

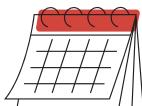
# October 2025 CPME Report



| General Updates | CPME Elections | College Accreditation Actions | Continuing Education | Residencies and Fellowships | Collaborative Residency Evaluator Committee (CREC) | Publication Updates |
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The Council on Podiatric Medical Education (CPME or the Council) held its fall meeting on October 17–18, 2025. Most agenda items were based on recommendations from Council committees that met between September and October, including reviews of annual and progress reports from the colleges of podiatric medicine. The Nominating Committee met in July and August; the Continuing Education Committee and Residency Review Committee met in September; and the Accreditation, Budget Planning, and Executive Committees met in October.



## Future CPME Meeting Dates:

2026: April 25 and October 16-17

2027: April 17 and October 29-30

2028: April 29 and October 27-28

CPME offers virtual options for non-executive sessions of CPME and committee meetings. Registration links are posted on the CPME website 6 weeks prior to a meeting for guests and/or observers to register in advance and indicate whether attendance will be in-person or virtually.

## GENERAL UPDATES

## CPME Positions 2026

Currently, there are no positions open for election at the Council's October 2026 meeting.

## Fee Schedule Updates

The CPME approved a change to the fee schedule for colleges and residency and fellowship programs to apply a \$5,000 fee for focused site visits. Institutions will be billed for any additional costs above \$5,000 following the focused site visit.

## CPME Policy on the Use of Artificial Intelligence

The Council approved a policy on the use of artificial intelligence (AI) by CPME volunteers, staff, and institutions, clarifying that institutions are responsible for the accuracy of any information presented to CPME within their reports.

## CPME Statement on CAQs

The Council on Podiatric Medical Education (CPME) is responsible for the specialty board and subspecialty certification approval and recognition process on behalf of the podiatric medical profession. The CPME does not recognize, accredit, or approve any Certificates of Added Qualifications (CAQs) within its policies and procedures for specialty board recognition. CAQs are not equivalent to board certification or subspecialty certification, nor can they lead to certification or subspecialty certification in any specific content area. CPME's position on CAQs remains unchanged and consistent with its longstanding practice. Recent revisions to the CPME 220 Standards and Requirements and the CPME 230 Procedures do not alter this position.

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## Council for Higher Education Accreditation (CHEA) Recognition

On July 28, 2025, Drs. Marcoux, Violand, and Stagliano appeared before CHEA's Committee on Recognition to defend CPME's petition for continued recognition. The Committee on Recognition submitted their recognition decision to the CHEA Board of Directors who met on September 29, 2025. Following the Board's meeting, CPME was notified that the CHEA BOD accepted the Committee on Recognition's recommendation and granted recognition to APMA-CPME for the fullest term of seven (7) years with no issues or follow up.

"At its meeting on September 29, 2025, the Council for Higher Education Accreditation (CHEA) Board of Directors reviewed the recommendation of the CHEA Committee on Recognition regarding the application for continuing CHEA Recognition of the Council on Podiatric Medical Education of the American Podiatric Medical Association (APMA-CPME).

I am pleased to inform you that the Board of Directors accepted the Committee's recommendation and granted recognition to APMA-CPME. The APMA-CPME CHEA-Recognized scope of accreditation is as follows:

*The Council on Podiatric Medical Education accredits institutions and programs leading to the Doctor of Podiatric Medicine (DPM) degree in the United States and its territories. (2004)"*

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# CPME ELECTIONS 2025

At the October 2025 CPME meeting, Drs. Alyssa Stephenson and Steven Vyce were installed as chair and vice chair, respectively, of the Council.

- Alyssa Stephenson, DPM is a podiatrist at the Carl T. Hayden Veterans Affairs Medical Center in Phoenix, Arizona. Dr. Stephenson serves as a college site visit evaluator and previously served as chair of the Continuing Education Committee and the Specialty Board Recognition Committee.
- Steven Vyce, DPM, is the Chair and Residency Program Director for the Department of Podiatric Surgery and Medicine at Yale-New Haven Medical Center in New Haven, Connecticut. Dr. Vyce serves as a residency site visit evaluator and as chair of the Residency Review Committee.

Of the well-qualified candidates considered for the at-large and public member positions, the Council elected the following individuals: Drs. Harry Schneider and Steven Vyce, each to a third three-year term as at-large and academic members; Dr. Jonathan Labovitz to a three-year term as an at-large and administrator member; Dr. Laura Sansosti to a three-year term as an at-large and educator/non-administrator member; Dr. Paul Di Liddo to a three-year term as an at-large and practitioner member; Dr. Jennifer Mathews to a third three-year term as a public member; and Ms. Amanda Soelle to a second three-year term as a public member.

- Harry P. Schneider, DPM is the Residency Program Director at Cambridge Health Alliance in Cambridge, Massachusetts. Dr. Schneider serves as a member of the Residency Review Committee, the Specialty Board Recognition Committee, the Collaborative Residency Evaluation Committee, and as a college and residency site visit evaluator.
- Jonathan Labovitz, DPM is the dean of the Western University of Health Sciences College of Podiatric Medicine in Pomona, California. Dr. Labovitz is a member of the Accreditation Committee and was approved by the Council in July 2025 to serve as chair of the Accreditation Committee and in May 2025 to the Council on an interim basis to fill the vacant administrator position until the official election in October 2025. Dr. Labovitz also serves as a college site visit evaluator.
- Laura Sansosti, DPM is the Assistant Dean for Educational Affairs at the Temple University School of Podiatric Medicine in Philadelphia, Pennsylvania. Dr. Sansosti previously served as a member of the Accreditation Committee and was approved by the Council at its October 2025 meeting to serve on the Continuing Education Committee.
- Paul Di Liddo, DPM is the Residency Program Director at Henry Ford Health – Henry Ford Wyandotte Hospital in Saint Clair Shores, Michigan. Dr. Di Liddo serves as a college and residency site visit evaluator and as a member of the Accreditation Committee.
- Jennifer Mathews, PhD is the Vice Provost for Academic Affairs and Institutional Effectiveness and Chief Assessment Officer at the University of Rochester in Rochester, New York. Dr. Mathews currently serves as a member of the Accreditation Committee, as chair of the College Rewrite Ad Hoc Committee, and as a college evaluator.
- Amanda Soelle is the CEO of AJS Consulting in Madison, Wisconsin. Ms. Soelle currently serves as a member of the Continuing Education Committee and at the Council's October 2025 meeting was approved to serve as the chair of the Continuing Education Committee.

## Other CPME Committee Appointments

Susan Stapleton, PhD was approved by the Council to serve as the chair of the Specialty Board Recognition Committee. Dr. Stapleton is a research professor in the Department of Chemistry at Western Michigan University in Kalamazoo, Michigan. Dr. Stapleton also serves as a member of the Accreditation Committee and as a college evaluator.

A subcommittee has been established to complete subspecialty application reviews as written in CPME 230 and CPME 209c. The following individuals from the Specialty Board Recognition Committee have been approved by the Council to serve on this SBRC Subcommittee:

- Judith Beto, PhD (psychometrician)
- Tiffany Murano, MD (health-care community representative)
- James Sang, DPM (ABPM and ABFAS certified practitioner)

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# COLLEGE ACCREDITATION ACTIONS

## Final college accreditation actions

For greater detail concerning the council's October 2025 accreditation actions, click on the "Accreditation Actions" link under each college's listing at [www.cpme.org/cpme100](http://www.cpme.org/cpme100). CPME took the following accreditation actions at its October 2025 meeting:

- **Barry University School of Podiatric Medicine**—At its October 2025 meeting, CPME voted to extend accreditation through October 2032 voted to change the accreditation status to **accreditation**, from accreditation with monitoring status, as the school is in compliance with all accreditation standards and demonstrated full compliance within one year of the comprehensive evaluation decision.
- **Samuel Merritt University College of Podiatric Medicine**—At its October 2025 meeting, CPME voted to change the college's accreditation status to **accreditation with monitoring** as the college has been cited with an area of noncompliance related to Standard 2E, Reporting to CPME. In addition, CPME approved the college's substantive change requests related to a change in the way student progress is measured as the university has moved to **trimesters** and the substantive change related to the move to a **new campus location** with no further information required. The move is anticipated in January 2026, and the next comprehensive site visit is scheduled for spring/summer 2027. The required focused site visit to assess the new college location will be scheduled in 2026.
- **University of Texas Rio Grande Valley School of Podiatric Medicine**—At its October 2025 meeting, the Council voted to not grant accreditation to the UTRGV SOPM and instead determined that preaccreditation will extend for one additional year as there are substantial noncompliance issues that the Accreditation Committee and Council determined could be resolved within a relatively limited period of time. The Council determined that two accreditation standards are in noncompliance (Standards 3B Chief Academic Officer and 4F Curricular Evaluation). Based on this decision, the Council determined that a focused on-site visit is required to assess compliance before accreditation may be granted and this visit will take place November 10-11, 2025, with an accreditation decision in late 2025/very early 2026.

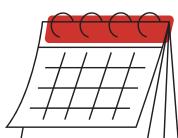
## Upcoming College Site Visits 2025 and 2026 and Invitation for Third-Party Comment

In accordance with the Council's procedures, interested individuals or institutions are invited to submit third-party comments with respect to the compliance of the schools listed below with the standards and requirements of the Council. Comments must relate specifically to the Council's requirements as published in CPME 120, Standards and Requirements for Accrediting Colleges of Podiatric Medicine, which may be obtained on [CPME.org/cpme120](http://CPME.org/cpme120).

- The **New York College of Podiatric Medicine (NYCPM) of Touro University** is scheduled for a reaccreditation on-site visit February 2-5, 2026. Third-party comments concerning the NYCPM of Touro University are due by December 15, 2025.
- The **Lake Erie College of Osteopathic Medicine (LECOM) School of Podiatric Medicine** is scheduled for a comprehensive on-site evaluation to determine accreditation June 15-18, 2026. Third-party comments concerning the LECOM SPM are due by May 1, 2026.
- The **Arizona College of Podiatric Medicine at Midwestern University** is scheduled for a reaccreditation on-site visit November 2-5, 2026. Third-party comments concerning the college are due by September 15, 2026.
- A focused site visit to assess the substantive change related to a change in the campus location of the **Samuel Merritt University College of Podiatric Medicine** will be scheduled in 2026 or within one year of the move. Third-party comments concerning the college will be due approximately six weeks before the site visit.

