

**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND
ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING
BOARD OF CERTIFIED DIRECT-ENTRY MIDWIVES**

**Meeting Minutes
August 20 – 21, 2009**

By authority of AS 08.065.020 and in compliance with the provision of AS 44.62, Article 6, a scheduled meeting of the Board of Certified Direct-Entry Midwives was held August 20-21, 2009 in the Atwood Building, 550 West 7th St. Suite 1270 Anchorage, Alaska

AUGUST 20, 2009

Agenda Item 1 Call to Order

The meeting was called to order by Holly Steiner, CDM, Chair at 11:10 a.m.

Present, constituting a quorum of the board were:

Holly Steiner, CDM, Chair, Wasilla
Mila Cosgrove, Public Member, Juneau
Peggy Downing, MD, Wasilla
Cheryl Corrick, CDM, Fairbanks

Approved Absence: Barbara Norton, ANP, CNM, Anchorage

Staff present: Connie Petz, Licensing Examiner

Public Present:

Laura Gore
Felicity Smith
Elke Saunders
Sharon Evans
Susan Terwilliger

Agenda Item 2 Review / Agenda

On a motion made by Dr. Downing, seconded by Mila Cosgrove it was RESOLVED TO APPROVE THE AGENDA as written. All in favor, carried unanimously.

**Agenda Item 3 Review / Approve Minutes
March 6, 2009 Teleconference
Motion to Approve**

Teleconference minutes were in order except for minor grammatical corrections.

**On a motion made by Dr. Downing, seconded by Cheryl Corrick
RESOLVED TO APPROVE MINUTES AS AMENDED. All in favor,
carried unanimously.**

Agenda Item 4 Ethics Reporting

No Ethics violations to report by Mila Cosgrove, Cheryl Corrick, Peggy Downing, and Holly Steiner or by staff.

Holly recapped the 2007 board meeting ground rules for the board and the audiences benefit.

Dr. Downing asked about Peer Review as she wanted to make sure a situation was reported. Holly explained it was the duty of a midwife to report within 10 days.

Off record 11:22 back on record 11:30

Agenda Item 5 Investigative Report

The board welcomed newly assigned investigator JoAnna Williamson to the Board of Certified Direct-Entry Midwives.

Case # 3400-08-001 is still open and will be carried to conclusion by prior investigator Susan Winton. Case # 3400-08-001 will be closed before Ms. Williamson will work case # 3400-08-003. Although these two cases are not connected they are a bit affiliated and it will be a cleaner investigation if 08-001 is closed first.

If the assigned number is preceded by the letter 'C' this indicates it's a complaint and not a case. Ms. Williamson explained that case numbers are assigned with calendar year date. Whenever a complaint is filed it is first assigned to an investigator. This investigator is required to secure a signed document before a complaint can be "opened". The investigator then proceeds with securing the documentation necessary to understand the complaint. For instance, they will send away for the medical records or other items which will aide them in understanding the complaint.

Complaints are then reviewed and are either closed or if warranted the complaint would become a "case". A case can be in an investigative process for up to one and a half (1 ½) years or even longer. In the event that an attorney becomes involved or other circumstances the process may be delayed.

In the instance of public safety, if a criminal case, our investigator stands down as it is then handled by law enforcement. Criminal offenses can be related to illegal activities, drugs, death etc. Our investigator will wait until law enforcement has done their part. If

charged with a felony, depending on the statute, our investigator could request a voluntary surrender of their license. Investigators will respond to a complaint or case based on the result of the “law enforcements” decision.

Public member Elke Saunders stated she understands the cost of investigations is paid for from the budget of licensing fees. Past investigations have caused the license fees to be high. A large investigation could wipe out an entire profession. Is there any mechanism to help soften the blow from an expensive investigation?

JoAnna explained her costs are charged based on real time which means “only” when she is working directly on a complaint or case. She is not charging the board while she is waiting for documentation to arrive. It is true, whenever there is an investigation the cost affects all midwives license fees and there is potential for an increase based on the overall investigative expense. In recent past, license fees were over \$2000 due to an extensive investigation.

One way to share costs of investigations is an insurance pool in which everyone is covered under the same pool of funds but this requires a legislative change.

