



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

October 10, 2001

Theodore Treiber, M.D.
5676 Radford Road
Lucama, NC 27851-9295

Dear Doctor Treiber:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on October 10, 2001.

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 a Notice of Appeal with the State Medical Board of Ohio and 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 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. 7000 0600 0024 5147 2620
RETURN RECEIPT REQUESTED

Cc: 6349 U.S. 13
Farmville, NC 27828-4290
CERTIFIED MAIL RECEIPT NO. 7000 0600 5147 2613
RETURN RECEIPT REQUESTED

*Mailed 10-11-01
Second Mailing 1-29-02*

In the Matter of Theodore Treiber, M.D.
Page 2

Second Mailing:

CERTIFIED MAIL RECEIPT NO. 7000 0600 0024 5146 4496
RETURN RECEIPT REQUESTED

Cc: 475 N. Maple Street, #71
Saline, MI 48176

CERTIFIED MAIL RECEIPT NO. 7000 0600 0024 5146 4502
RETURN RECEIPT REQUESTED

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

THEODORE TREIBER, M.D.

*

*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated August 8, 2001, notice was given to Theodore Treiber, M.D., that the State Medical Board of Ohio intended to consider disciplinary action regarding his license to practice medicine and surgery in the state of Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, on August 9, 2001, to the address of record of Dr. Treiber, that being 158 McIntyre Road, Pittsburgh, PA 15237. Notice was simultaneously sent via certified mail, return receipt requested, to 5676 Radford Road, Lucama, NC 27851-9295.

The mailing to the Pittsburgh, PA address was returned to the State Medical Board undelivered. However, a signed certified mail receipt was returned to the Medical Board offices documenting proper service at the Lucama, NC address. However, no hearing request has been received from Dr. Treiber and more than thirty (30) days have no elapsed since the mailing of that notice.

WHEREFORE, for the reasons outlined in the August 8, 2001 notice of opportunity for hearing, which is attached hereto and incorporated herein, it is hereby ORDERED:

1. The certificate of Theodore Treiber, M.D., to practice medicine and surgery in the State of Ohio shall be **SUSPENDED** for an indefinite period of time, but not less than thirty (30) days.
2. The Board shall not consider reinstatement of Dr. Treiber certificate to practice until all of the following minimum requirements are met:
 - a. Dr. Treiber shall submit an application for reinstatement, accompanied by appropriate fees.

- b. Dr. Treiber shall provide documentation acceptable to the Board of satisfactory completion of 100 hours of CME, at least 40 hours of which shall be in Category I, for the period from July 1, 1996 to June 30, 1998.

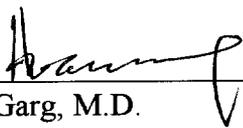
It shall be Dr. Treiber responsibility to work with appropriate Board staff to ascertain what will be considered as satisfactory documentation and to obtain the same.

- c. Dr. Treiber shall provide documentation acceptable to the Board of satisfactory completion of 125 hours of CME, at least 50 hours of which shall be Category I, for the period of July 1, 1998 to January 1, 2001.
 - d. Dr. Treiber shall supply documentation acceptable to the Board of satisfactory completion of the requisite hours of CME for each complete biennium, if any, during which Dr. Treiber certificate remains suspended.
 - e. In the event that Dr. Treiber has not been engaged in the active practice of medicine for a period of more than two (2) years prior to his application for reinstatement, Dr. Treiber shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess his clinical competency.
3. Subsequent to reinstatement, Dr. Treiber shall provide documentation acceptable to the Board of satisfactory completion of the requisite number of hours of CME for the CME acquisition period in effect at the time of reinstatement, and for two complete CME acquisition periods thereafter. This documentation shall be due in the Board's offices within thirty (30) days of the conclusion of each CME acquisition period.

This ORDER shall become effective thirty (30) days after the mailing of notification of approval by the State Medical Board of Ohio.

This ORDER is hereby entered upon the Journal of the State Medical Board of Ohio for the 10th day of October, 2001, and the original thereof shall be kept with said Journal.

