not reflected in the records as the default setting in the Electronic Medical Records ("EMR") it defaults to the "normal" setting. Dr. Lamb asked if there were visual fields done throughout the years that the record was defaulted into the normal setting and about why Dr. Cohen did not amend the record electronically instead of handwriting it in. Dr. Cohen states that his record-keeping process has changed since this issue has surfaced with the Board.

Regarding all that has transpired leading up to the complaint by patient R.C., Dr. Cohen stated he missed the mark and that he just didn't know when he missed it. Dr. Lamb was concerned that there was no family history noted since 1997 when the patient for saw Dr. Cohen and that it was first noted in the record in 2008 and there was no documented diagnosis. Mr. Whiteman asked when changes to the records were made. Dr. Cohen stated he didn't know the date but temporal to that exam. Screen fields were not done except for confrontation field.

Dr. Cohen's closing remarks were that he felt he was within the standard of care. Findings of fact in this case were misdiagnosis for the misuse glaucoma a violation of A.R.S. 32-1701(8)(g) for unprofessional conduct and A.A.C. R4-21-305 Recordkeeping; and for failure to refer out to a specialist.

MOTION: Mr. Whiteman moved to accept as findings of fact in Allegation #1 (On or about October 18, 2010, Dr. Cohen saw patient R.C. for an eye exam. Dr. Cohen performed a test using Goldmann Tonometry and found the ocular pressure to be 18 with a cup disc ratio of .25 but did not refer the patient to a specialist nor did he request the patient follow-up. Patient R.C. returned to see Dr. Cohen on or about January 9, 2011 at which time Dr. Cohen referred the patient to a specialist. Dr. Cohen may have disregarded or misinterpreted test results and failed to properly diagnose glaucoma suspect and properly refer patient to a specialist.) as violation of A.R.S. §32-1701(8)(g) and A.A.C. R4-21-305. Dr. Lamb seconded the motion.

VOTE: Motion passed 7-0.

MOTION Dr. Mach moved to accept the findings of fact in Allegation #3 (When patient R.C. returned for a follow up exam on or about June 20, 2011, Dr. Cohen may have failed to properly evaluate or diagnose glaucoma in patient R.C. falling below the standard of care for the profession.) as a violation of A.R.S. 32-1701(8)(g).

VOTE: Motion passed 7-0.

MOTION: Mr. Whiteman moved to issue a Letter of Reprimand with a probationary period of six months for an audit of medical records by a Board approved outside monitoring company at the expense of the licensee. The audits shall include 10 randomly pulled records per month. Dr. Husz seconded the motion.

<u>Vote</u>		Brian Mach, O.D. President	Mark Peller Optometrist	Marla Husz Optometrist	John Chrisagis Optometrist	Michael Lamb, O.D. Vice President	George Evanoff Public Member	Blake Whiteman Public Member
YES	7	X	X	X	X	X	X	X
NO	0							
ABSTAIN	0							
ABSENT	0							

2. J.C. vs. Phdra Ranjbar Shaba, O.D. IR#201431

Allegation: Optometrist failed or refused to correct problem

Dr. Shaba was present to address the Board. Ms. Whelan summarized the case as follows: IR#201431, J.C. vs. Phdra Shaba, O.D.; Initial complaint review at the August 15, 2014 Board meeting; the Board moved continue the case to the next meeting directing staff to obtain patient J.C.’s medical records from the treating ophthalmologist.

Patient J.C. saw Dr. Shaba complaining of blurriness in the right eye and feeling that there was something in the eye. Patient had recently had an eye exam from another doctor and had purchased new glasses at that establishment. Dr. Shaba saw the patient on May 21, 2014 at which time she informed the patient that the prescription he was given by the previous doctor was wrong and noted in the record only that patient had a change in prescription. Dr. Shaba was present at the August 15, 2014 meeting and addressed the Board stating there was no subjective complaint related to a retinal tear when the patient came in. Patient J.C. saw an ophthalmologist after seeing Dr. Shaba as he was still experiencing pain in the right eye. The Board did not have the records from the ophthalmologist as it was not noted in the original complaint.

The Board subsequently received the medical records from the ophthalmologist. After reviewing the records, the Board had questions for Dr. Shaba regarding whether or not patient J. C. self-referred to a specialist or if Dr. Shaba referred him; whether the retinal tear was there when Dr. Shaba saw patient J.C. or if it showed up when patient went to the ophthalmologist and if there was a discrepancy in the medical records regarding the time of entry and a diagnosis change.

Dr. Shaba was not present to address the Board at the September 26th meeting, causing the Board to move the case to informal interview for November 21, 2014 to speak with Dr. Shaba regarding this complaint.