Public member Susie Terwilliger asked why the midwife license fees get charged when someone “unlicensed” is investigated. Joanna explained it is a legislative statement. The cost of an investigation related to a professional license is covered under that board’s budget. Therefore, to investigate any violation the fees are covered under the budget of the Board in which the investigation is related and anyone practicing without a valid license is illegally practicing.

An unlicensed investigative process is “covered” under the umbrella of the license because they are “practicing” and violating the statutes of that profession. When a violator is notified of a case, they have a right to a hearing. This also increases the costs of the investigative process as the more investigative processes involved the more costs are attached to it.

Mila stated one of the goals of the board was to get some sort of “pool of money” similar to an insurance concept. This would set aside funds to share in the investigative costs which could then mitigate the overall costs to a board. Each board would pay in to the “pool” regardless if you have any investigative costs. But this requires a legislative change and it’s unlikely that the larger professions are interested in being in a “pool” as they already has a larger pool of money to draw from.

Practicing any profession in our state regardless of any statutory violation is illegal. Do NOT practice without a license and if anyone knows of anyone who practices midwifery or any other profession in our state without a license it should be reported to investigations. The investigator can give a violator a cease and desist order and that is a misdemeanor. They get in trouble on the criminal side because they have broken the law. There are exceptions to practicing without a license such as practicing within federal jurisdictions and guidelines.

Staff pointed the board and public to the Code of Ethics # 4 which states, "The midwifery profession should safeguard the public and itself against midwives deficient in moral character or professional competence. Midwives should observe all laws, uphold the dignity and honor of the profession and accept its self-imposed disciplines. They should expose, without hesitation, illegal or unethical conduct of fellow members of the profession".

When someone is found to be in violation, a consent agreement would be issued and the violator who signs it then agrees to be held to the terms of the agreement for the duration of consent, courses, extra schooling, reprimand, fines etc... which are stipulated by the board.

A complaint can either be closed without license action or it can be changed from a complaint to a case. Cases can be closed without a license action but any actions will be on the case. When a Consent agreement is presented to a licensee, they may hire their own attorney to review the consent agreement prior to signing. But once signed, they are held to the agreement. Duration of the agreement are determined by the board.

Lunch recess: Adjourned 11:55 a.m. - Reconvened 1:07 p.m.

Holly called the meeting to order and all board members were present. Barbara Norton requested the board allow her to call in today 8-20-09 at 1:30 p.m. instead the 8-21-09 agenda time. Holly requested a motion to amend the agenda and move agenda item 10 from Preceptor Discussion Friday August 21st to Thursday August 20th following the agenda item # 6 Public comment period.

On a motion made by Dr. Downing, seconded by Cheryl Corrick AMEND THE AGENDA to move the Preceptor discussion. All in favor, carried unanimously.

Agenda Item 6 Public Comment

Sharon Evans had a question and concern related to apprentice permits and the requirement to have apprentice permit "prior to the observations of birth". She does not believe it was the intent that an apprentice permit was required to observe a birth. What if someone wants to observe births prior to making the decision to pursue midwifery? Holly said this topic is on agenda item # 11.

The board has considered observes prior to holding an apprentice permit on a case by case basis and has agreed that as long as the applicant met the requirements and documented the births on the correct form, Supervised Clinical Experience form 08-4215c their observations may qualify. You are not practicing as an apprentice until you hold a permit. This discussion will conclude under agenda item 11.

Elke Saunders, "Alaska Birth Network" representing mother friendly maternity care – currently over 50 members and her organization is one year old. Concerns are how to get midwives in rural areas and how to get V-bacs (vaginal birth after cesarean birth). Ms. Saunders said her consumers are concerned about how they can have access to the right to their own "birth canal". Ms Saunders has heard that at the inception of the board, part of its role was to promote midwifery in the state and comments are said that instead the board has become over regulatory which some believe is discouraging the growth of the profession.

Cheryl confirmed one goal of the board is review the statutes and Barbara noted that V-bacs are federally regulated. Mila affirmed that the statutes are set and when it comes to change in statutes this requires lobbying and any group has the option to work towards change.

Connie requested for future meetings that "public members" put their concerns in writing in advance of the board meeting so it can be submitted to the board and reviewed to determine if it would become an agenda item. In the essence of time and productivity, it will benefit both the public member and the board to have the issue of concern in a concise format with a suggested plan or purpose.

