

FILED OF RECORD

APR 21 2016

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1619

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY THOMAS C. CRAIN, M.D., LICENSE NO. 28770, P.O. BOX 529, 83 W. MAIN STREET, TAYLORSVILLE, KENTUCKY 40071

AGREED ORDER OF SURRENDER

Come now the Kentucky Board of Medical Licensure ("the Board"), by and through its Inquiry Panel A, and Thomas C. Crain, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve this noncompliance investigation without an evidentiary hearing, hereby enter into the following **AGREED ORDER OF SURRENDER**:

STIPULATIONS OF FACT

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

1. At all relevant times, Thomas C. Crain, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Family Medicine.
3. On January 16, 2014, the licensee entered into an Amended Agreed Order of Indefinite Restriction, Case No. 1487, in which the licensee agreed to eleven terms and conditions.
4. The relevant terms from the Amended Agreed Order of Indefinite Restriction are as follows:

...

(c) The licensee SHALL immediately take all necessary steps to enroll in the CPEP Personalized Implementation Program. The licensee shall complete the Personalized Implementation Program, at his expense, as directed by CPEP's staff.

...

(f) Within six (6) months of the date of filing of this Amended Agreed Order of Indefinite Restriction, the licensee SHALL successfully complete a Board-approved CME program of 4.5 hours or longer regarding the requirements of HB1. ...

5. As of July 29, 2014, the licensee had not successfully completed the CPEP Personalized Implementation Program (“PIP”). The Final Report from CPEP dated April 14, 2014 states:

[The licensee] demonstrated some improvements throughout his participation in the PIP. However, another provider would not be able to assume care of his patients based on the documentation alone. Therefore, [the licensee] has failed the PIP. CPEP recommends that he address the areas for further improvement that are suggested in the Third PIP Review Checklist and participate in an additional one to two chart reviews (PIP Addendum).

The licensee did not participate in the PIP Addendum as recommended by CPEP.

6. As of July 29, 2014, the licensee had not completed 4.5 hours of a CME program regarding the requirements of HB1.
7. In a response dated August 13, 2014, the licensee indicated that he plans to attend the November 1, 2014 CME course regarding HB1. The licensee further indicated that he intends to mail records required for the CPEP PIP Addendum program
8. On or about October 27, 2014, the licensee entered into an Agreed Order which required payment of a one-thousand (\$1000) dollar fine, completion the 4.5 hour CME program entitled “HB1 Education” on November 1, 2014, and participation in and successful completion of the CPEP PIP Addendum.
9. The licensee paid the \$1,000 fine on December 17, 2014 and completed the HB1 CME program on November 1, 2014.
10. On March 16, 2015, CPEP notified the Board that the licensee had completed two addendum reviews for the PIP program and has still not successfully passed the program.

CPEP stated, in part:

Based on the Second Addendum Review [completed March 11, 2015], there is insufficient detail in the most recent visit notes for another provider to assume care of his

patients based on the patient care documentation alone. Dr. Crain has been unable to successfully pass the PIP with two addendum reviews (the first Addendum Review was dated September, 2014).

CPEP recommends that Dr. Crain attend the Medical Record Keeping Seminar again... If requested by Dr. Crain and/or his referring organization, CPEP would allow him to register and participate in the PIP a second time with hopes that further coaching and study would allow him to make the necessary improvements.

11. On or about May 4, 2015, the licensee entered into an Amended Agreed Order, which required the licensee to again enroll in the Medical Record Keeping Seminar and to successfully complete the Personalized Implementation Program ("PIP").
12. The licensee attended the Medical Record Keeping Seminar on September 26, 2015.
13. The licensee did not enroll in nor complete the PIP.
14. The Board's medical investigator learned that the licensee's former practice had recently been bought by KentuckyOne Health. The investigator spoke to the receptionist at the practice on March 24, 2016 and the receptionist stated that the licensee is no longer employed at the practice.
15. In a telephone interview with the Board's medical investigator on March 24, 2016, the licensee stated that he is not currently practicing medicine and has no plans to complete the PIP in the foreseeable future.

STIPULATED CONCLUSIONS OF LAW

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

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

2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(13). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Surrender.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this noncompliance investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Surrender.