Signed comments received by the Council will be shared with the institution and members of the evaluation team prior to the visit. The institution is notified of third-party comments so it may have the opportunity to respond. The Council will exercise its best efforts to keep confidential the identity of an individual or entity who submits a comment, unless the person or entity has specified in writing that it is permissible to reveal their identity. If confidentiality is appropriate, all correspondence with the institution will maintain this confidentiality. During its review of the college, the evaluation team considers third-party comments, if any, that relate to the accreditation standards.

Please submit third-party comments to: Heather Stagliano, Executive Director Council on Podiatric Medical Education, [hstagliano@cpme.org](mailto:hstagliano@cpme.org).



### Future Meetings of the Accreditation Committee

2026: April 23-24 and October 14-15

2027: April 15-16 and October 27-28

2028: April 27-28 and October 25-26

## CONTINUING EDUCATION

### Final accreditation actions of the Continuing Education Committee and Council

### Call for Third-Party Comment for Upcoming Petition Review

With the implementation of the revised CPME 730, Procedures for Approval of Continuing Education Providers in Podiatric Medicine, effective January 2026, the Council will introduce an opportunity for individuals or organizations to submit written comments regarding a provider's qualifications for approval.

Notices of upcoming reviews will be published on [www.cpme.org](http://www.cpme.org). Each notice will specify the deadline for submitting public comments.

Public comments may be submitted anonymously, must specifically address the provider under review, and must be received no later than 60 days before the next Continuing Education Committee (CEC) meeting. All comments will be forwarded to the CEC and to the director of continuing education, if appropriate, for review, response, and appropriate action.

## New Online Reports

The first of three continuing education reports has been converted into an online form and is available through the CPME portal. Provider petitions scheduled for review by the CEC in March 2026 will be the first required to complete and submit the new online petition report.

The next step will be to transition the annual report and application into online formats. Making all reports accessible through the CPME portal will enhance efficiency by streamlining submission and review processes for providers, staff, and the CEC.

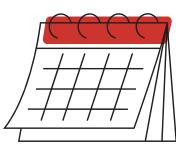
## Report on the June 2, 2025, Provider Training

With the approval of the CEC and Council chairs, a Zoom training session on the updated continuing education documents (effective July 1, 2025) was held on June 2<sup>nd</sup> with more than 70 registrants in attendance. A voice-over PowerPoint presentation along with revised sample forms, templates, and a summary of questions and answers from the session has been uploaded to the CPME website.

The CEC will work toward developing a structured training framework, with the long-term goal of making participation mandatory for providers preparing for an upcoming petition review.

## Appointment of Committee Members

- Ms. Amanda Soelle was approved to serve as the chair of the Continuing Education Committee.
- Dr. Laura Sansosti was approved to serve on the CEC as a CPME representative.
- Dr. Ebony Love's (provider representative) second and final CEC term was extended to February 2029.
- Ms. Samantha Luebbering (provider representative) was approved to serve on the CEC. Her first term is October 2025 through October 2028.



### Future Meetings of the Continuing Education Committee

2026: March 6-7 and September 18-19

2027: March 12-13 and September 17-18

# RESIDENCIES AND FELLOWSHIPS

## Final accreditation actions of the Residency Review Committee and Council

### Residency Review Committee (RRC) Recommendations Approved by CPME

- The Council approved conducting a Program Director and Coordinator Training Workshop in 2026 following the success of the May 2025 training workshop. The date and links to register will be posted on the CPME homepage ([www.cpme.org](http://www.cpme.org)) under the Residencies tab.
- The Residency Review Committee (RRC) will conduct live, virtual presentations following the release of any logging guidance document. Logging guidance memos are posted at [Logging Guidance – Council on Podiatric Medical Education](#)
- The RRC has created two subcommittees to provide guidance on the following:
  - Requirements for the medical imaging rotation when a hospital radiologist works full-time from home
  - Guidance on what constitutes a comprehensive history and physical examination
- **Milestones:** At its May 2025 meeting, the Council on Podiatric Medical Education approved Optional Podiatric Milestones and a corresponding Supplemental Guide created by the Milestones Pilot Project Committee. The Council accepted the recommendation of the Committee to release these resources concurrently with training resources for program directors and clinical competency committee members.

Milestones Training will take place virtually via Zoom on the following dates:

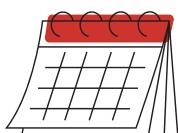
- Wednesday, November 19, 7pm EST
- Wednesday, December 17, 7pm EST

The Optional Podiatric Milestones and Supplemental Guide will be released to program directors who attend one of the Milestones Training events. Registration links are posted on the CPME website ([www.cpme.org](http://www.cpme.org)) on the homepage and under the Residencies tab.

### Appointment of RRC Members

- Dr. Gary M. Rothenberg was appointed to the RRC as an American Board of Podiatric Medicine (ABPM) representative. His first term is August 2025 through July 2028.
- Dr. James Sang's (ABPM representative) second and final RRC term was extended to May 31, 2026.
- The second term of Dr. Aksone Nouvong, representing the American Board of Foot and Ankle Surgery (ABFAS), was extended to September 30, 2026. This is Dr Nouvong's final term on the RRC.

The term extensions were approved to stagger the start of the terms of new committee members.



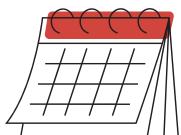
### Future Meetings of the RRC

2026: March 19-21 and September 24-26 - An extra day was added to each meeting for the interim review of CPME 320, CPME 330, CPME 820, and CPME 830.

2027: March 19-20 and September 24-25

# CREC UPDATES

CREC held a virtual “Evaluator Best Practices” Workshop on September 8, 2025. Seventy (70) volunteers joined the session and reviewed common areas of noncompliance and updates to the evaluator process.



## Future Meetings of the CREC

2025: December 6 - Nashville, Tennessee

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# PUBLICATION UPDATES

## Rewrite of the College Documents: CPME 120, Standards and Requirements for Accrediting Colleges of Podiatric Medicine, CPME 130, Procedures for Accrediting Colleges of Podiatric Medicine, and CPME 109, Eligibility Requirements

Every six years, CPME undertakes a comprehensive review of its standards, requirements, and procedures governing evaluation activities. As part of this process, CPME conducted a 60-day survey of the podiatric community of interest beginning in November 2024 to gather input on key elements of these documents. The survey served to establish baseline information for consideration during the revision process.

An Ad Hoc Advisory Committee, composed of representatives from organizations within the community of interest, was convened to lead the review and revision of CPME 120, CPME 130, and CPME 109. The committee met four times, both virtually and in person, beginning in spring 2025. Upon completion of its work, the committee approved the draft revisions in September 2025, determining that the documents were ready for Council review. At its October 2025 meeting, the Council approved Draft I of CPME 120, CPME 130, and CPME 109 for dissemination and comment.

The revised documents are being prepared for release to the community of interest for the required 60-day comment period. They will be disseminated in the coming weeks and posted on the CPME website ([www.cpme.org](http://www.cpme.org)) under the Podiatric Medical Colleges tab. Upon conclusion of the comment period, CPME will review all feedback at its April 2026 meeting to determine next steps in the adoption of the revised documents.

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# CONTACT US

## Council on Podiatric Medical Education

Address: 11400 Rockville Pike, Suite 220, Rockville, MD 20852

Email: [cpmestaff@cpme.org](mailto:cpmestaff@cpme.org)

Website: [www.cpme.org](http://www.cpme.org) Council on Podiatric Medical Education

# Elevate Your Impact with FPMB

**MISSION:** The **Federation of Podiatric Medical Boards** serves as the national voice for state podiatric medical boards while collaborating with allied organizations, supporting Member Boards with services and initiative that protect and promote patient safety, integrity of podiatric medicine, access to high-quality healthcare, and regulatory best practices.

## MEMBER BENEFITS

### PUBLIC POLICY & ADVOCACY

FPMB aids Member Boards in strengthening regulation and reducing burden by:



- Governance:** Providing data and testimony to help Member Boards ensure effective board structures/compositions that protect the public
- License Portability:** Advancing the Podiatry Compact (IPMLC) to expand portability, streamline operations, and enhance information sharing
- Legislation:** Supplying data that informs state and federal policymaking

### COLLABORATION & COMMUNICATION

FPMB connects Member Boards with information and peers to act confidently by:



- National Data:** Providing national licensure and regulatory data to support sound decisions
- Accessible Forums:** Hosting virtual meetings for peer exchange and best practices on key issues such as continuing education, discipline, license portability, rulemaking, and scope of practice

**Updates:** Publishing informative newsletters and legislative updates

### PRIMARY SOURCE VERIFICATION

FPMB provides Member Boards with timely access to accurate and verified information:

**Licensing Examinations:** NBPME's APMLE Parts I, II, II CSPE, and III (PMLexis)



**Disciplinary Records:** FPMB Disciplinary Action Reports



**Rapid Turnaround:** Less than one business day

### REPRESENTATION

FPMB ensures Member Boards have a national voice by engaging with key stakeholders:

**Government:** Federal/State Agencies and Legislatures



**Representation:** APMA, ASPE, CPME-CEC, FSMB, NBPME



**Collaboration:** Interstate Healthcare Collaborative (IHC)

FPMB strengthens and supports every Member Board. Through powerful data, advocacy, collaboration, verification, and representation, Member Boards protect the public with confidence and transformative impact. Contact FPMB today to ensure your board is supported.

## BOARD CONSOLIDATIONS

Across the United States, there is a growing movement to consolidate professional licensing boards. Although often presented as efforts to improve efficiency or reduce administrative costs, these initiatives raise important questions about the regulation of podiatric medicine and the ability of licensing boards to maintain profession-specific expertise that protects patient safety.

Recent proposals have sought to fold podiatry into larger multidisciplinary boards or to place podiatric physicians alongside unrelated allied health professions. FPMB has emphasized that podiatric physicians, who complete physician-level education and residency training, are most appropriately regulated either by independent podiatry boards or in alignment with MDs and DOs under combined medical boards. Our advocacy is guided by three principles: preserving podiatric expertise to protect patients, ensuring equitable representation and leadership opportunities for podiatric physicians on any consolidated boards, and preventing their placement with non-physician health professions.

FPMB encourages Member Boards to remain alert and to share developments from their jurisdictions. We will advocate for those that wish to maintain their current structure and will assist those that choose or are required to navigate consolidation, ensuring that patient safety remains paramount and that the profession's regulatory and licensing expertise is fully represented.



