State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

January 12, 2000

Thomas R. Spencer, D.O.
836 Thurber Drive West, Apt. 15
Columbus, Ohio 43215

Dear Doctor Spencer:

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 12, 2000.

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 233 896 670
RETURN RECEIPT REQUESTED

cc: Charles Knight, Esq.
CERTIFIED MAIL RECEIPT NO. Z 233 896 671
RETURN RECEIPT REQUESTED

Mailed 1/13/00

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 12, 2000, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Thomas R. Spencer, D.O., 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 12, 2000
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

THOMAS R. SPENCER, D.O. *
*
*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated November 17, 1999, notice was given to Thomas R. Spencer, D.O., that the State Medical Board intended to consider disciplinary action regarding his license to practice osteopathic medicine and surgery in Ohio, and that he 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 November 18, 1999, via certified mail, return receipt requested, to the address of record of Doctor Spencer, that being 836 Thurber Drive West, Apt. 15, Columbus, Ohio 43215.

The Medical Board's records reflect that appropriate service of the Notice was obtained. However, no request for hearing has been received and more than thirty (30) days have elapsed since the mailing of the aforesaid Notice.

WHEREFORE, for the reasons outlined in the letter of Notice of Opportunity for Hearing, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Thomas R. Spencer, D.O., to practice osteopathic medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 12TH day of JANUARY 2000, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

JANUARY 12, 2000
Date

State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

November 17, 1999

Thomas R. Spencer, D.O.
836 Thurber Drive West, Apt. 15
Columbus, Ohio 43215

Dear Doctor Spencer:

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, permanently revoke, suspend, refuse to register or reinstate your certificate to practice osteopathic medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

(1)(a) On August 11, 1999, you entered into a Step I Consent Agreement with the State Medical Board of Ohio based upon your violation of Sections 4731.22(B)(10) and (26), Ohio Revised Code. In the agreement, you made certain admissions, including that in 1998, you began treatment with a psychiatrist and during the course of your treatment, admitted to your psychiatrist that you were addicted to Ultram, Lorcet, and alcohol; on May 5, 1998, you were admitted to Highland Hospital in Charleston, West Virginia, after your psychiatrist reported to police that you were exhibiting suicidal and homicidal behavior in your home and thereafter you completed an inpatient chemical dependency treatment program at Highland Hospital; in April 1999, you appeared for work at Doctor's Hospital with alcohol on your breath and subsequently entered treatment at Harding Hospital, a Board approved treatment provider in Worthington, Ohio; and during the time of your addiction to Lorcet, you inappropriately involved patients in your efforts to obtain Lorcet. A copy of the August 1999 Step I Consent Agreement is attached hereto and incorporated herein.

(1)(b) Paragraph 3 of your August 1999 Step I Consent Agreement states that you "shall abstain completely from the use of alcohol."

On or about August 27, 1999, through Harding Hospital, you reported that you had relapsed on alcohol and been admitted to inpatient treatment at Harding Hospital. Subsequently, the Board received documentation of an incident that occurred on August 14, 1999, in Pleasants County, West Virginia, when your

Mailed 11/18/99

vehicle was stopped by an officer for the Pleasants County Sheriff's Department following a report from your estranged wife that you were following her car. The officer at the scene documented in his report that he noted a bottle containing an alcoholic beverage in your car, that you smelled of alcohol, and that your breath alcohol content tested .132 on the Intoxilyzer 5000. Further, on or about October 19, 1999, in the Magistrate Court of Pleasants County, West Virginia, you pleaded guilty to Driving Under the Influence, based upon the events of August 14, 1999.

Further, on or about October 14, 1999, you submitted to a breathalizer test for alcohol at Harding Hospital that tested positive for alcohol. Further, on or about October 14, 1999, you also submitted to a urine drug and alcohol screen at Harding Hospital which tested positive for alcohol.

Further, on October 29, 1999, you submitted your quarterly declaration to the Board and therein reported a relapse and a urine that was positive for alcohol.