AGREED ORDER OF SURRENDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon the parties' mutual desire to fully and finally address this noncompliance investigation, without an evidentiary hearing, the parties hereby enter into the following

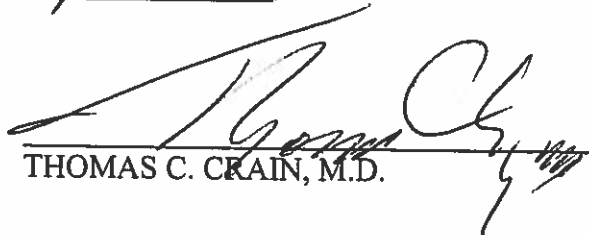
AGREED ORDER OF SURRENDER:

1. The licensee hereby SURRENDERS his Kentucky medical license, in lieu of revocation, with that surrender to become effective immediately upon the filing of this Agreed Order of Surrender, and continuing until further order of the Panel.
2. Immediately upon the filing of this Agreed Order of Surrender, the licensee shall not engage in any act which would constitute the "practice of medicine or osteopathy" as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – in the Commonwealth of Kentucky, until approved to do so by the Panel.
3. The licensee SHALL NOT petition the Board for reinstatement of his ability to again practice medicine in the Commonwealth of Kentucky, pursuant to KRS 311.607, prior to the expiration of two (2) years from entry of this Agreed Order of Surrender.
 - a. The burden shall be upon the licensee to satisfy the Panel that he is presently of good moral character and is qualified both physically and mentally to resume the practice of medicine, without undue risk or danger to his patients or the public; and
 - b. The licensee expressly agrees and understands that the Panel may require the licensee to undergo evaluations and/or assessments, at the licensee's expense, to assist the Panel in considering any petition for reinstatement.

- c. If the Panel should grant the petition for reinstatement, its shall do so by issuing an Order of Probation or Order of Indefinite Restriction, for a period of time to be determined by the Panel with terms and conditions fixed by the Panel, based upon the information available to the Panel at that time. As a condition of granting the petition for reinstatement, the Panel may require the licensee to enter into an Agreed Order of Probation or Indefinite Restriction, with appropriate terms and conditions.
4. If the Board should receive information that, after the date of filing of this Agreed Order of Surrender, the licensee has performed an act which would constitute the "practice of medicine or osteopathy" within the Commonwealth of Kentucky, it shall refer the licensee to the Attorney General or appropriate Commonwealth Attorney for prosecution of such acts of practicing medicine without a license.
5. The licensee expressly agrees that if he should violate any term or condition of the Agreed Order of Surrender, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Surrender, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agrees that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Surrender.
6. The licensee understands and agrees that any violation of the terms of this Agreed Order of Surrender would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13) and may provide a legal basis for criminal prosecution for practicing medicine without a license.

SO AGREED on this 9th day of April, 2016.

FOR THE LICENSEE:


THOMAS C. CRAIN, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A



SARA FARMER
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1619

FILED OF RECORD

MAY 04 2015

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY THOMAS C. CRAIN, M.D., LICENSE NO. 28770, P.O. BOX 529, 83 W. MAIN STREET, TAYLORSVILLE, KENTUCKY 40071

AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (“the Board”), by and through its Inquiry Panel A, and Thomas C. Crain, M.D. (“the licensee”), and, based upon their mutual desire to fully and finally resolve this noncompliance investigation without an evidentiary hearing, hereby enter into the following **AMENDED AGREED ORDER**:

STIPULATIONS OF FACT

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

1. At all relevant times, Thomas C. Crain, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee’s medical specialty is Family Medicine.
3. On January 16, 2014, the licensee entered into an Amended Agreed Order of Indefinite Restriction, Case No. 1487, in which the licensee agreed to eleven terms and conditions.
4. The relevant terms from the Amended Agreed Order of Indefinite Restriction are as follows:

...

(c) The licensee SHALL immediately take all necessary steps to enroll in the CPEP Personalized Implementation Program. The licensee shall complete the Personalized Implementation Program, at his expense, as directed by CPEP’s staff.

...

(f) Within six (6) months of the date of filing of this Amended Agreed Order of Indefinite Restriction, the licensee SHALL successfully complete a Board-approved CME program of 4.5 hours or longer regarding the requirements of HB1. ...

5. As of July 29, 2014, the licensee had not successfully completed the CPEP Personalized Implementation Program ("PIP"). The Final Report from CPEP dated April 14, 2014 states:

[The licensee] demonstrated some improvements throughout his participation in the PIP. However, another provider would not be able to assume care of his patients based on the documentation alone. Therefore, [the licensee] has failed the PIP. CPEP recommends that he address the areas for further improvement that are suggested in the Third PIP Review Checklist and participate in an additional one to two chart reviews (PIP Addendum).

The licensee did not participate in the PIP Addendum as recommended by CPEP.

6. As of July 29, 2014, the licensee had not completed 4.5 hours of a CME program regarding the requirements of HB1.
7. In a response dated August 13, 2014, the licensee indicated that he plans to attend the November 1, 2014 CME course regarding HB1. The licensee further indicated that he intends to mail records required for the CPEP PIP Addendum program
8. On or about October 27, 2014, the licensee entered into an Agreed Order which required payment of a one-thousand (\$1000) dollar fine, completion of the 4.5 hour CME program entitled "HB1 Education" on November 1, 2014, and participation in and successful completion of the CPEP PIP Addendum.
9. The licensee paid the \$1,000 fine on December 17, 2014 and completed the HB1 CME program on November 1, 2014.
10. On March 16, 2015, CPEP notified the Board that the licensee had completed two addendum reviews for the PIP program and has still not successfully passed the program.