**Is your Board facing consolidation?  
Contact your FPMB TODAY for support.**

## PODIATRY COMPACT (IPMLC)



The issue of license portability in podiatry is becoming increasingly important with the rise of telehealth and other evolving healthcare delivery methods. To address this, the Federation of Podiatric Medical Boards (FPMB) has developed the Interstate Podiatric Medical License Compact, modeled after the successful Interstate Medical Licensure Compact (IMLC) for MDs and DOs. **In 2024, one state introduced the Model Legislation, and now more than a dozen other states are advancing the legislation** through their decision-making process or actively preparing to introduce it in their upcoming legislative sessions. **Please contact us if a presentation regarding this initiative would be beneficial to your Board.**

### **NEXT → STEPS**

- Seek Legislative Approval
- Ratification by Participating States
- Activate the Compact Commission
- Implement the Compact

### CONTACT INFO

**Jay S. LeBow, DPM**

Director of Compact Enactment /  
Licensure Pathways

e: [jlebow@fpmb.org](mailto:jlebow@fpmb.org)

o: 516.874.7652

w: <https://ipmlc.org/>

# FY2025-2026 Member Board Dues Statement

sent in August 2025 to primary and billing contacts at your licensing board



If you have not already, please submit the attached dues statement. Payment is due by **October 31, 2025**.

As a 501(c)(6) nonprofit organization, annual Member Board dues are a critical source of funding for the vital services the FPMB provides to Member Boards, the public, and the entire podiatric community:



Public Policy & Advocacy



Collaboration & Communication

Primary Source Verification



Representation

*"[FPMB] is a clearinghouse resource and point of communication for all podiatric boards in the country. If we have a question about how other states are doing something, we can submit a request for information and within a day or so they will email a survey to all the boards, and we can then receive that information. They provide immediate access to license candidate's national exam data. They provide national webinar meetings on topics impacting the national podiatric picture. Ongoing topics include exam testing changes and reentry of podiatrists into the profession after drug treatment, a timely subject given the opioid crisis, CME auditing, fees, license portability, scope or practice, etc."*

*-Steve Uecker, MPH, Health and Wellness Section Manager, Podiatric Advisory Board, Texas Department of Licensing and Regulation*



**REMINDER: Voting, ability to nominate to FPMB's Board of Directors, and other rights & privileges are restricted to dues-paid Member Boards.**

# FY2025-2026 Disciplinary Action Report Form

sent in August 2025 to primary and enforcement/complaints contacts



**REPORT ALL disciplinary actions on podiatrists in a timely manner for inclusion in FPMB's disciplinary action database.**

Your participation is critical to ensuring the safety of podiatry for all Member Boards and the public. The form is a fillable PDF file for easier and faster data entry, includes data not published on Member Boards' websites, and can be sent securely to FPMB.



A podiatric medical regulatory system that protects patients and ensures access to high-quality healthcare services, sustaining the integrity and excellence of podiatric medicine

DATA → INFO → KNOWLEDGE

*“During a sunset review, the Podiatric Medical Board of California (PMBC) identified a renewal requirement for podiatry that was not required by other medical boards in California. PMBC engaged the FPMB to collect and report podiatric licensure renewal requirements nationwide that confirmed that PMBC’s requirement was an outlier.*

*At PMBC’s invitation, FPMB presented the research findings and the occupational licensure reform implications at the March 2021 Board Meeting. After analysis, the Board voted to delete the additional requirement.*

*PMBC began working with leadership at the California Podiatric Medical Association (CPMA) resulting in Assembly Bill 826 (AB 826). AB 826 was analyzed by Assembly and State Committees and staff, and FPMB’s recorded presentation to PMBC was instrumental in that analysis. The bill was signed by the Governor on July 27, 2023, to become effective on January 1, 2024.”*

*-Brian K. Naslund, Executive Officer, Podiatric Medical Board of California*

## REQUESTS FOR INFORMATION (RFI)

FPMB’s expertise in data collection, analysis, and reporting supports Member Boards and allied organizations in making informed, timely, and defensible decisions.

### CONTINUING EDUCATION



- Renewals: cycles, hours, providers, and mandated courses
- Delivery formats

### LICENSURE / REGULATION



- License portability & temporary licenses
- Scope of practice & re-entry
- Exam & residency requirements
- Podiatric supervision (HBO, radiology, assistants)

### BOARD



- Board authority and legal protections
- Operations: meetings, communications, and QA programs
- Responding to scope of practice requests

**Does your Board need nationwide data?  
Contact your FPMB TODAY for an RFI.**





An effective and efficient podiatric medical regulatory system that: a) acts in the public interest, b) provides patient protection, c) sustains the integrity of podiatric medicine, and d) supports license portability

## FPMB MEETINGS

FPMB hosts accessible virtual membership meetings (no registration fees) to provide relevant data, updates, and announcements.



### Updates, Announcements, & Presentations

Get the latest news and updates from FPMB on current issues



### Community of Practice Sessions

Opportunity for members to interact and share knowledge on topic-based discussions.

#### Why attend?

*"There is a wealth of information available. Much of which would be difficult to obtain without participation. Also provides a live format to discuss issues and address questions in real time."*

*"To gain knowledge of other jurisdictions policies, procedure and structure which may be helpful when restructuring or making decisions for your own Board."*

*"Situational awareness. It seems like change is gradually accelerating overall and it's important to keep abreast of it."*

## FPMB WEBSITE: MEMBER BOARD INFO

FPMB's "Member Boards Info" webpage offers interactive visualizations — maps, lists, and tables — of general, contact, licensure, and regulatory data for each Member Board, serving both boards and broader stakeholders.

<https://www.fpmb.org/Resources/MemberBoardsInfo.aspx>





# FPMB & Member Boards

working together to protect the public

This is your FPMB, and your feedback is highly valued and encouraged. Feel free to reach out whenever you require assistance or support.

*"Thank you so much for your help [with the Nevada Legislature]. Many thanks for all you have done for my state, licensees, and their patients."*

- Carolyn J. Cramer, Esq., Executive Director | Nevada State Board of Podiatry

## CONTACT INFO

### FEDERATION OF PODIATRIC MEDICAL BOARDS

Russell J. Stoner, CAE | Executive Director | [rstoner@fpmb.org](mailto:rstoner@fpmb.org)

#### General Contact Information:

12116 Flag Harbor Dr | Germantown, MD 20874  
o: 202-810-3762 | f: 202-318-0091 | e: [fpmb@fpmb.org](mailto:fpmb@fpmb.org)  
w: [www.fpmb.org](http://www.fpmb.org)



### Opportunity to Serve on FPMB Board of Directors

FPMB will have one (1) vacancy on its Board of Directors next year. Nominees must be members or staff of a **dues-paid** Member Podiatric Medical Board at the time of election and must not have previously served on the FPMB Board of Directors during the previous three (3) years.

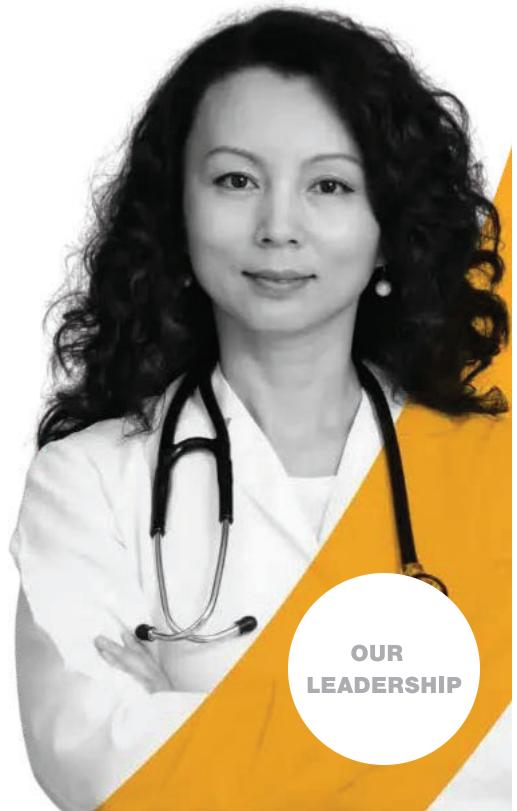
A call for nominations will be sent out in early 2026.

# IMPACT REPORT

Foreword

Q1 2025

Q2 2025



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Foreword

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**FSMB'S FUTURE IS BRIGHT, DRIVEN BY COLLABORATION, ENGAGEMENT, AND PARTNERSHIP.**

We are pleased to share with you the Federation of State Medical Boards' inaugural *Impact Report*. This new digital quarterly bulletin will provide

year-round updates on initiatives undertaken by FSMB to support the work of state medical boards as they carry out their critical mission of public protection.

The first quarter of FSMB's new fiscal year was marked by several significant initiatives. In June, FSMB launched a national public awareness campaign - entitled "Care Matters" - to spotlight the critical role boards play in protecting patients and supporting quality care.

The initiative is off to a strong start by helping educate several key audiences, with more than 19 million video views on the campaign's social media videos. By reinforcing the connection between trusted care and effective regulation, the campaign is building public understanding of the value medical boards bring to the healthcare system.

FSMB's Washington, D.C., team works on many fronts to help state medical boards achieve their legislative and policy priorities. A key recent focus has been FSMB's formal endorsement of the bipartisan SHARE Act (States Handling Access to Reciprocity for Employment Act).

This legislation is designed to reduce barriers to healthcare licensure across states by streamlining how state licensing boards access federal criminal background information - expediting the licensure process for healthcare professionals practicing in multiple states and addressing healthcare shortages by improving workforce mobility.

Since 2010, FSMB's biennial censuses of the U.S. physician workforce have provided a valuable resource for policymakers and other leaders in healthcare by facilitating informed decision-making around workforce assessments and planning. Using data provided by each U.S. state medical board, the Census provides key statistics such as the average age of physicians, gender distribution, degree type, medical school location, and specialty board certification.

In August, FSMB's *Journal of Medical Regulation* published the latest "Census of Licensed Physicians in the United States," which revealed several significant trends in health care delivery and demand. These include: The population of licensed physicians - 1,082,187 - has increased 27% since 2010. Women now account for 39% of all licensed physicians - a 65% increase since 2010. And the average age of physicians is nearly 52 years, with nearly one-third aged 60 or older.

We hope you enjoy the first *Impact Report* and we're looking forward to bringing you quarterly updates on FSMB's activities supporting the important work of state medical boards.