Susan Terwilliger also shared some concerns and the importance of informed choice on a national level of midwifery and an expanded scope of practice. Concerns on how the national level of V-bac and how to draw from statute and put in regulation. She said the change can happen on a state level and that you don't have to do it only on a federal level.

Elke Saunders said that she has an active list of doulas that can be called on to attend births and assist the mothers at the hospital.

Cheryl Corrick wants to caution that we be careful to not make v-bac the platform for getting statutes into regulation.

Agenda Item 10 Discussion requirements to become preceptor

Barbara Norton joined in discussion on the Preceptor requirements 12 AAC 14.210(a)(5)

Board discussed the history from an August 2003 meeting when the board wanted to put requirements on the preceptor. At that time they wanted the preceptor to be licensed 2 years and act as the primary in 50 births during the 2 year time frame and to have received a positive recommendation from the peer review committee, this was public noticed. This was rejected, the board wants to know the history and why they could not make this change. Statute only speaks of preceptor requirements in relation to an apprentice being AS 08-65-090(b)(1-4). The board agreed statute change requires extensive legislative process.

Final minutes 8/20-21/09

Barbara shared the American College of certified Nurse Midwives (ACNM) has taken a position that a certain standard of training be required in order to be a preceptor because midwife education varies state to state and they determined the education was not adequate in every state to be a qualified preceptor.

Mila said the board should want to be able to say what the quality of our preceptors is. This is critical in training an apprentice and protecting the public.

Susan said this is a very old problem and believes it is more about recognizing there are other routes to training for midwifery, not just through the ACNM. She believes it is a slippery slope when we do not recognize that we have already set the standards of licensure in our regulations and require passing the NARM exam. She does not believe we want to regulate the number of births for preceptor.

Peggy Downing said the board wants to make sure that a preceptor is clinically competent and believes this is essential in order to be a qualified preceptor.

Sharon Evans originally had introduced the language in 2003 of 50 births as it is a CPM requirement by NARM. She believed at the time that the NARM requirements would benefit the Alaska midwives. The department of law said no to the proposed regulation but she did not recall why.

Elke Saunders said some areas in our state would make it impossible for a midwife to meet the 50 birth requirements. If a practicing midwife could not meet the requirement who would train the upcoming apprentices. Putting rules do not always work in all areas of the state and the more regulations put in place the less midwives we will have our state.

Mila said holding a license does not make someone competent to teach. The ability to successfully demonstrate proficiency in a task does not necessarily mean you have the skills and ability to teach somebody to do that. Being licensed for 2 years – does not mean they have enough birthing experience to be able to competently provide adequate supervision.

Holly brought up that midwives are in opposite camps. Some want to have a national board which gives them credibility. In order to do this, you need regulations and standards of care need to be met. In order to have this board, we had to give up V-bacs, breech births, twins and some other things. Holly would like to know why these rules are keeping people from becoming midwives.

Laura Gore agreed we are geographically unique. Can there be a provision for geography and the required number of births?

Staff said that if it is training that gives credibility for a midwife then there could be more support within the medical community with more requirements. If a person cannot meet the requirements where they live then perhaps they should go

where they can get the training. It's no different when someone goes to university in another location in order to get the education they need in the field they study.

Cheryl asked why MAA couldn't address the rural issue.

On a motion made by Mila Cosgrove, seconded by Dr. Downing to task staff to ask Department of Law, does the board of midwives have the authority to prescribe requirements without changing statute – to add regulation. All in favor, carried unanimously.

Agenda Item 7 Regulation Project

Withdrawal of social security number from check list regulation:

Staff explained to the board that the tabled regulation project for definition of the word deliver was labeled as "Part 2" of the entire regulation project.

12 AAC 14.130 was added to part 2 of the regulation project. Staff requested the board withdraw the social security number from the check list regulation. It should be removed as a new law, effective 07/01/09 has placed added burdens on state agencies to protect and properly dispose of records that contain social security numbers. The board discussed and agreed they did not need to require the social security number on the checklist regulation.

On a motion made by Mila Cosgrove, seconded by Cheryl Corrick, to WITHDRAW THE SOCIAL SECURITY NUMBER from 12 AAC 14.130 CHECK LIST REGULATION, Part 2. All in favor, carried unanimously.