CPEP stated, in part:

Based on the Second Addendum Review [completed March 11, 2015], there is insufficient detail in the most recent visit notes for another provider to assume care of his

patients based on the patient care documentation alone. Dr. Crain has been unable to successfully pass the PIP with two addendum reviews (the first Addendum Review was dated September, 2014).

CPEP recommends that Dr. Crain attend the Medical Record Keeping Seminar again... If requested by Dr. Crain and/or his referring organization, CPEP would allow him to register and participate in the PIP a second time with hopes that further coaching and study would allow him to make the necessary improvements.

STIPULATED CONCLUSIONS OF LAW

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

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(13). Accordingly, there are legal grounds for the parties to enter into this Amended Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this noncompliance investigation without an evidentiary hearing by entering into an informal resolution such as this Amended Agreed Order.

AMENDED AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon the parties' mutual desire to fully and finally address this noncompliance investigation, without an evidentiary hearing, the parties hereby enter into the following

AMENDED AGREED ORDER:

1. The licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS for an indefinite term, or until further order of the Board:

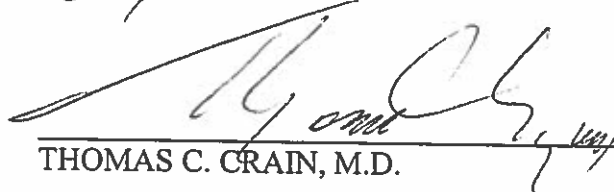
- a. Within twenty (20) days of the filing of this Agreed Order, the licensee SHALL make all necessary arrangements to again enroll in the Medical Record Keeping Seminar at the Center for Personalized Education for Physicians (CPEP), 720 South Colorado Boulevard, Suite 1100-N, Denver, Colorado 80246 – 303/577-3232, at the earliest time. The licensee SHALL again complete the Medical Record Keeping Seminar at the time and date(s) scheduled, at his expense;
 - b. The licensee SHALL also take all necessary steps to again enroll in the CPEP Personalized Implementation Program. The licensee shall successfully complete the Personalized Implementation Program, at his expense, as directed by CPEP's staff;
 - c. The licensee SHALL provide the Board's staff with written verification that he has successfully completed CPEP's Medical Record Keeping Seminar, promptly after completing the Seminar, and that he has enrolled in the 6-month Personalized Implementation Program;
 - d. The licensee SHALL provide the Board's staff with written verification that he has successfully completed the 6-month Personalized Implementation Program promptly after completing that program;
 - e. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Medical Record Keeping Seminar and Personalized Implementation Program to the Board's Legal Department promptly after their completion; and
 - f. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
2. The licensee expressly agrees that if he should violate any term or condition of the Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair

should issue such an Emergency Order, the parties agree and stipulate that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Amended Agreed Order; and

3. The licensee understands and agrees that any violation of the terms of this Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

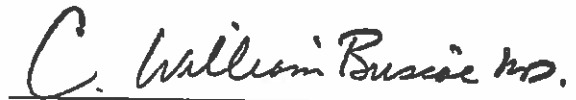
SO AGREED on this 1st day of May, 2015.

FOR THE LICENSEE:



THOMAS C. CRAIN, M.D.

FOR THE BOARD:

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A



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

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1619

OCT 27 2014

K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY THOMAS C. CRAIN, M.D., LICENSE NO. 28770, P.O. BOX 529, 83 W. MAIN STREET, TAYLORSVILLE, KENTUCKY 40071

AGREED ORDER

Come now the Kentucky Board of Medical Licensure ("the Board"), by and through its Inquiry Panel A, and Thomas C. Crain, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve this noncompliance investigation without an evidentiary hearing, hereby enter into the following **AGREED ORDER**:

STIPULATIONS OF FACT

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

1. At all relevant times, Thomas C. Crain, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Family Medicine.
3. On January 16, 2014, the licensee entered into an Amended Agreed Order of Indefinite Restriction, Case No. 1487, in which the licensee agreed to eleven terms and conditions.
4. The relevant terms from the Amended Agreed Order of Indefinite Restriction are as follows:

...
(c) The licensee SHALL immediately take all necessary steps to enroll in the CPEP Personalized Implementation Program. The licensee shall complete the Personalized Implementation Program, at his expense, as directed by CPEP's staff.

...
(f) Within six (6) months of the date of filing of this Amended Agreed Order of Indefinite Restriction, the licensee SHALL successfully complete a Board-approved CME program of 4.5 hours or longer regarding the requirements of HB1. ...