# Department of Commerce Community, and Economic Development Corporations, Business and Professional Licensing

## Summary of All Professional Licensing Schedule of Revenues and Expenditures

| Medical Board                          | FY 20               |                     |                     | FY 21 |  |  | Biennium            |                     |                     | FY 22 |  |  | FY 23               |                     |                     | Biennium          |  |  | FY 24 |  |  | FY 25 |  |  | Biennium |  | FY 26         |  |  |  |  |
|--|---------------------|---------------------|---------------------|-------|--|--|---------------------|---------------------|---------------------|-------|--|--|---------------------|---------------------|---------------------|-------------------|--|--|-------|--|--|-------|--|--|----------|--|---------------|--|--|--|--|
|  |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  | 1st & 2nd QTR |  |  |  |  |
| Revenue                                |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Revenue from License Fees              | \$ 578,308          | \$ 2,597,830        | \$ 3,176,138        |       |  |  | \$ 945,106          | \$ 2,876,309        | \$ 3,821,415        |       |  |  | \$ 852,030          | \$ 2,690,026        | \$ 3,542,056        | \$ 373,770        |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| General Fund Received                  |                     | \$ -                | \$ -                |       |  |  | \$ 272,744          | \$ 173,090          | 445,834             |       |  |  | \$ 40,368           | \$ -                | 40,368              | \$ -              |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Allowable Third Party Reimbursements   | \$ -                | \$ -                | \$ -                |       |  |  | \$ -                | \$ -                | \$ -                |       |  |  | \$ 1,071            | \$ -                | 1,071               | \$ -              |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| <b>TOTAL REVENUE</b>                   | <b>\$ 578,308</b>   | <b>\$ 2,597,830</b> | <b>\$ 3,176,138</b> |       |  |  | <b>\$ 1,217,850</b> | <b>\$ 3,049,399</b> | <b>\$ 4,267,249</b> |       |  |  | <b>\$ 893,469</b>   | <b>\$ 2,690,026</b> | <b>\$ 3,583,495</b> | <b>\$ 373,770</b> |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| <b>Expenditures</b>                    |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Non Investigation Expenditures         |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 1000 - Personal Services               | 420,810             | 521,976             | 942,786             |       |  |  | 446,216             | 454,584             | 900,800             |       |  |  | 507,288             | 660,375             | 1,167,663           | 317,334           |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 2000 - Travel                          | 13,357              | -                   | 13,357              |       |  |  | 8,875               | 1,471               | 10,346              |       |  |  | 3,442               | 886                 | 4,328               | -                 |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 3000 - Services                        | 23,009              | 46,044              | 69,053              |       |  |  | 69,997              | 97,210              | 167,207             |       |  |  | 93,406              | 32,007              | 125,413             | 8,046             |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 4000 - Commodities                     | 1,252               | 1,290               | 2,542               |       |  |  | 3,278               | 3,045               | 6,323               |       |  |  | 2,972               | 3,268               | 6,240               | 1,638             |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 5000 - Capital Outlay                  | -                   | -                   | -                   |       |  |  | -                   | -                   | -                   |       |  |  | -                   | -                   | -                   | -                 |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Total Non-Investigation Expenditures   | 458,428             | 569,310             | 1,027,738           |       |  |  | 528,366             | 556,310             | 1,084,676           |       |  |  | 607,108             | 696,536             | 1,303,644           | 327,018           |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Investigation Expenditures             |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 1000-Personal Services                 | 264,001             | 272,106             | 536,107             |       |  |  | 289,348             | 336,511             | 625,859             |       |  |  | 411,332             | 414,623             | 825,955             | 259,446           |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 2000 - Travel                          | 2,032               | -                   | 2,032               |       |  |  | 2,655               | -                   | 2,655               |       |  |  | -                   | -                   | -                   | -                 |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 3023 - Expert Witness                  | 16,050              | 22,775              | 38,825              |       |  |  | 31,350              | 14,000              | 45,350              |       |  |  | 39,107              | 18,209              | 57,316              | 11,900            |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 3088 - Inter-Agency Legal              | 56,267              | 33,435              | 89,702              |       |  |  | 42,629              | 208,613             | 251,242             |       |  |  | 484,830             | 564,968             | 1,049,798           | 74,655            |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 3094 - Inter-Agency Hearing/Mediation  | 18,640              | 911                 | 19,551              |       |  |  | 11,870              | 61,195              | 73,065              |       |  |  | 164,138             | 265,356             | 429,494             | -                 |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 3000 - Services other                  | 1,919               | 625                 | 2,544               |       |  |  | 1,257               | 2,126               | 3,383               |       |  |  | 1,112               | 1,319               | 2,431               | 121               |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| 4000 - Commodities                     | -                   | -                   | -                   |       |  |  | -                   | -                   | -                   |       |  |  | 126                 | -                   | -                   | -                 |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Total Investigation Expenditures       | 358,909             | 329,852             | 688,761             |       |  |  | 379,109             | 622,445             | 1,001,554           |       |  |  | 1,100,645           | 1,264,475           | 2,365,120           | 346,122           |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| <b>Total Direct Expenditures</b>       | <b>817,337</b>      | <b>899,162</b>      | <b>1,716,499</b>    |       |  |  | <b>907,475</b>      | <b>1,178,755</b>    | <b>2,086,230</b>    |       |  |  | <b>1,707,753</b>    | <b>1,961,011</b>    | <b>3,668,764</b>    | <b>673,140</b>    |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Indirect Expenditures                  |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Internal Administrative Costs          | 285,614             | 316,771             | 602,385             |       |  |  | 250,301             | 286,502             | 536,803             |       |  |  | 250,148             | 321,608             | 571,756             | 160,804           |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Departmental Costs                     | 123,361             | 143,500             | 266,861             |       |  |  | 122,427             | 120,114             | 242,541             |       |  |  | 143,482             | 178,470             | 321,952             | 89,235            |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Statewide Costs                        | 90,219              | 108,989             | 199,208             |       |  |  | 92,456              | 86,033              | 178,489             |       |  |  | 88,909              | 91,726              | 180,635             | 45,863            |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| <b>Total Indirect Expenditures</b>     | <b>499,194</b>      | <b>569,260</b>      | <b>1,068,454</b>    |       |  |  | <b>465,184</b>      | <b>492,649</b>      | <b>957,833</b>      |       |  |  | <b>482,539</b>      | <b>591,804</b>      | <b>1,074,343</b>    | <b>295,902</b>    |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| <b>TOTAL EXPENDITURES</b>              | <b>\$ 1,316,531</b> | <b>\$ 1,468,422</b> | <b>\$ 2,784,953</b> |       |  |  | <b>\$ 1,372,659</b> | <b>\$ 1,671,404</b> | <b>\$ 3,044,063</b> |       |  |  | <b>\$ 2,190,292</b> | <b>\$ 2,552,815</b> | <b>\$ 4,743,107</b> | <b>\$ 969,042</b> |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| <b>Cumulative Surplus (Deficit)</b>    |                     |                     |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |
| Beginning Cumulative Surplus (Deficit) | \$ 250,210          | \$ (488,013)        |                     |       |  |  | \$ 641,395          | \$ 486,586          |                     |       |  |  | \$ 1,864,582        | \$ 567,759          |                     |                   |  |  |       |  |  |       |  |  |          |  | \$ 704,969    |  |  |  |  |
| Annual Increase/(Decrease)             | (738,223)           | 1,129,408           |                     |       |  |  | (154,809)           | 1,377,996           |                     |       |  |  | (1,296,823)         | 137,210             |                     |                   |  |  |       |  |  |       |  |  |          |  | (595,272)     |  |  |  |  |
| Ending Cumulative Surplus (Deficit)    | \$ (488,013)        | \$                  |                     |       |  |  |                     |                     |                     |       |  |  |                     |                     |                     |                   |  |  |       |  |  |       |  |  |          |  |               |  |  |  |  |

|                         |                  |
|-------------------------|------------------|
| Appropriation Name (Ex) | (Multiple Items) |
| Sub Unit                | (Multiple Items) |
| PL Task Code            | MED1             |

| Sum of Budgetary Expenditures<br>Object Name (Ex)                    | Object Type Name (Ex) | 1000 - Personal Services | 3000 - Services  | 4000 - Commodities | Grand Total       |
|--|-----------------------|--------------------------|------------------|--------------------|-------------------|
| 1011 - Regular Compensation  |                       | 303,508.43               |                  |                    | 303,508.43        |
| 1021 - Allowances to Employees                                       |                       | 180.00                   |                  |                    | 180.00            |
| 1023 - Leave Taken   |                       | 51,147.95                |                  |                    | 51,147.95         |
| 1028 - Alaska Supplemental Benefit                                   |                       | 21,763.73                |                  |                    | 21,763.73         |
| 1029 - Public Employee's Retirement System Defined Benefits          |                       | 30,354.42                |                  |                    | 30,354.42         |
| 1030 - Public Employee's Retirement System Defined Contribution      |                       | 12,065.77                |                  |                    | 12,065.77         |
| 1034 - Public Employee's Retirement System Defined Cont Health Reim  |                       | 7,531.53                 |                  |                    | 7,531.53          |
| 1035 - Public Employee's Retirement Sys Defined Cont Retiree Medical |                       | 1,980.33                 |                  |                    | 1,980.33          |
| 1037 - Public Employee's Retirement Sys Defined Benefit Unfnd Liab   |                       | 43,655.84                |                  |                    | 43,655.84         |
| 1039 - Unemployment Insurance  |                       | 1,744.19                 |                  |                    | 1,744.19          |
| 1040 - Group Health Insurance  |                       | 81,035.04                |                  |                    | 81,035.04         |
| 1041 - Basic Life and Travel   |                       | 103.94                   |                  |                    | 103.94            |
| 1042 - Worker's Compensation Insurance                               |                       | 3,667.94                 |                  |                    | 3,667.94          |
| 1047 - Leave Cash In Employer Charge                                 |                       | 7,847.36                 |                  |                    | 7,847.36          |
| 1048 - Terminal Leave Employer Charge                                |                       | 3,397.17                 |                  |                    | 3,397.17          |
| 1053 - Medicare Tax  |                       | 4,973.38                 |                  |                    | 4,973.38          |
| 1077 - ASEA Legal Trust  |                       | 231.75                   |                  |                    | 231.75            |
| 1079 - ASEA Injury Leave Usage                                       |                       | 50.19                    |                  |                    | 50.19             |
| 1080 - SU Legal Trst   |                       | 123.47                   |                  |                    | 123.47            |
| 1970 - Personal Services Transfer                                    |                       | 1,417.60                 |                  |                    | 1,417.60          |
| 3002 - Memberships   |                       |                          | 3,893.00         |                    | 3,893.00          |
| 3023 - Expert Witness  |                       |                          | 11,900.00        |                    | 11,900.00         |
| 3035 - Long Distance   |                       |                          | 61.79            |                    | 61.79             |
| 3036 - Local/Equipment Charges                                       |                       |                          | 6.48             |                    | 6.48              |
| 3044 - Courier   |                       |                          | 11.64            |                    | 11.64             |
| 3045 - Postage   |                       |                          | 110.46           |                    | 110.46            |
| 3046 - Advertising   |                       |                          | 456.76           |                    | 456.76            |
| 3057 - Structure, Infrastructure and Land - Rentals/Leases           |                       |                          | 74.80            |                    | 74.80             |
| 3085 - Inter-Agency Mail   |                       |                          | 57.84            |                    | 57.84             |
| 3088 - Inter-Agency Legal  |                       |                          | 78,149.56        |                    | 78,149.56         |
| 4005 - Subscriptions   |                       |                          |                  | 1,637.50           | 1,637.50          |
| <b>Grand Total</b>   |                       | <b>576,780.03</b>        | <b>94,722.33</b> | <b>1,637.50</b>    | <b>673,139.86</b> |

