

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
SURRENDER OF CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY**

I, Glenn Alden Bollard, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Glenn Alden Bollard, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, License #35.051213, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio in the future. Further, I acknowledge that I am not currently legally authorized to practice medicine and surgery in Ohio due to the suspension of my certificate pursuant to an Order issued by the State Medical Board of Ohio on or about January 14, 2009, in the matter of Glenn Alden Bollard, M.D., Case No. 08-CRF-058.

I understand that as a result of the surrender herein I will no longer be permitted to practice medicine and surgery in any form or manner in the State of Ohio in the future.

I agree that I shall be ineligible for, and shall not apply for, reinstatement or restoration of certificate to practice medicine and surgery, License #35.051213, or issuance of any other certificate pursuant to the authority of the State Medical Board of Ohio, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I stipulate and agree that I am taking the action described herein in lieu of continuing compliance with the terms of the aforementioned Order of the Board, which was based upon violations that included Sections 4731.22(B)(10) and 4731.22(B)(11), Ohio Revised Code. I am currently in compliance with the terms of that Board Order.

I, Glenn Alden Bollard, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

It is understood and agreed that this Surrender of Certificate to Practice Medicine and Surgery is not a disciplinary action, and will not be reported to the Federation of State Medical Boards or National Practitioner Data Bank as a disciplinary action. This Surrender of Certificate to Practice Medicine and Surgery shall be considered a public

Surrender of Certificate  
Glenn Alden Bollard, M.D.

record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations and governmental bodies. I, Glenn Alden Bollard, M.D., acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

**EFFECTIVE DATE**

It is expressly understood that this Surrender of Certificate 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.

*Glenn Alden Bollard, MD*  
\_\_\_\_\_  
GLENN ALDEN BOLLARD, M.D.

*Lance A. Talmage MD*  
\_\_\_\_\_  
LANCE A. TALMAGE, M.D.  
Secretary

*May 5, 2009*  
\_\_\_\_\_  
DATE

*5-13-09*  
\_\_\_\_\_  
DATE

*Eliz Collis*  
\_\_\_\_\_  
ELIZABETH Y. COLLIS, ESQ.  
Attorney for Dr. Bollard

*Raymond J. Albert*  
\_\_\_\_\_  
RAYMOND J. ALBERT  
Supervising Member

*5-7-09*  
\_\_\_\_\_  
DATE

*5/13/09*  
\_\_\_\_\_  
DATE

*Karen Mortland*  
\_\_\_\_\_  
KAREN MORTLAND  
Enforcement Attorney

*5/7/09*  
\_\_\_\_\_  
DATE

OHIO STATE MEDICAL BOARD

MAY - 7 2009

**RECEIVED**

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127



Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

March 11, 2009

Glenn Alden Bollard, M.D.  
11210 Hunters Ridge Blvd.  
Meadville, PA 16335

RE: Case No. 08-CRF-058

Dear Doctor Bollard:

Please find enclosed certified copies of the Entry of Order Upon Motion for Reconsideration; the Report and Recommendation of Patricia A. Davidson, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of the Minutes of the State Medical Board, meeting in regular session on January 14, 2009, including motions affirming the Findings and Amended Order of the State Medical Board of Ohio and on March 11, 2009, denying the Motion for Reconsideration.

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

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

THE STATE MEDICAL BOARD OF OHIO

  
Lance A. Talmage, M.D. RW  
Secretary

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 91 7108 2133 3936 3160 5618  
RETURN RECEIPT REQUESTED

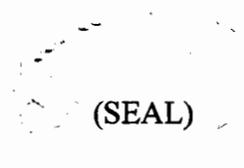
Cc: Elizabeth Y. Collis, Esq.  
CERTIFIED MAIL NO. 91 7108 2133 3936 3160 5625  
RETURN RECEIPT REQUESTED

*Mailed 4.24.09*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order Upon Motion for Reconsideration of the State Medical Board of Ohio; Report and Recommendation of Patricia A. Davidson, State Medical Board Attorney Hearing Examiner; and excerpt of Minutes of the State Medical Board, meeting in regular session on January 14, 2009, affirming the Findings of Fact, Conclusions of Law and Amended Entry of Order and on March 11, 2009, denying the Motion for Reconsideration; constitute a true and complete copy of the Findings and Entry of Order Upon Motion for Reconsideration of the State Medical Board in the matter of Glenn Alden Bollard, M.D., Case No. 08-CRF-058, as it appears in the Journal of the State Medical Board of Ohio.

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



(SEAL)

*Lance A. Talmage MD*

\_\_\_\_\_  
Lance A. Talmage, M.D. RW  
Secretary

March 11, 2009

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

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\*

CASE NO. 08-CRF-058

GLENN ALDEN BOLLARD, M.D.

\*

ENTRY OF ORDER UPON MOTION FOR RECONSIDERATION

This matter came on pursuant to a Motion for Reconsideration before the State Medical Board of Ohio on March 11, 2009. Said Motion was denied by vote of the Board.

Upon the Report and Recommendation of Patricia A. Davidson, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, the following Order is hereby entered on the Journal of the State Medical Board of Ohio on March 11, 2009.

It is hereby ORDERED that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Glenn Alden Bollard, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED; such revocation is STAYED, and Dr. Bollard's certificate shall be SUSPENDED for an indefinite period of time but not less than one year.
- B. **INTERIM MONITORING:** During the period that Dr. Bollard's certificate to practice in Ohio is suspended, he shall comply with the following terms, conditions, and limitations:
  1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of physicians in any state in which he practices.
  2. **Comply with Other State's Orders/Agreements.** Dr. Bollard shall comply with all the terms, conditions, and limitations imposed pursuant to the consent agreement entered with the Pennsylvania Board of Medicine ("Pennsylvania Board"), any orders issued by that board, and the monitoring agreement(s) with the Pennsylvania PHP and/or PHMP.
  3. **Quarterly Appearances and Quarterly Declarations:** Dr. Bollard shall appear in person for an interview before the full Board or its designated representative during

the third month following the effective date of this Order, or as otherwise requested by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested 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.

Dr. Bollard shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

At the time he submits his quarterly declarations, Dr. Bollard shall also submit declarations under penalty of Board disciplinary action or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Pennsylvania Board, and the Pennsylvania PHP and/or PHMP. Moreover, Dr. Bollard shall cause to be submitted to the Board copies of any reports that he submits to the Pennsylvania board, whenever that board requires such submission. Further, Dr. Bollard shall provide to the Board a copy of any further order or modification of the consent agreement issued or approved by the Pennsylvania Board.

4. **Sobriety**

- a. **Abstention from Drugs:** Dr. Bollard 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 Dr. Bollard's history of chemical dependency. Further, in the event that Dr. Bollard is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Bollard shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Bollard received, the medical purpose for which he received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use. Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Bollard shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.
- b. **Abstention from Alcohol:** Dr. Bollard shall abstain completely from the use of alcohol.

5. **Drug & Alcohol Screens; Drug Testing Facility and Collection Site**

- a. Dr. Bollard shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Bollard 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, and shall include Dr. Bollard's drug(s) of choice.
- b. Dr. Bollard shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Bollard shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- c. Dr. Bollard shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Bollard shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result in a toxicology screen is prohibited under this Order.

- d. All screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and a Board-approved collection site, except as provided in Paragraph 6 below ("Alternative Drug-testing and/or Collection Site"). Further, the screening process shall require a daily call-in procedure.
- e. Within 30 days of the effective date of this Order, Dr. Bollard shall enter into the necessary financial and/or contractual arrangements with a Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Bollard shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Bollard and the Board-approved DFCS. Dr. Bollard's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- f. Dr. Bollard shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Bollard and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- g. Dr. Bollard shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order and whether all urine screens have been negative.
  - h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Bollard must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 6 below, as soon as practicable. Dr. Bollard shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefore.
  - i. Dr. Bollard acknowledges that the Board expressly reserves the right to withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Bollard shall submit urine specimens to a Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Bollard, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Bollard.<sup>1</sup>
- a. Within 30 days of the date on which Dr. Bollard is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Bollard, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Bollard shall submit the required urine specimens.

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<sup>1</sup> As an alternative to the requirements of paragraph B.6.a. of this Order, the Board will accept the reports of toxicology screens performed pursuant to the September 2008 consent agreement between Dr. Bollard and the Pennsylvania Bureau of Professional Affairs, State Board of Medicine [Pennsylvania Board] as the alternative DFCS, as long as those screens meet this Board's requirements under Ohio law. Paragraphs B.6.b. through B.6.d remain in effect.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Bollard's residence or employment location, or to a physician who practices in the same locale as Dr. Bollard. Dr. Bollard shall ensure that the urine-screening process performed through the alternative DFCS or supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Bollard acknowledges that the alternative DFCS or supervising physician shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- b. Dr. Bollard shall ensure that the alternative DFCS or supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
  - c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Bollard must immediately notify the Board in writing. Dr. Bollard shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Bollard shall, in order to ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Bollard.
  - d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Bollard's designated alternative DFCS or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug & Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration. It is Dr. Bollard's responsibility to ensure that reports are timely submitted.
  8. **Additional Screening without Prior Notice:** On the Board's request and without prior notice, Dr. Bollard must provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Bollard, or for any other purpose, at Dr. Bollard's expense. Dr. Bollard's refusal to submit a specimen on request of the

Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

9. **Rehabilitation Program:** Dr. Bollard shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Bollard shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declarations.
10. **Psychiatric Assessment and Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Bollard's choice, to provide a psychiatric assessment to the Board. Dr. Bollard may request that the Board consider his treating psychiatrist in Ohio or the psychiatrist approved (if any) by the Pennsylvania Board pursuant to his consent agreement with that board, on the condition that the treatment provider approved under the Pennsylvania consent agreement continues to be accepted by the Pennsylvania Board under the terms of Dr. Bollard's probation in that state.

Upon approval by the Board, Dr. Bollard shall obtain from the approved psychiatrist an assessment of Dr. Bollard's current psychiatric status. Prior to the initial assessment, Dr. Bollard shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, relevant exhibits, and any other documentation that the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue psychiatric treatment weekly or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Bollard shall comply with his psychiatric treatment plan, including taking medications as prescribed for his/her psychiatric disorder.

Dr. Bollard shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan; Dr. Bollard's psychiatric status, Dr. Bollard's progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his treating psychiatrist immediately notifies the Board of Dr. Bollard's failure to comply with his psychiatric treatment plan and/or any determination that Dr. Bollard is unable to practice due to his psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Bollard shall further ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

11. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist**  
**Only:** Dr. Bollard shall assure that any mood-altering or psychotropic medication prescribed for him shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph 10 above.
12. **Psychological Assessment/Continued Psychotherapy:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychologist or counselor (hereinafter "therapist") of Dr. Bollard's choice. The Board may consider Ms. Kightlinger as an approved provider.

Upon approval by the Board, Dr. Bollard shall obtain from the approved therapist a written assessment of Dr. Bollard's current status. Prior to the initial assessment, Dr. Bollard shall furnish the approved therapist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the therapist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved therapist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current status and condition;
- b. A detailed plan of recommended treatment, if any, based upon the therapist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
- d. Any reports upon which the treatment recommendation is based, including reports of examination and psychological or other testing.

Should the Board-approved therapist recommend psychological treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue treatment weekly or as otherwise directed by the Board. Dr. Bollard shall comply with his treatment plan, including taking medications as prescribed for his disorder.

Dr. Bollard shall continue in psychological treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved therapist. The reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan, Dr. Bollard's status, Dr. Bollard's progress in treatment, and results of any studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his therapist immediately notifies the Board of Dr. Bollard's failure to comply with his treatment plan and/or any determination that Dr. Bollard is unable to practice due to his disorder.

In the event that the designated therapist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another therapist as soon as practicable. Dr. Bollard shall further ensure that the previously designated therapist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

13. **Releases:** Dr. Bollard 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 Dr. Bollard's chemical dependency/abuse and psychiatric and/or physical conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, 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. Dr. Bollard further shall 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 Order.

14. **Absences from His State of Residence:** Dr. Bollard shall obtain permission from the Board for departures or absences from the state where he resides (where his urine screens, counseling, etc., are performed). Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

In the event that Dr. Bollard resides and/or is employed at a location that is within fifty miles of the geographic border of his state of residence and a contiguous state, Dr. Bollard may travel between his state of residence and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Bollard is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

The Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Order for occasional periods of absence of fourteen days or less.

15. **Required Reporting of Change of Address:** Dr. Bollard shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Bollard's certificate to practice medicine and surgery in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Bollard shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Bollard shall have maintained compliance with all the terms, conditions and limitations set forth in Paragraph B of this Order.
3. **Demonstration of Ability to Resume Practice:** Dr. Bollard shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
  - a. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.

- b. Evidence of continuing full compliance with this Order.
- c. Two written reports indicating that Dr. Bollard's **physical** ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care.

These reports shall have been made by physicians knowledgeable in the area of neurology and who have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- d. Two written reports indicating that Dr. Bollard's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependence/abuse and any psychiatric disorder(s).

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated

assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. **Additional Evidence of Fitness To Resume Practice/SPEX:**

Prior to submitting his application for reinstatement or restoration, Dr. Bollard shall take and pass the SPEX examination, or other written examination that the Board approves, to assess Dr. Bollard's clinical competency.

D. **PROBATION:** Upon reinstatement or restoration, Dr. Bollard's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in any state in which he is practicing.
2. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Bollard shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
3. **Practice Plan:** Prior to Dr. Bollard's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Bollard's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Bollard shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Bollard submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary or Supervising Member will give preference to a physician who practices in the same locale as Dr. Bollard and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Bollard and his medical practice, and shall review Dr. Bollard's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Bollard and his practice, and on the review of Dr. Bollard's patient charts. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing. In addition, Dr. Bollard shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Bollard shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

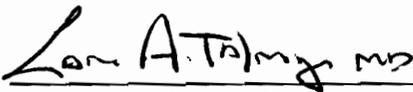
4. **Tolling of Probationary Period while Out of Compliance:** In the event Dr. Bollard is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Bollard's certificate will be fully restored.
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Bollard violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER**
1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to all employers or entities with which he is under contract to provide health-care services (including but not limited to third-party payors), or is receiving training, and the chief of staff at each hospital or health-care center where he has privileges or appointments.  
  
In the event that Dr. Bollard provides any health-care services or health-care direction or medical oversight to any emergency medical services organization or emergency medical services provider, Dr. Bollard shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.
  2. **Required Reporting To Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to the proper licensing authority of any State or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate.

Dr. Bollard further shall provide a copy of this Order at the time of application to the proper licensing authority of any State or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Bollard received from the Board written notification of the successful completion of the probation.

3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Bollard shall promptly provide a copy of this Order to all persons and entities that provide chemical-dependency treatment to or monitoring of Dr. Bollard.
  
4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Bollard shall provide the Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (1) the return receipt of certified mail within 30 days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

**EFFECTIVE DATE:** This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

(SEAL)

  
\_\_\_\_\_  
Lance A. Talmage, M.D. RW  
Secretary

March 11, 2009  
\_\_\_\_\_  
Date

March 11, 2009

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This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

**DR. VARYANI SECONDED THE MOTION.** A vote was taken:

VOTE:	Dr. Egner	- aye
	Dr. Suppan	- aye
	Dr. Varyani	- aye
	Mr. Jacobson	- aye
	Dr. Amato	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- nay
	Dr. Madia	- aye

The motion carried.

**DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. PETRUCCI'S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF JAY WELDON MARTIN, M.D. DR. MAHAJAN SECONDED THE MOTION.** A vote was taken:

VOTE:	Dr. Egner	- aye
	Dr. Suppan	- aye
	Dr. Varyani	- aye
	Mr. Jacobson	- aye
	Dr. Amato	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Madia	- aye

The motion carried.

GLENN A. BOLLARD, M.D.

Dr. Madia directed the Board's attention to the matter of Glenn A. Bollard, M.D. He advised that at its meeting on January 14, 2009, the Board considered the matter of Dr. Bollard. The Board adopted an order of permanent revocation, stayed the revocation subject to suspension for at least one year, with interim monitoring conditions, conditions for reinstatement, and subsequent probationary terms, conditions, and limitations for at least five years. Dr. Bollard subsequently filed a motion for reconsideration of the Board's Order.

Dr. Madia asked for a motion to either approve or deny Dr. Bollard's motion for reconsideration.

