A. CALL TO ORDER: Dr. Mach

Dr. Mach called the meeting to order at 9:00 a.m.

B. ROLL CALL: Ms. Hollins

Board Members Present: Brian Mach O.D., President
Rick Krug, Public Member, Vice President – arrived at 9:03 a.m.
Marla Husz, O.D.
Mark Peller, O.D.
John Chrisagis, O.D.
Michael Lamb, O.D.

Legal Counsel Present: Mona Baskin, Assistant Attorney General

Staff Present: Margaret Whelan, Executive Director
Paula Hollins, Licensing Administrator

C. PRESIDENT’S REPORT: Dr. Mach

No President’s report.
D. INFORMAL INTERVIEW: 9:00 a.m.

1. R.C. vs. Brenda Binder, O.D.   IR#201327

Allegation: Optometrist failed or refused to correct problem; possible misdiagnosis

Ms. Whelan summarized the complaint and discussion from the July 18, 2013 board meeting as Patient R.C. saw Dr. Binder complaining of an irritated eye. Dr. Binder evaluated the patient and felt there was no active infection, but that there was possibly recurrent erosion; and placed the patient on a steroid drop, requesting the patient follow-up in a few days. When the patient came back, there were increased symptoms and increased pain. At that time, Dr. Peller noted in the record a pseudomonas ulcer. The patient subsequently went to an ophthalmologist, a corneal specialist and retinal specialist and ultimately had a corneal transplant. During the Board's initial discussion, Dr. Mach stated that in the records, Dr. Binder suspected corneal erosion (so there was a definite breach of the epithelium) and still put the patient a steroid drop without antibiotic coverage. Dr. Binder was present, with Counsel, Ms. Christina Chait, to address the Board. After hearing the summary, Dr. Binder stated that she felt that the issue at hand was actually pingueculitis and not recurrent corneal erosion. Dr. Binder states she put recurrent corneal erosion in the record as a differential diagnosis due to the fact that the patient's pain had started just the previous morning. She states when she evaluated the cornea, there were no breaks and she did not see any edema but based on the fact that the pain had started the previous morning it made her want to at least note that in the record so she could follow-up, reevaluate the eye and review the symptoms for the recurrent acute pain. Dr. Binder states her initial or primary diagnosis at the time was pingueculitis of the nasal conjunctiva in the left eye. She stated everything appeared to be inflammatory; not infectious and there was no discharge. She evaluated the cornea twice and noted there was no anterior chamber reaction and the posterior chamber was fine. It was just a localized inflammation and chemosis of the nasal conjunctiva of the left eye and that she would describe it as moderate to severe. Dr. Lamb asked Dr. Binder if she often placed patients on a steroid drop alone or always included antibiotics as he felt that antibiotic treatment would have been prudent in this case and may have prevented the issue at hand. Dr. Binder stated she did not, especially in this case as she did not see any infection. Dr. Lamb stated he also had a problem with time-frames in treating the patient when using a steroid on unknown etiology and that following up in three days does not seem to be an acceptable time-frame as corneal erosions, which show symptoms within a few hours to one day, may need to be treated sooner. Dr. Mach noted that Dr. Binder, in her records, ruled out corneal erosion and abrasion thereby possibly implicating herself that she did feel there was a corneal issue but that it just wasn't one of those diagnoses listed in her record. Dr. Binder states she based her diagnosis on symptoms of pain and inflammation in the eye. Mr. Krug asked Dr. Binder if she questioned herself as to what caused this problem that she was considering or was she simply just treating the symptoms. Dr. Binder replied that she didn't know what the cause was and didn't have an etiology for it so she was just treating based on what she was seeing. During Board deliberations Dr. Mach stated that he had a problem with the diagnosis, initial treatment and post-treatment of the patient in this case. In order to help make his decision, Mr. Krug asked the rest of board members if they felt that this diagnosis was missed and prudently should have been caught or was it not “diagnosable” at the time. The majority responded saying it was a diagnosis that should not have been missed or at least, treated differently, for a different outcome.
Dr. Mach moved to go in to executive session for legal advice. Dr. Husz seconded the motion.

The Board went into executive session at 9:46 a.m.
The Board reconvened regular session at 9:55 a.m.

Board members deliberated on each of the three allegations contained in the notice of informal interview and came to a conclusion of law regarding unprofessional conduct in this case.

**MOTION:** Dr. Chrisagis moved to, against the license of Brenda Binder, O.D., accept the findings of fact and conclusions of law for allegation #2 (On or about March 31, 2012 during patient R.C.’s exam, Dr. Binder may have prescribed medication based on potentially improper diagnosis) in the notice of informal interview and issue a decree of censure with an order of probation for six (6) months in order to complete six (6) additional hours of COPE approved Continuing Education (CE) in anterior segment disease for violation of A.R.S. §1701(8)(g). Dr. Husz seconded the motion.