5. As of July 29, 2014, the licensee had not successfully completed the CPEP Personalized Implementation Program ("PIP"). The Final Report from CPEP dated April 14, 2014 states:

[The licensee] demonstrated some improvements throughout his participation in the PIP. However, another provider would not be able to assume care of his patients based on the documentation alone. Therefore, [the licensee] has failed the PIP. CPEP recommends that he address the areas for further improvement that are suggested in the Third PIP Review Checklist and participate in an additional one to two chart reviews (PIP Addendum).

The licensee did not participate in the PIP Addendum as recommended by CPEP.

6. As of July 29, 2014, the licensee had not completed 4.5 hours of a CME program regarding the requirements of HB1.
7. In a response dated August 13, 2014, the licensee indicated that he plans to attend the November 1, 2014 CME course regarding HB1. The licensee further indicated that he intends to mail records required for the CPEP PIP Addendum program.

STIPULATED CONCLUSIONS OF LAW

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

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(13). Accordingly, there are legal grounds for the parties to enter into this Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this noncompliance investigation without an evidentiary hearing by entering into an informal resolution such as this Agreed Order.

AGREED ORDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and based upon the parties' mutual desire to fully and finally address this noncompliance investigation, without an evidentiary hearing, the parties hereby enter into the following **AGREED ORDER:**

1. The licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS for a period of FIVE (5) YEARS from the date of filing of this Agreed Order:
 - a. Pursuant to KRS 311.565(1)(v), the licensee SHALL submit payment of a FINE in the amount of \$1000.00, within three (3) months of the date of filing of this Agreed Order;
 - b. On November 1, 2014, the licensee SHALL participate in and complete the 4.5 hour CME program entitled "HB1 Education" at the Hyatt Regency in Downtown Louisville, Kentucky, at his expense;
 - c. The licensee SHALL successfully complete the CPEP PIP Addendum, at his expense;
 - d. The licensee SHALL respond to and provide any and all records as requested by the CPEP Personalized Implementation Program within five (5) days of any request from CPEP;
 - e. On or before November 12, 2014, the licensee SHALL submit a report detailing his completion of the "HB1 Education" CME program and his progress in the CPEP PIP program. Said report shall be addressed to "Panel A" and shall be delivered to the Board's Legal Department, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222 on or before said date; and
 - f. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

2. The licensee expressly agrees that if he should violate any term or condition of the Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order; and
3. The licensee understands and agrees that any violation of the terms of this Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

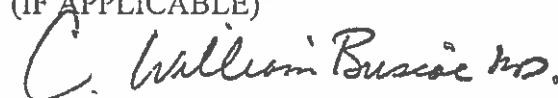
SO AGREED on this 22nd day of October, 2014.

FOR THE LICENSEE:


THOMAS C. CRAIN, M.D.

FOR THE BOARD:

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)



C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A



SARA FARMER

Assistant General Counsel

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B

Louisville, Kentucky 40222

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COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
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K.B.M.L.

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY THOMAS C. CRAIN, M.D., LICENSE NO. 28770, P.O. BOX
529, 83 W. MAIN STREET, TAYLORSVILLE, KENTUCKY 40071

AMENDED AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel A, and Thomas C. Crain, M.D. ("the licensee"), and, based upon the Panel's decision to grant the licensee's request to resume the professional utilization of controlled substances, hereby ENTER INTO the following **AMENDED AGREED ORDER OF INDEFINITE RESTRICTION**:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Amended Agreed Order of Indefinite Restriction:

1. At all relevant times, Thomas C. Crain, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Family Medicine.
3. On December 3, 2003, the Board's Inquiry Panel A issued Complaint No. 924 and an Emergency Order of Restriction against the licensee's Kentucky license, prohibiting him from prescribing, dispensing or otherwise professionally utilizing controlled substances pending resolution of the Complaint. Those pleadings referenced findings by two Board consultants. The first consultant concluded, in part,
 - The licensee's documentation of care is poor
 - The licensee's prescribing of sedatives was inappropriate

- The licensee's long-term use of benzodiazapines was inappropriate
- The licensee's handling of prescriptions represents gross negligence.

The second consultant concluded, in part,

It is difficult to follow his clinical reasoning for much of what he prescribes. He uses or allows frequent prescriptions to be refilled by office personnel with no information in the chart that Dr. Crain knows what is going on...Refills appear to be given, written or faxed or phoned in by his office personnel at the patient's request. It appears that Dr. Crain does not have control over these refills.

...There is evidence that [the licensee] prescribed in such amounts and with the frequency of refills of controlled substances that he had reason to know that the amounts so prescribed were excessive under the accepted and prevailing medical practice standards.