**DR. STEINBERGH MOVED TO RECONSIDER THE MATTER OF GLENN A. BOLLARD, M.D.**

March 11, 2009

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**DR. EGNER SECONDED THE MOTION.**

Dr. Egner advised that many of the requirements in the Board's Order are already being carried out in Pennsylvania for Dr. Bollard. She stated that Dr. Bollard does not wish to duplicate any of the monitoring, testing or screening being done there. She commented that, in that regard, this Board has been quite accommodating in the past. Dr. Egner advised that, as far as the requirements dealing with quarterly declarations of compliance and probationary appearances, she does not feel that they are onerous. She noted that Dr. Bollard did give testimony at hearing how improved his neurological syndrome is. Dr. Egner stated that she's not in favor of reconsidering the Board's Order of January 14.

Dr. Varyani agreed with Dr. Egner.

Elizabeth Y. Collis, Dr. Bollard's attorney, stated that she knows that it looks like that there's not much that Dr. Bollard would have to do; but, in fact, this Board will not accept his monitoring from Pennsylvania in terms of his drug screens. He's doing two screening programs right now in Pennsylvania: through the Medical Board in Pennsylvania and through the Physicians Health Program [PHP] program. Their programs are different from Ohio's program. The program in Ohio for urine screens is a daily call-in process. The Pennsylvania process is not like that. Ms. Collis stated that that process has not affirmatively been denied in Ohio, but she believes that it will be denied.

Dr. Egner stated that she needs to know that that's really true.

Ms. Collis stated that Dr. Bollard is not signed up with FirstLab in Pennsylvania.

Ms. Bickers verified that Dr. Bollard hasn't submitted anything to Ohio yet.

Ms. Collis stated that he is doing the monitoring in Pennsylvania that's approved by the Pennsylvania Board, but that is different from Ohio's program. He would have to sign up for a third program in Ohio. In addition to coming back to Ohio, he would have the daily call-in that he would have to do, he would have three A.A. meetings a week (she commented that she's not sure how many A.A. meetings he's doing in Pennsylvania), and he's not practicing. Ms. Collis stated that she knows that he has gotten a lot healthier, and that he's much healthier now than he was many years ago; but he hasn't practiced clinically in five years. He's not released to practice. Ms. Collis stated that she feels that it's a waste of Ohio's resources to monitor someone who is not only not working in Ohio, but is not working anywhere.

Dr. Egner stated that the Board does monitor licensees who are out of state.

Ms. Collis stated that she understands, but added that Dr. Bollard is not practicing.

Dr. Egner stated that her intent is that Dr. Bollard not need to duplicate monitoring. She stated that she has no problem with that. She does think that he should make an appearance on a quarterly basis, and he should do quarterly declarations. She doesn't think that that's onerous. Dr. Egner stated that she will still deny reconsideration because the question about urine screens hasn't been answered yet. She asked that Ms. Bickers bring his request to the Board when he's ready to make it and the Board will decide then.

March 11, 2009

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Dr. Steinbergh withdrew her motion. Dr. Egner, as second, agreed.

**DR. EGNER MOVED TO DENY THE REQUEST FOR RECONSIDERATION. DR. VARYANI SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Suppan	- aye
	Dr. Varyani	- aye
	Mr. Jacobson	- nay
	Dr. Amato	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- abstain
	Dr. Madia	- aye

The motion carried.

Dr. Suppan left the meeting at this time.

FINDINGS, ORDERS AND JOURNAL ENTRIES

Dr. Madia advised that in the following matters, the Board issued Notices of Opportunity for Hearing, and documentation of service for each was received. There were no requests for hearing filed, and more than 30 days have elapsed since the mailing of the Notices. The matters are therefore before the Board for final disposition. He added that Mr. Albert may participate in the discussion and vote, as these cases are not disciplinary in nature and concern only the individuals' qualifications for licensure.

EUGENIA U. ABONYI, M.D.

**DR. STEINBERGH MOVED TO FIND THAT THAT THE ALLEGATIONS AS SET FORTH IN THE JANUARY 26, 2009 NOTICE HAVE BEEN PROVEN TO BE TRUE BY A PREPONDERANCE OF THE EVIDENCE AND TO ENTER AN ORDER, EFFECTIVE IMMEDIATELY, DENYING DR. ABONYI'S APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY IN OHIO. DR. AMATO SECONDED THE MOTION. A vote was taken:**

VOTE:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Varyani	- aye
	Mr. Jacobson	- aye
	Dr. Amato	- aye
	Dr. Stephens	- aye

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127



Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

January 14, 2009

Glenn Alden Bollard, M.D.  
11210 Hunters Ridge Blvd.  
Meadville, PA 16335

RE: Case No. 08-CRF-058

Dear Doctor Bollard:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of Patricia A. Davidson, Attorney Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on January 14, 2009, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order.

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

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

THE STATE MEDICAL BOARD OF OHIO

A handwritten signature in black ink that reads "Lance A. Talmage M.D." in a cursive style.

Lance A. Talmage, M.D.  
Secretary

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 91 7108 2133 3934 3683 6224  
RETURN RECEIPT REQUESTED

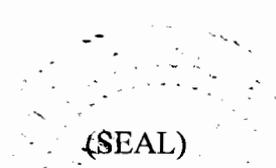
Cc: Elizabeth Y. Collis, Esq.  
CERTIFIED MAIL NO. 91 7108 2133 3934 3683 6231  
RETURN RECEIPT REQUESTED

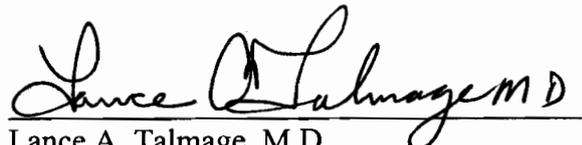
*Mailed 2-13-09*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of Patricia A. Davidson, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on January 14, 2009, including motions approving and confirming the Findings of Fact and Conclusions of the Hearing Examiner, and adopting an amended Order; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Glenn Alden Bollard, M.D., Case No. 08-CRF-058, as it appears in the Journal of the State Medical Board of Ohio.

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



  
Lance A. Talmage, M.D.  
Secretary

January 14, 2009  
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

CASE NO. 08-CRF-058

\*

GLENN ALDEN BOLLARD, M.D.

ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on January 14, 2009.

Upon the Report and Recommendation of Patricia A. Davidson, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the modification, approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED, that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of Glenn Alden Bollard, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED; such revocation is STAYED, and Dr. Bollard's certificate shall be SUSPENDED for an indefinite period of time but not less than one year.
- B. **INTERIM MONITORING:** During the period that Dr. Bollard's certificate to practice in Ohio is suspended, he shall comply with the following terms, conditions, and limitations:
  1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of physicians in any state in which he practices.
  2. **Comply with Other State's Orders/Agreements.** Dr. Bollard shall comply with all the terms, conditions, and limitations imposed pursuant to the consent agreement entered with the Pennsylvania Board of Medicine ("Pennsylvania Board"), any orders issued by that board, and the monitoring agreement(s) with the Pennsylvania PHP and/or PHMP.
  3. **Quarterly Appearances and Quarterly Declarations:** Dr. Bollard shall appear in person for an interview before the full Board or its designated representative during

the third month following the effective date of this Order, or as otherwise requested by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested 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.

Dr. Bollard shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

At the time he submits his quarterly declarations, Dr. Bollard shall also submit declarations under penalty of Board disciplinary action or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Pennsylvania Board, and the Pennsylvania PHP and/or PHMP. Moreover, Dr. Bollard shall cause to be submitted to the Board copies of any reports that he submits to the Pennsylvania board, whenever that board requires such submission. Further, Dr. Bollard shall provide to the Board a copy of any further order or modification of the consent agreement issued or approved by the Pennsylvania Board.

4. **Sobriety**

a. **Abstention from Drugs**: Dr. Bollard 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 Dr. Bollard's history of chemical dependency. Further, in the event that Dr. Bollard is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Bollard shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Bollard received, the medical purpose for which he received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use. Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Bollard shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

b. **Abstention from Alcohol**: Dr. Bollard shall abstain completely from the use of alcohol.

5. **Drug & Alcohol Screens; Drug Testing Facility and Collection Site**

- a. Dr. Bollard shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Bollard 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, and shall include Dr. Bollard's drug(s) of choice.
- b. Dr. Bollard shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Bollard shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- c. Dr. Bollard shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Bollard shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result in a toxicology screen is prohibited under this Order.

- d. All screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and a Board-approved collection site, except as provided in Paragraph 6 below ("Alternative Drug-testing and/or Collection Site"). Further, the screening process shall require a daily call-in procedure.
- e. Within 30 days of the effective date of this Order, Dr. Bollard shall enter into the necessary financial and/or contractual arrangements with a Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Bollard shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Bollard and the Board-approved DFCS. Dr. Bollard's failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- f. Dr. Bollard shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Bollard and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- g. Dr. Bollard shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order and whether all urine screens have been negative.
  - h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Bollard must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 6 below, as soon as practicable. Dr. Bollard shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefore.
  - i. Dr. Bollard acknowledges that the Board expressly reserves the right to withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Bollard shall submit urine specimens to a Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Bollard, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Bollard.<sup>1</sup>
- a. Within 30 days of the date on which Dr. Bollard is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Bollard, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Bollard shall submit the required urine specimens.

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<sup>1</sup> As an alternative to the requirements of paragraph B.6.a. of this Order, the Board will accept the reports of toxicology screens performed pursuant to the September 2008 consent agreement between Dr. Bollard and the Pennsylvania Bureau of Professional Affairs, State Board of Medicine [Pennsylvania Board] as the alternative DFCS, as long as those screens meet this Board's requirements under Ohio law. Paragraphs B.6.b. through B.6.d remain in effect.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Bollard's residence or employment location, or to a physician who practices in the same locale as Dr. Bollard. Dr. Bollard shall ensure that the urine-screening process performed through the alternative DFCS or supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Bollard acknowledges that the alternative DFCS or supervising physician shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- b. Dr. Bollard shall ensure that the alternative DFCS or supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
  - c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Bollard must immediately notify the Board in writing. Dr. Bollard shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefore. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Bollard shall, in order to ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Bollard.
  - d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Bollard's designated alternative DFCS or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug & Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration. It is Dr. Bollard's responsibility to ensure that reports are timely submitted.
  8. **Additional Screening without Prior Notice:** On the Board's request and without prior notice, Dr. Bollard must provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Bollard, or for any other purpose, at Dr. Bollard's expense. Dr. Bollard's refusal to submit a specimen on request of the

Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.

9. **Rehabilitation Program:** Dr. Bollard shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Bollard shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declarations.
10. **Psychiatric Assessment and Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Bollard's choice, to provide a psychiatric assessment to the Board. Dr. Bollard may request that the Board consider his treating psychiatrist in Ohio or the psychiatrist approved (if any) by the Pennsylvania Board pursuant to his consent agreement with that board, on the condition that the treatment provider approved under the Pennsylvania consent agreement continues to be accepted by the Pennsylvania Board under the terms of Dr. Bollard's probation in that state.

Upon approval by the Board, Dr. Bollard shall obtain from the approved psychiatrist an assessment of Dr. Bollard's current psychiatric status. Prior to the initial assessment, Dr. Bollard shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, relevant exhibits, and any other documentation that the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue psychiatric treatment weekly or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Bollard shall comply with his psychiatric treatment plan, including taking medications as prescribed for his/her psychiatric disorder.

Dr. Bollard shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan; Dr. Bollard's psychiatric status, Dr. Bollard's progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his treating psychiatrist immediately notifies the Board of Dr. Bollard's failure to comply with his psychiatric treatment plan and/or any determination that Dr. Bollard is unable to practice due to his psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Bollard shall further ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

11. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:** Dr. Bollard shall assure that any mood-altering or psychotropic medication prescribed for him shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph 10 above.
12. **Psychological Assessment/Continued Psychotherapy:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychologist or counselor (hereinafter "therapist") of Dr. Bollard's choice. The Board may consider Ms. Kightlinger as an approved provider.

Upon approval by the Board, Dr. Bollard shall obtain from the approved therapist a written assessment of Dr. Bollard's current status. Prior to the initial assessment, Dr. Bollard shall furnish the approved therapist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the therapist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved therapist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current status and condition;
- b. A detailed plan of recommended treatment, if any, based upon the therapist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
- d. Any reports upon which the treatment recommendation is based, including reports of examination and psychological or other testing.

Should the Board-approved therapist recommend psychological treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue treatment weekly or as otherwise directed by the Board. Dr. Bollard shall comply with his treatment plan, including taking medications as prescribed for his disorder.

Dr. Bollard shall continue in psychological treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved therapist. The reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan, Dr. Bollard's status, Dr. Bollard's progress in treatment, and results of any studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his therapist immediately notifies the Board of Dr. Bollard's failure to comply with his treatment plan and/or any determination that Dr. Bollard is unable to practice due to his disorder.

In the event that the designated therapist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another therapist as soon as practicable. Dr. Bollard shall further ensure that the previously designated therapist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

13. **Releases:** Dr. Bollard 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 Dr. Bollard's chemical dependency/abuse and psychiatric and/or physical conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, 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. Dr. Bollard further shall 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 Order.

14. **Absences from His State of Residence:** Dr. Bollard shall obtain permission from the Board for departures or absences from the state where he resides (where his urine screens, counseling, etc., are performed). Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

In the event that Dr. Bollard resides and/or is employed at a location that is within fifty miles of the geographic border of his state of residence and a contiguous state, Dr. Bollard may travel between his state of residence and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Bollard is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

The Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Order for occasional periods of absence of fourteen days or less.

15. **Required Reporting of Change of Address:** Dr. Bollard shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Bollard's certificate to practice medicine and surgery in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Bollard shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Bollard shall have maintained compliance with all the terms, conditions and limitations set forth in Paragraph B of this Order.
3. **Demonstration of Ability to Resume Practice:** Dr. Bollard shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
  - a. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.

- b. Evidence of continuing full compliance with this Order.
- c. Two written reports indicating that Dr. Bollard's **physical** ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care.

These reports shall have been made by physicians knowledgeable in the area of neurology and who have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- d. Two written reports indicating that Dr. Bollard's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependence/abuse and any psychiatric disorder(s).

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated

assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. **Additional Evidence of Fitness To Resume Practice/SPEX:**

Prior to submitting his application for reinstatement or restoration, Dr. Bollard shall take and pass the SPEX examination, or other written examination that the Board approves, to assess Dr. Bollard's clinical competency.

D. **PROBATION:** Upon reinstatement or restoration, Dr. Bollard's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in any state in which he is practicing.
2. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Bollard shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
3. **Practice Plan:** Prior to Dr. Bollard's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Bollard's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Bollard shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Bollard submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary or Supervising Member will give preference to a physician who practices in the same locale as Dr. Bollard and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Bollard and his medical practice, and shall review Dr. Bollard's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Bollard and his practice, and on the review of Dr. Bollard's patient charts. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing. In addition, Dr. Bollard shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Bollard shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

4. **Tolling of Probationary Period while Out of Compliance:** In the event Dr. Bollard is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
  
- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Bollard's certificate will be fully restored.
  
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Bollard violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
  
- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER**
  1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to all employers or entities with which he is under contract to provide health-care services (including but not limited to third-party payors), or is receiving training, and the chief of staff at each hospital or health-care center where he has privileges or appointments.

In the event that Dr. Bollard provides any health-care services or health-care direction or medical oversight to any emergency medical services organization or emergency medical services provider, Dr. Bollard shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

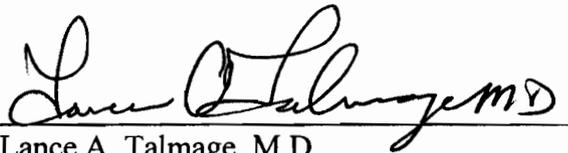
2. **Required Reporting To Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to the proper licensing authority of any State or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate.

Dr. Bollard further shall provide a copy of this Order at the time of application to the proper licensing authority of any State or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Bollard received from the Board written notification of the successful completion of the probation.

3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Bollard shall promptly provide a copy of this Order to all persons and entities that provide chemical-dependency treatment to or monitoring of Dr. Bollard.
  
4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Bollard shall provide the Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (1) the return receipt of certified mail within 30 days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

**EFFECTIVE DATE:** This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

(SEAL)



Lance A. Talmage, M.D.  
Secretary

January 14, 2009

Date

**REPORT AND RECOMMENDATION  
IN THE MATTER OF GLENN ALDEN BOLLARD, M.D.** 2008 DEC 18 P 2: 2b  
**Case No. 08-CRF-058**

The Matter of Glenn Alden Bollard, M.D., was heard by Patricia A. Davidson, Hearing Examiner for the State Medical Board of Ohio, on August 21, 2008.