Definition of Deliver:

The board discussed the definition of "deliver" 12 AAC 14.990 and agreed the final draft which includes the word "primary" should also be revised by changing the word **and** to the word **or** before the word third stage.

{“Deliver” means that a certified direct-entry midwife is the primary practitioner managing active labor, second stage, or third stage}

Additional discussion concerning how this definition in regulations would affect other areas in statutes and regulations where the word deliver or delivery is stated. The board asked staff to provide the word search results for discussion at the beginning of the board meeting on August 21, 2009.

On a motion made by Dr. Downing, seconded Cheryl Corrick. Table the vote for the definition of deliver, pending staff providing an entire word search from the current statutes and regulations so the board can be sure the

definition is not impacting other areas if the board adopted the definition of deliver. All in favor, carried unanimously.

Agenda Item 8 Review CE audits

Board reviewed continuing education audit documentation.

**On a motion made by Mila Cosgrove, seconded Cheryl Corrick
CE AUDITS WERE APPROVED. All in favor, carried unanimously.**

Deborah L. Schneider	license # 31
Kristine E. Olson	license # 41
Peggy J. Halsey	license # 44

Dr. Downing created a format which staff can provide for the board to use for counting CE's in future audit periods.

**On a motion made by Dr. Downing, seconded by Mila Cosgrove,
ADJOURN the meeting. All in favor, carried unanimously.**

Adjourn 3:10 p.m.

Reconvene: Friday - August 21, 2009 at 9:00 a.m.

August 21, 2009

Agenda Item 9 Call to order

Meeting was called to order by Holly Steiner, CDM, Chair at 10:00 a.m.

Holly Steiner, CDM, Chair, Wasilla
Mila Cosgrove, Public Member, Juneau
Peggy Downing, MD, Wasilla
Cheryl Corrick, CDM, Fairbanks

Approved Absence: Barbara Norton, ANP, CNM, Anchorage

Staff present: Connie Petz, Licensing Examiner

Public present:

Denise Hibben
Tammy Gifford
Rebecca McKimmey
Tammy Smith (Tamara Sue Smith)

Felicity Smith

REGULATION Discussion: continued discussion of Part II of the regulation project and the definition of the word “deliver”. Staff provided a word search to board members and highlighted every location in the August 2009 statutes and regulations with the word deliver or delivery.

Holly was not at peace if the board moved forward with the definition including active stage labor. All were aware how quickly a birth could progress. Cheryl thought that active stage labor was the issue and could it be removed that from the definition? Dr. Downing did not agree as second stage labor was pushing. The overall question was “intent” and how does intent get proved if someone came or refused to go to the hospital in relation to the definition of delivery?

The board decided the most appropriate course of action was NOT to take action. Instead, track and trend in order to determine if this is something which the board needs to define? The situation which brought the entire investigation to the point where the investigator asked the board to consider defining what it means to “deliver” has only happened one time and there was action taken against that midwife.

Discussion for the word itself and the implications for a midwife if there was further regulation of when or what it meant to deliver a baby. All board members agreed it was not in the best interest of midwives to make a narrow definition of the word deliver and decided to withdraw the tabled regulation project. It was agreed that in the event where any future births resulted in an investigation then that specific delivery would be handled based on the facts of that situation. It may be at a future time the board would reconsider defining “deliver”.

On a motion made by Mila Cosgrove seconded by Dr. Downing, WITHDRAW THE DEFINITION of the term “DELIVER” from part II of the regulation project 12 AAC 14.990 with the understanding that the board will continue to monitor the issue moving forward. All in favor, carried unanimously.

Agenda Item 10 had been moved to prior day meeting.

Break 10:05 a.m. back on record at 10:15 a.m.

Agenda Item 11 **Discussion**

Birth Observations: What can an apprentice count in relation to observation of births prior to holding an apprentice permit? The board discussed what constitutes practice and agreed that as long as someone is only ‘observing the birth’ then they are not practicing midwifery. It was agreed that a person should be allowed to experience viewing the birthing process in order to determine if they want to become a midwife. If they observe

under a qualifying preceptor and want this to count towards their apprenticeship then they must document the observation per the regulation requirements and on our forms.

Dr Downing MOTIONED Cheryl Corrick 2nd ; Labor and delivery observations are not considered a “practice” of apprentice midwifery and therefore do not require a permit prior to apprentice permitting. All in favor, carried unanimously.