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<tr>
<th>Vote</th>
<th>Brian Mach, O.D. President</th>
<th>Rick Krug, Public Member Vice-President</th>
<th>Marla Husz, O.D.</th>
<th>John Chrisagis, O.D.</th>
<th>Michael Lamb, O.D.</th>
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**VOTE:** Motion passed 5-0. Dr. Peller recused.

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

2. J.C. vs. Tara Miller, O.D.  
   IR#201331

Dr. Lamb presented the case as patient J.C. was seen by Dr. Miller for an annual eye exam. Patient has a 5-diopter myopia correctable to 20/20. Patient states Dr. Miller prescribed eyeglasses even though the patient had never worn eyeglasses in the past. Dr. Miller informed the patient that she needed to wear eyeglasses to drive and thusly, comply with department of motor vehicles standards for driving with corrective lenses. When patient J.C. informed Dr. Miller she may not wear the glasses, Dr. Miller reported to the Arizona Motor Vehicle Department (MVD), stating that the patient has a considerable prescription and needs to wear glasses to drive and that she is concerned that the patient refuses to wear glasses while driving as her vision 20/200. Based on this information, MVD is requiring follow-up eye exams for patient J.C. to maintain her driver’s license. Meanwhile, Dr. Miller left the practice in which patient J.C. saw her so Dr. Mark Peller followed up with the patient regarding this issue. The patient felt that Dr. Miller retaliated against her by sending the letter to MVD when it was not warranted. Patient J.C. was present and addressed the Board. She stated she had not worn glasses prior to this office visit. She felt the eyeglasses she received from this office visit were too strong for her, which is why she felt she did not want to wear them. She came back for a recheck on her prescription and was given a different prescription. Dr. Miller was present to address the Board. She stated that she saw the patient on July 12, 2010 and that she was called into this to consult as the patient presented her office for follow-up exam as the glasses prescription given to patient J.C. by another practitioner were too
strong. Dr. Miller states the patient was adamant that she did not want to wear eyeglasses as she has never worn them. Dr. Miller states she tried to reduce the prescription by about 20%. Dr. Miller received a note from the staff stating that the patient never wore the glasses and refuses to wear them and that the patient told her she would not wear the eyeglasses to drive. Dr. Miller stated she did not feel that the patient was safe to drive without the eyeglasses and because she didn't feel that the patient was going to comply with wearing eyeglasses she felt it necessary to report the patient to MVD.

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

**VOTE:** Motion failed 2-3. Drs. Mach and Lamb and Mr. Krug voted no. Dr. Peller recused.

**SECOND MOTION:** Mr. Krug moved to issue a letter of concern for possible violation of A.R.S. 32-1701(8)(o), Unprofessional Conduct, for inappropriate reporting of a non-medical condition to the Arizona Motor Vehicle Department. Dr. Lamb seconded the motion.

**VOTE:** Motion passed 3-2. Drs. Husz and Chrisagis voted no. Dr. Peller recused.

3. **ASBOO vs. Arthur Epstein, O.D. IR#201332**

Dr. Lamb presented the case as there was an issue with the term “most skilled optometrists” on Dr. Epstein's website. Dr. Epstein subsequently changed it to read “highly respected optometrists” in response to possible violation of the advertising rule. It appears that Dr. Epstein understands that certain terms may violate advertising rule and has removed all such terms from his website.

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

**VOTE:** Motion passed 6-0.

4. **B.M. vs. Michael Sellers, O.D. IR#201401**

Dr. Husz presented the case as patient B.M. was unhappy with his eyeglasses and asked for a full refund. Dr. Sellers refunded all the money except the $10 co-pay. Patient B.M. was apparently unaware that he'd received a discount on the eyeglasses so when the money was refunded, he thought he was still owed money however; the patient received back the entire refund amount.

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

**VOTE:** Motion passed 6-0.
5. J.C. vs. Mark Peller, O.D.    IR#201402

Dr. Husz presented the case as the patient J.C. complained that Dr. Peller never saw her but concurred with Dr. Tara Miller's diagnosis and signed off on the letter supporting the additional eye exams by the Arizona Motor Vehicle Department (MVD). She also stated that Dr. Peller is not her doctor, Dr. Peller never talked to her and that he had no right to “sign off” on the letter from Dr. Miller who had left the practice by that time. After reviewing the documentation submitted, it appears that after review of the file, Dr. Peller wrote a letter to MVD to try to rescind the restriction for the eye exams in this case as he did not see anything out of the ordinary in this particular patient's record for the requirement of eyeglasses while driving.