Dr. Mach began the informal interview and asked Dr. Shaba if she had a response to the Executive Director's summary. Dr. Shaba responded stating that she never mentioned that the prescription was wrong as refractions can be subjective.

Dr. Shaba stated that she referred the patient on the same day to an ophthalmologist as requested even though her initial impression was that there was no need for it. Dr. Mach asked the Board if they had any questions for Dr. Shaba. Dr. Peller asked Dr. Shaba about the absence of pathology in the record and no refraction, however an addendum to the records included floaters which was not the original impression and not on the plan. He also asked what prodded her to write an addendum for floaters when there was no mention of them prior. Dr. Shaba stated that she has a very busy practice and that she makes written notes in the chart and adds them to the electronic medical record as an addendum later. She stated she did note one floater in the original exam but did not put in the record until the addendum. Dr. Chrisagis also inquired about the impressions and diagnosis lacking the information of floaters and that there was no documentation of the referral to the ophthalmologist. There was also lapse in time from the original record to the addendum to the finalizing of the record. Dr. Mach asked Dr. Shaba why when she saw the floaters did she refer the patient to an ophthalmologist rather than a retinal specialist in the event they weren't floaters but some other more serious condition. Dr. Shaba stated that the patient forced her to refer to a specialist as she had no intention of doing so. Patient J.C. was present and addressed the Board. He stated he told the technician that his eye pain and situation was different from that of a floater. J.C. states he informed the front office that he was dissatisfied with the exam and the referral was subsequently mailed to the patient. Dr. Shaba stated the patient's chief complaint was watery, blurry eyes and that the patient did not complain of floaters or pain. Dr. Shaba provided closing remarks stating that she always checks the technician's initial review of the patient and floaters were not in the patient's chief complaint; and if she finds anything during her exam, she adds it to the chief complaint.

The Board accepts Allegation #3 (Dr. Shaba made an additional entry in the medical record after the patient had left the office) as a finding of fact for violation of A.A.C. R4-21-305(9) and issues a letter of concern for not having a final disposition in the record, unclear records, utilizing the addendum to complete the record and not properly adding it into the regular record.

MOTION: Dr. Peller moved to issue a Letter of Concern for violation of R4-21-305(9) for not having a final disposition in the record, unclear records, utilizing the addendum to complete the record and not properly adding it into the regular record. Dr. Chrisagis seconded the motion.

VOTE: Motion passed 7-0.

E. REVIEW, DISCUSSION AND VOTE ON INVESTIGATIVE REVIEWS/COMPLAINTS:

3. C.P. vs. Lawrence Stern, O.D. IR#201502

Allegation: Optometrist failed or refused to correct problem; failure to reply to patient letter requesting response

Dr. Mach summarized the case as patient was on glaucoma drops and had a previous RK done and was being fit for gas permeable contact lenses by Dr. Stern. The patient was unhappy with the comfort of the contact lens fit and was unhappy with using the glaucoma drops. Patient went to another doctor who stated she may or may not have glaucoma and sent the patient to a third optometrist who successfully fit the patient with contact lenses.

There is a question in this case as to whether not the patient has glaucoma. Dr. Stern was present along with his counsel, Megan Stern. Dr. Mach asked Dr. Stern about the portion of the patient chart where the patient was seeing a glaucoma specialist and wanted to know who put the patient on glaucoma medication. Dr. Stern responded that he did. Dr. Mach inquired as to what testing, such as visual fields tests GDX, OCT, was done to manage the glaucoma. Dr. Stern stated there was none and that the initial reason as to why he felt the patient had glaucoma was increased ocular pressure; 20 in each eye. Dr. Peller asked if there was additional testing done prior to initiating treatment. Dr. Stern stated that patient C.P. had an issue with inflammation and put her on a steroid drop to address the inflammation and that C.P. also had some bouts of infection and inflammation while wearing the contact lens. Dr. Stern put the patient on Xalatan (Latanaprost) and an added Travitan. Dr. Husz asked Dr. Stern when did he prescribe these medications and how did he get to that resolution. Dr. Stern noted C.P. had bacterial conjunctivitis and had her on the antibiotic Cipro as well as the steroid drops stating he put her on glaucoma medication to get a response from the steroid. Dr. Mach asked Dr. Stern if C.P. just had an elevated IOP due to steroids or if she had glaucoma. Dr. Stern responded she was glaucoma suspect. Dr. Mach inquired as to why no visual fields were done. Dr. Stern responded with the .15 cup it wasn't necessary. Dr. Mach stated that Dr. Stern was initiating glaucoma therapy when you can have pressure up to 28 and still be fine and that he doesn't see justification here to put the patient on glaucoma medication.

