STATE MEDICAL BOARD OF OHIO
77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614)466-3934

January 14, 1998

Pamela K. Morgan, M.T.
5969 Sinclair Road
Columbus, OH 43229-3302

Dear Ms. Morgan:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on January 14, 1998.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 895 193
RETURN RECEIPT REQUESTED

Mailed 1/28/98

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on January 14, 1998, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Pamela Kathleen Morgan, M.T., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

(SEAL)

Anand G. Garg, M.D.
Secretary

January 14, 1998
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

PAMELA KATHLEEN MORGAN, MT *

FINDINGS, ORDER AND JOURNAL ENTRY

This matter came on for consideration after a citation letter was mailed to Pamela Kathleen Morgan, M.T., by the State Medical Board of Ohio on September 11, 1997.

By letter dated September 10, 1997, notice was given to Pamela Kathleen Morgan, M.T., that the State Medical Board intended to consider disciplinary action regarding her license to practice massage therapy in Ohio, and that she was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the last known address of Pamela Kathleen Morgan, M.T., that being 519 South Fifth Street, Columbus, Ohio 43206. That notice was returned unclaimed. A second copy of the notice was mailed on October 30, 1997 to a second address, that being 5969 Sinclair Road, Columbus, Ohio 43229-3202. Service was successful at that address.

No hearing request has been received from Ms. Morgan, and more than thirty (30) days have now elapsed since the second mailing of the aforesaid notice.

WHEREFORE, for the reasons outlined in the September 10, 1997 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the certificate of Pamela Kathleen Morgan, M.T., to practice massage therapy in the State of Ohio be PERMANENTLY REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14th day of JANUARY, 1998, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

JANUARY 14, 1998
Date

Is your RETURN ADDRESS completed on the reverse side?

1am

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
PAMELA K. MORGAN, M.T.
5969 SINCLAIR ROAD
COLUMBUS, OH 43229-3202

4a. Article Number
Z 395 591 369

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X Pamela Morgan

CITE- 2nd MAILING

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

Thank you for using Return Receipt Service.

CITE- 2nd mailing

Z 395 591 369

Jam

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail *(See reverse)*

Sent to	PAMELA K. MORGAN, M.T.
Street & Number	5969 SINCLAIR ROAD
Post Office, State, & ZIP Code	COLUMBUS, OH 43229-3202
Postage	$ .55
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.00
Postmark or Date	USPS

PS Form **3800**, April 1995

AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")

2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;

3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;

4) That I have this day carefully examined the records of the Board pertaining to Pamela Kathleen Morgan, MT;

5) That based on such examination, I have found the last known address of record of Pamela Kathleen Morgan, MT, to be:

519 South Fifth Street
Columbus, OH 43206

6) Further, Affiant Sayeth Naught.

Debra L. Jones

Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Charles A. Woodbeck, Notary Public, this 30th day of December, 1997. Columbus, Franklin County, Ohio.

Notary Public

NOTARIAL SEAL
STATE OF OHIO

CHARLES A. WOODBECK, Attorney At Law
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

September 10, 1997

Pamela K. Morgan, M.T.
519 South 5th Street
Columbus, OH 43206

Dear Ms. Morgan:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice massage therapy, or to reprimand or place you on probation for one or more of the following reasons:

(1) During the period from at least January 1997 to present, you identified yourself to patients as "Doctor" Morgan by employing a recorded message on your answering machine at (614) 444-2444 asking for the caller's phone number, "...so Dr. Morgan can return your call."

At no time during the above period were you licensed to practice medicine and surgery by the State Medical Board of Ohio.

(2) On or about January 8, 1997, in a conversation with an investigator from the State Medical Board, in response to a query of why you called yourself a "doctor" on your answering machine, you stated that you had attended the Central States College of Health Sciences and everyone there was called a doctor.

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute a "(v)iolation of the conditions of limitation placed by the board upon a certificate to practice or violation of the conditions of limitation upon which a limited or temporary registration or certificate to practice is issued," as that clause is used in Section 4731.22(B)(15), Ohio Revised Code, to wit: Rule 4731-1-03, Ohio Administrative Code, General prohibitions.

Further, your acts, conduct and /or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-1-03, Ohio Administrative Code, General prohibitions.

Mailed 9/11/97

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing this notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice massage therapy or to reprimand or place you on probation.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Thomas E. Gretter, M.D.
Secretary

TEG/caf

Enclosures

CERTIFIED MAIL #P 152 984 491
RETURN RECEIPT REQUESTED

4731-1-03 GENERAL PROHIBITIONS

(A) No person holding a certificate to practice a limited branch of medicine or surgery shall perform or hold himself out as able to perform surgery, or any other act which involves a piercing or puncturing of the skin or membranous tissues of the human body unless specifically permitted under the rules defining the scope of that limited branch.

(B) No person holding a certificate to practice a limited branch of medicine or surgery shall prescribe, dispense or administer any drug or medicine.

(C) Except as is specifically permitted under the rules defining the scope of a limited branch of medicine or surgery, no person holding such a certificate shall diagnose or treat infectious, contagious or venereal diseases, or any wound, fracture or bodily injury, infirmity, or disease.

(D) The designation "dr. [sic]" or "doctor [sic]" shall not precede the name of the limited practitioner. No person holding a certificate to practice a limited branch of medicine or surgery shall employ, or cause to be employed, the designation "Dr." or "Doctor" without also qualifying such designation by the name or an abbreviation of the limited branch for which he has been certificated. The appropriate designation must follow the name of the limited practitioner (e.g., "John Doe, Doctor of Mechanotherapy" or "John Doe, D.M.") and may be employed or caused to be employed by the limited practitioner only if the limited practitioner has received a degree granting such a title from a school empowered to grant the degree.

(E) No person holding a certificate to practice a limited branch of medicine or surgery shall employ, or cause to be employed, the designation "Physician" or "Surgeon" no matter how qualified or how employed in combination with other language.

(F) No person holding a certificate to practice any limited branch or branches of medicine or surgery shall hold himself out as certificated in or able to practice any limited branch of medicine or surgery for which that person has not been certificated.

(G) No person holding a certificate to practice any limited branch or branches of medicine or surgery shall conduct such practice under any name or title, either as an individual, company or concern, except under his own name or that mentioned in the certificate.

Eff. 6/17/91