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

VOTE: Motion passed 4-1. Dr. Lamb voted no. Dr. Peller recused.

6. ASBOO vs. Thomas Ginman, O.D.    IR#201403

Ms. Whelan presented the case as the original incident was reported within the 10-day timeframe pursuant to A.R.S. §32-3208 so that is not an issue in this matter. At this time, the Board is here to discuss the final disposition regarding the DUI itself and to determine if there are any issues regarding safety to practice, habitual issues regarding substance use, protection of the public and whether Dr. Ginman has fully complied with any court orders or diversion programs if apportioned.

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

The Board discussed the complaint and determined that it could not make a fair ruling without the final disposition of Dr. Ginman’s court case.

Dr. Lamb withdrew his motion and Dr. Peller withdrew his second to the motion.

SECOND MOTION: Dr. Mach moved to table the case until the December meeting in order to obtain the final disposition of the court case.

VOTE: Motion passed 6-0.

7. C.R. vs. Robert Esposito, O.D.    IR#201404

Dr. Mach presented the case as patient C.R. felt that she was overcharged for services that she was not advised of ahead of time. It appears that the patient signed the informed consent making her aware that there would be possible charges that were not covered by her insurance. Ms. Whelan interjected stating that the patient sent a follow-up e-mail a few weeks after filing the initial complaint stating that she had gone back through her paperwork and found the informed consent that she had signed and that even though she felt that the doctor should have verbally advised her again during the exam, she did sign the documents so the charges were warranted.
MOTION: Dr. Lamb moved to dismiss the case due to lack of violation of the optometric practice act. Dr. Peller seconded the motion.

VOTE: Motion passed 6-0.

8. V.H. vs. James Reed, O.D. IR#201405

Dr. Lamb presented the case patient was charged $35 total for the eye exam and refraction fee; $25 co-pay and $10 on the refraction. The patient states she called ahead and asked the doctor’s office what the charges would be with her insurance and they informed her at that time it would be $25 total. After the exam, when the patient was charged the $35, she complained to the office but to no avail. It wasn’t until Dr. Reed was informed via the complaint from the Board that there was a possible overpayment that the $10 was refunded back to the patient. Ms. Whelan asked the Board to please discuss whether or not they feel there are billing issues of the office. The Board felt it would be hard to tell if there are billing issues at this office based on this one complaint and that Dr. Reed refunded the money once he was made aware of the situation.

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 5-0. Dr. Peller recused.

9. V.H. vs. Stacee Burson, O.D. IR#201406

Dr. Peller presented the case as patient V.H. saw Dr. Burson August 12, 2009. Dr. Burson found the ocular pressure to be high; non-contact was 31/28. Dr. Burson retook it with the Tonopen and it was 24/27. She did some other tests, visual fields screening were negative, ophthalmoscopy was negative, Pachymetry showed normal thickness and she recommended a one-year follow-up. The patient did not return one year due to personal issues but returned in 2011. At that time, Dr. Burson checked the pressures which were 19 in both eyes by non-contact tonometry, ophthalmoscopy was normal; she stated .25 cup disk, Pachymetry was normal and according to her fields by matrix testing; results were normal. Dr. Peller expressed concerns about the fact that the patient is diabetic and hypertensive but Dr. Burson did not notate anywhere on the record that the patient was diabetic nor did she ask to see a hemoglobin A1C test/report. The patient has extensive family history of diabetes and hypertension yet there was no documentation in the record asking the patient about her blood sugar, hypertension or whether diabetes runs in the family. Dr. Burson did not request reports from the patient’s endocrinologist or primary care physician. There is no printout of the visual fields from Dr. Burson and the photos by the Optomap are not discernible and according to the patient she had Peripheral Laser Iridotomy (PLI) done. Patient was also seen by an ophthalmologist, Dr. Andrew Rabinowitz but the Board did not have the records from Dr. Rabinowitz. Dr. Lamb felt the Board couldn't resolve the case without seeing the records from Dr. Rabinowitz as it did not appear that Gonioscopy was performed and the fact that a PLI was done even though Dr. Burson noted in the record that “angles were open and chambers were deep”. Dr. Burson's records did not include full threshold vision fields tests.
MOTION: Dr. Husz moved to continue the case to the next meeting in order to obtain the records from Dr. Rabinowitz and also the missing records for the vision fields from Dr. Burson. Dr. Lamb seconded the motion.

VOTE: Motion passed 6-0.