Dr. Mach noted that he felt that the intermittent use of the steroid drop was causing the spikes in ocular pressure and couldn't tell if the patient actually had glaucoma and that Dr. Stern was not documenting any reason that there was possible damage to the patient. Dr. Mach stated because of the pressures he was wondering what diagnosis Dr. Stern was treating. He asked Dr. Stern again if he put the patient on glaucoma medication due to elevated pressure and if so, what the justification was if he was not seeing any changes to justify the patient being treated and continue being treated for glaucoma. Dr. Stern stated C.P.'s ongoing issues with the gas permeable contact lenses were one reason as he was concerned about the bacterial infections. Dr. Husz asked Dr. Stern what his thought process was for managing this patient who was a post RK patient with glaucoma suspect. Dr. Stern noted that patients in this state are challenging to treat as they have frequent infections and inflammation of the eye from RK surgery and that he was intending to maximize potential vision and keep the patient comfortable through treatment and utilization of the gas permeable contact lens. Dr. Husz inquired as to when Dr. Stern realized that he wanted to treat the patient with Xalatan, Timolol and when he decided the patient had glaucoma; and whether any supplementary testing would be done to support the diagnosis or

why he was using this medication. Dr. Stern did not respond as he looked through his records. Dr. Mach inquired as to the dosage of the Xalatan and how often it was to be used. Dr. Stern responded .005. Dr. Mach asked how often it was to be used; Dr. Stern responded QHS. Dr. Mach noted that the record showed QID. Dr. Mach also noted that the records repeatedly listed the medication taken as BID. Dr. Stern noted he was using the medication off label to mitigate the glaucoma and ocular pressure issues. Dr. Mach asked Dr. Stern if he knew what happened when the medication is overdosed. Dr. Stern stated he did not know and Dr. Mach informed him that it causes inflammation.

Patient C.P. was present to address the Board. Patient states she saw another optometrist and an ophthalmologist who told her she did not have glaucoma and took her off of the drops. She stated she has a cataract that was not noted in Dr. Stern's records but was noted by both the second treating optometrist and the ophthalmologist. C.P. stated that Dr. Stern did not reply to her concerns when she wrote him a letter and that she was charged \$525 to be re-examined when she informed Dr. Stern eyeglasses were not made correctly she cannot see out of them. She felt that Dr. Stern was becoming intimidating towards her and that she is shaken up by the experience. Patient C.P. stated she asked Dr. Stern for a referral for second opinion and Dr. Stern questioned her as to why she felt that she wanted a second opinion when he had already given her a diagnosis.

Dr. Chrisagis asked Dr. Stern why he did not reply to her letter. Dr. Stern stated he had spent quite a bit of time with the patient trying to resolve her issues. Dr. Stern states that after he went to the Bronstein contact and seminar earlier this year, he learned some new modalities he was very excited come back and try on the patient who then was upset that she may have to pay another charge for an eye exam or for fitting fee.

MOTION: Dr. Lamb moved to go to informal interview to discuss possible violation of A.R.S. §32-1701(8)(g) for improper use of glaucoma medication; off-label use of Xalatan (Latanaprost) 4x per day, why the treatment was initiated and failure to at least complete OCT, visual fields and Pachymetry tests necessary to diagnose the condition of glaucoma. Dr. Peller seconded the motion.

VOTE: Motion passed 7-0.

4. I.I. vs. Donald Siegel, O.D. IR#201504

Allegation: Deceptive statements by optometrist; improper correction/fit of eyeglasses

Dr. Mach summarized the case as patient went to see Dr. Siegel for eyeglasses. Dr. Siegel performed an eye exam and recommended eyeglasses. Patient I.I. received the glasses and stated she could not see well with them. She subsequently went to another optometrist who checked the patient and the eyeglasses; informed the patient there was a small cataract not noted by Dr. Siegel but not significant enough to impair vision or treat at this time. Dr. Mach felt that there may not have been not enough communication between Dr. Siegel and this patient regarding the patient's vision and the prescription of the eyeglasses however, he saw no violation of the optometric practice act at this time.

MOTION: Dr. Peller moved to dismiss the case due to lack of violation of the optometric practice act. Dr. Lamb seconded the motion.

VOTE: Motion passed 6-0.

5. S.B. vs. Carrie Miranda, O.D. IR#201505

Allegation: Deceptive advertising or statements

Dr. Mach summarized the case as this is an issue where Dr. Miranda referred the patient for cataract surgery, recommended a multifocal IOL and it is not working as the patient requested or thought that it should have. As this is a surgical issue there does not appear to be a violation of the optometric practice act.