Basis for Hearing

By letter dated May 14, 2008, the State Medical Board of Ohio notified Glenn Alden Bollard, M.D., that the Board intended to determine whether to impose discipline based on allegations that, among other things, he had written a prescription for Adderall in the name of another person when the drug was for his own use, and that a court in Pennsylvania had imposed conditions on him pursuant to an "accelerated rehabilitative disposition" for the misdemeanor offense of procuring a controlled substance by forgery or deception. (St. Ex. 1A)

The Board alleged that this judicial disposition in Pennsylvania was substantially equivalent to "intervention in lieu of conviction" as that phrase is used in Ohio Revised Code Section [R.C.] 4731.22(B)(11), and that, therefore, the judicial disposition in Pennsylvania constituted a "plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice" under R.C. 4731.22(B)(11). (St. Ex. 1A)

Further, the Board alleged that Dr. Bollard's acts, conduct, and/or omissions constitute "[c]ommission of an act that constitutes a felony<sup>1</sup> in this state, regardless of the jurisdiction in which the act was committed," under R.C. 4731.22(B)(10). Specifically, the Board alleged that Dr. Bollard's conduct constituted a violation of R.C. 2925.23 (illegal processing of drug documents) and/or R.C. 2925.22 (deception to obtain a dangerous drug). (St. Ex. 1A)

On May 26, 2008, the Board received Dr. Bollard's request for a hearing. (St. Ex. 1A)

Appearances at the Hearing

Nancy H. Rogers, Attorney General, by Kyle C. Wilcox, Assistant Attorney General, on behalf of the State of Ohio.

Elizabeth Y. Collis, Esq., on behalf of the Respondent, Glenn Alden Bollard, M.D.

Witnesses and Exhibits

Glenn Alden Bollard, M.D.  
Cynthia Kightlinger, M.S., C.A.C.

A list of exhibits is provided as an attachment at the end of this Report and Recommendation.

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<sup>1</sup> Dr. Bollard did not dispute the alleged acts or the resolution of the misdemeanor charge, but it should be clarified that there was only one set of acts by Dr. Bollard that led to his Pennsylvania criminal charge. As the Hearing Examiner understood the notice, the Board alleged that, although Dr. Bollard's conduct was a misdemeanor in Pennsylvania, the same acts would constitute a felony under Ohio law.

### Procedural Matter

The hearing record was held open to allow the Respondent to submit additional documents. (Transcript at 135, 152-158) On September 11, 2008, the Respondent submitted two documents: a consent agreement proposed to Dr. Bollard by the State Board of Medicine in Pennsylvania (signed by Dr. Bollard but not by the Pennsylvania Board), and a participation agreement proposed to Dr. Bollard by the Physicians' Health Programs of Pennsylvania ("PHP"), signed by Dr. Bollard but not by the PHP. The State did not object, and the exhibits were marked as Respondent's Exhibits S and T, respectively, and admitted into evidence.

However, the Hearing Examiner subsequently requested that the Respondent provide fully executed, final copies of these two agreements if possible. On December 4, 2008, the Respondent submitted a fully executed copy of the PHP contract, which the Hearing Examiner marked as Respondent's Substitute Exhibit T and admitted in place of Exhibit T. On December 11, 2008, the Respondent submitted a fully executed copy of the consent agreement with the Pennsylvania Board, which was admitted as Substitute Exhibit S, replacing Exhibit S. The record then closed on December 11, 2008.

## **SUMMARY OF THE EVIDENCE**

All exhibits and the transcript, even if not specifically mentioned, were considered by the Hearing Examiner prior to preparing this Report and Recommendation.

### **Background**

1. In 1983, Glenn Alden Bollard, M.D., received his medical degree from Northeastern Ohio University College of Medicine. Dr. Bollard testified that, in 1989, he completed six years of postgraduate training at Summa Health System in Akron, Ohio, consisting of one year of rotating internship, one year of general surgical training, and four years of a urologic surgery residency.<sup>2</sup> In 1989, Dr. Bollard began work at Ohio Permanente Medical Group at the Parma location but soon transferred to the Akron location to head the urology department. He stayed in that position until December 1995. (Hearing Transcript [Tr.] at 93-95)
2. In December 1995, Dr. Bollard began working as an emergency-room physician at Meadville Medical Center in Meadville, Pennsylvania. In the fall of 2003, Dr. Bollard became the director of the emergency department and also the head of the physicians' corporation. (Tr. at 95-97)
3. Dr. Bollard testified that he ceased practicing medicine in June 2004 due to impairment caused by chronic inflammatory demyelinating polyradiculopathy [CIDP], as discussed more fully below. He stated that, when he first became ill, he took a medical leave, but resigned from the Meadville Medical Center in December 2006. (Tr. at 80, 95-96, 109-111)
4. Dr. Bollard testified that he has been board-certified in forensic medicine since 1996. He has been licensed to practice medicine in Ohio since 1984 and is in the process of renewing an expired license in Pennsylvania. He stated that he was formerly licensed in Michigan, although he never practiced there. Dr. Bollard currently resides in Meadville, Pennsylvania. (Tr. at 8-9, 64, 146-147)

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<sup>2</sup> Dr. Bollard's training was interrupted by inpatient drug/alcohol treatment in 1988-1989, as set forth below.

### **Criminal Action in Pennsylvania**

5. In 2007, the police in Pennsylvania received a report from a drug-enforcement agent regarding an incident in Meadville, Pennsylvania, involving Dr. Bollard on October 2, 2006:

\* \* \* [The pharmacist] advised that he had observed [Dr. Bollard] approach the pharmacy counter and request the “call-in” prescription pad. The Defendant then completed a prescription for [name of patient] for #93 Adderal[I] 30 mg, and requested it be filled, stating the patient had an appointment later this date, and he was filling a prescription for the patient in advance of the appointment. The Defendant paid cash for the prescription (\$125.98) and exited the pharmacy. \* \* \*

(St. Ex. 5)

6. The drug-enforcement agent reported that, on October 24, 2006, he had interviewed Dr. Bollard, who had admitted to calling in prescriptions to the Rite Aid Pharmacy in the name of particular patient “for 30 mg Adderall” during the period of June 26, 2006 through October 2, 2006, and that Dr. Bollard had also admitted to using the prescribed medication that he had obtained in that manner. In addition, Dr. Bollard had admitted that the patient whose name he used did not know that the medication had been prescribed and that the patient did not receive the medication. The agent noted that Adderall is a medication that “contains amphetamine, which is a Schedule II Controlled Substance.” (St. Ex. 5)
7. In March 2007, a police complaint and affidavit of probable cause were filed against Dr. Bollard in a court in Meadville, Pennsylvania. (St. Ex. 5; Resp. Ex. S)
8. In May 2007, an Information was filed in the Crawford County Court of Common Pleas, in *Pennsylvania v. Bollard*, Case No. CR-327-2007, charging Dr. Bollard with a grade-three misdemeanor in violation of 63 Pa. Statutes 390-8(13)(ii), procuring a controlled substance “by forgery or alteration of a prescription or any written order.” The district attorney alleged that, on or about June 25, 2006 through October 2, 2006, Dr. Bollard presented prescriptions to a pharmacy for Adderall, a Schedule II controlled substance, as if for a patient, and that he obtained the prescribed drugs himself, and the person named as the patient never received the Adderall. (St. Ex. 5)
9. Dr. Bollard’s criminal case was selected for an alternative-disposition program. (Resp. Exs. A-C) In October 2007, the court issued an order captioned “Amended Order and Conditions – Accelerated Rehabilitative Disposition [ARD].” (Resp. Ex. C) The court stated that Dr. Bollard had been referred for “ARD processing under Rules of Criminal Procedure No. 300-320,” and ordered “conditions for this defendant’s conduct,” including the following:
- 1) Defendant shall remain under the ARD program and subject to supervision of the Probation Department for nine (9) months, during which time defendant shall obey the law and be of good behavior.
  - 2) Defendant shall pay costs \* \* \* .

- 3) [stating that restitution provisions are not applicable]
- 4) Defendant shall report any change of residence, employment or marital status and any arrest on any charge \* \* \* and shall report to the Probation Office if directed to do so or to such other reporting agency as they may direct \* \* \*.
- 5) SPECIAL CONDITIONS:
  - a. Administrative Program Cost: \$250
  - b. Offender Supervision Fee \$30 per month
- 6) \* \* \*
- 7) Defendant has accepted the above conditions and all further criminal proceedings are postponed so long as defendant complies with the conditions. Defendant is advised that upon satisfactory completion of the program, an application may be made to the Court under Rule 319 for an order dismissing all charges.
- 8) ADDITIONAL CONDITIONS:

Continue with all counseling and therapy and not discontinue the same without the prior consent of the Adult Probation Department and the counselors involved.

(St. Ex. 4)

10. After Dr. Bollard successfully completed the nine-month probation, the court dismissed and expunged the criminal charge against him. (Resp. Ex. C-1; Tr. at 126-127)

#### **Dr. Bollard's Testimony Regarding the Criminal Case in Pennsylvania**

11. Dr. Bollard testified that he had asked a pharmacist for a prescription pad and had written a prescription for a person he knew, who had never been his patient. He paid cash for the medication and advised the pharmacist that he would hand-deliver it to the patient. Dr. Bollard then used the Adderall himself. (Tr. at 65-66, 79-80; 147)
12. Dr. Bollard admitted that he had used his position as a physician to facilitate his commission of this criminal activity. (Tr. at 73-74)
13. Dr. Bollard testified that it was his understanding that he was only charged with one unlawful prescription, occurring on October 2, 2006. The affidavit of probable cause attached to the criminal complaint describes a specific incident on that date. Dr. Bollard admitted, however, that he had unlawfully obtained Adderall at least one other time. (St. Ex. 3; Tr. at 68-69, 147-148)
14. Dr. Bollard testified that the ARD program is for first offenders. His participation was recommended by the prosecuting attorney and the attorney general's office, and the judge found him eligible. Pursuant to the program, if the offender successfully completes probation, the charges are dismissed and expunged. (Tr. at 75-80)

15. Under the terms of his ARD order, Dr. Bollard was on probation for nine months, during which time he was required to obey the law, “be of good behavior,” and continue all counseling and therapy. Dr. Bollard explained that, although he had been assigned a probation officer, he had no ongoing reporting requirements. He further explained that, before being charged, he had voluntarily begun a treatment program (discussed below), which was the reason that the court had ordered him to continue with the counseling and therapy that he had initiated. (St. Ex. 4; Tr. at 76-78, 125-126) Dr. Bollard confirmed that the charges against him had been expunged. (Resp. Ex. C-1; Tr. at 126-127)

### **Diagnosis of Chronic Inflammatory Demyelinating Poliradiculopathy**

16. Dr. Bollard testified that, in 2004, he began suffering from massive swelling in his lower legs, hands, and forearms. He was dropping things, unable to write, and behind in his charting. His voice was increasingly hoarse and he was suffering from blurry and double vision. He testified that his face had become swollen and covered in “horrible rashes.” Eventually, his partners confronted him, and he decided to take medical leave in June 2004. Dr. Bollard testified that, at the time, he had thought that these symptoms were caused by stress and that he simply needed rest. (Tr. at 109-110; St. Ex. 2 at 7)
17. Dr. Bollard testified that, in 2005, he was diagnosed with chronic inflammatory demyelinating poliradiculopathy, or CIDP, a central nervous system disorder that is a chronic variant of Guillain-Barre syndrome. (Tr. at 109, 111) He described the condition as follows:

It’s sort of like multiple sclerosis, except it affects the peripheral nervous system instead of the central nervous system. But I had a very odd case. It took them over a year to discover what actually was going on. And what I had was CIDP.

\* \* \*

And basically what that is--Guillain-Barre disease is, is a paralyzing disease. And normally it paralyzes you from the tips of your toes, tips of your fingers, up centrally, paralyzes your musculature, the breathing, and up to your head.

Then if you’re lucky it goes away in the [same] way it came on. There’s the CIDP, which is a chronic form of that, and so it involves loss of muscle function in the arms and legs, loss of sensation.

I was going blind in the left eye, was having double vision. My voice was hoarse because my left vocal cord was partially paralyzed. And lost my gag reflex, so I was aspirating a lot.

And it was just profound fatigue. I mean, that’s what I meant by I was in bed. And they were giving me IV gamma globulin, which is the main treatment for this.

So I’d be on an IV for a whole week straight at home, and I’d literally sleep that whole week, sleep the whole next week, and this was despite taking the Adderall. So I was profoundly impaired for quite a while.

(Tr. at 81-82)

18. Dr. Bollard testified that he was bedridden for most of 2005 but that his condition has since improved. He described his physical condition today as “pretty good.” Neurologically he continues to improve, and his muscle strength has returned. His vision has also improved. He has continued issues with endurance and conditioning, and is making an effort to get back into shape. He stated, “I know I could be an emergency physician right now; it’s just a question of I couldn’t do a 12-hour or 24-hour stint on my feet.” Further, although his dexterity has improved greatly, he is not sure if he is yet capable of suturing, because he still suffers from muscle weakness. (Tr. at 14, 80, 142-143)
19. Dr. Bollard submitted a July 2007 letter from the physician who had diagnosed CIDP, James A. DeMatteis, M.D., who stated in part:

\*\*\* [Dr. Bollard] is still left with diminished fine motor control, poor endurance and left vocal cord paralysis. He still, on occasion, has periods of leg edema, muscle spasms and pain.

\*\*\* [H]e is nowhere near the capability of functioning as a full-time ER physician. His fine motor control, in my opinion, would not be consistent enough to allow for suturing, intubation, or other activities, such as prolonged writing.

\*\*\* I would not think it safe for patient care or the facility liability for him to be required to provide suturing or intubation.

\*\*\*

I do believe that this present condition is permanent. Moreover, I cannot, with any degree of certainty, guarantee that he would not ever redevelop an exacerbation of his CIDP. There is always the possibility. Fortunately, it is in the range of 5-10%.

(Resp. Ex. E)

20. In a July 2007 letter (unsigned), Shawn C. Zeto, M.D., stated that he had been treating Dr. Bollard for the past three years, since Dr. Bollard first presented with the condition eventually diagnosed as CIDP. Dr. Zeto reported among other things that Dr. Bollard is still suffering from “profound fatigue, generalized muscle weakness, spasms and motor dysfunction” Accordingly, Dr. Zeto opined that it would be “extremely difficult” for Dr. Bollard to perform activities such as suturing, intubation, chest-tube placement, and making “accurate diagnoses.” He further stated that returning to ER work “would be almost impossible.” He noted, however, that Dr. Bollard’s “bipolar depression” has been kept in check during this time period. (Resp. Ex. F)
21. Dr. Bollard testified that he is currently receiving disability benefits through the federal government and private insurance. (Tr. at 137, 145)

### **Treatment for Chemical Dependency & Bipolar Disorder, and Subsequent Abuse of Adderall**

#### *Treatment for Alcohol and Cocaine Abuse*

22. Dr. Bollard testified that he was diagnosed with chemical dependency in 1988. He had been the chief resident of his program at that time and was confronted by the head of his department for

excessive tardiness and sick leave. Dr. Bollard agreed to enter treatment for alcoholism. He stated that, although alcohol was his substance of choice, he had also used cocaine and marijuana. (Tr. at 98-99; St. Ex. 2)

23. Dr. Bollard testified that he had entered Shepherd Hill in Newark, Ohio, and stayed there for a month or two. He then transferred to Talbott Recovery Center in Atlanta, Georgia, where he remained for about eight months, completing treatment in 1989. In his answers to interrogatories, Dr. Bollard stated that he had been treated for alcohol and cocaine abuse. (Tr. at 99; St. Ex. 2)
24. After completing treatment in Georgia, Dr. Bollard returned to his residency program and completed it, according to his testimony. He testified that he had signed a two-year contract with Ohio Physicians Effectiveness Program. He further testified that he had regularly attended Caduceus and AA meetings, submitted to random urine and blood testing, and received individual counseling. (Tr. at 102-103)

#### *Diagnosis of Bipolar Disorder*

25. In 1992, Dr. Bollard was diagnosed with depression, according to his testimony. He stated that he had been prescribed an SSRI anti-depressant but that his condition did not improve.<sup>3</sup> He testified that, later in 1992, he had entered a treatment program at William Farley Institute in Virginia, where he was first treated for bipolar disorder. He stayed for 11 weeks. (Tr. at 105-109)

In his interrogatory answers, Dr. Bollard stated that he had been diagnosed with Bipolar Disorder, Type II in about 1993, and that he had been diagnosed and/or treated at Riverside Behavioral Health Center and the William J. Farley Center/Institute, both in Virginia. (St. Ex. 2 at 9)

26. Dr. Bollard testified that he did not relapse on drugs or alcohol despite his mental-health problems. (Tr. at 105-108)
27. In February 2008, George E. Tesar, M.D., chairman of the Department of Psychiatry & Psychology at the Cleveland Clinic Foundation, provided a report on Dr. Bollard's psychiatric condition. He diagnosed Bipolar II disorder, alcohol dependence in remission, and adult residual ADHD (currently untreated), amphetamine abuse, personality disorder not otherwise specified, and idiopathic peripheral neuropathy. He noted that Dr. Bollard was receiving medication and psychotherapy to treat the bipolar disorder and opined that Dr. Bollard should be able to provide "safe and competent healthcare" as long as he is "drug-free."<sup>4</sup> (Resp. Ex. I)
28. Dr. Tesar discussed Dr. Bollard's medication, and noted defensive intellectualization and isolation of affect, with specific defensiveness and reluctance to discontinuing the use of Albuterol, although Dr. Bollard had agreed to do so. Dr. Tesar questioned whether the condition of "amphetamine abuse" was in remission, given Dr. Bollard's "use of Albuterol to combat 'exercise-induced' asthma (his diagnosis)." In addition, Dr. Tesar recommended that

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<sup>3</sup> The Hearing Examiner notes that SSRI refers to "selective serotonin reuptake inhibitor."