When you were contacted by the Board's Compliance Officer to discuss the information that you had reported in your quarterly declaration, you reported that you had eaten two bowls of fruit salad that was "spiked" with alcohol prior to submitting to the breathalyzer and the urine screen at Harding Hospital which tested positive for alcohol.

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," as that clause is used in Section 4731.22(B)(15), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

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 of this notice.

You are further advised that, if you timely request a hearing, 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, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG/bjs
Enclosures

CERTIFIED MAIL #Z 395 587 738
RETURN RECEIPT REQUESTED

Duplicate Mailing: 778 Oliver Street, Middleport, OH 45760
CERTIFIED MAIL # P 152 984 737
RETURN RECEIPT REQUESTED

cc: Charles Knight, Esq.
CERTIFIED MAIL #P 152 983 711
RETURN RECEIPT REQUESTED

US Postal Service
Receipt for Certified Mail
Thomas R. Spencer, DO
836 Thurber Drive West, Apt. 15
Columbus, OH 43215

Postage	$ 1.43
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 4.08
Postmark or Date	NOV 26 1999 COLUMBUS OH USPS

PS Form 3800, April 1995

CITE-SPENCER JAM

P 152 983 711

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

Sent to	CHARLES KNIGHT, ESQ.
Street & Number	109 W. SECOND ST. PO BOX 369
Post Office, State, & ZIP Code	POMEROY, OH 45769
Postage	$ 1.43
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 4.08
Postmark or Date	NOV 26 1999 COLUMBUS OH USPS

PS Form 3800, April 1995

Thank you for using Return Receipt Service.

JAM

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

3. Article Addressed to:
Thomas R. Spencer, DO
836 Thurber Drive West, Apt. 15
Columbus, OH 43215

4a. Article Number
P 152 984 737

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

7. Date of Delivery
NOV 29 1999

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

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Thomas R. Spencer CITE

102595-99-B-0223
PS Form 3811, December 1994 Domestic Return Receipt

Thank you for using Return Receipt Service.

JAM

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:
THOMAS R. SPENCER, DO
778 OLIVER STREET
MIDDLEPORT, OH 45760

4a. Article Number
Z 395 587 738

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

7. Date of Delivery
NOV 20 1999

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

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X Thomas R. Spencer

PS Form 3811, December 1994 Domestic Return Receipt

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

Z 395 587 738

Sent to	THOMAS R. SPENCER, DO
Street & Number	778 OLIVER STREET
Post Office, State, & ZIP Code	MIDDLEPORT, OH 45760
Postage	$ 1.43
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 4.08
Postmark or Date	NOV 20 1999 COLUMBUS OH USPS

PS Form 3800, April 1995

JAM

Thank you for using Return Receipt Service.

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:
CHARLES KNIGHT, ESQ.
109 W. SECOND STREET
P.O. BOX 369
POMEROY, OH 45769

4a. Article Number
P 152 983 711

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

7. Date of Delivery
11-19-99

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

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X CITE - SPENCER

PS Form 3811, December 1994 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

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 Thomas R. Spencer, D.O.

5) That based on such examination, I have found the last known address of record of Thomas R. Spencer, D.O. to be:

836 Thurber Drive West, Apt. 15
Columbus, Ohio 43215

6) Further, Affiant Sayeth Naught.

Debra L. Jones

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

Sworn to and signed before me, Kristine A. Goodman, Notary Public, this 22nd day of December, 1999.

Kristine A. Goodman

Notary Public

NOTARIAL SEAL
STATE OF OHIO

KRISTINE A. GOODMAN
Notary Public, State of Ohio
My Commission Expires
11/9/2002

STEP I
CONSENT AGREEMENT
BETWEEN
THOMAS RICHARD SPENCER, D.O.
AND
THE STATE MEDICAL BOARD OF OHIO

This CONSENT AGREEMENT is entered into by and between THOMAS RICHARD SPENCER, D.O., and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

THOMAS RICHARD SPENCER, D.O., enters into this CONSENT AGREEMENT being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

STATE MEDICAL BOARD OF OHIO
1999 AUG -5 PM 3:26

BASIS FOR ACTION

This CONSENT AGREEMENT is entered into on the basis of the following stipulations, admissions and understandings:

A. THE STATE MEDICAL BOARD OF OHIO is empowered by Sections 4731.22(B)(10) and (26), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for "commission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed," and "impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice."

