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

August 8, 2012

Mark Robin Geier, M.D.
14 Redgate Court
Silver Spring, MD 20905

RE: 11-CRF-072

Dear Dr. Geier:

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 8, 2012.

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 must be commenced by the filing of a Notice of Appeal with the State Medical Board and the Franklin County Court of Common Pleas. The Notice of Appeal must set forth the Order appealed from and state that the State Medical Board's Order is not supported by reliable, probative, and substantive evidence and is not in accordance with law. The Notice of Appeal may, but is not required to, set forth the specific grounds of the appeal. 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.

Very truly yours,

J. Craig Strafford MD MPH

J. Craig Strafford, M.D., M.P.H.
Secretary

JCS:baj
Enclosures

CERTIFIED MAIL NO. 91 7199 9991 7030 3310 7479
RETURN RECEIPT REQUESTED

Mailed 8-9-12

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 8, 2012, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Mark Robin Geier, M.D., Case Number 11-CRF-072, 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.

J. Craig Strafford MD MPH

J. Craig Strafford, M.D., M.P.H.
Secretary

(SEAL)

August 8, 2012
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF	*	
	*	CASE NO. 11-CRF-072
MARK ROBIN GEIER, M.D.	*	

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated July 13, 2011, notice was given to Mark Robin Geier, M.D., that the State Medical Board intended to consider disciplinary action regarding his application for a 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, to the address of record of Dr. Geier, that being 14 Redgate Court, Silver Spring, Maryland 20905.

Subsequently, the Board unable to confirm delivery of the Notice by the United States Postal Service. In accordance with Section 119.07, Ohio Revised Code, legal notice was placed in the The Gazette, a newspaper of general circulation in the area of Dr. Geier's last known address, on May 18, May 25, and June 1, 2012. A copy of the proof of publication was also mailed to Dr. Geier's last known address on June 5, 2012.

WHEREFORE, having reviewed the July 13, 2011, Notice of Opportunity for Hearing, including a copy of the Order for Summary Suspension of License to Practice Medicine issued by the Maryland State Board of Physicians, the affidavit of Nicole S. Weaver, Chief of Licensure, and the affidavit of Barbara A. Jacobs, Senior Executive Staff Attorney, which are attached hereto and incorporated herein, the Board hereby finds that:

1. On or about April 27, 2011, the Maryland State Board of Physicians issued an Order for Summary Suspension of License to Practice Medicine which suspended the license of Mark Robin Geier, M.D.

2. The April 27, 2011, Order for Summary Suspension of License to Practice Medicine issued by the Maryland State Board of Physicians was based in part on conclusions that the public health, safety and welfare imperatively required emergency action, thereby summarily suspending Dr. Geier from the practice of medicine.

3. Further, the April 27, 2011, Order for Summary Suspension of License to Practice Medicine issued by the Maryland State Board of Physicians concluded that Dr. Geier had misdiagnosed autistic children with precocious puberty and other genetic abnormalities and had treated the children with potent hormonal therapy, and in some cases chelation therapy, which exposed the children to needless risk of harm; failed to conduct adequate physical examinations of any of the nine patient charts reviewed, and in some instances began a Lupron protocol based on telephone consultation with the children's parents and selected laboratory testing; and failed to provide adequate informed consent to the parents of the children he treated. The Maryland State Board of Physicians also concluded that Dr. Geier's Lupron protocol and/or the administration of chelation therapy to children was not supported by evidence-based studies and had been discredited by the Institute of Medicine and denounced by the American Academy of Pediatrics.

4. On or about July 13, 2011, the Board issued a Notice of Opportunity for Hearing to Dr. Geier. Such Notice was mailed via certified mail, return receipt requested, to Dr. Geier's address of record on July 14, 2011.

5. Subsequently, the Board was unable to confirm that the Notice had been delivered by the United States Postal Service.

6. Pursuant to Section 119.07, Ohio Revised Code, the Board caused a legal notice to be published in The Gazette newspaper on May 18, May 25, and June 1, 2012.