MOTION: Dr. Lamb moved to dismiss the case due to lack of violation of the optometric practice act. Dr. Chrisagis seconded the motion.

VOTE: Motion passed 7-0.

6. S.U. vs. Manisha Geiger, O.D. IR#201506

Allegation: Optometrist failed or refused to correct problem; exam not done; ADA non-compliance

Dr. Peller recused from this discussion due to conflict of interest.

Dr. Lamb summarized this case as patient was seen by Dr. Geiger. Patient is a minor child who is autistic and has special needs, which was communicated by the patient's mother prior to the office visit. Dr. Geiger assured patient's mother that she would be able to handle the needs of the child. After the appointment, the patient's mother was very unhappy at the way Dr. Geiger handled the examination and communicated with the minor patient. Dr. Lamb did not feel that Dr. Geiger's demeanor during the examination was a violation of the optometric practice act or the ADA, because in her response, Dr. Geiger stated she has familiarity with dealing with special needs patients and was comfortable and skilled in doing so. While the patient's mother did not feel that Dr. Geiger properly handled her child, the board does not feel that Dr. Geiger acted inappropriately in her treatment of the patient.

MOTION: Mr. Whiteman moved to dismiss the case due to lack of violation of the optometric practice act. Dr. Husz seconded the motion.

VOTE: Motion passed 6-0. Dr. Peller recused.

7. G.C. vs. Kenneth Jeffers, O.D.

IR#201507

Allegation: Optometrist failed or refused to correct problem; refusal to give copy of a correct prescription; wrong prescription written twice

Dr. Mach summarized the case as patient went in for an eyeglass prescription requesting an intermediate distance in the bifocal lens. Dr. Jeffers prescribed a standard bifocal which the patient felt he was unable to use. The patient returned to the office and spoke with Dr. Jeffers who amended the prescription to include a standard bifocal with intermediate; however the patient wanted the top of the bifocal for distance and the bottom for intermediate due to the fact that they use it to shoot a pistol. The glasses were made by an outside company. Dr. Lamb felt Dr. Jeffers wrote the prescription as he see fit but not with what the patient requested. Dr. Lamb did not feel there was a violation of the optometric practice act however further communication between Dr. Jeffers and the patient may have resolved the issue. Further discussion by the Board revealed that twice the prescription was provided improperly and subsequently filled to the prescription but prescription was unsuitable to the patient. Dr. Peller questioned as to why Dr. Jeffers did not simply write the prescription to what the patient wanted if it was within the parameters of his practice or his professional opinion.

Patient G.C. was present and addressed the Board stating he has been a patient of Dr. Jeffers for over eight years. He stated when he saw Dr. Jeffers, he reminded Dr. Jeffers of his request to have the special lenses prescribed. He stated that he had exhausted his insurance for the year when the original glasses prescription was filled so the subsequent eyeglass prescriptions that were finally corrected were paid out-of-pocket. Patient G.C. states he sent Dr. Jeffers a letter lamenting about the prescription issue. Dr. Jeffers responded saying it was the optical establishment's fault for filling prescription improperly. Dr. Lamb noted that in the medical record, Dr. Jeffers did note the patient's request for intermediate range bifocal lens prescription for weapons and that at that point, Dr. Jeffers is aware of what the patient is requesting but still improperly provided the prescription by not including intermediate range bifocal lens prescription as requested by the patient when it was appropriate.

The Board felt Dr. Jeffers failed to provide the proper prescription for the patient's specific request/needs. When patient G.C. came back to complain about the eyeglasses, he states he spoke to the licensed dispensing optician at Dr. Jeffers's office. He stated that the optician made the change the prescription and filled it as such. As the optician did not have authority to modify the prescription, the Board refers this portion of the complaint against the optician to the Board of Dispensing Opticians.

MOTION: Dr. Peller moved to refer this case to the Board of Dispensing Opticians for further investigation of the optician possibly changing the prescription from the doctor.

Dr. Peller withdrew the motion.

SECOND MOTION: Mr. Whiteman moved to issue a Letter of Concern as the prescription for eyeglasses given to patient G.C. did not contain, as required in A.A.C. R4-21-306(B)(4), the necessary information regarding, in this case, the distance required for shooting a

weapon, in order to make a correct and functional pair of eyeglasses for patient G.C. Dr. Lamb seconded the motion.

VOTE: Motion passed 6-1. Dr. Peller voted no.