<sup>4</sup> The context made clear that Dr. Tesar did not mean free from drugs such as medication to treat the bipolar disorder but free from the use of drugs such as alcohol and amphetamine, *i.e.*, what might be described as remaining "clean and sober."

Dr. Bollard consider a referral to another specialist for a second opinion on the peripheral neuropathy. He noted “moderate disabling effects of medical illness” and an insufficient primary support group. (Resp. Ex. I)

*Prescribed Pain Medications & Five-Year Contract with Pennsylvania PHP in 1999-2000*

29. Dr. Bollard testified that, in 1999, he had surgeries including hernia, gall bladder, and knee surgeries. He stated that he took prescription medications for pain. He testified that, after many years of sobriety, he began to “think like an addict” about these pain medications. He further testified that, at the time, he was not active in his recovery or in the recovery community. (Tr. at 112-114)
30. He testified that, to address this situation with the pain medications, he voluntarily signed a five-year contract with the Physician’s Health Programs of Pennsylvania, pursuant to which he regularly attended AA meetings and submitted to random drug screens.<sup>5</sup> (Tr. at 112-114)

*Abuse of Adderall*

31. Dr. Bollard testified that he began taking Adderall around 2002 or 2003, and was abusing the drug by “sometime in 2005-2006.” (Tr. at 83-85, 112, 149-152) He described the events as follows:

I was going to become director of the emergency department, and I remember talking to my psychiatrist, it may have been as far back as 2002, 2003 in there, and we were talking about -- we had tried all sorts of different meds [to treat his psychiatric condition].

My problem wasn't that my bipolar disease would get out of control and I'd be manic and just impaired, my problem was I was getting a lot of side effects from the medication. \* \* \* I was just kind of sluggish and had mental -- I just wasn't as sharp and my focus wasn't as good as I'd like.

I've always had kind of an ADD-type profile. Had even been on Ritalin as a kid. And so the stimulant class had been used on me a long time ago. So we tried different anti-depressants, different mood stabilizers to see what would still keep me in a good place, but not sedate me so badly, because I was going to have all this new responsibility, and I was really worried about being able to be productive for that. And, unfortunately, we made the choice to start me on Adderall. And we actually got the Physician Health Program permission to do it.

I mean, we weren't doing this -- I actually got the Impaired Physician's Board in Pennsylvania to agree to this. I wasn't manipulating or anything. And unfortunately, we all didn't realize what we were dealing with. I mean, we were handling a high explosive.

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<sup>5</sup> Because the record does not include treatment records or the PHP agreement entered in about 1999-2000, it is not possible to determine how serious the problem was with these pain medications.

Nowadays no physician would ever put someone on a stimulant that had a chemical dependency history, especially somebody that had cocaine in their background, you know that, because if I was going to pick a direction I would lean, it would be more toward the stimulants than the opiates, if I was going to choose a pill.

And so, in retrospect, it was total insanity. And I didn't really understand cross addiction like I do now, either. \* \* \* But I mean, my intention was not to get high, it was not to avoid work, it was to maximize my functioning so I could take over the directorship. This was an opportunity of a lifetime. I mean, I was going to earn a six-figure income, way up there. I was finally going to be able to change some things for the community and for the hospital I had been dying to do for ten years. I was going to be able to reward the doctors that were doing well financially, because I was also going to be president of the corporation that ran the whole place. So it was just like a dream come true.

And, unfortunately, it just -- in the beginning, it worked very well, and did really help my focus. It was just low dose, and it was okay. But once I got sick [with CIDP], then it became a whole different thing.

Then I started to use it as a stimulant to help me get out of bed, to function. It treated my depression that was setting in; that's because it was a mood elevator. And I still kept taking my mood stabilizers. I was totally compliant with all my meds, doing everything except not telling everybody that I was using more and more of the Adderall.

And so, you know, the rest is on the record here. You know, I started to use more. My psychiatrist actually talked about taking me off it entirely, because a lot of my neurologic symptoms at the time looked like amphetamine problems. I was having a lot of funny movements of the hands and my head, and he wasn't sure what was the Adderall, what was the neurologic problem.

And I think it was the neurologic problem, but he was getting nervous. So I unfortunately started to take things into my own hands and I decided that I needed this. I had a big conference coming up in October, or a national conference that I was going to be chairman of this committee, and I had had to cancel the year before because of my illness, and I'm like, I am going to get to this conference and I am going to go and I'm going to do it.

And it was that willful decision that made me write that script. And, you know, I had some at home from my psychiatrist, but it wasn't going to be enough to get me through the conference. And that's because I was too addicted at this point, because Adderall, theoretically, you're not supposed to be able to get addicted to other than psychological addiction. But I had horrendous withdrawal. I mean, for six weeks, when I got off it, I was having muscle spasms and pain and all sorts of problems, because it really was keeping me functional.

I had a whole bunch of family crises I had to address. My stepfather fell to his death, precipitously. My mother's mother died. My mother had a stroke. I mean, I can tell you a whole bunch of things that happened in that four-year period there. But I felt I needed the medicine to help function. And it did help me function, but I was doing a pact with the devil.

But I got this, but -- and I knew exactly where this was going to end up. I knew I was going to end up here. I've intervened on enough doctors and enough -- seen enough about addiction that I knew. But I was totally unable to stop.

(Tr. at 83-86)<sup>6</sup>

32. Dr. Bollard testified that, before starting the Adderall, they had "tried all the non-amphetamine stimulants and other drugs first, you know, in that class of ADD drug treatments," but had then made "just a bad choice, very bad choice" by starting the Adderall. (Tr. at 89)
33. Dr. Bollard testified that his misuse of Adderall constituted a relapse, and that he had "binged" on the Adderall and otherwise taken it in doses other than prescribed. He stated that he had been experiencing the state of mind of dependence, such as obsession, craving, and the justification of inappropriate behaviors with respect to Adderall. (Tr. at 149-152)
34. Dr. Bollard testified that he had written the unlawful prescription in October 2006, for which he was eventually charged, because of an upcoming national conference at which he would be serving as chairman of a committee. Dr. Bollard had felt that he needed the Adderall to be functional, and that his prescribed Adderall was not sufficient to get him through the conference. He had used the illegally obtained Adderall in addition to his usual dose of Adderall prescribed by his psychiatrist. He said that he had reached a point at which he felt he was taking Adderall for "survival." (Tr. at 87-88, 115; St. Ex. 2 at 20)
35. Dr. Bollard emphasized that his relapse involved only Adderall by prescription and that he did not abuse alcohol or any other drugs. He wanted to clarify that his initially using of Adderall was legal. (Tr. at 149-150)
36. Dr. Bollard testified that, in November 2006, after he was interviewed by police about unlawful prescriptions, he had voluntarily entered treatment for his misuse of Adderall. He spent three months at Santé Center for Hearing in Argyle, Texas, and was discharged in February 2007. (St. Ex. 5; Resp. Ex. D; Tr. at 76-77, 119) According to a list of approved providers on the Board's website, the Santé Center is not a board-approved provider. (See

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<sup>6</sup> When asked further about his reference in the passage above to "side effects from the medications," Dr. Bollard stated that he had been referring to "the antidepressants and the mood stabilizers." He said that he and his psychiatrist had been "trying different medicines to see what combination would work \* \* \*." (Tr. at 89)

[http://www.med.ohio.gov/pdf/treatment\\_compliance/TREATMNT.pdf](http://www.med.ohio.gov/pdf/treatment_compliance/TREATMNT.pdf), accessed 18 Dec. 2008)

37. The discharge instructions from the Santé Center were submitted by Dr. Bollard. The diagnoses were: “Amphetamine Dependency; Bipolar, Mixed; Alcohol Dependence [illegible]; Sexual Disorder NOS; Personality Disorder NOS; Neurological Disorder.” (The word entered for Axis IV is not legible.) For discharge recommendations, the following items were marked on a checklist: individual therapy, 12-step, medical/psychiatrist, group therapy, random drug screens, PHP, and annual alumni reunion. (Resp. Ex. D)
38. Dr. Bollard testified about the factors that had contributed to his decision to seek help and enter treatment. He noted that, when he had obtained the unlawful prescription, he had been chided by the pharmacy technician for not following the proper procedure, and he viewed this as a “warning shot” that he was acting inappropriately. Also, around that time, his pastor and a friend had both expressed concern about his mental state. Lastly, his physical condition had been improving, which he felt had removed his justification for misusing the Adderall. (Tr. at 116-117)
39. Dr. Bollard testified that, since his discharge from Santé Center, he has submitted to urine testing through his primary-care physician, although the testing is *not* random as recommended in his discharge instructions. He stated that he also regularly attends and participates in AA meetings. (Tr. at 120-121, 133-134; Resp. Ex. D)

#### **Testimony of Ms. Kightlinger**

40. Cynthia Kightlinger, a certified addiction counselor and Dr. Bollard’s therapist, testified on his behalf. She is employed as a therapist at the Counseling Center in Meadville, Pennsylvania, and is the facility director at the Mercy Health state program. She is an addiction counselor certified by the Pennsylvania Certification Board, the International Certification Reciprocity Consortium, and the Pennsylvania Board for Competency and Problem Gambling. She has master’s degrees in clinical pastoral counseling and professional counseling. (Tr. at 41-42, 53-54)
41. Ms. Kightlinger testified that Dr. Bollard had initially attended two sessions with her in 2005 for co-dependency issues. She did not see him again until the fall of 2006, when she met with him for a “couple months.” Dr. Bollard began regular weekly sessions with her in February 2007 after his discharge from Santé Treatment Center. Ms. Kightlinger advised that their sessions were voluntary and had been initiated by Dr. Bollard. The sessions now concentrate on relapse prevention and “core issues.” (Tr. at 43-48)
42. Ms. Kightlinger gave the following prognosis for Dr. Bollard:

I think Glenn has an excellent prognosis providing, simply, that he keeps doing what he's doing. I mean, he has dealt with most of his issues as far as his family of origin issues, things that I would say would be core issues.

He understands what his triggers are as far as relapse -- you know, as far as the relapse prevention. He knows how to prevent a relapse. He has systems in place,

you know, via his meetings, via some of his support systems that if he were ever triggered, he knows what to do and how to utilize those systems.

So as with any alcoholic, as long as they stay tied to recovery, the outcome is generally -- can be generally very good for them. And he's been doing that and putting something back into the program, which is what they are encouraged to do. You know, he's doing psychotherapy with me. He goes to see the psychiatrist regularly in Cleveland. So I'd say his progress—or prognosis is excellent.

What I would like to do at this point is to probably begin extending his sessions. You know, he comes every week, but I don't really think he really needs to.

And usually when someone gets to this point in their addiction counseling, when I see that they have good stabilization, I try to start stretching out their appointments just to make sure that they consolidate and maintain their gains. So I'll probably begin stretching him out appointment-wise.

(Tr. at 49-50)

#### **Dr. Bollard's Testimony Regarding a Potential Return to Practice in the Future**

43. Dr. Bollard testified that, since leaving his medical practice in 2004, he has continued to keep up with CME requirements. He has attended a number of conferences and engaged in some political advocacy for patients' rights. He testified that he has done volunteer work and has provided administrative assistance to the American College of Emergency Physicians, for which he is the head of the Tactical Emergency Medicine Section. (Tr. at 80-81; Resp. Ex. L)
44. Dr. Bollard advised that he voluntarily surrendered his DEA license in October 2006, because of the incident that forms the basis of this action. He testified that the DEA had not charged him with anything but that he had contacted the DEA himself and offered the surrender. (Tr. at 74-75)
45. Dr. Bollard testified that, although he has not practiced medicine in some years and is currently living on disability benefits. However, he is hopeful that he will one day return to practice. He trained in Ohio and has many friends here in the medical community. Further, he would like to be able to do mission work in other nations, which requires an active medical license. Accordingly, he has asked to keep his Ohio license. (Tr. at 139-140, 145)

#### **Consent Agreement Proposed by Pennsylvania Board & Agreement with Pennsylvania PHP**

46. In September 2008, Dr. Bollard entered into a monitoring agreement with the Physicians Health Program [PHP] in Pennsylvania. The agreement includes requirements that he maintain abstinence from the use of any mood-altering chemicals unless prescribed under certain conditions, continue individual therapy, attend four to five 12-Step Program meetings per week, obtain an AA sponsor and home group, attend Caduceus meetings or Medical 12-Step Program meetings when available, and submit to random urine-testing at a frequency of 50 to 60 times per year, with daily reporting to PHP by computer. He further agreed to maintain contact with his

PHP monitor, to have a personal-care physician familiar with his history, and to have weekly contact (initially) with the PHP staff to discuss his progress. (Resp. Subst. Ex. T)

47. In September 2008, Dr. Bollard entered into a consent agreement with the Pennsylvania Bureau of Professional Affairs, State Board of Medicine. Under the agreement, an indefinite suspension of not less than three years would be stayed, with imposition of not less than three years of probation. (Resp. Subst. Ex. S) The probationary terms include the following:

- Cooperation with the Professional Health Monitoring Program [PUMP] and Disciplinary Monitory Unit in their monitoring of his impairment.
- Completion of an evaluation by a PHMP-approved provider assessing Dr. Bollard's "fitness to actively practice the profession."
- If the provider determines that Dr. Bollard is not fit to practice, then he "shall immediately cease practicing the profession and not practice until a PHMP-approved provider and the PHMP case manager determine that Respondent is fit to resume practice with reasonable skill and safety to patients." In addition, if the evaluation provides recommendations for treatment, Dr. Bollard must fully comply with those recommendations as part of his probationary requirements.
- Participation in support-group meetings at the frequency recommended by the provider, with written verification of attendance.
- Complete abstention from alcohol, and from controlled substances except under specific restrictions.
- Body-fluid toxicology screening involving random, unannounced screens for detection of drugs and alcohol.
- Prohibition from practicing until an approved provider recommends the specific practice in writing and the case manager gives written permission.
- Monitored practice under a practice plan describing the duties and responsibilities at each place of practice, with identification of a supervisor responsible for evaluation of Dr. Bollard's practice, if required.
- His practice, upon approval, shall not include administration of controlled substances, functioning as a supervisor, practicing in a private setting or without direct supervision, or working in an emergency room, operating room, intensive-care unit, cardiac catheterization laboratory, or coronary-care unit. Further, Dr. Bollard may not work in any practice setting, including attendance at a medical-school clinical course, without direct supervision.

(Resp. Ex. S)

### **LEGAL ISSUE**

At hearing, the evidence was convincing that Dr. Bollard suffers from chemical dependency, bipolar disorder, and a physically disabling condition diagnosed variously as chronic inflammatory demyelinating poliradiculopathy or idiopathic peripheral neuropathy. The evidence also established that Dr. Bollard has not engaged in the active practice of medicine for more than four years, since June 2004.

These issues were not cited in the notice of opportunity for hearing. However, if cited and if made the subject of findings of fact and conclusions of law, these matters would support the imposition of restrictions and conditions on Dr. Bollard's certificate to practice medicine, pursuant to R.C. 4731.22(B)(19), R.C. 4731.22(B)(26), and/or R.C. 4731.222.

At hearing, Dr. Bollard agreed that, although he had not been cited for these additional matters, the Board may address them in its findings, conclusions, and order. Specifically, Dr. Bollard voluntarily waived any rights he may have under *In re Eastway* (1994), 95 Ohio App.3d 516, in which the court ruled that the Board could not impose terms and conditions for a condition that was not cited in the notice of opportunity for hearing.

Accordingly, based on Dr. Bollard's specific waiver of a notice of opportunity to be heard with regard to these matters, the Board may set forth findings and conclusions, and impose terms and conditions, addressing his chemical dependency, bipolar disorder, and physical impairment, as well as the length of time that he has been out of active clinical practice.