7. A copy of the affidavit of publication was mailed to Dr. Geier's address of record on June 5, 2012.

8. Further, pursuant to Section 119.07, Ohio Revised Code, the notice was deemed served on Dr. Geier on June 1, 2012, and Dr. Geier had thirty days from June 1, 2012, in which to submit a written hearing request to the Board

9. The thirtieth and final day upon which Dr. Geier could submit a hearing request to the Board was Monday, July 2, 2012.

10. No hearing request has been received from Dr. Geier and more than thirty days have elapsed since the last date of publication of the Notice of Opportunity for Hearing.

Further, the Board hereby concludes that:

1. Section 4731.22(B)(22), Ohio Revised Code, authorizes the State Medical Board of Ohio to refuse to issue a license or to discipline a licensee following an action taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees.

2. Dr. Geier has been subject to disciplinary action in the state of Maryland, as described above.

3. Section 119.07, Ohio Revised Code, requires the State Medical Board of Ohio to grant an administrative hearing if such hearing is requested within thirty days of the mailing of the Notice of Opportunity for Hearing.

4. Section 4731.22(J), Ohio Revised Code, authorizes the State Medical Board of Ohio to enter a final order that contains the Board's findings without an administrative hearing if the individual subject to a Notice of Opportunity for Hearing does not timely request a hearing in accordance with Section 119.07.

5. As stated above, Dr. Geier failed to timely submit a request for hearing prior to the thirtieth day from last date of publication of the Notice of Opportunity for Hearing on June 1, 2012.

Accordingly, the Board hereby ORDERS that:

The application of Mark Robin Geier, M.D., for a certificate to practice medicine and surgery in the State of Ohio be DENIED.

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

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 8th day of August 2012 and the original thereof shall be kept with said Journal.

J. Craig Strafford MD MPH

J. Craig Strafford, M.D., M.P.H.
Secretary

(SEAL)

August 8, 2012
Date

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

Memorandum

To: Board Members

From: Barbara A. Jacobs, Senior Executive Staff Attorney

Date: July 24, 2012

RE: Mark Robin Geier, M.D.
Case Number 11-CRF-072

On July 13, 2011, the Board issued a Notice of Opportunity for Hearing to Mark Robin Geier, M.D. Dr. Geier did not request a hearing and the matter is now scheduled for consideration at the August 8, 2012, Board meeting.

The allegations contained in the Board's Notice of Opportunity for Hearing are based on an Order of Summary Suspension of License to Practice issued by the Maryland State Board of Physicians, which was itself based upon its conclusion that the public health, safety and welfare required emergency action to prevent Dr. Geier's continued practice. Such action was further based upon conclusions that Dr. Geier had misdiagnosed autistic children with precocious puberty and other genetic abnormalities and treated the children with potent hormonal therapy, and in some children chelation therapy, exposing the children to risk of harm, failed to conduct proper physical examinations on nine patients, and in some cases began a Lupron protocol based on telephone conversations with parents and selected laboratory test results. In addition, the Maryland State Board of Physicians concluded that Dr. Geier had failed to obtain informed consent from the parents of the children he treated.

Please note that the Disciplinary Guidelines do not limit any sanction that the Board may impose, and that the range of sanctions available in the matter extends from dismissal to permanent revocation.

V: LIMITATION, REVOCATION, SUSPENSION, ACCEPTANCE OF LICENSE SURRENDER, DENIAL OF LICENSE, REFUSAL TO RENEW OR REINSTATE A LICENSE, IMPOSITION OF PROBATION, OR CENSURE OR OTHER REPRIMAND, BY ANOTHER JURISDICTION; ACTION AGAINST CLINICAL PRIVILEGES BY DEPARTMENT OF DEFENSE OR VETERANS ADMINISTRATION; OR TERMINATION OR SUSPENSION FROM MEDICARE OR MEDICAID.

- The minimum penalty for Category V corresponds to the minimum penalty in Ohio for the type of violation committed.
- The maximum penalty for Category V corresponds to the maximum penalty in Ohio for the type of violation committed.

II.A. DEPARTURE FROM OR FAILURE TO CONFORM TO MINIMAL STANDARDS OF CARE.

- The minimum penalty for Category II.A. is probation for a minimum period of three years.
- The maximum penalty for Category II.A. is permanent revocation of certificate or permanent denial of application.

III.D. PUBLISHING A FALSE, FRAUDULENT, DECEPTIVE, OR MISLEADING STATEMENT.