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-----Original Message-----

From: David Grauman <dgrauman137@gmail.com>  
Sent: Wednesday, October 15, 2025 3:04 PM  
To: Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>  
Subject: Re: Correction

I don't need to address the board personally... I do want the entire board to understand the issue, however. I do ask the the members be aware the long term ramifications of even minor actions they take, that continue to echo down a career long after they have served their usefulness. In my case, having to explain this (yet again) after 30 years delayed my Arizona licensure by 4 months.

Thanks for your help.

On Oct 15, 2025, at 15:57, Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)> wrote:

Hello, Dr. Grauman,

I will include your request with the materials provided to board members in advance of the November 21, 2025, Board meeting and it will be considered as part of the "public record" for that meeting. However, your request will not be orally "read" on the record. If you wish, you may address the board during the public comment period of the meeting to read your request to the Board. For information about the meeting agenda please monitor the board's website at:

<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMe>

The meeting agenda should be posted in a couple of weeks.

Register in advance for this meeting:

<https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fus02>

After registering, you will receive a confirmation email containing information about joining the meeting.

Best regards,

Natalie Norberg  
Executive Administrator

Alaska State Medical Board

-----Original Message-----

From: David Grauman <[dgrauman137@gmail.com](mailto:dgrauman137@gmail.com)>  
Sent: Wednesday, October 15, 2025 8:16 AM  
To: Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)>  
Subject: Correction

I mistakenly quoted Arizona law, and no such law exist in Arizona. However, I would still ask that this matter, be written into the public record and presented to the full board.

Davis Grauman MD FACP

Sent from my iPhone

From: [David Grauman](#)  
To: [Norberg, Natalie M \(CED\)](#)  
Subject: Re: request to expunge letter of reprimand  
Date: Wednesday, October 15, 2025 7:13:41 AM

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Thank you for your reply.

In this case, I would ask that my request and the reason for its denial be read before the full board at a scheduled meeting; both so that the request and its reason for denial be made part of a public record, and so that the entire board be made aware that some of its actions are considered irreversible, even if future events dictate they should be otherwise. I seek this also in light of Arizona law which indicates many misdemeanor convictions *can* be “expunged” in the sense of being **sealed** under the newer Arizona law (A.R.S. § 13-911), assuming the offense is eligible and you meet all requirements. It may be that it does not apply in this instance for legal reasons, but its spirit at least deserves to be acknowledged.

Thank you for your consideration

David S. Grauman MD, FACP

On Oct 14, 2025, at 08:57, Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)> wrote:

Good morning, Dr. Grauman,

The Board has recently been advised that Alaska state law does not permit the State Medical Board to expunge the record of a final disciplinary action. The only way for a decision to be overturned is on motion for reconsideration or appeal. In your case, the period to initiate these procedures has expired.

This means your request will not be considered by the Board and the historic action will remain on your record.

Sincerely,

Natalie Norberg, LMSW  
Executive Administrator, State Medical Board  
Corporations, Business & Professional Licensing  
<image001.png> [natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)  
Office: 907-465-6243 | Fax: 907-465-2974  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

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**From:** David Grauman <[dgrauman137@gmail.com](mailto:dgrauman137@gmail.com)>  
**Sent:** Monday, October 6, 2025 9:51 AM  
**To:** Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)>  
**Subject:** Re: request to expunge letter of reprimand

OK, thanks. I'd just like to get this off my record, to not have to continue to explain a letter issued over 30 years ago, and the NPDB says it has to come from the board. Thanks for the help.

On Oct 6, 2025, at 10:41, Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)> wrote:

Hello, Dr. Grauman,

Please be advised that a decision has been made to postpone the consideration of your request for an expungement until a later date (yet to be determined). The reason for the delay is to allow the division time to explore the legal authority and a consistent process to expunge records and remove them from the public record. Up until recently, expungement requests were extremely rare; the current composition on the Board and staff have little experience with such requests. Recently (in August), for example, the Board considered and approved an “expungement” however it created a myriad of legal and procedural questions outside of the Board’s purview, that we have yet to fully sort out.

I appreciate your patience, unfortunately I don’t have an estimated timeline for when your request will be placed back on a meeting agenda, but I will keep you posted as I have updates.

Best regards,

Natalie Norberg, LMSW  
Executive Administrator, State Medical Board  
Corporations, Business & Professional Licensing  
[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)  
<image005.png> Office: 907-465-6243 | Fax: 907-465-2974  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

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**From:** David Grauman <[dgrauman137@gmail.com](mailto:dgrauman137@gmail.com)>  
**Sent:** Tuesday, September 16, 2025 3:32 PM  
**To:** Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)>  
**Subject:** Re: request to expunge letter of reprimand

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you for your prompt attention.

David Grauman MD FACP

On Sep 16, 2025, at 15:45, Norberg, Natalie M (CED)

<[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)> wrote:

Hello, Dr. Grauman,

This is to let you know that your request for an expungement will be considered by the Medical Board at the October 16 board meeting. Only your written request will be presented to the board, you will not be asked to verbally present to the board. If you care to join to observe the meeting you may register at:

<https://us02web.zoom.us/meeting/register/qWqzjkA4ROaFlzJyO0dmsg>

The meeting announcement and agenda will be posted on the Medical Board's [website](#) within the next couple of weeks. Please let me know if you have any questions.

Best regards,

Natalie Norberg, LMSW  
Executive Administrator, State Medical Board  
Corporations, Business & Professional Licensing  
[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)  
<image001.png>  
Office: 907-465-6243 | Fax: 907-465-2974  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)

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-----Original Message-----

From: Board, Medical (CED sponsored)  
Sent: Thursday, September 11, 2025 10:28 AM  
To: '[dgrauman137@gmail.com](mailto:dgrauman137@gmail.com)' [dgrauman137@gmail.com](mailto:dgrauman137@gmail.com)  
Subject: request to expunge letter of reprimand

Dear Dr. Grauman,

Thank you for your email. We were able to locate your letter of request. My apologies for a delayed response. I regret that your letter was initially misfiled. Your request has now been forwarded to the chair of the State Medical Board for an initial review. I will let you know when there is a determination regarding the next step regarding this matter.

Best regards,

Natalie Norberg, LMSW  
Executive Administrator, State Medical Board Corporations, Business & Professional Licensing  
[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)  
Office: 907-465-6243 | Fax: 907-465-2974 [www.commerce.alaska.gov](http://www.commerce.alaska.gov)

-----Original Message-----

From: David Grauman <[dgrauman137@gmail.com](mailto:dgrauman137@gmail.com)>  
Sent: Friday, September 5, 2025 6:22 AM  
To: Board, Medical (CED sponsored) <[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)>  
Subject: request to expunge letter of reprimand

Dear People,

About two months ago, I sent a letter petitioning the board to expunge a letter of reprimand I received in 1991. Insofar as there have been no other board actions, either by the Alaska board or any other board where I have been licensed, I am hoping that the board will agree that the terms of this action have long since been fulfilled, and would agree to expunge this action (and so report to the NPDB) that my record would now be cleared. I have not received any feedback to date, and am wondering if this request was received and any action taken.

Sincerely,  
David S. Grauman MD FACP  
Flagstaff, Arizona

David S. Grauman MD FACP

RECEIVED  
JUNEAU

12340 N Eagle Rd

JUL 30 2025

Flagstaff, Arizona. 86004

CBPL

dgrauman137@gmail.com

UC(MEDS1058)

Alaska State Medical Board

PO Box 110806

Juneau, AK 99811-0806

Dear People,

In 1991 I received a letter of reprimand from the board for a single instance of inappropriate prescribing. I complied with the requirements of that letter, and believed the matter was considered closed. In the 34 years since that letter was issued there have not been any further license issues or investigations by you or any other board. I would therefore like to petition the board for expungement of this action and removal from the NPDB.

Sincerely,



David S. Grauman MD FACP

STATE OF ALASKA  
DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
BEFORE THE STATE MEDICAL BOARD

In the Matter of: }  
David S. Grauman, M.D. }  
Respondent }

Case No. 2800-91-015 *Division of*  
*OCCUPATIONAL LICENSING*

## MEMORANDUM OF AGREEMENT

IT IS HEREBY AGREED by the Department of Commerce and Economic Development, Division of Occupational Licensing (Division), and David S. Grauman, M.D. (Grauman) as follows:

1. Licensure. Grauman is currently licensed as a physician in the State of Alaska and holds medical license No. AA 1058. This license was first issued on July 3, 1972, and will expire, unless renewed, on December 31, 1992.

2. Admission/Jurisdiction. Grauman admits and agrees that the Alaska State Medical Board (Board) has jurisdiction over him and over the subject matter of his his licensing and this agreement.

3. Admission/Facts. Grauman admits to having prescribed controlled substances, schedules II - IV, to Catherine A. Grauman, his wife, since October of 1989, in a manner not consistent with acceptable medical practice and against the advice of other physicians.

4. Formal Hearing Process. It is the intent of the parties to this memorandum of agreement to provide for the compromise and settlement of all issues which could be raised by an accusation to impose disciplinary sanctions against Grauman's license through a formal hearing process.