### **FINDINGS OF FACT**

1. In October 2006 in Meadville, Pennsylvania, Glenn Alden Bollard, M.D., wrote a prescription for Adderall, a Schedule II controlled substance, in the name of a person known to him but without that person's knowledge or consent. Using this prescription, Dr. Bollard obtained and paid for the Adderall at a pharmacy in Meadville, Pennsylvania, and he used the Adderall himself.
2. In a criminal action in the Court of Common Pleas of Crawford County, Pennsylvania, Dr. Bollard was charged with the offense of procuring a controlled substance by forgery or alteration of a prescription in violation of 63 Pa. Statutes 390-8(13)(ii), a grade 3 misdemeanor.

The matter was referred for Accelerated Rehabilitative Disposition [ARD] by the court. In October 2007, the court issued an amended order imposing conditions on Dr. Bollard, including that he remain under the ARD program and subject to probation for nine months. In its amended order, the court also stated that further criminal proceedings were postponed so long as Dr. Bollard complied with the ARD conditions imposed, and further advised that, upon satisfactory completion of the ARD program, Dr. Bollard could apply to the court for an order dismissing all the criminal charges. Subsequently, the misdemeanor charge was dismissed pursuant to those terms.

3. Dr. Bollard was diagnosed with chemical dependency in 1988, based on abuse of alcohol and cocaine. He received extensive inpatient treatment for chemical dependency.

In 1999, he experienced problems with use of pain medications prescribed in connection with surgeries he had undergone, according to his testimony. He stated that, at that time, he was thinking like an addict about these medications and was not active in recovery. He further testified that, as a result of this use of pain medication, he entered a five-year contract with the Physicians Health Program in Pennsylvania, returning to regular attendance at AA meetings and submitting to random drug screens.

In 2006, Dr. Bollard abused Adderall, a Schedule II controlled substance containing amphetamine. He described this abuse as a relapse. The abuse of amphetamine involved his engaging in criminal conduct to obtain Adderall in excess of the amount prescribed by his physician.

4. George E. Tesar, M.D., chairman of the Department of Psychiatry & Psychology at the Cleveland Clinic Foundation, diagnosed Bipolar II disorder, alcohol dependence in remission, and adult residual ADHD (currently untreated), amphetamine abuse, and personality disorder not otherwise specified. The Hearing Examiner found his report to be reliable.

Dr. Tesar reported that the bipolar disorder was being successfully treated with medication and psychotherapy, and that, accordingly, Dr. Bollard should be able to provide safe and competent healthcare as long as he does not use drugs such as alcohol and amphetamines. In essence, Dr. Tesar opined that ongoing treatment of the bipolar disorder is necessary to permit Dr. Bollard to practice in compliance with acceptable and prevailing standards of care.

5. Dr. Bollard testified that he has been diagnosed with chronic inflammatory demyelinating poliradiculopathy [CDIP] and that this condition has disabled him from practicing medicine since June 2004. A 2007 report from Dr. James Matteis, one of Dr. Bollard's treating physicians, states that the CIDP causes physical impairment that would prevent activities such as suturing. A report from another treating physician, Dr. Shawn Zeto, states that the condition make it extremely difficult for Dr. Bollard to perform activities such as suturing and making accurate diagnoses. In 2008, Dr. Tesar diagnosed idiopathic peripheral neuropathy but suggested that Dr. Bollard get a second opinion on this condition, and Dr. Tesar noted "moderate" disabling effects.
6. Dr. Bollard ceased the active practice of medicine in June 2004. He has therefore not engaged in the active practice of medicine for more than four years.

### CONCLUSIONS OF LAW

1. The amended order of the Pennsylvania court, as set forth above in Findings of Fact 1 and 2, is substantially equivalent to an order of "intervention in lieu of conviction" as that term is used in R.C. 4731.22(B)(11). The Pennsylvania court focused on recovery instead of punishment, issuing an order that was essentially the same as an order for intervention in lieu of judgment in Ohio.
2. Dr. Bollard's acts, conduct and/or omissions, as set forth above in Finding of Fact 1 and 2, establish his "[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed," as that language is used in R.C. 4731.22(B)(10). Under Ohio law, Dr. Bollard's acts, conduct, and/or omissions constituted the illegal processing of drug documents in violation of R.C. 2925.23 and/or deception to obtain a dangerous drug in violation of R.C. 2925.22.

R.C. 2925.23 provides in part:

(A) No person shall knowingly make a false statement in any prescription, order, report, or record required by Chapter 3719 or 4729 of the Revised Code.

(B) No person shall intentionally make, utter, or sell, or knowingly possess any of the following that is false or forged:

- (1) Prescription;
- (2) Uncompleted preprinted prescription blank used for writing a prescription;
- (3) Official written order;

\* \* \*

(F) Whoever violates this section is guilty of illegal processing of drug documents. If the offender violates division (B)(2) \* \* \* of this section, illegal processing of drug documents is a felony of the fifth degree. If the offender violates division (A), division (B)(1) or (3) \* \* \* of this section, the penalty for illegal processing of drug documents shall be determined as follows:

- (1) If the drug involved is a compound, mixture, preparation, or substance included in schedule I or II, with the exception of marihuana, illegal processing of drug documents is a felony of the fourth degree \* \* \*.
- (2) If the drug involved is a dangerous drug or a compound, mixture, preparation, or substance included in schedule III, IV, or V or is marihuana, illegal processing of drug documents is a felony of the fifth degree \* \* \*.

R.C. 2925.22 provides in part:

(A) No person, by deception, shall procure the administration of, a prescription for, or the dispensing of, a dangerous drug or shall possess an uncompleted preprinted prescription blank used for writing a prescription for a dangerous drug.

(B) Whoever violates this section is guilty of deception to obtain a dangerous drug.

\* \* \*

(2) If the drug involved is a compound, mixture, preparation, or substance included in schedule I or II, with the exception of marihuana, the penalty for deception to obtain drugs is one of the following:

- (a) Except as otherwise provided in division (B)(2)(b), (c), or (d) of this section, it is a felony of the fourth degree \* \* \*.
- (b) If the amount of the drug involved equals or exceeds the bulk amount but is less than five times the bulk amount, or if the amount of the drug involved that could be obtained pursuant to the prescription would equal or exceed the bulk amount but would be less than five times the bulk amount, it is a felony of the third degree \* \* \*.
- (c) If the amount of the drug involved equals or exceeds five times the bulk amount but is less than fifty times the bulk amount, or if the amount of the drug involved that could be obtained pursuant to the prescription would equal or exceed five times the bulk amount but would be less than fifty times the bulk amount, it is a felony of the second degree \* \* \*.

(d) If the amount of the drug involved equals or exceeds fifty times the bulk amount, or if the amount of the drug involved that could be obtained pursuant to the prescription would equal or exceed fifty times the bulk amount, it is a felony of the first degree \* \* \*.

4. Dr. Bollard's diagnosis of chemical dependence in 1988, his treatment for chemical dependence, his abuse of Adderall in 2006 (which he acknowledged as a relapse), and his criminal acts to obtain Adderall, establish "[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 language is used in R.C. 4731.22(B)(26).
5. Dr. Bollard's physical disorder and physical impairment, which has disabled him from practicing medicine since 2004, as set forth above in Findings of Fact 5 and 6, establish his "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills," as that language is used in R.C. 4731.22(B)(19).
6. Dr. Bollard's psychiatric disorder, as described above in Finding of Fact 4, establishes his "[i]nability to practice according to acceptable and prevailing standards of care by reason of mental illness or physical illness, including, but not limited to, physical deterioration that adversely affects cognitive, motor, or perceptive skills," as that language is used in R.C. 4731.22(B)(19).

\* \* \* \* \*

At the hearing, Dr. Bollard was sincere and cooperative. However, it was clear to the Hearing Examiner that the defensiveness, reluctance to face facts, and intellectualization observed recently by Dr. Tesar of the Cleveland Clinic were still being exhibited during the hearing. Dr. Bollard's testimony reflected rationalization and denial.

For example, Dr. Bollard provided a list of complex reasons why he had "voluntarily" returned to treatment in 2006, but it was obvious that being caught in criminal conduct was the cause. In addition, Dr. Bollard insisted that, when he began obtaining prescriptions for Adderall in 2002, he was not engaging in manipulation or drug-seeking behavior but was merely trying to treat a medical condition and, unfortunately, his doctor made a very bad choice in prescribing Adderall. He asserted that he and the treating physician did not know what they "were dealing with," and that he himself did not understand cross-addiction at that time. Although the Hearing Examiner has no doubt that Dr. Bollard was sincere in this testimony, the Hearing Examiner nonetheless does not believe that Dr. Bollard's characterization is true. Dr. Bollard had undergone months of residential treatment for cocaine abuse and alcohol abuse, and he had attended many AA meetings over the years (according to his narrative and interrogatory answers). Thus, he had every reason to know that a recovering cocaine user is likely to experience a powerful urge to obtain stimulant drugs. For Dr. Bollard to obtain prescriptions for *amphetamines* (which provide some of the same effects as cocaine, but are legal when prescribed) based on a claimed need to treat ADD and sluggishness, looks like drug-seeking behavior by a chemically dependent person. Indeed, Dr. Tesar recently expressed concern about a prescription for Albuterol, noting Dr. Bollard's reluctance to give up that drug. The Hearing Examiner believes that Dr. Bollard was in denial when he started using Adderall in 2002 and is still in denial now to some extent.

At one point during the hearing, Dr. Bollard essentially argued that his abuse of Adderall was not so bad because *he* was not trying to get high, but was only trying to maximize function and work harder. But Dr. Bollard, after months of treatment at reputable facilities and many AA meetings, should know that addiction is not about being blameworthy or bad, and that many or most people experiencing active substance dependence feel that they *need* the drugs to function and get through the day.

The proposed order includes an indefinite suspension not less than two years, stringent requirements for reinstatement of licensure following suspension, and probationary terms and conditions for five years. Inpatient treatment is proposed because Dr. Bollard acknowledged that his Adderall abuse constituted a relapse, and the treatment he received at the Santé Center was not provided by a Board-approved provider.

After reviewing the proposed order with its array of terms and conditions to continue for at least seven years with both suspension and probation, the Hearing Examiner was struck by the massive expenditure of resources and time required, by both the Board and Dr. Bollard, as balanced against the unlikely chance that he will return to the practice of medicine and surgery in Ohio. It seems somewhat pointless to engage in extensive monitoring and screening related to chemical dependence/abuse until and unless Dr. Bollard is physically able to return to work. At least one physician has concluded that the CIDP is permanent, although the definition of “permanent” may vary depending on the disability law or insurance plan at issue.

The Hearing Examiner considered a non-permanent revocation, which would permit Dr. Bollard to reapply for licensure if and when he is physically capable of working as a physician. He could undergo evaluations at that time to determine his physical and mental ability to practice, and the Board could impose appropriate probationary terms and conditions to safeguard the public. That would be a choice within the Board’s discretion. However, one fact tipped the scales toward an order of suspension, probation, and monitoring: that the Board has never worked with Dr. Bollard under a consent agreement or Board order. He has never violated a Board order or consent agreement, and, based on those facts, it would be reasonable for the Board to give him a chance.

### **PROPOSED ORDER**

It is hereby ORDERED, that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of **Glenn Alden Bollard, M.D.**, to practice medicine and surgery in the State of Ohio shall be **PERMANENTLY REVOKED**; such revocation is **STAYED**, and Dr. Bollard’s certificate shall be **SUSPENDED** for an indefinite period of time but not less than two years.
- B. **INTERIM MONITORING:** During the period that Dr. Bollard’s certificate to practice in Ohio is suspended, he shall comply with the following terms, conditions, and limitations:
  1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of physicians in any state in which he practices.

2. **Comply with Other State's Orders/Agreements.** Dr. Bollard shall comply with all the terms, conditions, and limitations imposed pursuant to the consent agreement entered with the Pennsylvania Board of Medicine ("Pennsylvania Board"), any orders issued by that board, and the monitoring agreement(s) with the Pennsylvania PHP and/or PHMP.
3. **Quarterly Appearances and Quarterly Declarations:** Dr. Bollard shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Order, or as otherwise requested by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested 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.

Dr. Bollard shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

At the time he submits his quarterly declarations, Dr. Bollard shall also submit declarations under penalty of Board disciplinary action or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Pennsylvania Board, and the Pennsylvania PHP and/or PHMP. Moreover, Dr. Bollard shall cause to be submitted to the Board copies of any reports that he submits to the Pennsylvania board, whenever that board requires such submission. Further, Dr. Bollard shall provide to the Board a copy of any further order or modification of the consent agreement issued or approved by the Pennsylvania Board.

4. **Sobriety**
  - a. **Abstention from Drugs:** Dr. Bollard 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 Dr. Bollard's history of chemical dependency. Further, in the event that Dr. Bollard is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Bollard shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Bollard received, the medical purpose for which he received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use. Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Bollard shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.
  - b. **Abstention from Alcohol:** Dr. Bollard shall abstain completely from the use of alcohol.

5. **Drug & Alcohol Screens; Drug Testing Facility and Collection Site**

- a. Dr. Bollard shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Bollard 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, and shall include Dr. Bollard's drug(s) of choice.
- b. Dr. Bollard shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Bollard shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- c. Dr. Bollard shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Bollard shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result in a toxicology screen is prohibited under this Order.

- d. All screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and a Board-approved collection site, except as provided in Paragraph 6 below ("Alternative Drug-testing and/or Collection Site"). Further, the screening process shall require a daily call-in procedure.
- e. Within 30 days of the effective date of this Order, Dr. Bollard shall enter into the necessary financial and/or contractual arrangements with a Board-approved drug-testing facility and/or collection site ("DFCS") in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Bollard shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Bollard and the Board-approved DFCS. Dr. Bollard's failure to timely complete such arrangements, or failure to timely provide

written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- f. Dr. Bollard shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Bollard and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- g. Dr. Bollard shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order and whether all urine screens have been negative.
- h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Bollard must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 6 below, as soon as practicable. Dr. Bollard shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.
- i. Dr. Bollard acknowledges that the Board expressly reserves the right to withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of this Order that Dr. Bollard shall submit urine specimens to a Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Bollard, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Bollard.

- a. Within 30 days of the date on which Dr. Bollard is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Bollard, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Bollard shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Bollard's residence or employment location, or to a physician who practices in the same locale as Dr. Bollard. Dr. Bollard shall ensure that the urine-screening process performed through the alternative DFCS or supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a

reliable person. In addition, Dr. Bollard acknowledges that the alternative DFCS or supervising physician shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- b. Dr. Bollard shall ensure that the alternative DFCS or supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
  - c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Bollard must immediately notify the Board in writing. Dr. Bollard shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Bollard shall, in order to ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Bollard.
  - d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Bollard's designated alternative DFCS or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug & Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration. It is Dr. Bollard's responsibility to ensure that reports are timely submitted.
  8. **Additional Screening without Prior Notice:** On the Board's request and without prior notice, Dr. Bollard must provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Bollard, or for any other purpose, at Dr. Bollard's expense. Dr. Bollard's refusal to submit a specimen on request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.
  9. **Rehabilitation Program:** Dr. Bollard shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Bollard shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting

attendance logs, which must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declarations.

10. **Psychiatric Assessment and Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Bollard's choice, to provide a psychiatric assessment to the Board. Dr. Bollard may request that the Board consider his treating psychiatrist in Ohio or the psychiatrist approved (if any) by the Pennsylvania Board pursuant to his consent agreement with that board, on the condition that the treatment provider approved under the Pennsylvania consent agreement continues to be accepted by the Pennsylvania Board under the terms of Dr. Bollard's probation in that state.

Upon approval by the Board, Dr. Bollard shall obtain from the approved psychiatrist an assessment of Dr. Bollard's current psychiatric status. Prior to the initial assessment, Dr. Bollard shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, relevant exhibits, and any other documentation that the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue psychiatric treatment weekly or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Bollard shall comply with his psychiatric treatment plan, including taking medications as prescribed for his/her psychiatric disorder.

Dr. Bollard shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan; Dr. Bollard's psychiatric status, Dr. Bollard's progress in treatment; and results of any laboratory or other studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his treating psychiatrist immediately notifies the Board of Dr. Bollard's failure to comply with his psychiatric treatment plan and/or any determination that Dr. Bollard is unable to practice due to his psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Bollard shall further ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

11. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:** Dr. Bollard shall assure that any mood-altering or psychotropic medication prescribed for him shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph 10 above.
12. **Psychological Assessment/Continued Psychotherapy:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychologist or counselor (hereinafter "therapist") of Dr. Bollard's choice. The Board may consider Ms. Kightlinger as an approved provider.