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

10. Chan, Stephanie
11. Favis, Tyrone

MOTION: Dr. Lamb moved to approve items 10 and 11 for licensure contingent upon a negative FBI/DPS report. Dr. Peller seconded the motion.

VOTE: Motion passed 5-0.

12. Liu, Ying

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

VOTE: Motion passed 6-0.

13. Otto, Marc –withdrawn from consideration
14. Singh, Camille

Item 13 was not considered and was withdrawn from the agenda by the Board, as the application was deficient.

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

VOTE: Motion passed 6-0.

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

15. Blas, Michelle
16. Kim, Paul

MOTION: Dr. Lamb moved to approve items 15 and 16 for licensure. Dr. Peller seconded the motion.

VOTE: Motion passed 6-0.

17. Ruch, James

MOTION: Dr. Lamb moved to approve item 17 for licensure with a Letter of Concern for failure to disclose an arrest on the application. Dr. Peller seconded the motion.
VOTE: Motion passed 6-0.

18. Rutkowski, Loretta

MOTION: Dr. Lamb moved to approve item 18 for licensure. Dr. Peller seconded the motion.

VOTE: Motion passed 6-0.

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

19. Sharon Peterson, O.D.

MOTION: Mr. Krug moved to approve item 19 for renewal and directed staff to open a complaint for possible failure to report a misdemeanor in a timely manner. Dr. Peller seconded the motion.

VOTE: Motion passed 6-0.

I. REVIEW, DISCUSSION, AND POSSIBLE ACTION TO OPEN A COMPLAINT:

20. Brian Easley, O.D

Ms. Whelan brought attention to the memo submitted by staff regarding several attempts to contact Dr. Easley at his last known practice address and phone number, as patients have been searching for him as well as other issues regarding storage of medical records. Board staff also left a message requesting a return call at Dr. Easley’s home phone number. To date, Dr. Easley has not contacted the Board.

MOTION: Dr. Peller moved to open a complaint against Dr. Easley for possible failure to maintain current addresses as required in A.R.S. 32-1743 and for possible improper storage of medical records and failure to respond to the Board’s request for information. Mr. Krug seconded the motion.

VOTE: Motion passed 5-0. Dr. Husz recused.

21. Walmart Corporation-letter from Amy Czyz, O.D.

The Board discussed the letter submitted by Dr. Czyz regarding the Corporation commanding the doctor’s practice. Dr. Czyz feels that Walmart is taking control over her practice regarding which employees she hires, which employee she fires, the hours that she works and how often she sees patients. The Board felt that as independent contractors, this is a contract issue between Dr. Czyz and Walmart. As the Board does not give advisory opinions or legal advice to optometrists, it considered the letter and determined it is not in the Board's purview to take action.
J. 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 2014

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<td>½ Regular</td>
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<tr>
<td>b. Photoablation: Techniques &amp; Outcomes-BDPEC</td>
<td>09/26/13</td>
<td>1 Regular</td>
</tr>
<tr>
<td>c. Please don’t call it dry eyes-BDPEC</td>
<td>10/10/13</td>
<td>1 Regular</td>
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<tr>
<td>d. The iStent-BDPEC</td>
<td>10/10/13</td>
<td>1 Regular</td>
</tr>
<tr>
<td>e. Retina Review w/ Bausch &amp; Lomb</td>
<td>10/24/13</td>
<td>2 Regular</td>
</tr>
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MOTION: Dr. Husz moved to approve items a-e. Dr. Peller seconded the motion.

VOTE: Motion passed 5-0. Dr. Lamb recused.

K. REVIEW, DISCUSSION, AND POSSIBLE ACTION ON REQUIRING, FOR LICENSE RENEWAL, ALL LICENSEES TO UTILIZE THE OE TRACKER FOR REPORTING CONTINUING EDUCATION TO THE BOARD:

22. Presentation to Board-Lisa Fennell, Executive Director, ARBO

Dr. Christina Sorenson, ARBO Board of Directors member was present, along with Lisa Fennell and Sierra Rice to address the Board regarding the use of OE Tracker for the purposes of tracking continuing education (“CE”) for license renewal. Dr. Sorenson stated that the mission of ARBO is to support the member boards in facilitating best possible practices for licensure and renewal of licensure. OE Tracker is a tool which tracks all required hours for continuing education. It shows the renewal requirements for each state so that licensees who hold multiple licenses in states besides Arizona will know how many CE hours they would need for each state. The licensee is assigned barcode which is scanned in every CE course taken, thereby tracking it on the online system at ARBO where both the licensee and the state boards can obtain a report. There is no cost to licensees to utilize the OE Tracker unless they want to access their own reports, in which case, the fee is $15 per year to access the OE Tracker reports through ARBO. The OE Tracker report only requires one login and can be used for multiple states who accept the OE Tracker.