Staff to add a bullet point to the apprentice permit application form. Labor and delivery observations made prior to this date **MAY** qualify toward licensure requirements provided the observations were clinically supervised according to the preceptor provisions of 12 AAC 14.210(a).

Discussion of Lapses during apprenticeship: When someone does not complete their apprenticeships in the 2 year period and fails to renew their permit the apprentice risks violation of practicing without a permit. Holly brought up that we cannot presume when someone allows their permit to lapse that they are practicing. Mila said this is a profession and people have an obligation to keep their license/permit current. If not you do risk the consequences. Discussion implied it was the responsibility of the professional to keep permit current not the staffs duty to send reminders to them. If they let their permit lapse and they continue to practice they are in violation – this is very clear cut.

Discussion: Should make the apprentice pay the application fee **and** the permit fee. There is extensive staff time involved in renewing a permit. Staff was tasked to find out if an apprentice permit lapsed; can we charge the full application fee or some type of “re-application” fee to encourage them to keep it current.

Agenda Item 12 Discussion

Consideration of statute change requiring applicants applying by ‘Exam’ to take the State Law Exam. This has been a topic over several board meetings.

Application by Exam checklist currently needs to be updated so we do NOT require the exam from the licensee by exam. The board wants to know for certain everyone is familiar with state law. In review of 08.06.060 Examinations... The board may require an applicant to pass an examination about Alaska laws that are applicable to the profession of direct-entry midwives. Staff asked why we can’t make it a requirement for the application by exam and also look at this wording. Prior board meeting it was noted that per Judy, she could not find it in authority.

Holly suggested we tabled this portion of agenda item 12 and tasked staff to research the topic for the next board meeting. Also need to research why the board has the state law exam is required on the checklist by exam but not the checklist by credentials for licensure.

Final minutes 8/20-21/09

Holly will draft the new state law exam to meet the current statutes and regulations. This will be brought to the next board meeting for the board to review and approve.

Off record 11:17 a.m. Back on record 11:25 a.m.

Holly requested we add another Public period to the agenda after agenda Item 13.

Agenda Item 13 Review Renewal Application exams Chair

Renewal applications: dispersed among the board for review of exams. Staff advised all exams were "complete" just needed the board to review each exam and a signature from the board member who reviewed it.

Public Comment: Denise Hibben had come to the meeting to comment on the births for apprentice observations. She said her questions were answered by the board earlier in the morning discussion.

Board agreed to skip Lunch in order to complete the meeting earlier and keep agenda item # 14 at the scheduled time of 1:00pm.

Agenda Item 15 Fiscal year 2009 annual report

Mila explained she created the annual report and carried objectives forward as in the past. Goals achieved had been removed from report.

Does the board want to change the qualifications of the preceptor? That would be a statute change. This is an issue the board should monitor.

Discussion of ongoing legislative recommendation to move all of the required practices Sec 08.65.140 out of statutes and into regulations.

On a motion by Dr. Downing, seconded by Cheryl Corrick; RESOLVED to APPROVE THE ANNUAL REPORT. All in favor, carried unanimously.

Mila advised that a new board member will need to complete the next annual report Fiscal Year 2010 therefore a new secretary should be decided on now. Cheryl Corrick volunteered to take on the position.

On a motion by Mila Cosgrove, seconded by Downing; APPOINT CHERYL CORRICK as the new SECRETARY for the Certified Direct-Entry Midwife board. All in favor, carried unanimously.

Mila's public member position would be vacated March 1, 2010 and suggested they may want to let interested parties know they should apply and notify the governor's office by the end October 2009.

Agenda Item 16 Budget report

Mila suggested the board evaluate licensing fees to be more appropriate and in line with the needs of the midwives. According to statute 12 AAC 02.100 Fees Established by Department. The fees established in this chapter have been adopted by the department after considering any recommendations of the applicable board or commission listed in AS 08.01.010.

The point; the last renewal fees were established by the department and the licensees' were notified of the new fee prior to the boards' knowledge of the fee amount. The board would like to know what fee the department has calculated in advance as most of the board is not comfortable with the current fees and are concerned that if a big investigation occurs there could be a shortfall which could precipitate a burdensome fee increase for all licensees.

Staff explained the fees are evaluated by fiscal 6 months before the renewal. Staff will ask the department what the process is to allow input from the board for fees.