Upon approval by the Board, Dr. Bollard shall obtain from the approved therapist a written assessment of Dr. Bollard's current status. Prior to the initial assessment, Dr. Bollard shall furnish the approved therapist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the therapist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved therapist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current status and condition;
- b. A detailed plan of recommended treatment, if any, based upon the therapist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
- d. Any reports upon which the treatment recommendation is based, including reports of examination and psychological or other testing.

Should the Board-approved therapist recommend psychological treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue treatment weekly or as otherwise directed by the Board. Dr. Bollard shall comply with his treatment plan, including taking medications as prescribed for his disorder.

Dr. Bollard shall continue in psychological treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board

shall require reports from the approved therapist. The reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan, Dr. Bollard's status, Dr. Bollard's progress in treatment, and results of any studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his therapist immediately notifies the Board of Dr. Bollard's failure to comply with his treatment plan and/or any determination that Dr. Bollard is unable to practice due to his disorder.

In the event that the designated therapist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another therapist as soon as practicable. Dr. Bollard shall further ensure that the previously designated therapist also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

13. **Releases:** Dr. Bollard 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 Dr. Bollard's chemical dependency/abuse and psychiatric and/or physical conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, 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. Dr. Bollard further shall 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 Order.
14. **Absences from His State of Residence:** Dr. Bollard shall obtain permission from the Board for departures or absences from the state where he resides (where his urine screens, counseling, etc., are performed). Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

In the event that Dr. Bollard resides and/or is employed at a location that is within fifty miles of the geographic border of his state of residence and a contiguous state, Dr. Bollard may travel between his state of residence and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Bollard is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

The Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Order for occasional periods of absence of fourteen days or less.

15. **Required Reporting of Change of Address:** Dr. Bollard shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Bollard's certificate to practice medicine and surgery in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Bollard shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Bollard shall have maintained compliance with all the terms, conditions and limitations set forth in Paragraph B of this Order.
3. **Evidence of Unrestricted Licensure in Other States:** At the time he submits his application for reinstatement or restoration, Dr. Bollard shall provide written documentation acceptable to the Board verifying that Dr. Bollard otherwise holds a full and unrestricted license to practice in all other states in which he is licensed at the time of application or has been in the past licensed, or that he would be entitled to such license but for the nonpayment of renewal fees.
4. **Demonstration of Ability to Resume Practice:** Dr. Bollard shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
  - a. Certification from a treatment provider approved under Section 4731.25, Ohio Revised Code, that Dr. Bollard has successfully completed a minimum of twenty-eight days of inpatient/residential treatment for chemical dependency/abuse. Such treatment shall be completed without interruption. Further, such treatment shall be provided in accordance with Rule 4731-16, Ohio Administrative Code, by a treatment provider approved under Section 4731.25, Ohio Revised Code, who has access to Dr. Bollard's treatment records and this Order.
  - b. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.
  - c. Evidence of continuing full compliance with this Order.

- d. Two written reports indicating that Dr. Bollard's **physical** ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care.

These reports shall have been made by physicians knowledgeable in the area of neurology and who have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- e. Two written reports indicating that Dr. Bollard's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical dependence/abuse and any psychiatric disorder(s).

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

f. **Additional Evidence of Fitness To Resume Practice/SPEX:**

Prior to submitting his application for reinstatement or restoration, Dr. Bollard shall take and pass the SPEX examination, or other written examination that the Board approves, to assess Dr. Bollard's clinical competency.

D. **PROBATION:** Upon reinstatement or restoration, Dr. Bollard's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:

1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in any state in which he is practicing.
2. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Bollard shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
3. **Practice Plan:** Prior to Dr. Bollard's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board and receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Bollard's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Bollard shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Bollard submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary or Supervising Member will give preference to a physician who practices in the same locale as Dr. Bollard and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Bollard and his medical practice, and shall review Dr. Bollard's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Bollard and his practice, and on the review of Dr. Bollard's patient charts. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing. In addition, Dr. Bollard shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician

becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Bollard shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

4. **Tolling of Probationary Period while Out of Compliance:** In the event Dr. Bollard is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.
- E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as evidenced by a written release from the Board, Dr. Bollard's certificate will be fully restored.
- F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Bollard violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.
- G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER**
  1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to all employers or entities with which he is under contract to provide health-care services (including but not limited to third-party payors), or is receiving training, and the chief of staff at each hospital or health-care center where he has privileges or appointments.

In the event that Dr. Bollard provides any health-care services or health-care direction or medical oversight to any emergency medical services organization or emergency medical services provider, Dr. Bollard shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

2. **Required Reporting To Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to the proper licensing authority of any State or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate.

Dr. Bollard further shall provide a copy of this Order at the time of application to the proper licensing authority of any State or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Bollard received from the Board written notification of the successful completion of the probation.

3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Bollard shall promptly provide a copy of this Order to all persons and entities that provide chemical-dependency treatment to or monitoring of Dr. Bollard.
  
4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Bollard shall provide the Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (1) the return receipt of certified mail within 30 days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

**This Order shall become effective immediately upon the mailing of the notification of approval by the Board.**

  
Patricia A. Davidson  
Hearing Examiner

### Exhibits

#### Presented by the State

State's Exhibit 1: Procedural documents.

State's Exhibit 2: Dr. Bollard's answers to the Board's interrogatories.

State's Exhibit 3: Information filed in *Commonwealth of Pennsylvania v. Bollard*, Crawford County Court of Common Pleas, Case No. CR-327-2007 (May 2007).

State's Exhibit 4: Amended Order and Conditions – Accelerated Rehabilitative Disposition [ARD], filed in *Bollard, supra* (Oct. 2007).

State's Exhibit 5: Police complaint and affidavit in *Bollard, supra* (March 2007).

State's Exhibits 6, 7 and 8: Copies of R.C. 2925.23, 2925.22, and 2951.041, respectively.

#### Presented by the Respondent

Respondent's Exhibit A: August 2007 letter to district attorney in Pennsylvania regarding Dr. Bollard's ARD application.

Respondent's Exhibit B: September 2007 notice to Dr. Bollard that his case had been selected for the ARD program.

Respondent's Exhibit C: Amended Order and Conditions in *Bollard, supra* (Oct. 2007).

Respondent's Exhibit C-1: Order dismissing and expunging charges against Dr. Bollard, filed in *Bollard, supra* (July 2008).

Respondent's Exhibit D: February 2007 discharge instructions from Santé Center for Healing.

Respondent's Exhibit E: July 2007 letter from James A. DeMatteis, M.D., to State Farm Insurance Company regarding Dr. Bollard's physical condition and ability to work. (Sealed to protect confidentiality of medical records)

Respondent's Exhibit F: An unsigned July 2007 letter from Shawn C. Zeto, M.D., regarding Dr. Bollard's physical condition and ability to work. (Sealed to protect confidentiality of medical records)

Respondent's Exhibit G: June 2007 letter from Brian E. Quinn to Board staff regarding Dr. Bollard's criminal case.

Respondent's Exhibit H: February 2008 letter from Cynthia Kightlinger, M.S., C.A.C., regarding Dr. Bollard's therapy and recovery program. (Sealed to protect confidentiality of counseling records)

Respondent's Exhibit I: February 2008 letter from George E. Tesar, M.D., regarding Dr. Bollard's psychiatric diagnosis and treatment. (Sealed to protect confidentiality of medical records)

Respondent's Exhibit J: May 2008 letter from Dr. Bollard to Physicians' Health Programs of Pennsylvania [PHP], explaining his situation and requesting a recovery monitoring contract.

Respondent's Exhibit J-1: Draft agreement between Dr. Bollard and PHP.

Respondent's Exhibit K: July 2008 letter to Dr. Bollard from the American College of Emergency Physicians.

Respondent's Exhibit L: Webpage showing Dr. Bollard as Chair of the Section of Emergency Medicine of the American College of Emergency Physicians (<[www.acep.org/PrintFriendly.aspx?id=30270](http://www.acep.org/PrintFriendly.aspx?id=30270)>, printed August 14, 2008).

Respondent's Exhibit M: Certificate from American College of Emergency Physicians certifying participation in "2008 Leadership & Advocacy Conference" held in Washington D.C.

Respondent's Exhibit N: July 2008 letter to Dr. Bollard from American College of Forensic Examiners showing that Dr. Bollard is a diplomate of the college.

Respondent's Exhibit O: Brochure for the 25<sup>th</sup> Annual Metro Life Flight Critical Care Symposium in May 2008, showing that Dr. Bollard was scheduled to present on the topic of "Tactical EMS - The Big Picture."

Respondent's Exhibit P: Email messages, February-April 2008, from the Communications Director of the American College of Emergency Physicians, regarding Dr. Bollard's nomination for recognition as a "Hero of Emergency Medicine."

Respondent's Exhibit Q: Drug test reports.

Respondent's Exhibit R: May 2008 letter to James A. DeMatteis, MD, from Gregory A. Griffith, O.D., regarding Dr. Bollard's vision.

Respondent's Substitute Exhibit S: Consent agreement between the Pennsylvania Bureau of Professional and Occupational Affairs, State Board of Medicine [Pennsylvania Board], and Dr. Bollard, with cover letter.

Respondent's Substitute Exhibit T: Participation agreement between PHP and Dr. Bollard.

# State Medical Board of Ohio

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## EXCERPT FROM THE MINUTES OF JANUARY 14, 2009

### REPORTS AND RECOMMENDATIONS AND PROPOSED FINDINGS AND PROPOSED ORDER

Dr. Madia announced that the Board would now consider the Reports and Recommendations and the Proposed Findings And Proposed Order appearing on its agenda. He noted that the Report and Recommendation in the Matter of Lary R. Korn, D.O., has been pulled from this month's agenda.

Dr. Madia asked whether each member of the Board had received, read and considered the hearing record; the Findings of Fact, Conclusions of Law and Proposed Orders, and any objections filed in the matters of Haroon Akhtar, M.D.; Glenn A. Bollard, M.D.; Mark Owen Henson, M.D.; Andrew John Holan; Kymberly L. Jacobs; Randall Lewis Knox; and John Fred Sylvester, Jr. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Suppan	- aye
	Mr. Jacobson	- aye
	Mr. Hairston	- aye
	Dr. Amato	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Madia	- aye

Dr. Madia asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Suppan	- aye
	Mr. Jacobson	- aye
	Mr. Hairston	- aye
	Dr. Amato	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye

Dr. Steinbergh - aye  
Dr. Madia - aye

Dr. Madia noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. They may, however, participate in the matters of Dr. Akhtar, as that case is not disciplinary in nature and concerns only the doctor's qualifications for licensure. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

The original Reports and Recommendations and the Proposed Findings and Proposed Order shall be maintained in the exhibits section of this Journal.

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GLENN A. BOLLARD, M.D.

Dr. Madia directed the Board's attention to the matter of Glenn A. Bollard, M.D. He advised that objections were filed to Hearing Examiner Davidson's Report and Recommendation and were previously distributed to Board members.

Dr. Madia continued that a request to address the Board has been timely filed on behalf of Dr. Bollard. Five minutes would be allowed for that address.

Dr. Bollard was accompanied by his attorney, Elizabeth Y. Collis, Esq. Ms. Collis referred the Board to her written objections, and stated that she would defer to Dr. Bollard.

Dr. Bollard thanked the Board for giving him the opportunity to appear before it to make his amends. He read the following statement into the record:

In the late 1980s, while I was a resident, I was diagnosed with alcohol dependence. I sought treatment at Shepherd Hill for two months and then was transferred to Talbot Recovery Center in Atlanta, Georgia for an additional eight months. I successfully completed two years of OPEP monitoring after my discharge. I've remained alcohol and drug-free since December 13, 1988, and the misuse of the Adderall some 18 years later was the first time that I'd used a prescription medication inappropriately. Not only was I able to work as a physician for many, many years without problems, but I consistently ranked in the upper tier of patient satisfaction surveys and the quality of my work allowed me the privilege of assuming many positions of leadership.

These things were only possible because I stayed vigilant about my physical, mental and emotional health, and because I carefully self-monitored whether I was working a good

program of recovery. It also occurred because I remained open to the feedback of others.

Due to sleeplessness and depression in 1992 or '93, I voluntarily sought treatment at the William J. Farley Institute, where my initial diagnosis of Bipolar Type 2 was made. I volunteered to stay at the Institute for eleven weeks to allow the medications to be regulated. My employer and family physician did not feel that residential treatment was necessary, but I sided with the recommendations of the Institute. I used all my accumulated sick leave time and about \$20,000 of my own funds to pay for my stay.

In 1999 I underwent five surgical procedures. I was prescribed pain medications after some of them. Prior to 1999 I had slowly allowed a busy work schedule and my move to rural Pennsylvania that lead to a decrease in my twelve-step meeting attendance and a decreased contact with the recovering community. I use the phrase, "thinking like an addict," not to describe actual relapse behavior with substances during that time, but to describe the relapse mindset that was already underway. I sought out the Physicians Health Programs of PA and voluntarily signed a five-year agreement at that time. I became so active in the program that I was asked by the PHP to participate in interventions on other impaired professionals and to serve as a urine toxicology monitor for many individuals.

In 2002 I was prescribed Adderall by my psychiatrist at Cleveland Clinic Foundation. I had been treated by this psychiatrist for more than eight years and he was well aware of my medical and psychological issues and my past history of substance abuse. He did not initiate treatment with this medication without thought. He tried numerous other medications first and had me contact the PHP, which was the Physicians Health Programs, to receive their approval prior to beginning the Adderall. For about three years I was able to take the Adderall as prescribed; however, somewhere in 2005, as my tolerance increased, I began, on occasion, to take larger doses. Then in 2006 I made the poor decision to write myself a prescription for this medication. It is this poor decision that brings me to the Board today.

I wish to be very clear on this point. I was wrong in what I did, and I was well aware both at that time and presently that what I was doing was wrong. It's important to note that in contrast to the Hearing Examiner's impressions, I was aware that I had slipped and I had made plans to go to treatment prior to being questioned by the PA Attorney General's Office about that incident. I made no deals with anyone to go to treatment in lieu of conviction, and no charges were filed until about a month after I returned from treatment. Prior to the A.G.'s office contacting me, I had already contacted my psychiatrist and asked him to stop prescribing Adderall to me. I had already informed my counselor about what was going on and that I was going to treatment. I discontinued the Adderall on my own about two weeks prior to entering three months of treatment, residential treatment, at Santé Treatment Center in Texas. I voluntarily surrendered my

D.E.A. license to eliminate any possibility that I would further, write further prescriptions for a controlled substance, and I also disclosed on my renewal license to Ohio, for the Ohio Medical Board, that I had turned in my D.E.A. license.

I have always taken my medical, psychiatric and chemical dependency issues very seriously. Contrary to the conclusions of the Hearing Examiner at hearing, I never minimized, rationalized, blamed others or intellectualized my medical condition. In fact, I consistently erred on the side of putting my patients first by stopping work, thereby forfeiting personal income and entering treatment when necessary. Additionally, I have paid thousands of dollars out of pocket over the past 20 years for treatment, medications, counseling, medical and psychological evaluations, aftercare groups and travel to and from thousands of twelve-step meetings, in an effort to meet my obligations to myself and to the public. I've never entered a treatment program unless it was specifically designed to treat professionals and had a formal aftercare relationship with both state licensing boards and impaired physician mentoring programs.

I'm currently being monitored by two different programs in PA. I'm subject to random drug screens and monitoring by both the PA Medical Board and the PA Medical Society. I'm asking that the Ohio Board not require that I start a third monitoring program, but rather accept the results of the two PA programs. I understand that I made a mistake, but this incident did not directly endanger patients, as it did not occur while I was actively seeing patients in any clinical context. I was out on medical leave. It occurred while I was fighting for my life against a poorly defined neurologic illness. I sought treatment, I've remained sober, and have been working a strong program of recovery for over two years. My psychological health has been stable for over two years, and my physical health has improved to the point where serious consideration can now be given to returning to clinical work.

As soon as I was well enough physically, I wasted no time in becoming up-to-date with my journal reading. I have documentation that can prove that I far exceeded the State's CME requirements for physicians by completing hundreds of hours of Category I and II credit.

Dr. Madia advised Dr. Bollard that he has one more minute to complete his statement.

I've just finished editing a 300-page medical textbook with the keynote speaker of a trauma conference in Cleveland last spring. I have traveled to Washington, D.C., and Dallas, Texas, multiple times to work on projects to further improve emergency care and advocate for patients' rights. I've also received three separate awards from the American College of Emergency Physicians for the quality and quantity of my volunteerism.

I do not believe that requiring examinations or imposing a two-year suspension of my

Ohio license will make me a better physician clinically, nor would it protect the public. While I currently live in PA, and it appears that I will be able to return to work there, I trained in Ohio and have many friends here. If possible, I would like to keep my Ohio license so I can work here at some point in the future.

Dr. Madia asked whether the Assistant Attorney General wished to respond.