- The minimum penalty for Category III.D. is a thirty day suspension with subsequent probation for at least one year.
- The maximum penalty for Category III.D. is permanent revocation of certificate or permanent denial of application.

VI.C. AIDING AND ABETTING UNLICENSED PRACTICE OR PRACTICE BY UNREGISTERED PHYSICIAN ASSISTANT, ANESTHESIOLOGIST ASSISTANT, OR RADIOLOGIST ASSISTANT.

- The minimum penalty for Category VI.C. is a thirty day suspension with subsequent probation for two years including requirement of annual report of utilization of employee or P.A./A.A./R.A.
- The maximum penalty for Category III.D. is a one year suspension with subsequent probation for two years including requirement of annual report of utilization of employee or P.A./A.A./R.A.

AFFIDAVIT

The State of Ohio
Franklin County, SS

I, Nicole S. Weaver, being duly cautioned and sworn, do hereby depose and state that the following is true based upon my first-hand knowledge:

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

2) I serve the Board in the position of Chief of Licensure.

3) In such position, I am the responsible custodian of all licensure applications maintained by the Board pursuant to Chapter 4731., Ohio Revised Code.

4) Attached hereto and incorporated herein are the application materials submitted by Mark Robin Geier, M.D. for a license to practice medicine and surgery in the state of Ohio

5) I have this day carefully examined the application for a license to practice medicine and surgery submitted to the Board by Dr. Geier.

6) Based upon my examination of the application, Dr. Geier's address of record is:

14 Redgate Court
Silver Spring, Maryland 20905

7) Further, Affiant Sayeth Naught.

Nicole S. Weaver, Chief of Licensure

Sworn to and signed before me, Barbara A. Jacobs, Notary Public, this 24th day of July, 2012.

Notary Public

BARBARA ANN JACOBS, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

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

Angela McNair, Enforcement Attorney
State Medical Board of Ohio
30 E. Broad St., 3rd Fl.
Columbus, OH 43215-6127

CERTIFICATION

I hereby certify that I have redacted the social security number and patient identifying information from the attached licensure application documents in the matter of **Mark R. Geier, MD.** I further certify I have redacted the American Medical Association Physician Profile as this document is a trade secret and is not a public record pursuant to Ohio Revised Code, Section 1333.61 (D). The attached documents are otherwise true, accurate, and complete copies of the original documents as they appear in the records of the State Medical Board of Ohio, and are public records under 149.43, Ohio Revised Code.

The certification is made by authority of the State Medical Board and on its behalf.

Sara R. Vollmer
Sara R. Vollmer
Assistant Executive Director

June 20, 2011
Date

(BOARD SEAL)

KR/alm
Enclosure

Revised 06/30/2008

Common Licensure Application - Self-Reported

TAP Username:markgeier Submitted on: 1/5/2009 2:42 PM

1. Name

Name	Mark Robin Geier MD
Maiden Name	
Alternate Name(s)	

2. Address/Phone

(Practice)	14 Redgate Court
	Silver Spring, MD 20905
	USA
	Public Access: None Mailing: Y
(Home)	14 Redgate Court
	Silver Spring, MD 20905
	USA
	Public Access: Public Mailing: N
Phone	
Business	301-989-0548
Business Fax	
Home	301-384-6988
Home Fax	
Email	
Primary	kwhite@healthcarelicensing.com
Secondary	kwhite@healthcarelicensing.com

3. Identification

Birth Date	5/3/1948
Location:	Washington, DC
	USA
SSN	Redaction
National Provider ID	
U.S. Citizen	
Gender	M

4. Medical Education

School	George Washington University School of Medicine and Health Sciences
Address	2300 Eye Street, N.W., Suite 716 Washington, DC 20037 USA
Attendance Dates	09/1974 to 06/1978
Grad Date	6/30/1978
Degree	MD

5. Fifth Pathway

No information reported.

