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

August 12, 1998

Morris Shear, M.D.
103 Hazel Street
P. O. Box 191
Woodland, NC 27897

Dear Doctor Shear:

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 August 12, 1998.

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

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

Very truly yours,

Anand G. Garg, MD

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 840 066
RETURN RECEIPT REQUESTED

Mailed 8/13/98

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on August 12, 1998, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Morris Shear, M.D., as it appears in the Journal of the State Medical Board of Ohio.

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

(SEAL)

Anand G. Garg, M.D.
Secretary

August 12, 1998
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

MORRIS SHEAR, M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated June 10, 1998 and mailed on June 11, 1998, notice was given to Morris Shear, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the last known addresses of Morris Shear, M.D., those being 103 Hazel Street, Woodland, NC, 27897 and P.O. Box 191, Woodland, NC, 27897. Service was achieved, as documented by the certified mail receipts signed on June 15, 1998 and received in the Medical Board's offices on June 17, 1998.

On July 15, 1998, a written request for hearing from Dr. Shear was received in the Board offices, but that request was not timely, more than thirty days having elapsed since the mailing of the Board's notice.

WHEREFORE, for the reasons outlined in the June 10, 1998 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Morris Shear, M.D., to practice medicine and surgery in the State of Ohio be PERMANENTLY REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 12th day of August, 1998, and the original thereof shall be kept with said Journal.

Anand G. Garg, M.D.
Secretary

(SEAL)

August 12, 1998
Date

Cite JM

Z 233 895 152

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to Morris Shear	
Street & Number P.O. Box 191	
Post Office, State, & ZIP Code Woodland NC 27897	
Postage	$ 1.29
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.69
Postmark or Date	

PS Form 3800, April 1995

SENDER:

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

Cite JM

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

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

Consult postmaster for fee.

3. Article Addressed to:
Morris Shear
P.O. Box 191
Woodland, NC
27897

4a. Article Number
Z 233 895 152

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

7. Date of Delivery
6-15-98

5. Received By: *(Print Name)*

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

6. Signature: *(Addressee or Agent)*
X Morris Shear

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Cite JM

Z 233 895 151

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to Morris Shear, MD	
Street & Number 103 Hazel St.	
Post Office, State, & ZIP Code Woodland NC 27897	
Postage	$ 1.29
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 3.69
Postmark or Date	

PS Form 3800, April 1995

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- Complete items 1 and/or 2 for additional services.
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Cite JM

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Morris Shear
103 Hazel St.
Woodland, NC 27897

4a. Article Number
Z 233 895 151

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☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
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X Morris Shear

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

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

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 Morris Shear, M.D.;

5) That based on such examination, I have found the last known address of record of Morris Shear, M.D., to be:

103 Hazel Street
P.O. Box 191
Woodland, NC 27897

6) Further, Affiant Sayeth Naught.

Debra L. Jones

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

Sworn to and signed before me, Lauren Lubow, Notary Public, this 28th day of July, 1998.

Lauren Lubow

Notary Public

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

State Medical Board of Ohio

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

June 10, 1998

Morris Shear, M.D.
103 Hazel Street
Woodland, NC 27897

Dear Doctor Shear:

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

(1)(a) On or about October 3, 1994, the U.S. Army Medical Department Activity, Fort Knox, Kentucky (hereinafter Fort Knox Medical Department), where you were employed as an Emergency Medicine Contract Physician, notified you that "your clinical privileges at Ireland Army Community Hospital [Fort Knox, Kentucky] are suspended effective immediately for failure to appropriately initiate the cardiopulmonary resuscitation (CPR) process, failure to intubate and conduct the CPR appropriately in two separate incidents during the period of March 1994." Both patients died. You signed for this certified mail letter on or about October 10, 1994.

This suspension of clinical privileges was effective October 17, 1994. A copy of the suspension correspondence is attached hereto and fully incorporated herein.

(1)(b) On or about February 14, 1995, the Fort Knox Medical Department notified you that, in lieu of the above October 17, 1994, suspension, your clinical privileges were revoked (based upon the same two incidents in the March 1994 period as stated in paragraph (1)(a) above). You signed for this certified mail letter on or about February 17, 1995. Subsequently this revocation was reissued by certified mail letter dated April 22, 1996. Your agent signed for this correspondence on or about April 25, 1996.

This revocation of clinical privileges was effective May 9, 1996. A copy of the revocation correspondence is attached hereto and fully incorporated herein.

(2) On or about September 20, 1996, you signed the application for renewal of your Ohio certificate to practice medicine and surgery, certifying that the information

Mailed 6/11/98

provided on the application was true and correct in every respect. You answered "No" in response the question, "At any time since signing your last application for renewal of your certificate have you:..7.) [h]ad any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?"

In fact, as shown in paragraph (1) above, your clinical privileges at Ireland Army Community Hospital, Fort Knox, Kentucky, were suspended on or about October 17, 1994, and subsequently, and in lieu of that suspension, revoked on or about May 9, 1996.