5. Waiver of Rights. Grauman understands that he has the right to consult with an attorney of his own choosing and the right to an administrative hearing on the facts that he has admitted above. He understands and agrees that by signing this Memorandum of Agreement he is waiving his right to a hearing and is relieving the Division of its burden of proving the facts that he admits above. Grauman further understands and agrees that by signing this memorandum of agreement, he is voluntarily and knowingly giving up his right to present his defense by oral and documentary evidence, to present rebuttal evidence, to cross examine witnesses against him, and to appeal the

### Board's decision to Superior Court.

6. Effect of Nonacceptance of Agreement. Grauman and the Division agree that this memorandum of agreement is subject to the approval of the Board. They agree that if the Board rejects this agreement, it will be void and an accusation may be filed. If this agreement is rejected by the Board, it will not constitute a waiver of Grauman's right to a hearing of the matters alleged in an accusation and the admissions contained herein will have no effect. Grauman agrees that if the Board rejects this agreement, the Board may decide the case after a hearing and its consideration of this agreement shall not alone be grounds for claiming that the Board is biased against him, that it cannot fairly decide the case, or that it has received ex parte communications.

7. Memorandum of Agreement, Decision and Order. Grauman agrees that the Board has the authority to enter into this memorandum of agreement and to issue the following decision and order.

## PROPOSED DECISION AND ORDER

**IT IS HEREBY ORDERED:** The following letter of reprimand shall be placed in Grauman's license file:

#### A. Letter of Reprimand

Dear Dr. Grauman:

On May 3, 1991, an investigation was initiated by the Division of Occupational Licensing, on behalf of the Alaska State Medical Board, in regard to controlled substance prescriptions you wrote for your wife, Catherine A. Grauman, R.N.

The Alaska State Medical Board hereby reprimands you, David A. Grauman, M.D., for your unprofessional conduct during the period October 1989, through April 1991, during which time you authored a substantial number of prescriptions for controlled substances in Schedule II, III, IV, and V, as defined under the Controlled Substances Act of 1970, for your wife. The controlled substances you provided to your wife, all of a sedative nature, were definitely enough to impair her normal functions. In addition, you prescribed the substances in spite of warnings issued by other physicians that the continued use of the substances might be fatal in light of her difficulties with encephalopathy and liver failure. Further, you failed to maintain any medical records other than the results of some laboratory testing you ordered.

A medical consultant who reviewed documents pertaining to this matter states, "His prescribing of the multitude of sedative drugs during 1990 and 1991 would be nearly impossible to justify on a rational medical basis", and "The total lack of medical records flies in the face of reasonable medical care, especially

1 when continuously prescribing controlled substances. If there could have been  
2 any reason at all for prescribing the drugs he did for Mrs. Grauman, he failed to  
record whatever that reason might have been."

3 By your actions you have abdicated your professional responsibilities, and have  
4 engaged in conduct that not only placed your wife in jeopardy, but brought  
discredit upon your professional reputation.

5 During the conduct of this investigation no information was developed which  
6 indicated you had inappropriately prescribed any controlled substances to any  
other person.

7 **B. Continuing Education.** It is further ordered that Grauman agrees to  
8 attend, at his own expense, the three-day appropriate prescribing  
9 workshop sponsored by the Oregon Board of Medical Examiners. This  
10 workshop is scheduled for October 16, 17 and 18, 1991.

11 **C. Prescriptive Restrictions.** Further, Grauman is prohibited from  
12 prescribing, administering or dispensing medications to any family  
13 member, including controlled substances in schedules I, II, III, IV and V,  
14 and all legend drugs.

15 **D. Periodic Interview with the Board.** Upon the request of the Board  
16 or its agent, Grauman shall report in person to the Board or its agent to  
allow a review of his compliance with this order. Grauman shall be  
excused from attending any interview only at the discretion of the Board  
or its agent.

17 **E. Reported Violation; Summary Suspension Pending Hearing.**  
18 Grauman's license shall be automatically and summarily suspended for a  
19 maximum of seven (7) days, pending a hearing, if any of the following  
occurs:

20 (1) the Board or its agent receives a written and signed report or  
21 inquiry from any person which, in the opinion of the Board or  
its agent, provides reasonable cause to suspect that Grauman  
22 has violated any term or condition of this agreement.  
23 The board may summarily suspend Grauman's license under  
AS 08.01.075(c) if the board finds that Grauman poses a clear  
24 and immediate danger to the public health and safety.

If Grauman's license is summarily suspended under this paragraph, Grauman shall be given a hearing within seven (7) days pursuant to AS 08.64.331(c). Grauman agrees that the failure to comply with terms of this agreement as outlined above or any failure to comply with a request by the Board to report in person to the Board to allow review of his compliance with the agreement shall be deemed a clear and immediate danger to the public health and safety and thus grounds for the summary suspension of his license pursuant to AS 08.64.331(c).

F. Violation of Agreement. If, after notice and hearing, Grauman is found by preponderance of the evidence as presented by the state to have violated any term or condition of this agreement, the Board may take other disciplinary action as it sees fit.

G. Address of the Board. All communication concerning compliance with this Memorandum of Agreement shall be addressed to:

**Discipline Monitor  
Division of Occupational Licensing  
3601 "C" Street, Suite 722  
Anchorage, Alaska 99503**

All notices or other communications with Grauman shall be addressed to:

David S. Grauman, M.D.  
1919 Lathrop, Drawer 2F  
Fairbanks, AK 99701

Grauman shall notify the Division of any change in his mailing address and will keep a current physical address on file with the Division at all times.

I, David S. Grauman, M.D., have read this Memorandum of Agreement and Proposed Order and agree to be bound by its terms and conditions.

David S. Grauman, M.D.

SUBSCRIBED AND SWORN TO before me this 17<sup>th</sup> day of Sept.,  
1991, at Fairbanks, AK AB

Notary Public in and for the State of Alaska  
My commission expires: 12/1/15

1  
2 STATE OF ALASKA  
3 DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT  
4 BEFORE THE STATE MEDICAL BOARD

5 In the Matter of: }  
6 David S. Grauman, M.D. }  
7 Respondent } Case No. 2800-91-015

8 ORDER

9 The Medical Board of the State of Alaska, having examined the Memorandum  
10 of Agreement and Proposed Decision and Order dated 10/9, 1991 by the parties,  
11 hereby adopts this Memorandum of Agreement and Proposed Decision and Order as its  
12 FINAL ORDER in this matter.

13 IT IS HEREBY FURTHER ORDERED THAT this order shall take effect  
14 immediately upon its adoption by the Board and is a public record of the Board and of the  
15 State of Alaska. The State may provide a copy of this order to the Federation of State  
16 Medical Boards' Disciplinary Data Bank, the National Practitioner Data Bank, and to any  
17 person or entity making a relevant inquiry such as any professional licensing board, state or  
18 local government agency.

19  
20 DATED this 9th day of October, 1991.  
21 at Wasilla, Alaska.

22  
23 ALASKA STATE MEDICAL BOARD

24  
25 By: Paul Y. Soeker, M.D. for  
26 Chairperson, Medical Board  
Dr. J. Thompson

1138M

RECEIVED  
DIVISION OF OCCUPATIONAL LICENSING  
FRONTIER BUILDING  
3601 "C" STREET, SUITE 722, BOX 22  
ANCHORAGE, ALASKA 99503

**From:** Boris Litvin <[blitvin@iocdf.org](mailto:blitvin@iocdf.org)>  
**Sent:** Thursday, December 11, 2025 1:43 PM  
**To:** Board, Medical (CED sponsored) <[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)>  
**Subject:** Landmark Study of OCD in the U.S. Identifies Major Gaps in Diagnosis and Treatment

Dear Natalie,

I hope this finds you well!

I am writing to inform you about the International OCD Foundation's (IOCDF) white paper, **“America’s OCD Care Crisis: National Findings on the Failure of Effective OCD Treatment to Reach Patients”** (please visit [iocdf.org/ocdcarecrisis](http://iocdf.org/ocdcarecrisis)). It reports the results of the largest research study of OCD ever conducted. In collaboration with Guardian Research Network and Resonance, we analyzed over 10 million U.S. electronic health records (EHR) to determine the estimated percentage of people in the U.S. health care system who were diagnosed with OCD and referred to/receive evidence-based treatments (e.g., exposure and response prevention (ERP) and SSRI medication).

**We found that the prevalence of diagnosed or clinically identified OCD was only about 25% of the prevalence of OCD in the general population, indicating that 75% of people with OCD in the U.S. are not being diagnosed or detected at all. Among those diagnosed or identified, most are never referred for evidence-based cognitive-behavioral therapy (CBT), and only 2% had documented evidence of receiving exposure and response prevention (ERP), the specific form of CBT that is the gold-standard treatment.**

This crisis is driven by systemic gaps in screening, clinical training, adherence to professional guidelines, and access to effective treatment. **Our results indicate that only a tiny fraction of the estimated 10 million people living with OCD in the U.S. receive a correct diagnosis and the most effective treatment.**

I encourage you to share this with the Alaska State Medical Board team for policy and decision making regarding medical licensing in Alaska.

Thank you very much for your attention. The [International OCD Foundation](http://iocdf.org) is the largest nonprofit in the world dedicated to OCD and related disorders, raising awareness for over 40 years, providing training to clinicians and healthcare professionals, and advancing

essential research on the causes and treatments of OCD. If you have any questions, you can reach out to me and I can connect you with our broader team.

Sincerely,

Boris Litvin

**Boris Litvin, MA** (he/him)

Research Communications Specialist

International OCD Foundation

Office: (617) 973-5801 x314

[iocdf.org](http://iocdf.org)

## PRESCRIPTION DRUG MONITORING PROGRAM

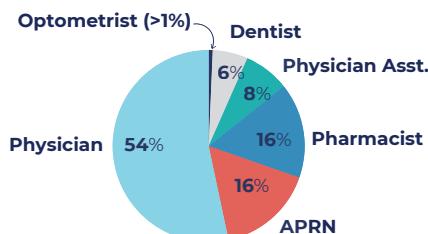
Q4 2025

### 80,210 PATIENTS

Alaskan patients receiving at least one controlled substance prescription.