4. On April 22, 2004, the parties resolved Complaint No. 924, without an evidentiary hearing, by entering into an Agreed Order of Indefinite Restriction. The Agreed Order of Indefinite Restriction continued the prohibition against his professional use of controlled substances. The Agreed Order also required the licensee to successfully complete an approved documentation program and an approved prescribing course. The Agreed Order prohibited the licensee from engaging in sexual conduct with any employee, patient or former patient. He was also required to complete the "Maintaining Proper Boundaries" course.
5. On November 30, 2004, the Agreed Order of Indefinite Restriction was amended to an Agreed Order. Under the Agreed Order, the licensee was permitted to resume the professional utilization of controlled substances, but was required to maintain a controlled substances log and permit review of his records upon request. Other conditions continued.
6. On September 10, 2008, Hearing Panel B issued an Order Terminating Agreed Order.

7. On November 2, 2012, the Board opened a new investigation regarding the licensee after he was identified by the KASPER Advisory Council as one of the Commonwealth's top prescribers of Alprazolam.

8. The licensee provided the following information to the Board's investigator,

He estimated he sees 20-30 patients each day and is always on call. He does not have active hospital privileges. He does not employ Physician Assistants or Nurse Practitioners. He has always used KASPER records as a screening tool for prescribing medications for patients. After HB 1 passed, he elected to obtain a KASPER report on every patient requesting a refill, and he continued referring patients on any type of pain medication to Pain Management for further long-term evaluation. His goal with anxiolytics is the same – he will continue to refer for psychiatric evaluation if the need surpasses short term. He explained that the increased need for anxiolytics may be due to the stressors many people are experiencing in these trying times. He estimates that there are approximately 4500 patients in his practice.

His daughter unexpectedly lost their mother in June 2011. This caused panic attacks in one daughter and both experienced an increase in ADD. While they were seeing a counselor, the counselor could not prescribe medications. He acknowledged prescribing controlled substances to one daughter in February, May and September 2012. He acknowledged prescribing controlled substances to his other daughter in January, February, March, May and August 2012. He realized that this was not ethical and has referred both daughters to another physician for treatment.

9. The Board obtained 12 patient records and submitted them to a Board consultant for review. The consultant completed Expert Review Worksheets on 8 of the 12 patient records; he could not render an opinion regarding the remaining 4 patient records. Of the 8 specifically reviewed, the consultant concluded that 7 were below minimum standards for diagnosis, 6 were below minimum standards for treatment, all 8 were below minimum standards for record-keeping and all 8 were clearly below minimum standards overall. In his narrative report and individual Expert Review Worksheets, the consultant concluded, in part,

...The opinions on these charts were due to illegible notes and the lack of documentation that I could not interpret from the hand written notes....The problem was when writing prescriptions for scheduled medications sometimes 150+ pills a month of Oxycodone or Hydrocodone or Xanax or Valium or a combination of these medications there was not

legible or more complete documentation as to why that dose was selected, why the dose was changed, patients response to treatment and/or need to continue or change treatment, etc.

....

The minimal standard of practice in the medical community at large would be to maintain legible records especially when writing large amounts of Percocet 10mg and valium 10mg weekly/monthly.¹ This patients chart did not have enough or legible documentation about reason to treat, response to treatment, reason or need for large doses of controlled substances. Also, patient had a urine drug screen on 1-24-12 that was negative for oxycodone/opiates this was not addressed or I could not find legible adressment per Dr Crain's notes. I did find another drug screen dated 5-16-09. These were the only two drug screens I could find in chart. KASPER Review for the last year patient was receiving Percocet 10mg #60 every one to two weeks per pharmacy.

....

Patient was receiving #150 Oxycodone 10mg, #150 Hydrocodone 10mg and #120 Alprazolam 1mg on a monthly basis without good office note documentation.

....

It was difficult to ascertain as to why patient was being treated, response to treatment, and/or any attempts to change or decrease patients medications. Also, on 2 separate drug screens 8-7-12 and 9-20-12 these were negative for opiates/oxycodone and negative amphetamines that were not addressed or I could not find addressed per Dr. Crain. Also, the drug screen on 8-17-12 had a positive THC, marijuana metabolite present and I could not find any mention per Dr. Crain and the patient continued to be prescribed scheduled medications. This is usually considered a red flag and should be addressed.

....

It was difficult to monitor patients response to treatment, ongoing treatment plans etc. due to poor documentation. I could only find 3 urine drug screens over a 5 year period. The last one I could find was dated 7-27-11, and this drug screen was positive for hydrocodone which was not consistent with report and I could not find Rx for that drug in the chart at that time.

....

This patients dosages of Lortab were increased to large amounts and then changed to methadone 10mg #168 per month with poor if any documentation as to why, or response to treatment etc. Patient also received early refills or Hydrocodone 10mg per chart on several occasions, 8-18-11, 9-13-11, 11-4-11.

....

I could not find an H&P, a confirmation of the diagnosis, treatment plans, response to treatment etc. The few notes written in chart were brief and difficult to read.