Agenda Item 17 Schedule Meetings

Task list for meeting follow up:

Holly will complete a new State Law exam to be available for the board to review at the January board meeting.

Staff will work with Department of Law on the Preceptorship and the reason the board has not been able to have a requirement such as a preceptor having 50 births for experience. It was discussed that a wide case load of experience is for the educational benefit of an apprentice.

Staff will ask Judy about the state law exam for license by exam application.

Staff will ask the department what the process is to allow input from the board for licensing fees.

Staff discussed the importance of setting meeting dates and NOT making changes due to conflicting schedules. Although the Board has the option of changing the dates for future board meetings, staff just asked that we make our committed dates a priority.

Midwife board agreed to keep February 25-26, 2010 board meeting in Juneau. The fall meeting scheduled for August 19-20, 2010 in Anchorage.

Staff agreed to send an e-mail to all board members advising the dates agreed to at the board meeting and asking them to confirm the upcoming dates work for them. This allows everyone time to block out their schedules well in advance.

Fire Drill interrupted board meeting: Off record 12:30 p.m. back at 12:55 p.m.

During the fire drill, Mila Cosgrove advised board she would not be returning to the meeting. All other board members were present; Dr. Downing, Cheryl Corrick and Holly Steiner which constitutes a quorum along with staff, Connie Petz.

Agenda Item 14 Review applications for Licensure
Tamara Sue Smith

Agenda item # 14 had been deferred to allow for the original time on the agenda to review the application for Tamara Sue Smith. The board asked Ms. Smith several questions. Dr. Downing pointed out that Ms. Smith had written "amps" instead of exact milligram strengths; Dr. Downing advised it is more appropriate to use exact strengths in reporting.

Dr. Downing then referred to the form which asks the applicant to document training and skills in medication and asked Ms. Smith to explain her statement under Pitocin in which Ms. Smith stated that one side effect of Pitocin is a pelvic hematoma. Ms. Smith said she did not know the answer to that as she just copied the information off the package insert. Dr. Downing advised Ms. Smith to be very careful of inserts, they are written by lawyers so anything that's been reported to the company may be written on an insert.

Holly called for executive session to discuss a board matter and requested the members of the public to exit the room. Off record at 1:10 p.m. Board members present during executive session: Downing, Corrick and Steiner. Staff present: Petz and Investigator Jo Anna Williamson. Public present: Tamara Smith (for a portion of executive session).

Back on record at 2:22 p.m. Board members present: Downing, Corrick and Steiner. Staff present, Petz. No members of the public returned to the board meeting.

Ms. Smith was first issued an apprentice permit on August 30, 2006 through August 30, 2008. The permit was renewed effective April 27, 2009 and is valid through April 27, 2011. The board agreed Ms. Smith may continue to practice on the apprentice permit in order to achieve the required number of births to qualify her for her midwife license and Ms. Smith can reapply when she has satisfied the requirements.

On a motion made by Cheryl Corrick, seconded by Dr. Downing; and carried unanimously it was RESOLVED TO DENY the application by examination for Tamara Sue Smith, based on her failure to complete supervised clinical experience as required by AS 08.65.050(4) and 12 AAC 14.210 due to the lack of a sufficient number of births; and based on AS

08.65.050(3) due to the fact that she engaged in conduct that is a ground for imposing disciplinary sanctions under AS 08.65.110.

Specifically, the board referred to AS 08.65.050 (4) which states: **furnishes evidence satisfactory to the board that the person has completed a course of study and supervised clinical experience.**

Due to the lack of required births and working on a lapsed apprentice permit, the board denied her application. The board discussed that the applicant was presenting herself to the public as an apprentice midwife eligible to practice during the time her permit was lapsed. The board requested that all documentation be forwarded to the investigative unit for the violation process to be reviewed and a consent agreement to be developed. The applicant will be notified of the board's decision.

Agenda Item 18 Adjourn Meeting

**On a motion by Cheryl Corrick, seconded by Dr. Downing,
ADJOURN the meeting. All in favor, carried unanimously.**

Meeting adjourned and off the record at 2:28 p.m.

Respectfully Submitted:

Connie Petz

Connie Petz, Licensing Examiner

Holly Steiner CDM

Holly Steiner, CDM Chair

Date: Feb. 25, 2010