The Fort Knox Medical Department suspension and subsequent revocation of your clinical privileges, as alleged in paragraph (1) above, constitutes "[t]he revocation, suspension, restriction, reduction, or termination of clinical privileges by the department of defense, or the veterans administration of the United States, for any act or acts that would also constitute a violation of this chapter," as that clause is used in Section 4731.22(B)(24), Ohio Revised Code, to wit: 4731.22(B)(6), Ohio Revised Code.

Your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "fraud, misrepresentation, or deception in applying for or securing any license or certificate issued by the board," as that clause is used in Section 4731.22(A), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2) above, individually and/or collectively, constitute "publishing a false, fraudulent, deceptive, or misleading statement," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

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

You are further advised that 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.

Copies of the applicable sections are enclosed for your information.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG/jag
Enclosures

CERTIFIED MAIL # Z 233 895 151
RETURN RECEIPT REQUESTED

cc: P.O. Box 191
Woodland, NC 27897
CERTIFIED MAIL # Z 233 895 152
RETURN RECEIPT REQUESTED

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT KNOX, KENTUCKY 40121-5520

REPLY TO
ATTENTION OF:

3 October 1994 -S: 19 October 1994

Office of the Director of Quality Improvement
Credentialling

SUBJECT: Notice of Summary of Suspension of Clinical Privileges

Morris Shear MD
PO Box 191
Woodland, NC 27897

You are notified that based on findings and conclusions by the Risk Management Committee and review by the Credentials Committee, your clinical privileges at Ireland Army Community Hospital are suspended effective immediately for failure to appropriately initiate the cardiopulmonary resuscitation (CPR) process, failure to intubate and conduct the CPR appropriately in two separate incidents during the period of March 1994.

You are advised that you have the right, upon your request, to have the credentials hearing committee conduct a hearing to review this action concerning your privileges. The hearing procedures and your hearing rights are detailed in AR 40-68, Chapter 4.

In order to have this hearing you must make a written request for a hearing to the Chairperson, Credentials Committee within 10 workings days from the receipt of this notice. If you fail to make the request within that time, or if you fail to appear at the hearing you have requested, you will waive your rights to the hearing and also waive your rights to appeal to the next higher medical authority.

[redacted]

Colonel, MC
Chairperson, Credentials Committee

2 Encl
1. AR 40-68, Chapter 4-9
2. Acknowledgement

TRUE CERTIFIED COPIES

BY

Quality Assurance Department
10 [illegible]
Disclosure [illegible]

S: 19 October 1994

1st End Dr. Morris Shear

SUBJECT: Notice of Suspension of Clinical Privileges

FOR Commander, Ireland Army Community Hospital, ATTN: HSXM-THC-QC, Fort Knox, KY 40121-5520

Receipt acknowledged. I understand that I have 10 days to request a hearing, if I elect to do so, in accordance with AR 40-68. Further I understand that should I elect not to request a hearing or if I fail to appear at a hearing, I waive my right to appeal to higher medical authority.

MORRIS SHEAR, MD
Contract

Quality Assurance Document
[illegible], Unauthorized
Disclosure carries $[illegible] Fine

TRUE CERTIFIED COPIES

BY

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT KNOX, KENTUCKY 40121-5520

REPLY TO
ATTENTION OF

Office of the Deputy Commander
for Clinical Services - Credentialling

22 April 1996

SUBJECT: Release of Specific Data Presented to the Credentials Committee

Morris Shear MD
PO Box 191
Woodland, NC 27897

Dear Dr. Shear:

1. Following review by the Chief, Administrative Law, [redacted] the following documents are released as requested per your telephone conversation with [redacted], Credentials File Manager on 11 April 1996.

a. Emergency Care And Treatment on a 48 year old female patient occurring on 30 March 1994.

b. Emergency Care and Treatment on a 66 year old female patient occurring on 17 March 1994.

2. Please be advised that these documents should not be disseminated.

3. Enclosed is a copy of the notification letter dated 14 February 1995 with enclosures.

4. You are advised that this recommendation is considered adverse privileging action and is reportable to the National Practitioner Data Bank. You are advised that you have the right, upon your request, to have the credentials hearing committee conduct a hearing to review this action concerning your privileges. The hearing procedures and your hearing rights are detailed in AR 40-68, chapter 4.

5. In order to have this hearing you must make a written request for the hearing to the chairperson of the credentials committee within 10 days from the date you receive this notice. If you fail to make the request within that time or if you fail to appear at the hearing so requested, you waive your rights to the hearing and also waive rights to appeal to higher medical or dental authority.