....

Patient had inconsistent drug screens that were not addressed in the chart that I could find or read. There was poor or illegible documentation need for treatment, response to treatment, and need to continue treatment.

....

¹ This finding regarding illegible records was included in the consultant's findings for each of the 8 cases in which he rendered an opinion.

I could not find an H&P, documentation of treatment progress, response to treatment, etc. This patient was receiving Percocet 10mg #180 pills about every 2 weeks per chart notes and Kasper and I could not find or read any documentation as to why the patients dosages continued to increase to this large amount.

STIPULATED CONCLUSIONS OF LAW

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

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (c) and (d), (3) and (4). Accordingly, there are legal grounds for the parties to enter into this Amended Agreed Order of Indefinite Restriction.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending grievance without an evidentiary hearing by entering into an informal resolution such as this Amended Agreed Order of Indefinite Restriction.

AMENDED AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the Panel's decision to grant the licensee's request to resume the professional utilization of controlled substances, the parties hereby ENTER INTO the following **AMENDED AGREED ORDER OF INDEFINITE RESTRICTION:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Thomas C. Crain, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;

2. During the effective period of this Amended Agreed Order of Indefinite Restriction, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:

- a. The licensee may resume prescribing, dispensing, or otherwise professionally utilizing controlled substances, effective immediately upon the date of filing of this Amended Agreed Order of Indefinite Restriction;
- b. The licensee SHALL NOT prescribe, dispense or otherwise professionally utilize controlled substances for himself or for members of his immediate family;
- c. The licensee SHALL immediately take all necessary steps to enroll in the CPEP Personalized Implementation Program. The licensee shall complete the Personalized Implementation Program, at his expense, as directed by CPEP's staff.
- d. The licensee SHALL provide the Board's staff with written verification that he has successfully completed the 6-month Personalized Implementation Program promptly after completing that program.
- e. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Seminar and Personalized Implementation Program to the Board's Legal Department promptly after their completion;
- f. Within six (6) months of the date of filing of this Amended Agreed Order of Indefinite Restriction, the licensee SHALL successfully complete a Board-

approved CME program of 4.5 hours or longer regarding the requirements of HB 1;

- g. The licensee shall maintain a "controlled substances log" for all controlled substances prescribed. The controlled substances log must include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets will be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions should be maintained in the following manner: 1) patient; 2) chart; and 3) log.
- h. The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants.
- i. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Amended Agreed Order of Indefinite Restriction. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Amended Agreed Order of Indefinite Restriction.
- j. The licensee understands and agrees that at least one favorable consultant review must be performed at an appropriate time following completion of the CPEP PIP


program, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Amended Agreed Order of Indefinite Restriction.

- k. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of this Amended Agreed Order of Indefinite Restriction, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Amended Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Amended Agreed Order of Indefinite Restriction would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Amended Agreed Order of Indefinite Restriction.
 4. The licensee understands and agrees that any violation of the terms of this Amended Agreed Order of Indefinite Restriction would provide a legal basis for additional

disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

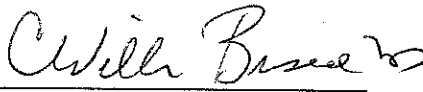
SO AGREED on this 1st day of January, 2014.


FOR THE LICENSEE:


THOMAS C. CRAIN, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:


C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A



C. LLOYD VEST II
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FILED OF RECORD

MAY 15 2013

K.B.M.L.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1487

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF
KENTUCKY HELD BY THOMAS C. CRAIN, M.D., LICENSE NO. 28770, P.O. BOX
529, 83 W. MAIN STREET, TAYLORSVILLE, KENTUCKY 40071

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel A, and Thomas C. Crain, M.D. ("the licensee"), and, based upon their mutual desire to fully and finally resolve this pending grievance without an evidentiary hearing, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

STIPULATIONS OF FACT

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

1. At all relevant times, Thomas C. Crain, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Family Medicine.
3. On December 3, 2003, the Board's Inquiry Panel A issued Complaint No. 924 and an Emergency Order of Restriction against the licensee's Kentucky license, prohibiting him from prescribing, dispensing or otherwise professionally utilizing controlled substances pending resolution of the Complaint. Those pleadings referenced findings by two Board consultants. The first consultant concluded, in part,
 - The licensee's documentation of care is poor
 - The licensee's prescribing of sedatives was inappropriate

- The licensee's long-term use of benzodiazapines was inappropriate
- The licensee's handling of prescriptions represents gross negligence.

The second consultant concluded, in part,

It is difficult to follow his clinical reasoning for much of what he prescribes. He uses or allows frequent prescriptions to be refilled by office personnel with no information in the chart that Dr. Crain knows what is going on...Refills appear to be given, written or faxed or phoned in by his office personnel at the patient's request. It appears that Dr. Crain does not have control over these refills.