Mr. Wilcox stated that he doesn't have a great deal to add to what the Hearing Examiner has laid out in her Report and Recommendation. He noted that, as the Board can tell from reading the Report and Recommendation, this is a physician who has a myriad of problems. He stated that he thinks that the proposed Report and Recommendation addresses them in an appropriate fashion.

Mr. Wilcox stated that Dr. Bollard is dependent on drugs and alcohol, and he has used cocaine in his past. He has been diagnosed with Bipolar Disorder Type 2 as recently as February 2008. He has used his position as a physician to write false prescriptions for Adderall and used these drugs to feed his addiction. He has been diagnosed and suffers from a chronic inflammatory disorder of the peripheral nervous system, known as CIDP. He received this diagnosis in 2005 and has suffered many debilitating symptoms, including chronic fatigue, muscle weakness and spasms and loss of motor control.

Mr. Wilcox stated that in July 2007, an expert opined that Dr. Bollard cannot safely practice emergency medicine, especially tasks such as suturing and intubation.. He is currently receiving disability benefits through the federal government. Mr. Wilcox stated that it is important to note that Dr. Bollard has not clinically practiced medicine in over four years. As the Report and Recommendation reflects, he has not practiced since June 2004.

Mr. Wilcox stated that with all these profound obstacles to Dr. Bollard being able to safely return to the practice of medicine, he finds the Report and Recommendation to be a good attempt to address these problems, and he supports its adoption, as written.

**DR. EGNER MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND PROPOSED ORDER IN THE MATTER OF GLENN A. BOLLARD, M.D. DR. STEINBERGH SECONDED THE MOTION.**

Dr. Madia stated that he would now entertain discussion in the above matter.

Dr. Egner stated that she falls somewhere in between these two discussions. On the one hand, Dr. Bollard has a very significant, worrisome history. She stated that he has a history of alcohol abuse, a history of bipolar disorder, and he has a significant medical condition that may or may not go into remission and may truly affect his physical ability to practice medicine. On the other hand, if you look at each one of these issues individually, in all cases in his history he addressed it early on and it has been very well controlled. Dr. Egner stated that there is a history of alcohol abuse that dates back very far but with no relapses. He has a history of bipolar disorder, which was treated, and he has remained stable. As far as his physical

condition goes with his disease, it sounds like he is improving greatly.

Dr. Egner stated that when she looks at the recommendation which is for a suspension of two years, five years of probation, and another set of monitoring, it does seem rather onerous for a person who has demonstrated a fairly good degree of success. Dr. Egner referred to Dr. Bollard's objections which suggest a 30-day suspension, no duplicative monitoring, no quarterly appearances and no requirement that he complete an additional 28-day program. She added that she believes a two-year suspension is really too much. She stated that she doesn't agree with what Dr. Bollard did, but he was prescribed the Adderall by his psychiatrist, but it was addressed quickly. Dr. Egner stated that she feels that Dr. Bollard shows that he is not only remorseful, but is willing to do something to make up for that.

Dr. Egner suggested a less than two-year suspension. She added that if Dr. Bollard is already doing monitoring for Pennsylvania, and since he doesn't live in Ohio, the Pennsylvania monitoring results should be able to be sent here. She does believe that he should make an appearance every quarter, because she believes that there is value in that. If he chooses to hold an Ohio license, there's a responsibility with that, and he should show up every quarter to say that he is complying and that he knows that what the Board has told him is important. Dr. Egner stated that she also doesn't particularly feel that Dr. Bollard needs to go through another 28-day program. She added that she would like to hear some discussion on this matter before she makes a motion.

Dr. Suppan stated that she agrees philosophically with what Dr. Egner is saying. She asked Dr. Egner what type of suspension she had in mind.

Dr. Egner stated that she would probably suggest a year's suspension.

Dr. Steinbergh stated that she sees Dr. Bollard as an ill man. He's got a lot of problems with chemical dependency and other medical illnesses. He has, in fact, addressed these. Dr. Steinbergh stated that she's read through all of the reports and noted that he practices in Pennsylvania, and does not practice in Ohio. His Pennsylvania consent agreement went into effect in September 2008. Pennsylvania gave him an indefinite suspension of not less than three years, which it then stayed. She noted that Pennsylvania then imposed a three-year probationary term.

Dr. Steinbergh stated that she's comfortable with staying a suspension, and putting him on probation for the normal term, which is five years. She stated that he is being monitored in the state in which he's practicing. She stated that she would stick with the Proposed Order, in terms of permanent revocation with a stay, and suspension of not less than three years with a stay. She would place him on probation for five years and all of the stipulations that are in the current Proposed Order would remain the same. She agrees with quarterly reports and his coming back to the State, noting that Ohio is one state away from Pennsylvania. She stated that she agrees with Dr. Egner that there is value in this Board's being able to assess him as he goes along.

Dr. Stephens asked why Dr. Steinbergh would favor a five-year probationary period as opposed to the

three-year period in Pennsylvania.

Dr. Steinbergh stated that she's fine with the five-year period, noting that that is what Ohio imposes for chemically dependent physicians, and Dr. Bollard is no different from anyone else. Dr. Steinbergh added that the testing has to be done, noting that Dr. Bollard has not been in practice since 2004. He's been away from clinical medicine for almost five years, so she agrees with the SPEX. She added that she also agrees with the requirement for a psychological assessment and continued psychotherapy, everything that is in the probationary terms. He'd also have to have a practice plan.

Dr. Steinbergh stated that she would suggest tabling this matter for purposes of drawing up an alternative order.

Dr. Amato stated that he's in basic agreement with what's being said so far. He added that it's silly that the Board put Dr. Bollard through the Ohio program when he seems to have gone through an inpatient program that has worked quite well for him. Dr. Amato stated that he's not so sure that he wants to stay everything. Dr. Amato stated that it seems that Dr. Bollard is coming out of his impairment; but there was another issue, and that's self-prescribing. Dr. Amato stated that that's on the downside. The upside is that Dr. Bollard was not endangering his patients when this occurred because he was already on medical leave. Dr. Amato stated that self-prescribing is not an issue that the Board should overlook.

Dr. Amato commented that he assumes that if the Board stays a permanent revocation and a two-year suspension, and Dr. Bollard then violates his probation, the two year suspension becomes moot because the stayed permanent revocation would kick in.

Dr. Egner stated that Dr. Bollard would be cited again. She explained that when the Board stays a permanent revocation, it's not like you're permanently revoked when you commit your next offense. The doctor is cited again, the case will probably go to hearing, and the stayed permanent revocation and suspension will be part of the evidence considered at the hearing. She added that it doesn't automatically buy the physician the permanent revocation.

Dr. Amato indicated that he understands, and added that he thinks that there should be some suspension since Dr. Bollard did self-prescribe.

Dr. Steinbergh stated that she would agree with a one-year suspension with five years' probation. She asked whether the Board accepts the terms proposed by the Hearing Examiner for the suspension year.

Dr. Egner stated that she does.

**DR. STEINBERGH MOVED TO TABLE THE MATTER OF GLENN A. BOLLARD, M.D. DR. MAHAJAN SECONDED THE MOTION. A vote was taken:**

ROLL CALL:

Mr. Albert

- abstain

Dr. Egner	- aye
Dr. Talmage	- abstain
Dr. Suppan	- aye
Mr. Jacobson	- aye
Mr. Hairston	- aye
Dr. Amato	- aye
Dr. Stephens	- aye
Dr. Mahajan	- aye
Dr. Steinbergh	- aye
Dr. Madia	- aye

The motion carried.

When the matter was removed from the table later in the meeting, Mr. Albert was out of the room.

**DR. STEINBERGH MOVED TO AMEND THE PROPOSED ORDER IN THE MATTER OF GLENN A. BOLLARD, M.D. BY SUBSTITUTING THE FOLLOWING:**

It is hereby ORDERED, that:

- A. **PERMANENT REVOCATION, STAYED; SUSPENSION:** The certificate of **Glenn Alden Bollard, M.D.**, to practice medicine and surgery in the State of Ohio shall be **PERMANENTLY REVOKED**; such revocation is **STAYED**, and Dr. Bollard's certificate shall be **SUSPENDED** for an indefinite period of time but not less than one year.
- B. **INTERIM MONITORING:** During the period that Dr. Bollard's certificate to practice in Ohio is suspended, he shall comply with the following terms, conditions, and limitations:
1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in any state in which he practices.
  2. **Comply with Other State's Orders/Agreements:** Dr. Bollard shall comply with all the terms, conditions, and limitations imposed pursuant to the consent agreement entered with the Pennsylvania Board of Medicine ("Pennsylvania Board"), any orders issued by that board, and the monitoring agreement(s) with the Pennsylvania PHP and/or PHMP.
  3. **Quarterly Appearances and Quarterly Declarations:** Dr. Bollard shall appear in person for an interview before the full Board or its designated

representative during the third month following the effective date of this Order, or as otherwise requested by the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested 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.

Dr. Bollard shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Order. The first quarterly declaration must be received in the Board's offices on or before the first day of the third month following the month in which this Order becomes effective, or as otherwise requested by the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

At the time he submits his quarterly declarations, Dr. Bollard shall also submit declarations under penalty of Board disciplinary action or criminal prosecution stating whether he has complied with all the terms, conditions, and limitations imposed by the Pennsylvania Board, and the Pennsylvania PHP and/or PHMP. Moreover, Dr. Bollard shall cause to be submitted to the Board copies of any reports that he submits to the Pennsylvania Board, whenever that board requires such submission. Further, Dr. Bollard shall provide to the Board a copy of any further order or modification of the consent agreement issued or approved by the Pennsylvania Board.

4. **Sobriety**
  - a. **Abstinence from Drugs:** Dr. Bollard 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 Dr. Bollard's history of chemical dependency. Further, in the event that Dr. Bollard is so prescribed, dispensed or administered any controlled substance, carisoprodol, or tramadol, Dr. Bollard shall notify the Board in writing within seven days, providing the Board with the identity of the prescriber, the name of the drug Dr. Bollard received, the medical purpose for which he received the drug, the date the drug was initially received, and the dosage, amount, number of refills, and directions for use. Further, within 30 days of the date said drug is so prescribed, dispensed, or administered to him, Dr. Bollard shall provide the Board with either a copy of the written prescription or other written verification from the prescriber, including the dosage, amount, number of refills, and directions for use.

- b. **Abstinence from Alcohol**: Dr. Bollard shall abstain completely from the use of alcohol.

5. **Drug & Alcohol Screens; Drug Testing Facility and Collection Site**

- a. Dr. Bollard shall submit to random urine screenings for drugs and alcohol at least four times per month, or as otherwise directed by the Board. Dr. Bollard 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, and shall include Dr. Bollard's drug(s) of choice.
- b. Dr. Bollard shall submit, at his expense and on the day selected, urine specimens for drug and/or alcohol analysis. (The term "toxicology screen" is also used herein for "urine screen" and/or "drug screen.")

All specimens submitted by Dr. Bollard shall be negative, except for those substances prescribed, administered, or dispensed to him in conformance with the terms, conditions and limitations set forth in this Order.

Refusal to submit such specimen, or failure to submit such specimen on the day he is selected or in such manner as the Board may request, shall constitute a violation of this Order.

- c. Dr. Bollard shall abstain from the use of any substance that may produce a positive result on a toxicology screen, including the consumption of poppy seeds or other food or liquid that may produce a positive result on a toxicology screen.

Dr. Bollard shall be held to an understanding and knowledge that the consumption or use of various substances, including but not limited to mouthwashes, hand-cleaning gels, and cough syrups, may cause a positive toxicology screen and that unintentional ingestion of a substance is not distinguishable from intentional ingestion on a toxicology screen, and that, therefore, consumption or use of substances that may produce a positive result in a toxicology screen is prohibited under this Order.

- d. All screenings for drugs and alcohol shall be conducted through a Board-approved drug-testing facility and a Board-approved collection site, except as provided in Paragraph 6 below ("Alternative Drug-testing and/or Collection Site"). Further, the screening process shall require a daily call-in procedure.

- e. Within 30 days of the effective date of this Order, Dr. Bollard shall enter into the necessary financial and/or contractual arrangements with a Board-approved drug-testing facility and/or collection site (“DFCS”) in order to facilitate the screening process in the manner required by this Order.

Further, within 30 days of making such arrangements, Dr. Bollard shall provide to the Board written documentation of completion of such arrangements, including a copy of any contract entered into between Dr. Bollard and the Board-approved DFCS. Dr. Bollard’s failure to timely complete such arrangements, or failure to timely provide written documentation to the Board of completion of such arrangements, shall constitute a violation of this Order.

- f. Dr. Bollard shall ensure that the urine-screening process performed through the Board-approved DFCS requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person.

In addition, Dr. Bollard and the Board-approved DFCS shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- g. Dr. Bollard shall ensure that the Board-approved DFCS provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order and whether all urine screens have been negative.
- h. In the event that the Board-approved DFCS becomes unable or unwilling to serve as required by this Order, Dr. Bollard must immediately notify the Board in writing, and make arrangements acceptable to the Board, pursuant to Paragraph 6 below, as soon as practicable. Dr. Bollard shall further ensure that the Board-approved DFCS also notifies the Board directly of its inability to continue to serve and the reasons therefor.
- i. Dr. Bollard acknowledges that the Board expressly reserves the right to withdraw its approval of any DFCS in the event that the Secretary and Supervising Member of the Board determine that the DFCS has demonstrated a lack of cooperation in providing information to the Board or for any other reason.

- 6. **Alternative Drug-testing Facility and/or Collection Site:** It is the intent of

this Order that Dr. Bollard shall submit urine specimens to a Board-approved DFCS chosen by the Board. However, in the event that using the Board-approved DFCS creates an extraordinary hardship on Dr. Bollard, as determined in the sole discretion of the Board, then, subject to the following requirements, the Board may approve an alternative DFCS or a supervising physician to facilitate the urine-screening process for Dr. Bollard.<sup>1</sup>

- a. Within 30 days of the date on which Dr. Bollard is notified of the Board's determination that utilizing the Board-approved DFCS constitutes an extraordinary hardship on Dr. Bollard, he shall submit to the Board in writing for its prior approval the identity of either an alternative DFCS or the name of a proposed supervising physician to whom Dr. Bollard shall submit the required urine specimens.

In approving a facility, entity, or an individual to serve in this capacity, the Board will give preference to a facility located near Dr. Bollard's residence or employment location, or to a physician who practices in the same locale as Dr. Bollard. Dr. Bollard shall ensure that the urine-screening process performed through the alternative DFCS or supervising physician requires a daily call-in procedure, that the urine specimens are obtained on a random basis, and that the giving of the specimen is witnessed by a reliable person. In addition, Dr. Bollard acknowledges that the alternative DFCS or supervising physician shall ensure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

- b. Dr. Bollard shall ensure that the alternative DFCS or supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, verifying whether all urine screens have been conducted in compliance with this Order, and whether all urine screens have been negative.
- c. In the event that the designated alternative DFCS or the supervising physician becomes unable or unwilling to so serve, Dr. Bollard must immediately notify the Board in writing. Dr. Bollard shall further ensure that the previously designated alternative DFCS or the supervising physician also notifies the Board directly of the inability to continue to serve and the reasons therefor. Further, in the event that the approved alternative DFCS or supervising physician becomes unable to serve, Dr. Bollard shall, in order to

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<sup>1</sup> As an alternative to the requirements of paragraph B.6.a. of this Order, the Board will accept the reports of toxicology screens performed pursuant to the September 2008 consent agreement between Dr. Bollard and the Pennsylvania Bureau of Professional Affairs, State Board of Medicine [Pennsylvania Board] as the alternative DFCS, as long as those screens meet this Board's requirements under Ohio law. Paragraphs B.6.b. through B.6.d remain in effect.

ensure that there will be no interruption in his urine-screening process, immediately commence urine screening at the Board-approved DFCS chosen by the Board, until such time, if any, that the Board approves a different DFCS or supervising physician, if requested by Dr. Bollard.