(SEAL)



Anand G. Garg, M.D.
Secretary

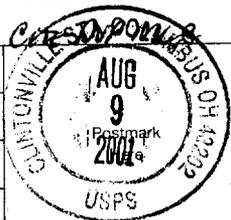
October 10, 2001

Date

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 5140 5796

Postage	\$ 1.26
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.86



Recipient's Name: Theodore Treiber, M.D.
 Street, Apt. No.: 158 McIntyre Road
 City, State, Zip: Pittsburgh, PA 15237

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0024 5140 5949

CITE JAM

Postage	\$ 1.26
Certified Fee	2.10
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.86



Recipient's Name: Theodore Treiber, M.D.
 Street, Apt. No.: 5676 Radford Road
 City, State, Zip: Lucama, NC 27851-9295

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Theodore Treiber, M.D.
 5676 Radford Road
 Lucama, NC 27851-9295

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) CITE JAM

B. Date of Delivery 8/21

C. Signature *[Signature]* Agent Addressee

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

THE STATE MEDICAL
BOARD OF OHIO
77 South High St., 17th Floor
Columbus, Ohio 43266-0315
614-225-2727



7000 0600 0024 5140 5796

2002
Date: 08/23/2001
Time: 10:10:00 AM
From: [illegible]
To: [illegible]
Subject: [illegible]

ON FILE
CLEAR

Handwritten initials/signature

For

RIS
RETURN TO SENDER

- INSUFFICIENT ADDRESS
- ATTEMPTED NOT KNOWN
- NO SUCH NUMBER/STREET
- NOT DELIVERABLE AS ADDRESSED
- UNABLE TO FORWARD
- OTHER

Pitts

AUG 23 2001

ACS

RETURN RECEIPT REQUESTED

AFFIDAVIT

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

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Theodore Treiber, M.D.
- 5) That based on such examination, I have found the last known address of record of Theodore Treiber, M.D. to be:

158 McIntyre Road
Pittsburg, PA 15237

- 6) Further, Affiant Sayeth Naught.



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

Sworn to and signed before me, Angela D. Fields, Notary
Public, this 25th day of September, 2001.



ANGELA D. FIELDS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 05/14/06



Notary Public



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

August 8, 2001

Theodore Treiber, M.D.
158 McIntyre Road
Pittsburgh, PA 15237

Dear Doctor Treiber:

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

- (1) In applying for registration of your certificate to practice medicine and surgery for the 1998-2000 registration period, you certified that you had completed or would complete the requisite hours of Continuing Medical Education (CME) as required by Section 4731.281, Ohio Revised Code, during the last biennial period of acquisition of CME (July 1, 1996 - June 30, 1998).
- (2) By a certified mail letter dated in or about July 1999, the State Medical Board of Ohio informed you that you were required to complete a log listing your CME for the July 1, 1996 - June 30, 1998 period and to provide documentation that you had actually completed at least forty (40) hours of Category I CME credits. By certified mail letter dated August 28, 2000, the State Medical Board again requested that you submit documentation of your CME credits for the July 1, 1996 - June 30, 1998 period. You have failed to submit any documentation of CME completed for the above period.
- (3) Your lack of response to the notices as detailed in the above paragraph (2) rebuts the presumption under Rule 4731-10-08(A), Ohio Administrative Code, that you did complete the requisite hours of CME, and/or demonstrates that you failed to keep detailed records of CME taken.

Your acts, conduct and/or omissions in certifying to the State Medical Board that you had completed the statutorily required CME, as set forth in the above paragraph (1), when you had not, in fact, done so, constitute "fraud, misrepresentation, or deception in applying for

Mailed 8.9.01

or securing any license or certificate issued by the board,” as that clause is used in Section 4731.22(A), Ohio Revised Code, as in effect prior to March 9, 1999.

Further, your acts, conduct and/or omissions in certifying to the State Medical Board that you had completed the statutorily required CME, as set forth in the above paragraph (1), when you had not, in fact, done so, constitute “[p]ublishing a false, fraudulent, deceptive, or misleading statement,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code, as in effect prior to March 9, 1999.

Further, your failure to respond to the audit notices, to obtain the requisite CME, and/or to submit documentation of same, as alleged in the above paragraphs (2) and (3) constitutes “violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board,” as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Section 4731.281, Ohio Revised Code, as in effect prior to March 9, 1999, and Rules 4731-10-03, 4731-10-05 and 4731-10-08, Ohio Administrative Code.

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

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

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

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

Theodore Treiber, MD
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Copies of the applicable sections are enclosed for your information.

Very truly yours,


Anand G. Garg, M.D.
Secretary

Enclosures

CERTIFIED MAIL 7000 0600 0024 5140 5796
RETURN RECEIPT REQUESTED

Duplicate Mailing to: 5676 Radford Road
Lucama, NC 27851-9295

CERTIFIED MAIL #7000 0600 0024 5140 5949
RETURN RECEIPT REQUESTED