6. Postgraduate Medical Education

Johns Hopkins University School of Medicine

Hospital	Johns Hopkins University School of Medicine
	733 North Broadway
	Baltimore, MD 21205-2196
	USA
PGY	

Year(s):2	Residency: **Complete?**: Completed
	Obstetrics and Gynecology
	Dates: 07/1978 to 06/1979

7. Examination History

Exam	NBME1
Date	
Attempts	1
Pass/Fail	P

Exam	NBME2
Date	
Attempts	1
Pass/Fail	P

Exam	NBME3
Date	
Attempts	2
Pass/Fail	P

8. ECFMG

ECFMG ID:	
Cert Date:	

9. State or Professional Licensure

State	MD
License Number	D24250
Type	MD : Doctor of Medicine - MD
Status	IACT

Issue Date	9/20/1979

State	VA
License Number	0101048672
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	10/1/1992

State	IN
License Number	01065921A
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	10/10/2008

State	IL
License Number	036122151
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	10/30/2008

State	HI
License Number	MD-14996
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	11/7/2008

10. Chronology of Activities

Dates	06/1978 to 07/1979
Practice/Employment Name	Johns Hopkins University
Address	600 N Wolfe Street

	Baltimore, MD 21287
Position	Residency
Department	OB/GYN
% Clinical / % Adm	80% / 20%
Employment	N
Staff Priviledges	N
Affiliation	N
Other	Y - PGT

Dates	08/1979 to 01/1982
Practice/Employment Name	Johns Hopkins University
Address	3400 N. Charles Street
	Baltimore, MD 21218
Position	Assistant Professor
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y
Staff Priviledges	N
Affiliation	N
Other	N

Dates	01/1980 to In Progress
Practice/Employment Name	The Genetic Centers of America
Address	11125 Rockville Pike # 302
	Rockville, MD 20847
Position	President
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y
Staff Priviledges	N
Affiliation	N
Other	N

Dates	01/1981 to 01/1983
Practice/Employment Name	Uniformed Services University of the Health Scienc
Address	4301 Jones Bridge Road
	Bethesda, MD 20814
Position	Assistant Professor
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y

Staff Priviledges	N
Affiliation	N
Other	N

Dates	01/2007 to In Progress
Practice/Employment Name	The Institute of Chronic Illnesses
Address	14 Redgate Court
	Silver Spring, MD 20905
Position	President
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y
Staff Priviledges	N
Affiliation	N
Other	N

11. Malpractice Liability Claims Information

No information reported.

TAP Username:markgeier Submission tracking ID:16168 **Self-Reported**
ver 200611113

Common Licensure Application - Self-Reported

TAP Username:markgeier Submitted on: 7/6/2009 9:29 AM

1. Name

Name	Mark Robin Geier MD
Maiden Name	
Alternate Name(s)	

2. Address/Phone

(Practice)	14 Redgate Court
	Silver Spring, MD 20905
	USA
	Public Access: None Mailing: Y
(Home)	14 Redgate Court
	Silver Spring, MD 20905
	USA
	Public Access: Public Mailing: N
Phone	
Business	301-989-0548
Business Fax	
Home	301-384-6988
Home Fax	
Email	
Primary	kwhite@healthcarelicensing.com
Secondary	kwhite@healthcarelicensing.com

3. Identification

Birth Date	5/3/1948
Location:	Washington, DC
	USA
SSN	Redaction
National Provider ID	
U.S. Citizen	
Gender	M

4. Medical Education

School	George Washington University School of Medicine and Health Sciences
Address	2300 Eye Street, N.W., Suite 716 Washington, DC 20037 USA
Attendance Dates	09/1974 to 06/1978
Grad Date	6/30/1978
Degree	MD

5. Fifth Pathway

No information reported.

6. Postgraduate Medical Education

Johns Hopkins University School of Medicine

Hospital	Johns Hopkins University School of Medicine
	733 North Broadway
	Baltimore, MD 21205-2196
	USA
PGY	

Year(s):2	Residency: **Complete?**: Completed
	Obstetrics and Gynecology
	Dates: 07/1978 to 06/1979

7. Examination History

Exam	NBME1
Date	
Attempts	1
Pass/Fail	P

Exam	NBME2
Date	
Attempts	1
Pass/Fail	P

Exam	NBME3
Date	
Attempts	2
Pass/Fail	P

8. ECFMG

ECFMG ID:	
Cert Date:	