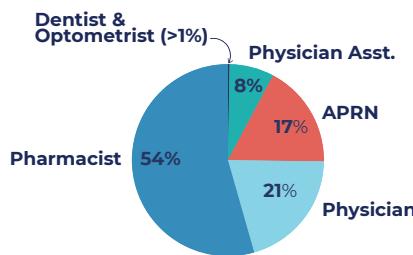
### 10,493 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



### 291,468 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



### 85% EHR ACCESS

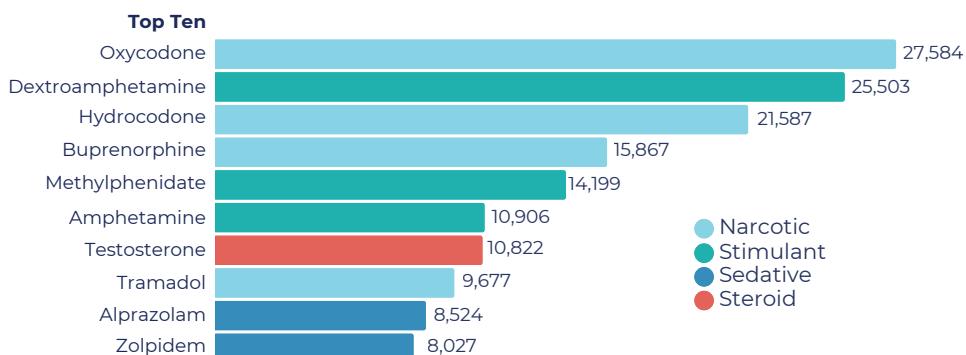
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

### 267 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

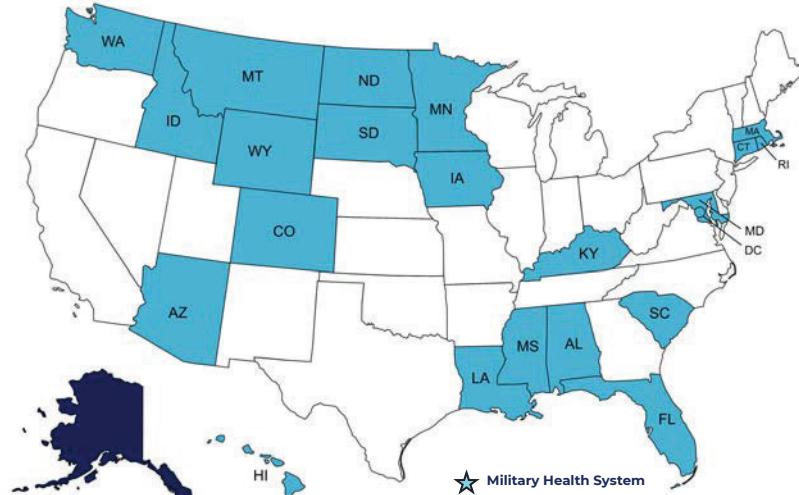
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from October 1, 2025 to December 31, 2025. For more information, visit [pdmp.alaska.gov](http://pdmp.alaska.gov).

# 196,032 CONTROLLED SUBSTANCE DISPENSATIONS



### 23 PARTNER STATES

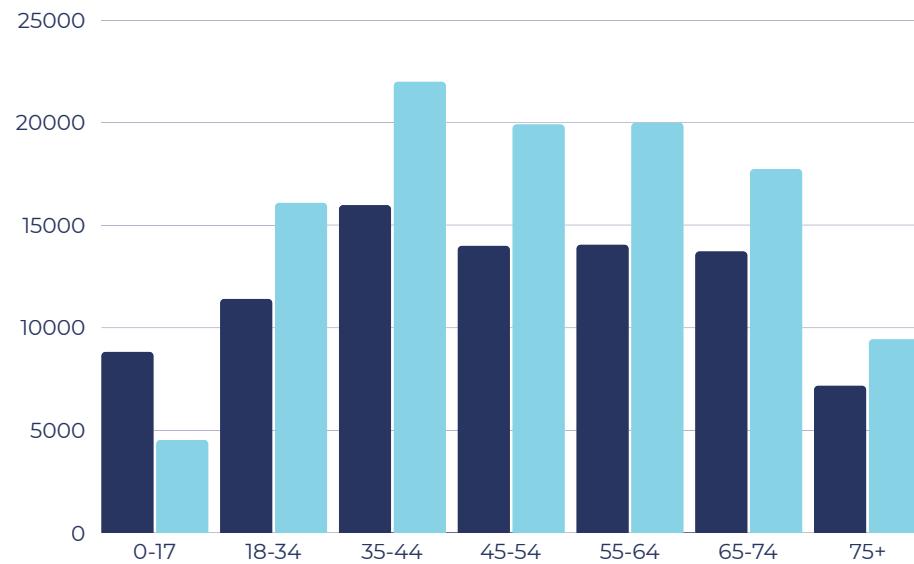
Interstate data sharing including military health system.



Created with [mapchart.net](http://mapchart.net)

### PRESCRIPTION COUNT BY PATIENT AGE & GENDER

● Male   ● Female



Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

## Reflecting on 2025

As December draws to a close, we want to express our deepest appreciation to the many volunteers from the medical licensing community who devoted their time and effort to support the USMLE program this past year. In particular, we would like to thank those from that community who served on the USMLE Composite and Management Committees in 2025: Management Committee Chair Andrea Anderson, MD (DC) and committee members Pamela Beal (NV), Nicole Gilg, MD (IA), Guillermo Guzman, MD (ID), Jade James-Halbert, MD (MO), Patricia Hunter (VT), Mark Hamed, MD (MI) and Bryant Murphy, MD (NC); Composite Committee Chair Cheryl Walker-McGill, MD (NC) and committee members Jeffrey Carter, MD (MO), Lois Krahn, MD (AZ), Sarvam TerKonda, MD (FL), Kristin Spanjian, MD (MT) and Danny Takanishi, MD (HI).

We thank these individuals and the many additional volunteers from the state board community who brought their expertise and experience as medical regulators in serving on USMLE committees and panels. Their contributions and perspectives are invaluable.

The USMLE program also benefited from the input of key stakeholders such as our State Board Advisory Panel and Medical Student & Resident Advisory Panel. The same can be said for the participants at our annual USMLE workshop for state medical board members and staff in March. Their collective insight and thoughtful input on program activities continue to shape our efforts going forward.

This year has included significant work toward [consolidating the provision of USMLE services](#). While this does not directly impact state medical boards, we are making these changes to strengthen and streamline our interactions with USMLE candidates—in brief, to make our piece of the licensing process as smooth as possible.

Looking ahead, we remain committed to strengthening USMLE's ability to assess key physician competencies valued by the licensing community. Accordingly, we will update you on pilot work for testing formats that can further enhance USMLE assessment of key competencies, e.g., clinical reasoning and communication, as that work progresses. At the same time, we will continue exploring new and enhanced ways to keep you informed on USMLE activities. We welcome your questions; please don't hesitate to reach out to either of us.

Finally, we wish all the staff and members at the state medical and osteopathic boards a happy and healthy holiday season.



David Johnson  
FSMB Chief Assessment Officer



Alex Mechaber, MD, MBA  
NBME Vice President of USMLE

### Social Media



### 2026 USMLE Meetings

**February:** USMLE Composite Committee

**March:** Committee for Individualized Review

**April:** Management Committee

### Resources

[USMLE.org](#)  
[Bulletin of Information](#)  
[FAQs](#)

From: [Norberg, Natalie M \(CED\)](#)  
To: [Ariane Lewis](#)  
Subject: RE: Alaska State Medical Board Guidance on Brain Death Determination  
Date: Thursday, September 11, 2025 10:59:38 AM  
Attachments: [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)

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Hello, Dr. Lewis,

No, the Alaska State Medical Board has not had the opportunity to discuss this matter. They are a small board with many competing priorities and numerous vacancies. There are no pediatricians currently appointed to the board. I highly doubt that even if they were to review these practice guidelines that they would accept or endorse them.

Nonetheless, again, my recommendation would be for you to show up at board meeting during the time set for public comment to introduce the guidelines. The next board meeting that will entertain public comments will be on November 21. You can watch our website or contact me closer for that date to receive an agenda and the call-in information.

Best regards,

Natalie Norberg  
Executive Administrator  
Alaska State Medical Board

---

**From:** Ariane Lewis <ariane.kansas.lewis@gmail.com>  
**Sent:** Monday, September 8, 2025 5:30 AM  
**To:** Norberg, Natalie M (CED) <natalie.norberg@alaska.gov>  
**Cc:** Board, Medical (CED sponsored) <medicalboard@alaska.gov>  
**Subject:** Re: Alaska State Medical Board Guidance on Brain Death Determination

am writing to follow up whether your organization has had the opportunity to discuss acknowledging the [American Academy of Neurology AA](#) [American Academy of Pediatrics AA](#) [Child Neurology Society](#) [Society of Critical Care Medicine S](#) [Pediatric and Adult Brain Death Death](#) [Neurology DD](#) [Criteria on Sensus Practice Guideline](#) as the accepted medical standard for determination of DD .

Please let me know your organization's views on this matter.

Thank you.

Ariane Lewis D

rofessor of urology and eurosurgery

angone edical enter

On Wed, Mar 12, 2025 at 2:00 PM Ariane Lewis <[ariane.kansas.lewis@gmail.com](mailto:ariane.kansas.lewis@gmail.com)> wrote:

Natalie-

Thank you for this update. If it is feasible to put this on the August agenda, that would be great. I would be happy to join the meeting.

Ariane

On Mon, Mar 10, 2025 at 12:52 PM Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)> wrote:

Hello, Dr. Lewis,

To clarify, the Alaska State Medical Board ended up meeting on Feb 21, instead of Feb. 14, and the new Board Chair elected to not have this item placed on the agenda as a separate item for discussion. The guidelines were included in the board packet for board member review/consideration but none of them chose to highlight or discuss the guidelines. Due to this board being in transition with several long-term members leaving, the recent selection of a new chair, and being in the middle of a busy legislative session, I really don't anticipate this board having the bandwidth to consider this matter anytime in the near future. I might recommend you resubmit the guidelines approximately a month before the August 15 quarterly meeting and call-in during that meeting's "public comment period" to urge board members to consider adopting the guidelines.