Quality Assurance Document
10 USC 1102, Unauthorized
Disclosure carries $3000 Fi

LAW PL 99-661
UNAUTHORIZED DISCLOSURE
CARRIES $3,000 FINE

TRUE CERTIFIED COPIES
BY

MCXM-THC-QC (640-10e) 22 April 1996
SUBJECT: Release of Specific Data Presented to the Credentials Committee

5. Point of contact at this facility is [redacted]i, Credentials Coordinator, commercial [redacted]

FOR THE COMMANDER

[redacted]

2 Encl
1. AR 40-68 Chapter 4-9
2. Acknowledgement

COL, MC
Deputy Commander
for Clinical Services

Quality Assurance Document
10 USC 1102, Unauthorized
Disclosure carries $3000 fine

TRUE CERTIFIED COPIES
BY

LAW PL 99-001
UNAUTHORIZED DISCLOSURE
CARRIES $3,000 FINE

MCXM-THC-QC/4Apr96/ (640-10e)

1st End Practitioner/tp/502-624-9007

SUBJECT: Revocation of Clinical Privileges

Morris Shear MD, PO Box 191, Woodland, NC 27897 _____
(DATE)

FOR Commander, USA MEDDAC, ATTN MCXM THC QC, Ft Knox, KY 40121-5520 ATTN: Credentials Committee

Receipt acknowledged, I understand that I have 10 days to request a hearing, if I elect to do so, in accordance with AR 40-68. Further I understand that should I elect not to request a hearing or if I fail to appear at a hearing, I waive my right to appeal to higher medical or dental authority.

_____
SIGNATURE

MORRIS SHEAR MD

Quality Assurance Document
10 USC 1102, Unauthorized
Disclosure carries $3000 Fine

TRUE CERTIFIED COPIES

BY _____

LAW PROTECTED
UNAUTHORIZED DISCLOSURE
CARRIES $3000 FINE

SECOND NOTIFICATION 22 April 1996

DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
FORT KNOX, KENTUCKY 40121-5520

14 February 1995

Suspense: 2 Mar 95

REPLY TO
ATTENTION OF

Office of the Director of Quality Improvement
of Quality Improvement - Credentialling

SUBJECT: Correction - Notice of Summary of Revocation of Clinical Privileges in Lieu of Suspension of Clinical Privileges

Morris Shear MD
PO Box 191
Woodland, NC 27897

Dear Dr. Shear:

1. The initial notification letter dated 3 October 1994 regarding privileging action was incorrect. Your privileges were revoked.

2. You are hereby notified that your clinical privileges in Emergency Medicine at Ireland Army Community Hospital, Fort Knox, Kentucky are limited as follow: Effective immediately your clinical privileges have been revoked for failure to appropriately initiate the cardiopulmonary resuscitation (CPR) process, failure to intubate and conduct the CPR appropriately in two separate incidents during the period of March 1994.

3. Your are advised that this recommendation is considered adverse privileging action and is reportable to the National Practitioner Data Bank. You are advised that you have the right, upon your request, to have the credentials hearing committee conduct a hearing to review this action concerning your privileges. The hearing procedures and your hearing rights are detailed in AR 40-68, Chapter 4.

4. In order to have this hearing you must make a written request for the hearing to the chairperson of the credentials committee within 10 days from the date you receive this notice. If you fail to make the request within that time or if you fail to appear at the hearing so requested, you waive your rights to the hearing and also waive rights to appeal to higher medical authority.

5. Point of contact at this facility is [redacted] Credentials Coordinator, [redacted]

Quality Assurance Document
10 USC 1102. Unauthorized
Disclosure carries $3000 fine

TRUE CERTIFIED COPIES

SECOND NOTIFICATION 22 April 1996

Office of the Director
of Quality Improvement - Credentialling

14 February 1995

[redacted]

COL, MC
Chairperson, Credentials

2 Encl
1. AR 40-68 Chap 4-9
2. Acknowledgement
Committee

Quality Assurance Document
[illegible]
Disclosure carries $3000 Fine

TRUE CERTIFIED COPIES

BY

LAW PL 99.961
UNAUTHORIZED DISCLOSURE
CARRIES $3,000 FINE

SECOND NOTIFICATION 22 April 1996

S: 2 March 1995

Office of the Director of Quality Improvement (14Feb95)(640-10e)
1st End Morris Shear/Pp/502-624-9007

SUBJECT: Correction - Notice of Summary of Revocation of Clinical Privileges in Lieu of Suspension

Dr. Morris Shear, PO Box 191, Woodland, NC 27897

FOR Commander, USA MEDDAC, Ireland Army Community Hosptial, ATTN: Chairman, Credentials Committee, Fort Knox, KY 40121-5520

Receipt acknowledged. I understand that I have 10 days to request a hearing, if I elect to do so in accordance with AR 40-68. Further, I understand that should I elect not to request a hearing or if I fail to appear at a hearing, I waive my right to appeal to higher medical authority.

MORRIS SHEAR MD

(SIGNATURE)

Quality Assurance Document
10 USC 1089, Unauthorized
Disclosure carries $3000 fine

27

PAH PL 99.661
UNAUTHORIZED DISCLOSURE
CARRIES $3,000 FINE