...There is evidence that [the licensee] prescribed in such amounts and with the frequency of refills of controlled substances that he had reason to know that the amounts so prescribed were excessive under the accepted and prevailing medical practice standards.

4. On April 22, 2004, the parties resolved Complaint No. 924, without an evidentiary hearing, by entering into an Agreed Order of Indefinite Restriction. The Agreed Order of Indefinite Restriction continued the prohibition against his professional use of controlled substances. The Agreed Order also required the licensee to successfully complete an approved documentation program and an approved prescribing course. The Agreed Order prohibited the licensee from engaging in sexual conduct with any employee, patient or former patient. He was also required to complete the "Maintaining Proper Boundaries" course.
5. On November 30, 2004, the Agreed Order of Indefinite Restriction was amended to an Agreed Order. Under the Agreed Order, the licensee was permitted to resume the professional utilization of controlled substances, but was required to maintain a controlled substances log and permit review of his records upon request. Other conditions continued.
6. On September 10, 2008, Hearing Panel B issued an Order Terminating Agreed Order.

7. On November 2, 2012, the Board opened a new investigation regarding the licensee after he was identified by the KASPER Advisory Council as one of the Commonwealth's top prescribers of Alprazolam.

8. The licensee provided the following information to the Board's investigator,

He estimated he sees 20-30 patients each day and is always on call. He does not have active hospital privileges. He does not employ Physician Assistants or Nurse Practitioners. He has always used KASPER records as a screening tool for prescribing medications for patients. After HB 1 passed, he elected to obtain a KASPER report on every patient requesting a refill, and he continued referring patients on any type of pain medication to Pain Management for further long-term evaluation. His goal with anxiolytics is the same – he will continue to refer for psychiatric evaluation if the need surpasses short term. He explained that the increased need for anxiolytics may be due to the stressors many people are experiencing in these trying times. He estimates that there are approximately 4500 patients in his practice.

His daughter unexpectedly lost their mother in June 2011. This caused panic attacks in one daughter and both experienced an increase in ADD. While they were seeing a counselor, the counselor could not prescribe medications. He acknowledged prescribing controlled substances to one daughter in February, May and September 2012. He acknowledged prescribing controlled substances to his other daughter in January, February, March, May and August 2012. He realized that this was not ethical and has referred both daughters to another physician for treatment.

9. The Board obtained 12 patient records and submitted them to a Board consultant for review. The consultant completed Expert Review Worksheets on 8 of the 12 patient records; he could not render an opinion regarding the remaining 4 patient records. Of the 8 specifically reviewed, the consultant concluded that 7 were below minimum standards for diagnosis, 6 were below minimum standards for treatment, all 8 were below minimum standards for record-keeping and all 8 were clearly below minimum standards overall. In his narrative report and individual Expert Review Worksheets, the consultant concluded, in part,

...The opinions on these charts were due to illegible notes and the lack of documentation that I could not interpret from the hand written notes....The problem was when writing prescriptions for scheduled medications sometimes 150+ pills a month of Oxycodone or Hydrocodone or Xanax or Valium or a combination of these medications there was not

legible or more complete documentation as to why that dose was selected, why the dose was changed, patients response to treatment and/or need to continue or change treatment, etc.

....

The minimal standard of practice in the medical community at large would be to maintain legible records especially when writing large amounts of Percocet 10mg and valium 10mg weekly/monthly.¹ This patients chart did not have enough or legible documentation about reason to treat, response to treatment, reason or need for large doses of controlled substances. Also, patient had a urine drug screen on 1-24-12 that was negative for oxycodone/opiates this was not addressed or I could not find legible adressment per Dr Crain's notes. I did find another drug screen dated 5-16-09. These were the only two drug screens I could find in chart. KASPER Review for the last year patient was receiving Percocet 10mg #60 every one to two weeks per pharmacy.

....

Patient was receiving #150 Oxycodone 10mg, #150 Hydrocodone 10mg and #120 Alprazolam 1mg on a monthly basis without good office note documentation.

....

It was difficult to ascertain as to why patient was being treated, response to treatment, and/or any attempts to change or decrease patients medications. Also, on 2 separate drug screens 8-7-12 and 9-20-12 these were negative for opiates/oxycodone and negative amphetamines that were not addressed or I could not find addressed per Dr. Crain. Also, the drug screen on 8-17-12 had a positive THC, marijuana metabolite present and I could not find any mention per Dr. Crain and the patient continued to be prescribed scheduled medications. This is usually considered a red flag and should be addressed.

....

It was difficult to monitor patients response to treatment, ongoing treatment plans etc. due to poor documentation. I could only find 3 urine drug screens over a 5 year period. The last one I could find was dated 7-27-11, and this drug screen was positive for hydrocodone which was not consistent with report and I could not find Rx for that drug in the chart at that time.