9. State or Professional Licensure

State	MD
License Number	D24250
Type	MD : Doctor of Medicine - MD
Status	IACT

Issue Date	9/20/1979

State	VA
License Number	0101048672
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	10/1/1992

State	IN
License Number	01065921A
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	10/10/2008

State	IL
License Number	036122151
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	10/30/2008

State	HI
License Number	MD-14996
Type	MD : Doctor of Medicine - MD
Status	ACT
Issue Date	11/7/2008

10. Chronology of Activities

Dates	06/1978 to 07/1979
Practice/Employment Name	Johns Hopkins University
Address	600 N Wolfe Street

	Baltimore, MD 21287
Position	Residency
Department	OB/GYN
% Clinical / % Adm	80% / 20%
Employment	N
Staff Priviledges	N
Affiliation	N
Other	Y - PGT

Dates	08/1979 to 01/1982
Practice/Employment Name	Johns Hopkins University
Address	3400 N. Charles Street
	Baltimore, MD 21218
Position	Assistant Professor
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y
Staff Priviledges	N
Affiliation	N
Other	N

Dates	01/1980 to In Progress
Practice/Employment Name	The Genetic Centers of America
Address	11125 Rockville Pike # 302
	Rockville, MD 20847
Position	President
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y
Staff Priviledges	N
Affiliation	N
Other	N

Dates	01/1981 to 01/1983
Practice/Employment Name	Uniformed Services University of the Health Scienc
Address	4301 Jones Bridge Road
	Bethesda, MD 20814
Position	Assistant Professor
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y

Staff Priviledges	N
Affiliation	N
Other	N

Dates	01/2007 to In Progress
Practice/Employment Name	The Institute of Chronic Illnesses
Address	14 Redgate Court
	Silver Spring, MD 20905
Position	President
Department	Medicine
% Clinical / % Adm	80% / 20%
Employment	Y
Staff Priviledges	N
Affiliation	N
Other	N

11. Malpractice Liability Claims Information

Patient Name	[redacted]
State	MD
Court	Montgomery County
Case Number	16961
Case Status	CLOSED
Amount of judgement or settlement	$90000
Amount paid on your behalf	$90000
Date of Event	01/1984
Date of Lawsuit	01/1985
Insurance Carrier	Medical Mutual
Status	PRIMARY DEFENDANT
Notes:	
The month of the dates above are not correct as I'm sure sure of the exact months.	

TAP Username:markgeier Submission tracking ID:21993 **Self-Reported**
ver 200611113

76336

State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov/

Ohio Addendum to Application

Ohio Training Program

Are you or will you be in an accredited training program in Ohio? ☐ Yes ☑ No
If yes, identify name of training program and location:

Name of Hospital/Training Program _____ City _____ Start Date: ____/____ month/year

Specialty Boards

Name of Specialty Board (If none, enter "N/A")	Year Certified	Country
American Board of Clinical Genetics	1987	USA

TOEFL IBT

(International Medical School Graduates only)

THE TOEFL, TWE, ECFMG'S ENGLISH EXAM (PRIOR TO 7/1/98), ETC., ARE NOT EQUIVALENT AND CANNOT BE SUBSTITUTED FOR THE TOEFL IBT

Graduates of medical schools located outside the United States and Canada must achieve a score of at least 26 in Speaking and 26 in Listening with a total score of 90 on the TOEFL IBT, regardless of citizenship or country of birth. Prior to July 2006 the Test of Spoken English was required with a minimum score of 40 (between 7/95-7/06) or 230 (prior to 7/95). The following are the only exceptions permitted under Ohio law:

	YES	NO
Have you completed two years of undergraduate college work in the United States?	☑	☐
During the five years immediately preceding the date of your application, have you: (Please note you must be able to answer "YES" to both parts of this question) Held a current medical license (i.e., unrestricted, training certificate, educational permit) in the United States? **AND** Have you been actively practicing medicine (graduate medical education is included) in the United States?	☑	☐
Have you completed a Fifth Pathway program?	☐	☑
Have you passed the Clinical Skills Assessment examination given by ECFMG on or after July 1, 1998?	☐	☑

OHIO STATE MEDICAL BOARD

If you answered **NO** to all of the above questions, you **must** take the TOEFL IBT. Refer to the application instructions for contacting the Educational Testing Service. The Board cannot waive this requirement.