B. THE STATE MEDICAL BOARD OF OHIO enters into this CONSENT AGREEMENT in lieu of formal proceedings based upon the violations of Sections 4731.22(B)(10) and (26), Ohio Revised Code, as set forth in Paragraphs E, F, G, and H, below, and expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement.

C. THOMAS RICHARD SPENCER, D.O., is licensed to practice osteopathic medicine and surgery in the State of Ohio.

D. THOMAS RICHARD SPENCER, D.O., STATES that he is also licensed to practice osteopathic medicine and surgery in the State of West Virginia.

E. THOMAS RICHARD SPENCER, D.O., ADMITS that in 1998, he entered psychiatric treatment with Nancy B. Graham M.D., in Point Pleasant, West Virginia.

DOCTOR SPENCER further ADMITS that during the course of his treatment with Dr. Graham, he admitted that he was addicted to Ultram, Lorcet and alcohol, and that Dr. Graham initiated a treatment plan for DOCTOR SPENCER that involved detoxification and abstinence from mood-altering chemicals.

DOCTOR SPENCER further ADMITS that on May 5, 1998, police officers for the City of Pomeroy were called to his home due to a report from Dr. Graham that DOCTOR SPENCER was exhibiting suicidal and homicidal behavior. Following the officers arrival, it was noted that DOCTOR SPENCER had fired over fifty rounds from a firearm into the ceiling of his bedroom. After talking with officers, DOCTOR SPENCER agreed to be transported to Hiland Hospital in Charleston, West Virginia.

DOCTOR SPENCER further ADMITS that prior to the incident on May 5, 1998, he had consumed large amounts of Lorcet and alcohol.

DOCTOR SPENCER further ADMITS that on May 5, 1998, he was admitted to the psychiatric unit at Hiland Hospital. DOCTOR SPENCER further ADMITS that he was subsequently transferred to the chemical dependency unit at Hiland Hospital where he completed the inpatient treatment program. DOCTOR SPENCER further ADMITS that following his discharge from Hiland Hospital, he participated in follow-up care at Threshold Inc., in Charleston, West Virginia, until June 1998.

F. DOCTOR SPENCER further ADMITS that during the time of his Lorcet addiction, he inappropriately involved patients in his efforts to obtain Lorcet.

DOCTOR SPENCER further ADMITS that in October 1994 and April 1998, he was contacted by an Investigator for the State Medical Board of Ohio and advised that the Board had received reports indicating that DOCTOR SPENCER may be an impaired physician and that DOCTOR SPENCER may be obtaining drugs from patients for his personal use. During both interviews, DOCTOR SPENCER denied that he was impaired. Further, during the April

1998 interview, DOCTOR SPENCER stated that he did not take any medications that were not prescribed for him, and denied that he had ever obtained drugs from patients.

G. DOCTOR SPENCER further ADMITS that in June 1998, he re-located to Columbus, Ohio, to begin a residency in Emergency Medicine at Doctor's Hospital in Columbus, Ohio. DOCTOR SPENCER further ADMITS that in April 1999, he appeared for work at Doctor's North Hospital with alcohol on his breathe.

DOCTOR SPENCER further ADMITS that following this incident, he was referred to treatment at Harding Hospital.

DOCTOR SPENCER further ADMITS that from April 30, to May 10, 1999, he received inpatient treatment at Harding Hospital, a Board approved treatment provider in Worthington, Ohio. DOCTOR SPENCER further ADMITS that he participated in outpatient treatment at Harding Hospital until June 1999.