MOTION: Dr. Mach moved to mandate the use of OE tracker for continuing education verification for license renewal. Mr. Krug seconded the motion.

VOTE: Motion passed 6-0.
L. REVIEW, DISCUSSION, AND POSSIBLE ACTION ON ACCEPTING, FOR THE PURPOSE OF LICENSE RENEWAL, COPE APPROVED CONTINUING EDUCATION COURSES ONLY AND REPEALING THE RULES ALLOWING CERTAIN ACCEPTANCE OF LOCAL, REGIONAL OR NATIONAL OPTOMETRIC ASSOCIATIONS:

23. Presentation to Board-Lisa Fennell, Executive Director, ARBO

Dr. Christina Sorenson, member of the ARBO Board of Directors was present along with Lisa Fennell and Sierra Rice to address the Board regarding the use of COPE courses for licensure renewal. The mission of ARBO regarding the use of COPE courses is to ensure that the continuing education (“CE”) courses submitted for COPE approval are indeed the courses that are presented. There are COPE course reviewers to monitor this process and approve the courses and ensure compliance of the course with the COPE approval. COPE auditors must sign off on the course before it goes back to ARBO for final approval and the courses is accepted. For Associations or other entities who would need COPE approval there is a three-step process: First the courses are submitted, usually by the instructor where it is reviewed by a COPE reviewer. Second, the entity must have an approved administrator/provider of the course; applications can be submitted to ARBO at any time. The third step is that the course would be approved and then may be presented. Approval of the course usually takes 7 to 10 days and the courses are valid for three years. The cost for an entity to apply for COPE approval for their CE courses is $55 for the first hour and $45 for each additional hour. Ms. Whelan stated that if the Board at moves to accept COPE only courses it will take some time to get it implemented as it would require a rules change.

MOTION: Dr. Mach moved to mandate COPE only courses for continuing education for license renewal. Mr. Krug seconded the motion.

VOTE: Motion passed 6-0.

M. REVIEW, DISCUSSION AND POSSIBLE VOTE ON USE OF THE TERM “HOLISTIC OPTOMETRIST”:

The Board may hold an executive session to discuss records exempt by law from public inspection pursuant to A.R.S. §38-431.03(A)(2). In addition, the board may hold an executive session to discuss or consult with its attorney and receive legal advice pursuant to A.R.S. §38-431.03(A)(3).

The Board discussed this issue to determine which aspect of the procedure may be in the current scope of practice; and accepts, as within the current scope of practice, a non-surgical procedure to the cornea other than treatments or procedures as defined by our law.
O. REVIEW, DISCUSSION AND POSSIBLE APPROVAL OF BOARD MEETING MINUTES:

24. August 21, 2013 Regular Session Minutes

MOTION: Dr. Peller moved to approve item 24 as written. Dr. Lamb seconded the motion.

VOTE: Motion passed 5-0.

P. EXECUTIVE DIRECTOR’S REPORT:

25. Budget
26. Remaining 2013 Board meeting dates
27. Sunrise legislation
28. Future agenda items

As of September 30th, we are at 25% of FY elapsed. Our beginning cash balance was $128,671 with an ending cash balance of $166,276 so our fund is fairly healthy right now.

Remaining board meeting dates are December 20, 2013. That will finish out the calendar year with eight meetings. We have met the mandated six meetings per year. The AZOA has sunrise legislation to expand the scope of practice to include all currently prohibited pharmaceuticals for the treatment of the eye and adnexa, including injectables.

- No surgery involved in this sunrise (no lumps and bumps or lasers).
- We would not treat systemic disease (which is actually already covered in the definition of optometry in the statutes).
- We would not do oral meds for children under 6 years of age.
- We will consult with PCP for any treatment that could affect the patient systemically or if not improving after a reasonable time frame (which is standard of care anyway).

Ms. Whelan asked the Board whether they support the sunrise legislation. The Board supports this proposed legislation.

One future agenda item was requested. Dr. Mach would like to discuss the current licensure “tiers” and how to alleviate them to get everyone up to practicing at the highest scope.

Q. CALL TO PUBLIC:

Dr. Mach made a call to the public at 12:59 p.m. No one was present to address the Board.

Dr. Chrisagis moved to adjourn the meeting at 1:00 p.m. Dr. Mach seconded the motion. The meeting was adjourned at 1:00 p.m.

END OF MINUTES:

Margaret Whelan, Executive Director

Date