JAN 16 2009

Applicant Name: Mark Geier, MD Date: 01/05/2009

RECEIVED

OK 1/20/09 KR

Ohio Addendum to Application

Preliminary Education Form

TO BE COMPLETED BY ALL APPLICANTS

Full Name	Last (Surname)	First	Middle	Suffix (Jr., II)
	Geier	Mark	Robin	

High School or Equivalent

School Name: Springbrook High School

City / State / Country: Silver Spring, MD USA

Dates Attended: From: MO/YR 09 / 64 To: MO/YR 06 / 66

Undergraduate College or Equivalent

School Name: George Washington University

City / State / Country: Washington, DC USA

Dates Attended: From: MO/YR 09 / 66 To: MO/YR 06 / 70 Degree Received: BS

School Name: Columbia University

City / State / Country: New York, NY USA

Dates Attended: From: MO/YR 09 / 70 To: MO/YR 08 / 71 Degree Received: None

Medical or Osteopathic School of Graduation

School Name: George Washington University

City / State / Country: Washington, DC USA

Dates Attended: From: MO/YR 09 / 71 To: MO/YR 05 / 73 Degree Received: PhD

FOR BOARD USE ONLY

*attached addendum

CERTIFICATE OF PRELIMINARY EDUCATION

OHIO STATE MEDICAL BOARD

NO: 115512 DATE ISSUED: 1/22/08

JAN 1 6 2009

This is to certify that this applicant has met the preliminary education requirements for study in conformity with the Statutes of Ohio and the regulations of the State Medical Board of Ohio.

RECEIVED

Applicant Name: Mark Geier, MD Date: 01/05/2009

Mark Geier, MD
Medical School Addendum

George Washington University
Washington, DC USA

09/1974 - 06/1978
MD Degree

OHIO STATE MEDICAL BOARD

JAN 16 2009

RECEIVED

Ohio Addendum to Application
Additional Information
Medicine or Osteopathic Medicine

If you answer "YES" to any of the following questions, you are required to furnish complete details, including date, place, reason and disposition of the matter. All affirmative answers must be thoroughly explained on a separate sheet of paper. You must submit copies of all relevant documentation, such as court pleadings, court or agency orders, and institutional correspondence and orders. Please note that some questions require very specific and detailed information. Make sure all responses are complete.

(Please place a ☑ in the yes or no box)

		YES	NO
1.	Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?	☐	☑
2.	Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from or resign privileges at any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges, for reasons other than failure to maintain records on a timely basis, or failure to attend staff or section meetings?	☐	☑
3.	Have you ever resigned from, withdrawn from, or terminated, or have you ever been requested to resign from, withdraw from, or otherwise been terminated from, a position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?	☐	☑
4.	Have you ever resigned from, withdrawn from, or have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from, a medical school, clinical clerkship, externship, preceptorship, residency, or graduate medical education program?	☐	☑
5.	Have you ever transferred from one graduate medical education program to another?	☐	☑
6.	Have you ever, for any reason, lost specialty board certification in the U.S. or elsewhere, or been denied such certification, or denied examination for such certification?	☐	☑
7.	Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended, or revoked any professional license, certificate or registration granted to you; placed you on probation; or imposed a fine, censure or reprimand against you?	☐	☑
8.	Have you ever voluntarily surrendered, resigned, or otherwise forfeited any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body; or have you ever withdrawn any application for licensure, relicensure, or examination, in any state (including Ohio), territory, province, or country?	☐	☑
9.	Have you ever, for any reason, been denied licensure or relicensure, application for licensure or relicensure, or the [illegible] in any state (including Ohio), territory, province, or country?	☐	☑