H. DOCTOR SPENCER further ADMITS that on June 22, 1999, he signed an advocacy contract with the Ohio Physicians Effectiveness Program.

1999 AUG -5 P 3:22 STATE MEDICAL BOARD OF OHIO

AGREED CONDITIONS

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, THOMAS RICHARD SPENCER, D.O., knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO, (hereinafter BOARD), to the following terms, conditions and limitations:

SUSPENSION OF CERTIFICATE

1. The certificate of DOCTOR SPENCER, to practice osteopathic medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than eighteen (18) months;

Sobriety

2. DOCTOR SPENCER shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of DOCTOR SPENCER's history of chemical dependency;

3. DOCTOR SPENCER shall abstain completely from the use of alcohol;

Releases; Quarterly Declarations and Appearances

4. DOCTOR SPENCER shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for DOCTOR SPENCER's chemical dependency, psychiatric illness, or related conditions, or for purposes of complying with the CONSENT AGREEMENT, whether such treatment or evaluation occurred before or after the effective date of this CONSENT AGREEMENT. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. DOCTOR SPENCER further agrees to provide the BOARD written consent permitting any treatment provider from whom he obtains treatment to notify the BOARD in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this CONSENT AGREEMENT.

5. DOCTOR SPENCER shall submit quarterly declarations under penalty of BOARD disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this CONSENT AGREEMENT. The first quarterly declaration must be received in the BOARD's offices on the first day of the third month following the month in which the CONSENT AGREEMENT becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the BOARD's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the BOARD's offices on or before the first day of every third month;

6. DOCTOR SPENCER shall appear in person for quarterly interviews before the BOARD or its designated representative, or as otherwise directed by the BOARD.

If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled. (Example: The first quarterly appearance is scheduled for February, but based upon the doctor's serious personal illness he is permitted to delay appearance until April. The next appearance will still be scheduled for May, three months after the appearance as originally scheduled.) Although the BOARD will normally give DOCTOR SPENCER written notification of scheduled appearances, it is DOCTOR SPENCER's responsibility to know

STATE MEDICAL BOARD OF OHIO 1999 AUG 25 PM 3:23

when personal appearances will occur. If he does not receive written notification from the BOARD by the end of the month in which the appearance should have occurred, DOCTOR SPENCER shall immediately submit to the BOARD a written request to be notified of his next scheduled appearance;

Drug & Alcohol Screens; Supervising Physician

7. DOCTOR SPENCER shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the BOARD. DOCTOR SPENCER shall ensure that all screening reports are forwarded directly to the BOARD on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board;

Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR SPENCER shall submit to the BOARD for its prior approval the name of a supervising physician to whom DOCTOR SPENCER shall submit the required urine specimens. In approving an individual to serve in this capacity, the BOARD will give preference to a physician who practiced in the same locale as DOCTOR SPENCER. The supervising physician shall ensure that the urine specimens are obtained on a random basis, that the giving of the specimen is witnessed by a reliable person, and that appropriate control over the specimen is maintained. In addition, the supervising physician shall immediately inform the BOARD of any positive screening results;

DOCTOR SPENCER shall ensure that the supervising physician provides quarterly reports to the BOARD, on forms approved or provided by the BOARD, verifying whether all urine screens have been conducted in compliance with this CONSENT AGREEMENT, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his responsibilities;

In the event that the designated supervising physician becomes unable or unwilling to so serve, DOCTOR SPENCER must immediately notify the BOARD in writing, and make arrangements acceptable to the BOARD for another supervising physician as soon as practicable. DOCTOR SPENCER shall further ensure that the previously designated supervising physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefore;

All screening reports and supervising physician reports required under this paragraph must be received in the BOARD's offices no later than the due date

STATE MEDICAL BOARD OF OHIO
96 - S - 21

for DOCTOR SPENCER's quarterly declaration. It is DOCTOR SPENCER's responsibility to ensure that reports are timely submitted;