- d. The Board expressly reserves the right to disapprove any entity or facility proposed to serve as Dr. Bollard's designated alternative DFCS or any person proposed to serve as his supervising physician, or to withdraw approval of any entity, facility or person previously approved to so serve in the event that the Secretary and Supervising Member of the Board determine that any such entity, facility or person has demonstrated a lack of cooperation in providing information to the Board or for any other reason.
7. **Reports Regarding Drug & Alcohol Screens:** All screening reports required under this Order from the Board-approved DFCS, the alternative DFCS and/or supervising physician must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration. It is Dr. Bollard's responsibility to ensure that reports are timely submitted.
8. **Additional Screening without Prior Notice:** On the Board's request and without prior notice, Dr. Bollard must provide a specimen of his blood, breath, saliva, urine, and/or hair for screening for drugs and alcohol, for analysis of therapeutic levels of medications that may be prescribed for Dr. Bollard, or for any other purpose, at Dr. Bollard's expense. Dr. Bollard's refusal to submit a specimen on request of the Board shall result in a minimum of one year of actual license suspension. Further, the collection of such specimens shall be witnessed by a representative of the Board, or another person acceptable to the Secretary or Supervising Member of the Board.
9. **Rehabilitation Program:** Dr. Bollard shall maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week, or as otherwise ordered by the Board. Substitution of any other specific program must receive prior Board approval. Dr. Bollard shall submit acceptable documentary evidence of continuing compliance with this program, including submission to the Board of meeting attendance logs, which must be received in the Board's offices no later than the due date for Dr. Bollard's quarterly declarations.
10. **Psychiatric Assessment and Treatment:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychiatrist of Dr. Bollard's choice, to provide a psychiatric assessment to the

Board. Dr. Bollard may request that the Board consider his treating psychiatrist in Ohio or the psychiatrist approved (if any) by the Pennsylvania Board pursuant to his consent agreement with that board, on the condition that the treatment provider approved under the Pennsylvania consent agreement continues to be accepted by the Pennsylvania Board under the terms of Dr. Bollard's probation in that state.

Upon approval by the Board, Dr. Bollard shall obtain from the approved psychiatrist an assessment of Dr. Bollard's current psychiatric status. Prior to the initial assessment, Dr. Bollard shall furnish the approved psychiatrist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, relevant exhibits, and any other documentation that the Board may deem appropriate or helpful to the psychiatrist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved psychiatrist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current psychiatric status and condition;
- b. A detailed plan of recommended psychiatric treatment, if any, based upon the psychiatrist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice; and
- d. Any reports upon which the treatment recommendation is based, including reports of physical examination and psychological or other testing.

Should the Board-approved psychiatrist recommend psychiatric treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue psychiatric treatment weekly or as otherwise directed by the Board. The sessions shall be in person and may not be conducted by telephone or other electronic means. Dr. Bollard shall comply with his psychiatric treatment plan, including taking medications as prescribed for his/her psychiatric disorder.

Dr. Bollard shall continue in psychiatric treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved treating psychiatrist. The psychiatric reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan; Dr. Bollard's psychiatric status, Dr. Bollard's progress in treatment; and results of any laboratory or other studies that have been

conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his treating psychiatrist immediately notifies the Board of Dr. Bollard's failure to comply with his psychiatric treatment plan and/or any determination that Dr. Bollard is unable to practice due to his psychiatric disorder.

In the event that the designated psychiatrist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another psychiatrist as soon as practicable. Dr. Bollard shall further ensure that the previously designated psychiatrist also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

11. **Prescription of Mood-Altering Substances by Board-Approved Psychiatrist Only:** Dr. Bollard shall assure that any mood-altering or psychotropic medication prescribed for him shall be prescribed by the psychiatrist approved by the Board pursuant to paragraph 10 above.
12. **Psychological Assessment/Continued Psychotherapy:** Within 30 days of the effective date of this Order, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board for its prior approval the name and curriculum vitae of a psychologist or counselor (hereinafter "therapist") of Dr. Bollard's choice. The Board may consider Ms. Kightlinger as an approved provider.

Upon approval by the Board, Dr. Bollard shall obtain from the approved therapist a written assessment of Dr. Bollard's current status. Prior to the initial assessment, Dr. Bollard shall furnish the approved therapist copies of the Board's Order, including the Summary of the Evidence, Findings of Fact, and Conclusions, and any other documentation from the hearing record which the Board may deem appropriate or helpful to the therapist.

Upon completion of the initial assessment, Dr. Bollard shall cause a written report to be submitted to the Board from the approved therapist. The written report shall include:

- a. A detailed report of the evaluation of Dr. Bollard's current status and condition;
- b. A detailed plan of recommended treatment, if any, based upon the

- therapist's informed assessment of Dr. Bollard's current needs;
- c. A statement regarding any recommended limitations upon his practice, and
  - d. Any reports upon which the treatment recommendation is based, including reports of examination and psychological or other testing.

Should the Board-approved therapist recommend psychological treatment, and upon approval by the Board, Dr. Bollard shall undergo and continue treatment weekly or as otherwise directed by the Board. Dr. Bollard shall comply with his treatment plan, including taking medications as prescribed for his disorder.

Dr. Bollard shall continue in psychological treatment until such time as the Board determines that no further treatment is necessary. To make this determination, the Board shall require reports from the approved therapist. The reports shall contain information describing Dr. Bollard's current treatment plan and any changes that have been made to the treatment plan since the prior report, Dr. Bollard's compliance with the treatment plan, Dr. Bollard's status, Dr. Bollard's progress in treatment, and results of any studies that have been conducted since the prior report. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In addition, Dr. Bollard shall ensure that his therapist immediately notifies the Board of Dr. Bollard's failure to comply with his treatment plan and/or any determination that Dr. Bollard is unable to practice due to his disorder.

In the event that the designated therapist becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing and make arrangements acceptable to the Board for another therapist as soon as practicable. Dr. Bollard shall further ensure that the previously designated therapist also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

13. **Releases:** Dr. Bollard 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 Dr. Bollard's chemical dependency/abuse and psychiatric and/or physical conditions, or for purposes of complying with this Order, whether such treatment or evaluation occurred before or after the effective date of this Order. To the extent permitted by law, 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. Dr. Bollard further shall 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 Order.

14. **Absences from His State of Residence:** Dr. Bollard shall obtain permission from the Board for departures or absences from the state where he resides (where his urine screens, counseling, etc., are performed). Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

In the event that Dr. Bollard resides and/or is employed at a location that is within fifty miles of the geographic border of his state of residence and a contiguous state, Dr. Bollard may travel between his state of residence and that contiguous state without seeking prior approval of the Secretary or Supervising Member provided that Dr. Bollard is otherwise able to maintain full compliance with all other terms, conditions and limitations set forth in this Order.

The Secretary and Supervising Member of the Board shall have the discretion to grant a waiver of part or all of the monitoring terms set forth in this Order for occasional periods of absence of fourteen days or less.

15. **Required Reporting of Change of Address:** Dr. Bollard shall notify the Board in writing of any change of residence address and/or principal practice address within 30 days of the change.

C. **CONDITIONS FOR REINSTATEMENT OR RESTORATION:** The Board shall not consider reinstatement or restoration of Dr. Bollard's certificate to practice medicine and surgery in Ohio until all of the following conditions have been met:

1. **Application for Reinstatement or Restoration:** Dr. Bollard shall submit an application for reinstatement or restoration, accompanied by appropriate fees, if any.
2. **Compliance with Interim Conditions:** Dr. Bollard shall have maintained compliance with all the terms, conditions and limitations set forth in Paragraph

B of this Order.

3. **Demonstration of Ability to Resume Practice:** Dr. Bollard shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care. Such demonstration shall include but shall not be limited to the following:
  - a. Evidence of continuing full compliance with an aftercare contract with a treatment provider approved under Section 4731.25, Ohio Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with Rule 4731-16-10, Ohio Administrative Code.
  - b. Evidence of continuing full compliance with this Order.
  - c. Two written reports indicating that Dr. Bollard's physical ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care.

These reports shall have been made by physicians knowledgeable in the area of neurology and who have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

- d. Two written reports indicating that Dr. Bollard's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care, with respect to chemical

dependence/abuse and any psychiatric disorder(s).

The reports shall have been made by physicians knowledgeable in the area of addictionology and who are either affiliated with a current Board-approved treatment provider or otherwise have been approved in advance by the Board to provide an assessment of Dr. Bollard. Further, the two aforementioned physicians shall not be affiliated with the same treatment provider or medical group practice. Prior to the assessments, Dr. Bollard shall provide the assessors with copies of patient records from any evaluation and/or treatment that he has received, and a copy of this Order. The reports of the assessors shall include any recommendations for treatment, monitoring, or supervision of Dr. Bollard, and any conditions, restrictions, or limitations that should be imposed on Dr. Bollard's practice. The reports shall also describe the basis for the assessor's determinations.

All reports required pursuant to this paragraph shall be based upon examinations occurring within the three months immediately preceding any application for reinstatement or restoration. Further, at the discretion of the Secretary and Supervising Member of the Board, the Board may request an updated assessment and report if the Secretary and Supervising Member determine that such updated assessment and report is warranted for any reason.

4. **Additional Evidence of Fitness To Resume Practice/SPEX:** Prior to submitting his application for reinstatement or restoration, Dr. Bollard shall take and pass the SPEX examination, or other written examination that the Board approves, to assess Dr. Bollard's clinical competency.
- D. **PROBATION:** Upon reinstatement or restoration, Dr. Bollard's certificate shall be subject to the following PROBATIONARY terms, conditions, and limitations for a period of at least five years:
1. **Obey the Law:** Dr. Bollard shall obey all federal, state, and local laws, and all rules governing the practice of medicine and surgery in any state in which he is practicing.
  2. **Terms, Conditions, and Limitations Continued from Suspension Period:** Dr. Bollard shall continue to be subject to the terms, conditions, and limitations specified in Paragraph B of this Order.
  3. **Practice Plan:** Prior to Dr. Bollard's commencement of practice in Ohio, or as otherwise determined by the Board, Dr. Bollard shall submit to the Board and

receive its approval for a plan of practice in Ohio. The practice plan, unless otherwise determined by the Board, shall be limited to a supervised structured environment in which Dr. Bollard's activities will be directly supervised and overseen by a monitoring physician approved by the Board. Dr. Bollard shall obtain the Board's prior approval for any alteration to the practice plan approved pursuant to this Order.

At the time Dr. Bollard submits his practice plan, he shall also submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary or Supervising Member will give preference to a physician who practices in the same locale as Dr. Bollard and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Bollard and his medical practice, and shall review Dr. Bollard's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Bollard and his practice, and on the review of Dr. Bollard's patient charts. Dr. Bollard shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Bollard's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Bollard must immediately so notify the Board in writing. In addition, Dr. Bollard shall make arrangements acceptable to the Board for another monitoring physician within 30 days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Bollard shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefor.

4. **Tolling of Probationary Period while Out of Compliance:** In the event Dr. Bollard is found by the Secretary of the Board to have failed to comply with any provision of this Order, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Order.

E. **TERMINATION OF PROBATION:** Upon successful completion of probation, as

evidenced by a written release from the Board, Dr. Bollard's certificate will be fully restored.

F. **VIOLATION OF THE TERMS OF THIS ORDER:** If Dr. Bollard violates the terms of this Order in any respect, the Board, after giving him notice and the opportunity to be heard, may institute whatever disciplinary action it deems appropriate, up to and including the permanent revocation of his certificate.

G. **REQUIRED REPORTING WITHIN 30 DAYS OF THE EFFECTIVE DATE OF THIS ORDER**

1. **Required Reporting to Employers and Others:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to all employers or entities with which he is under contract to provide health-care services (including but not limited to third-party payors), or is receiving training, and the chief of staff at each hospital or health-care center where he has privileges or appointments.

In the event that Dr. Bollard provides any health-care services or health-care direction or medical oversight to any emergency medical services organization or emergency medical services provider, Dr. Bollard shall provide a copy of this Order to the Ohio Department of Public Safety, Division of Emergency Medical Services.

2. **Required Reporting To Other Licensing Authorities:** Within 30 days of the effective date of this Order, Dr. Bollard shall provide a copy of this Order to the proper licensing authority of any State or jurisdiction in which he currently holds any professional license, as well as any federal agency or entity, including but not limited to the Drug Enforcement Agency, through which he currently holds any license or certificate.

Dr. Bollard further shall provide a copy of this Order at the time of application to the proper licensing authority of any State or jurisdiction in which he applies for any professional license or reinstatement/restoration of any professional license. This requirement shall continue until Dr. Bollard received from the Board written notification of the successful completion of the probation.

3. **Required Reporting to Treatment Providers/Monitors:** Within 30 days of the effective date of this Order, Dr. Bollard shall promptly provide a copy of this Order to all persons and entities that provide chemical-dependency treatment to or monitoring of Dr. Bollard.

4. **Required Documentation of the Reporting Required by Paragraph G:** Dr. Bollard shall provide the Board with one of the following documents as proof of each required notification within 30 days of the date of each such notification: (1) the return receipt of certified mail within 30 days of receiving that return receipt, (2) an acknowledgement of delivery bearing the original ink signature of the person to whom a copy of the Order was hand delivered, (3) the original facsimile-generated report confirming successful transmission of a copy of the Order to the person or entity to whom a copy of the Order was faxed, or (4) an original computer-generated printout of electronic mail communication documenting the e-mail transmission of a copy of the Order to the person or entity to whom a copy of the Order was e-mailed.

**EFFECTIVE DATE:** This Order shall become effective immediately upon the mailing of the notification of approval by the Board.

**DR. MAHAJAN SECONDED THE MOTION.** A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Suppan	- aye
	Mr. Jacobson	- aye
	Mr. Hairston	- aye
	Dr. Amato	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye
	Dr. Steinbergh	- aye
	Dr. Madia	- aye

The motion carried.

**DR. STEINBERGH MOVED TO APPROVE AND CONFIRM MS. DAVIDSON'S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND PROPOSED ORDER, AS AMENDED, IN THE MATTER OF GLENN A. BOLLARD, M.D. D4. MAHAJAN SECONDED THE MOTION.** A vote was taken:

ROLL CALL:	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Suppan	- aye
	Mr. Jacobson	- aye
	Mr. Hairston	- aye
	Dr. Amato	- aye
	Dr. Stephens	- aye
	Dr. Mahajan	- aye

Dr. Steinbergh - aye  
Dr. Madia - aye

The motion carried.

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

May 14, 2008

Case number: 08-CRF- **058**

Glenn Alden Bollard, M.D.  
11210 Hunters Ridge Blvd., Apt. 4  
Meadville, PA 16335

Dear Doctor Bollard:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to 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 you or place you on probation for one or more of the following reasons:

- (1) In or about October 2006, in Meadville, Pennsylvania, you wrote a prescription for Adderall, a Schedule II controlled substance, in the name of a person known to you but without that person's knowledge or consent. You picked up and paid for such Adderall prescription at a Meadville, Pennsylvania, pharmacy and used the Adderall for yourself.
- (2) On or about October 1, 2007, the Court of Common Pleas of Crawford County, Pennsylvania [Court], imposed conditions upon you based upon your referral to the Court for Accelerated Rehabilitative Disposition, which is substantially equivalent to Intervention in Lieu of Conviction, for the offense of Procure Controlled Substance by Forgery, a misdemeanor grade 3, in violation of 63 PS 390-8(13)(11) of the statutes of the Commonwealth of Pennsylvania. A copy of the Amended Order and Conditions – Accelerated Rehabilitative Disposition is attached hereto and incorporated herein.

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Section 2925.23, Ohio Revised Code, Illegal Processing of Drug Documents, and/or Section 2925.22, Ohio Revised Code, Deception to Obtain a Dangerous Drug.

Further, the judicial finding of accelerated rehabilitative disposition, which is substantially equivalent to intervention in lieu of conviction, as alleged in paragraph (2) above, individually and/or collectively, constitutes “[a] plea of guilty to, a judicial finding of guilt of, or a judicial

*Mailed 5-15-08*

finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice,” as that clause is used in Section 4731.22(B)(11), 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 days of the time of mailing of this notice.

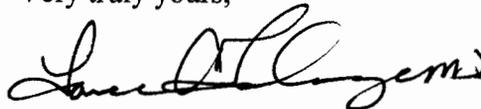
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at 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 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 you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, 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,



Lance A. Talmage, M.D.  
Secretary

LAT/KHM/flb  
Enclosures

CERTIFIED MAIL #91 7108 2133 3934 3690 6040  
RETURN RECEIPT REQUESTED



8) ADDITIONAL CONDITIONS:

Continue with all counseling and therapy and not discontinue the same without the prior consent of the Adult Probation Department and the counselors involved.

BY THE COURT,

  
\_\_\_\_\_  
Anthony J. Vardaro, J.

Attorney for the Commonwealth:  
Paul A. Barkus, Esquire, ADA

Attorney for Defendant:  
Mark D. Stevens, Esquire

OTN: K 463182-6

4/04 forms ARD order Non DUI  
lmk

Distributed by Clerk of Courts

Date as Filed \_\_\_\_\_

D.A. \_\_\_\_\_ box

Def. Atty. \_\_\_\_\_ Stevens

Det. \_\_\_\_\_

Jail \_\_\_\_\_

App. \_\_\_\_\_ box

Sheriff \_\_\_\_\_

Other \_\_\_\_\_

OHIO STATE MEDICAL BOARD  
OCT 09 2007  
**RECEIVED**