Best regards,



Natalie Norberg, LMSW  
Executive Administrator, State Medical Board  
Corporations, Business & Professional Licensing  
[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)  
Office: 907-465-6243 | Fax: 907-465-2974  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



---

**From:** Ariane Lewis <[ariane.kansas.lewis@gmail.com](mailto:ariane.kansas.lewis@gmail.com)>  
**Sent:** Wednesday, March 5, 2025 1:06 PM  
**To:** Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)>  
**Cc:** Board, Medical (CED sponsored) <[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)>  
**Subject:** Re: Alaska State Medical Board Guidance on Brain Death Determination

Some people who received this message don't often get email from [ariane.kansas.lewis@gmail.com](mailto:ariane.kansas.lewis@gmail.com). [Learn why this is important](#)

atalie

am writing to follow up the outcome of your organization's February discussion re acknowledging the the [American Academy of Neurology](#) [AA American Academy of Pediatrics AA](#) [Child Neurology Society](#) [S Society of Critical Care Medicine S](#) [Pediatric and Adult Brain Death Death](#) [Neurologic DD](#) [Criteria](#) [Consensus Practice Guideline](#) as the accepted medical standard for determination of DD.

Thank you.

Ariane Lewis D  
Professor of Neurology and Neurosurgery      anyone medical enter

On Fri, Dec 6, 2024 at 1:48 PM Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)> wrote:

Dear Dr. Lewis,

This item will be included for the Board's consideration at its February 14, 2024 quarterly meeting.

Thank you.

Natalie Norberg, LMSW  
Executive Administrator, State Medical Board  
Corporations, Business & Professional Licensing  
[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)  
Office: 907-465-6243 | Fax: 907-465-2974  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



---

**From:** Ariane Lewis <[ariane.kansas.lewis@gmail.com](mailto:ariane.kansas.lewis@gmail.com)>

**Sent:** Friday, December 6, 2024 9:35 AM

**To:** Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)>; Board, Medical (CED sponsored) <[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)>

**Subject:** Re: Alaska State Medical Board Guidance on Brain Death Determination

Some people who received this message don't often get email from [ariane.kansas.lewis@gmail.com](mailto:ariane.kansas.lewis@gmail.com). [Learn why this is important](#)

**CAUTION:** This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

I am writing to follow up on my previous email regarding acknowledging the [American Academy of Neurology \(AAN\) American Academy of Pediatrics \(AAP\) Child Neurology Society \(S\) Society of Critical Care Medicine \(SCCM\) Pediatric and Adult Brain Death Death by Neurologic \(DBDN\) Criteria Consensus Practice Guideline](#) as the accepted medical standard for determination of death. Please let me know your organization's views on this matter.

Thank you.

Ariane Lewis, D

Professor of Neurology and Neurosurgery, [Alaska Medical Center](#)

On Fri, Nov 8, 2024 at 8:50 AM Ariane Lewis <[ariane.kansas.lewis@gmail.com](mailto:ariane.kansas.lewis@gmail.com)> wrote:

Dear Executive Administrator Norber and Chair Wein,

As a Professor of Neurology and Neurosurgery at NYU Langone Medical Center with expertise in brain death/death by neurologic criteria, I am writing to respectfully request the Alaska State Medical Board acknowledge the [2023 American Academy of Neurology \(AAN\)/American Academy of](#)

Pediatrics (AAP)/Child Neurology Society (CNS)/Society of Critical Care Medicine (SCCM) Pediatric and Adult Brain Death/Death by Neurologic (BD/DNC) Criteria Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.

The Alaska statute on determination of death indicates that, "An individual is considered dead if, in the opinion of a physician licensed or exempt from licensing under AS 08.64 or a registered nurse authorized to pronounce death under AS 08.68.700, based on acceptable medical standards, or in the opinion of a mobile intensive care paramedic, physician assistant, or emergency medical technician authorized to pronounce death based on the medical standards in AS 18.08.089 (the paramedic, physician assistant, or emergency medical technician has determined, based on acceptable medical standards, that the person has sustained irreversible cessation of circulatory and respiratory functions), the individual has sustained irreversible cessation of circulatory and respiratory functions, or irreversible cessation of all functions of the entire brain, including the brain stem. Death may be pronounced in this circumstance before artificial means of maintaining respiratory and cardiac function are terminated." However, the statute defers to physicians regarding the identity of the "accepted medical standards." The AAN published a practice guideline for BD/DNC determination in adults in 1995, then updated it in 2010. A guideline for BD/DNC determination in pediatric patients was published by the AAP in 1987, then updated in 2011 by the AAP, CNS and SCCM. Last year the AAN, AAP, CNS and SCCM published a guideline for BD/DNC for persons of all ages. No other medical societies have published a BD/DNC guideline, so this is the accepted medical standard in the United States for BD/DNC determination.

Unfortunately, in the absence of stipulated accepted medical standards, reviews of hospital BD/DNC policies demonstrated inconsistencies compared with the standards published by the 2010 AAN and 2011 AAP/CNS/SCCM guidelines. This is problematic because it could lead to inaccurate BD/DNC determination, which would have major negative medical, legal, and ethical implications and erode public trust in the ability of clinicians to accurately determine BD/DNC.

For example, Nevada had to modify their determination of death statute in 2017 after the Supreme Court of Nevada ruled that it was not clear which standards represented the accepted medical standards. Their statute now notes the accepted medical standards are those written by the AAN and the SCCM, or their successor organizations. In New York, the Department of Health indicated the accepted medical standards for BD/DNC determination are the 2023 AAN/AAP/CNS/SCCM Pediatric and Adult BD/DNC Consensus Practice Guideline: [https://www.health.ny.gov/professionals/hospital\\_administrator/determining\\_brain\\_death/](https://www.health.ny.gov/professionals/hospital_administrator/determining_brain_death/).

For the past few years, the Uniform Law Commission considered revising the Uniform Determination of Death Act to address a number of concerns, and one revision that was discussed was specification of the accepted medical standards. However, for a variety of reasons, the revision process was abandoned. As such, it is left to individual states to address this issue because a person should not be considered dead at one hospital, but alive at another.

I previously contacted the Alaska Department of Health about this issue and their CMO discussed it with the Alaska Hospital and Healthcare Association, and both felt this was outside their purview, but recommended contacting your organization.

As such, I respectfully request the Alaska State Medical Board acknowledge the 2023 AAN/AAP/CNS/SCCM Pediatric and Adult BD/DNC Consensus Practice Guideline as the accepted medical standard for determination of BD/DNC.

Thank you for your consideration.

Sincerely,

Ariane Lewis, MD

Professor of Neurology and Neurosurgery, NYU Langone Medical Center

--

**Ariane Lewis, MD, FAAN, FNCS**

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

Deputy Editor, Neurology Disputes and Debates

NYU Langone Medical Center

530 First Avenue, MSB-2-206

||| New York, NY 10016

C: 914-479-8669

O: 646-501-0243

--

**Ariane Lewis, MD, FAAN, FNCS**

Professor, Departments of Neurology and Neurosurgery, Director of Neurocritical Care

Co-Editor-in-Chief, Journal of Clinical Neuroscience

Deputy Editor, Seminars in Neurology

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NYU Langone Medical Center

530 First Avenue, MSB-2-206

New York, NY 10016

C: 914-479-8669

O: 646-501-0243

**From:** Board, Medical (CED sponsored) <[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)>  
**Sent:** Friday, September 12, 2025 9:23 AM  
**To:** Norberg, Natalie M (CED) <[natalie.norberg@alaska.gov](mailto:natalie.norberg@alaska.gov)>  
**Cc:** Kaeser, Jason R (CED) <[jason.kaeser@alaska.gov](mailto:jason.kaeser@alaska.gov)>  
**Subject:** FW: Urgent Notice of Misrepresentation – Please Read Carefully  
**Importance:** High

We don't have either provider licensed in the State, just relaying this info.



**Roger Martin A. Casquejo**  
Occupational Licensing Examiner  
State of Alaska Medical Board  
Division of Corporations, Business & Professional Licensing  
Email: [roger.casquejo@alaska.gov](mailto:roger.casquejo@alaska.gov) (preferred communication)  
Office: 907-465-2550 | Mobile: 907-465-6278  
[www.commerce.alaska.gov](http://www.commerce.alaska.gov)



**From:** Board, Nursing (CED sponsored) <[boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)>  
**Sent:** Friday, September 12, 2025 8:44 AM  
**To:** Board, Medical (CED sponsored) <[medicalboard@alaska.gov](mailto:medicalboard@alaska.gov)>  
**Subject:** FW: Urgent Notice of Misrepresentation – Please Read Carefully  
**Importance:** High

FYI

Sincerely,



**Patty Wolf, MSN, RNC-OB**  
Executive Administrator, Alaska Board of Nursing  
Corporations, Business and Professional Licensing  
[patty.wolf@alaska.gov](mailto:patty.wolf@alaska.gov)  
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[Board of Nursing, Professional Licensing, Division of Corporations, Business and Professional Licensing \(alaska.gov\)](http://Board of Nursing, Professional Licensing, Division of Corporations, Business and Professional Licensing (alaska.gov))

**From:** Dr Wound <[drwound@snfwoundcare.com](mailto:drwound@snfwoundcare.com)>  
**Sent:** Thursday, September 11, 2025 11:02 AM  
**To:** Board, Nursing (CED sponsored) <[boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)>  
**Subject:** Urgent Notice of Misrepresentation – Please Read Carefully  
**Importance:** High

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#### Urgent Notice of Misrepresentation – Please Read Carefully

Hi Nursing,

This is to formally notify you of a matter of concern regarding misrepresentation.

We have recently become aware that **Dr. Michael Tehrani**, who started a wound care company called **Wound Docs**, has been visiting nursing facilities **pretending to be Dr. Payam Tehrani**, founder of [\*\*SNF Wound Care\*\*](#).

It appears that he is purposely attempting to mislead staff and facilities into believing he is **Dr. Payam Tehrani**.

To clarify:

**Dr. Payam Tehrani** is the **founder of SNF Wound Care** and has **no business affiliation whatsoever** with **Dr. Michael Tehrani** and his company, **Wound Docs**.

Any individual or company operating under the name **Wound Docs** is not endorsed by, connected to, or associated with **SNF Wound Care** in any manner.

To avoid any confusion, please be advised that **SNF Wound Care and Dr. Payam Tehrani are entirely independent from Dr. Michael Tehrani and Wound Docs.**

We respectfully request that you take note of this important distinction and ensure your staff is informed to prevent further confusion.

For verification or confirmation regarding **SNF Wound Care**, please contact us directly.

Thank you for your attention to this matter.



Dr. Payam Tehrani, MD  
CEO SNF Wound Care  
**SNFwoundcare.com**

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Sent with love from SNF Wound Care HQ

[1.833.379.6863](tel:1.833.379.6863)

[info@snfwoundcare.com](mailto:info@snfwoundcare.com)