CONDITIONS FOR REINSTATEMENT

8. The BOARD shall not consider reinstatement of DOCTOR SPENCER's certificate to practice osteopathic medicine and surgery unless and until all of the following conditions are met:

   a. DOCTOR SPENCER shall submit an application for reinstatement, accompanied by appropriate fees, if any;

   b. DOCTOR SPENCER shall demonstrate to the satisfaction of the BOARD that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:

      i. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that DOCTOR SPENCER has successfully completed any required inpatient treatment;

      ii. Evidence of continuing full compliance with an aftercare contract or consent agreement;

      iii. Three written reports indicating that DOCTOR SPENCER's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care.

      Two reports shall be made by individuals or providers approved under Section 4731.25 of the Revised Code for making such assessments.

      One report shall be made by a psychiatrist, approved in advance by the BOARD, who has conducted a psychiatric evaluation of DOCTOR SPENCER.

      Prior to the evaluations, DOCTOR SPENCER shall provide the evaluators with copies of his patient records from any psychiatric treatment and/or chemical dependency treatment that he has received, and a copy of this CONSENT

AGREEMENT. The reports shall describe the bases for the evaluators' determinations and shall include a detailed recommended plan of any care, counseling, and treatment that may be required for DOCTOR SPENCER. The report shall also include any recommended conditions, restrictions, or limitations that should be imposed on DOCTOR SPENCER's practice.

c. DOCTOR SPENCER shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the BOARD or, if the BOARD and DOCTOR SPENCER are unable to agree on the terms of a written CONSENT AGREEMENT, then DOCTOR SPENCER further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code.

Further, upon reinstatement of DOCTOR SPENCER's certificate to practice osteopathic medicine and surgery in this state, the BOARD shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code and, upon termination of the consent agreement or Board Order, submission to the BOARD for at least two years of annual progress reports made under penalty of BOARD disciplinary action or criminal prosecution stating whether DOCTOR SPENCER has maintained sobriety.

9. In the event that DOCTOR SPENCER has not been engaged in the active practice of osteopathic medicine and surgery for a period in excess of two years prior to application for reinstatement, the BOARD may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of DOCTOR SPENCER's fitness to resume practice.

REQUIRED REPORTING BY LICENSEE

10. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR SPENCER shall provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. DOCTOR SPENCER further agrees to provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for

any professional license or reinstatement of any professional license. Further, DOCTOR SPENCER shall provide this BOARD with a copy of the return receipt as proof of notification within thirty (30) days of receiving that return receipt.

11. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR SPENCER shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, DOCTOR SPENCER shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

The above described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties.

FAILURE TO COMPLY

If, in the discretion of the Secretary and Supervising Member of the BOARD, DOCTOR SPENCER appears to have violated or breached any term or condition of this CONSENT AGREEMENT, the BOARD reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this CONSENT AGREEMENT.

ACKNOWLEDGMENTS/LIABILITY RELEASE

DOCTOR SPENCER acknowledges that he has had an opportunity to ask questions concerning the terms of this CONSENT AGREEMENT and that all questions asked have been answered in a satisfactory manner.

STATE MEDICAL BOARD OF OHIO
1996 AUG -5 P 3:06

Any action initiated by the BOARD based on alleged violations of this CONSENT AGREEMENT shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

DOCTOR SPENCER hereby releases THE STATE MEDICAL BOARD OF OHIO, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

EFFECTIVE DATE

It is expressly understood that this CONSENT AGREEMENT is subject to ratification by the BOARD prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

THOMAS R. SPENCER, D.O.

8/4/99
DATE

CHARLES KNIGHT, ESQ.
Attorney for Dr. SPENCER

8/4/99
DATE

ANAND G. GARG, M.D.
Secretary

8/11/99
DATE

RAYMOND J. ALBERT
Supervising Member

8/11/99
DATE

ANNE B. STRAIT, ESQ.
Assistant Attorney General

8/11/99
DATE

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STATE MEDICAL BOARD OF OHIO