THIRD MOTION: Dr. Lamb moved to refer complaint to the Board of Dispensing Opticians for the investigation of possible change in prescription by the licensed optician. Dr. Peller seconded the motion.

VOTE: Motion passed 4-3. Drs. Husz, Chrisagis and Mr. Whitman voted no.

F. REVIEW, DISCUSSION AND POSSIBLE VOTE REGARDING COMPLIANCE WITH NON-DISCIPLINARY ORDER FOR CONTINUING EDUCATION :

8. Roger Vesper, O.D. IR#201425

MOTION: Dr. Lamb moved to accept the Continuing Education for the Non-Disciplinary Order. Dr. Chrisagis seconded the motion.

VOTE: Motion passed 7-0.

G. REVIEW, DISCUSSION AND POSSIBLE ACTION ON PENDING REGULAR LICENSE APPLICATIONS:

9. Burr, Brandon
10. Ly, Linda

MOTION: Dr. Peller moved to approve items 9 and 10 for licensure. Dr. Lamb seconded the motion.

VOTE: Motion passed 7-0.

H. REVIEW, DISCUSSION AND POSSIBLE ACTION ON PENDING ENDORSEMENT APPLICATIONS:

11. Darlington, Glenn

MOTION: Dr. Lamb moved to approve item 11 for licensure contingent upon a negative DPS/FBI report. Dr. Husz seconded the motion.

VOTE: Motion passed 7-0.

12. Klenklen, Paul

MOTION: Dr. Peller moved to approve item 12 for licensure. Mr. Evanoff seconded the motion.

VOTE: Motion passed 7-0.

I. REVIEW, DISCUSSION AND POSSIBLE VOTE ON PENDING LICENSE RENEWAL APPLICATION:

13. Thomas Ginman, O.D.

MOTION: Mr. Whiteman moved to approve item 13 for renewal with follow-up for receipt of final documentation from the Michigan State Board of Optometry. Dr. Chrisagis seconded the motion.

VOTE: Motion passed 7-0.

J. REVIEW, DISCUSSION AND POSSIBLE VOTE ON PHARMACEUTICAL AGENT CERTIFICATE APPLICATION:

14. Carrie Miranda, O.D.

MOTION: Dr. Peller moved to approve item 14 for PA Certification. Dr. Lamb seconded the motion.

VOTE: Motion passed 7-0.

K. REVIEW, DISCUSSION, AND POSSIBLE ACTION ON APPROVAL OF CONTINUING EDUCATION AS PROVIDED BY A.R.S. §32-1704(D) and A.A.C. R4-21-210:

Fiscal Year 2015

	Continuing Education	Date	No. of hours requested
a.	Headache 101 (American Headache Society)	11/20-11/23/14	3 Regular

MOTION: Dr. Husz moved to accept item a. for approval. Mr. Whiteman seconded the motion.

VOTE: Motion passed 6-1. Dr. Mach voted no.

L. REVIEW, DISCUSSION AND POSSIBLE APPROVAL OF BOARD MEETING MINUTES:

15. September 26, 2014 Regular Session Minutes

16. October 16, 2014 Regular Session Minutes

MOTION: Dr. Lamb moved to approve items 15 and 16 as written. Dr. Chrisagis seconded the motion.

VOTE: Motion passed 7-0.

M. EXECUTIVE DIRECTOR'S REPORT:

17. Budget

18. Proposed Rules package submission

19. Future Board meeting dates

Ms. Whelan reported that the beginning cash balance is \$170,806 with an ending cash balance of \$167,920. Currently, 33.33% of the budget year has elapsed with the Board's spending at 34.8% as the entire year of rent has already been paid. The proposed rules package has been submitted to the Secretary of State's office with the docket opening published in the November 14, 2014 Administrative Register. The rules package as approved by the Board at the October 16, 2014 meeting was submitted and is expected to be published in the December Administrative Register. The complete proposed rules changes are posted on the homepage of the Board's website will be sent via e-mail to the Arizona Optometric Association as well as all licensees. The rules are expected to be published (if approved by the Governor's Regulatory Review Council ("GRRC") in either March or April of 2015. Future Board meeting dates remain the third Friday of each month, beginning on Friday, January 16, 2015.

N. CALL TO PUBLIC:

Dr. Mach made a call to the public at 12:25 p.m. No one was present to address the Board.

O. MOTION TO ADJOURN:

Mr. Evanoff moved to adjourn the meeting at 12:26 p.m. Dr.Peller seconded the motion.

The meeting was adjourned at 12:26 p.m.

END OF MINUTES:

Margaret Whelan, Executive Director

Date