....

This patients dosages of Lortab were increased to large amounts and then changed to methadone 10mg #168 per month with poor if any documentation as to why, or response to treatment etc. Patient also received early refills or Hydrocodone 10mg per chart on several occasions, 8-18-11, 9-13-11, 11-4-11.

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I could not find an H&P, a confirmation of the diagnosis, treatment plans, response to treatment etc. The few notes written in chart were brief and difficult to read.

....

Patient had inconsistent drug screens that were not addressed in the chart that I could find or read. There was poor or illegible documentation need for treatment, response to treatment, and need to continue treatment.

....

¹ This finding regarding illegible records was included in the consultant's findings for each of the 8 cases in which he rendered an opinion.

I could not find an H&P, documentation of treatment progress, response to treatment, etc. This patient was receiving Percocet 10mg #180 pills about every 2 weeks per chart notes and Kasper and I could not find or read any documentation as to why the patients dosages continued to increase to this large amount.

STIPULATED CONCLUSIONS OF LAW

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

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(1)(a), (c) and (d), (3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Indefinite Restriction.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve this pending grievance without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Indefinite Restriction.

AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve this pending grievance without an evidentiary hearing, the parties hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION**:

1. The license to practice medicine in the Commonwealth of Kentucky held by Thomas C. Crain, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;

2. During the effective period of this Agreed Order of Indefinite Restriction, the licensee's Kentucky medical license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:

a. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;

b. The Panel will not consider a request by the licensee to resume the professional utilization of controlled substances for a minimum period of six (6) months from the date of filing of this Agreed Order of Indefinite Restriction and will only consider such a request after the Board has received written verification that the licensee has successfully completed the following programs, at his expense:

1) the "Prescribing Controlled Drugs" course at The Center for Professional Health at Vanderbilt University Medical Center, Nashville, TN, (615) 936-0678 or the University of Florida, 8491 N.W. 39th Avenue, Gainesville, Florida 32606 (352) 265-5549;

2) the Documentation Seminar at the Center for Personalized Education for Physicians (CPEP), 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 – 303/577-3232;

c. If the Panel should grant the licensee's request to resume the professional utilization of controlled substances, it will do so by an Amended Agreed Order of Indefinite Restriction, which shall include all conditions determined by the Panel, based upon the information available to them at that time, but shall include the following conditions, at a minimum:

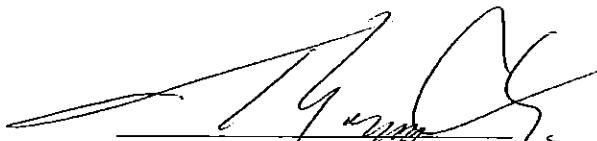
- 1) The licensee SHALL NOT prescribe, dispense or otherwise professionally utilize controlled substances for himself or for members of his immediate family;
- 2) The licensee SHALL immediately take all necessary steps to enroll in the CPEP Personalized Implementation Program. The licensee shall complete the Personalized Implementation Program, at his expense, as directed by CPEP's staff.
- 3) The licensee SHALL provide the Board's staff with written verification that he has successfully completed the 6-month Personalized Implementation Program promptly after completing that program.
- 4) The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Seminar and Personalized Implementation Program to the Board's Legal Department promptly after their completion;
- 5) The licensee shall maintain a "controlled substances log" for all controlled substances prescribed. The controlled substances log must include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets will be consecutively numbered, legible i.e. printed or typed, and must reflect "call-in" and refill information. Prescriptions should be maintained in the following manner: 1) patient; 2) chart; and 3) log.

- 6) The licensee SHALL permit the Board's agents to inspect, copy and/or obtain the controlled substance log and other relevant records, upon request, for review by the Board's agents and/or consultants.
 - 7) The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Amended Agreed Order of Indefinite Restriction. Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant's identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board's written notice. The licensee's failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Amended Agreed Order of Indefinite Restriction.
 - 8) The licensee understands and agrees that at least one favorable consultant review must be performed at an appropriate time following completion of the CPEP PIP program, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Amended Agreed Order of Indefinite Restriction.
- d. The licensee SHALL pay the costs of the investigation in the amount of \$1,275.00 within six (6) months from the date of filing of this Agreed Order of Indefinite Restriction;
 - e. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order of Indefinite Restriction, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Indefinite Restriction would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Indefinite Restriction.
4. The licensee understands and agrees that any violation of the terms of this Agreed Order of Indefinite Restriction would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.

SO AGREED on this 7th day of May, 2013.

FOR THE LICENSEE:


THOMAS C. CRAIN, M.D. 39

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

C. William Briscoe M.D.

C. WILLIAM BRISCOE, M.D.
CHAIR, INQUIRY PANEL A

C. Lloyd Vest II

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