OHIO STATE MEDICAL BOARD
JAN 16 2009
RECEIVED

		YES	NO
10.	Have you ever been requested to appear before any board, bureau, department, agency, or other body, including those in Ohio, concerning allegations against you?	☐	☑
11.	Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, in lieu of or in order to avoid formal disciplinary action, with any board, bureau, department, agency, or other body, including those in Ohio?	☐	☑
12.	Have you ever been notified of any investigation concerning you by any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?	☐	☑
13.	Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license?	☐	☑
14.	Have you ever been denied or have you ever surrendered a state or federal controlled substance or drug registration; had it revoked, terminated, or restricted in any way; or been warned, reprimanded, or fined by, or been requested to appear before, the responsible agency?	☐	☑
15.	Have you ever pled guilty to, been found guilty of a violation of any law, or been granted intervention or treatment in lieu of conviction regardless of the legal jurisdiction in which the act was committed, other than a minor traffic violation? If yes, submit copies of all relevant documentation, such as police reports, ***certified*** court records and any institutional correspondence and orders.	☐	☑
16	Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance other than for a minor traffic violation; been summoned into court as a defendant or had any lawsuit filed against you (other than a malpractice suit)? If yes, submit copies of all relevant documentation, such as police reports, ***certified*** court records and any institutional correspondence and orders.	☐	☑
17.	Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? In addition, ask your malpractice insurance carrier(s) to provide a complete claims history report for the last 10 years to the State Medical Board of Ohio. If your current carrier has provided coverage for less than 10 years, ask your previous carrier to submit a claims history report to the Board.	☑	☐
18.	Have you ever been denied professional liability insurance or coverage, or had such insurance or coverage canceled, limited, or restricted in any way?	☐	☑
19.	Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, including Medicaid and Medicare; or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body?	☐	☑
20.	Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced, or terminated by the Department of Defense, the Veteran's Administration, or any of their respective components?	☐	☑

OHIO STATE MEDICAL BOARD

Applicant Name: Mark Geier, MD Date: 01/05/2009

JAN 16 2009

RECEIVED

		YES	NO
21.	Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?	☐	☑
22. a)	Within the last ten years, have you been diagnosed with or have you been treated for, bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?	☐	☑
b)	Have you, since attaining the age of eighteen or within the last ten years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?	☐	☑

If you answered "YES" to any part of this question, please provide details on a separate sheet, including date(s) of diagnosis or treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

For purposes of questions 23 and 24 the following phrases or words have the following meaning:

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental, or psychological conditions or disorders, such as but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

		YES	NO
23.	Do you have, or have you been diagnosed as having, a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? **<u>You may answer "NO" to this question if</u>** you hold a current training certificate to pursue training in Ohio and the only such medical condition is chemical dependency or substance abuse, and you have successfully completed or are currently receiving treatment at a program approved by this board and have adhered to all statutory requirements as contained in Sections 4731.224 and 4731.25, O.R.C., and related provisions. Any questions concerning approval can be directed to the board offices.	☐	☑
a)	Are the limitations or impairment caused by your medical condition reduced or ameliorated because you receive ongoing treatment or received treatment in the past (with or without medication) or participate in a monitoring program?	☐	☐

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

b)	Are the limitation or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?	☐	☐

OHIO STATE MEDICAL BOARD
JAN 15 2009
RECEIVED

"Chemical substances" is to be construed to include alcohol, drugs, or medications including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescribers direction, as well as those used illegally.

		YES	NO
24.	Do you use chemical substance(s) which in any way impair or limit your ability to practice medicine with reasonable skill and safety?	☐	☑
	a) Are the limitations or impairment caused by your use of chemical substances reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?	☐	☐

If you receive such ongoing treatment or participate in such monitoring program the board will make an individualized assessment of the nature, severity, and duration of the risk associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure. Have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

	b) Are the limitation or impairments caused by your use of chemical substances reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?	☐	☐

For purposes of question 25 the following phrases or words have the following meaning:

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the direction of a licensed healthcare practitioner.

		YES	NO
25.	Are you currently engaged in the illegal use of controlled substances?	☐	☑
	a) If "YES," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not using illegal controlled substances.	☐	☐

OHIO STATE MEDICAL BOARD

JAN 16 2009

RECEIVED

State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: http://med.ohio.gov/

Ohio Addendum to Application
Certificate of Recommendation
Medicine or Osteopathic Medicine

This form is to be completed by a physician fully licensed in the STATE IN WHICH THE FORM IS NOTARIZED. The recommending physician must have known the applicant for at least SIX months. Relatives may not serve as recommending physicians. Recommending physicians are strongly urged to include additional comments. **The recommending physician must sign this form in front of a notary.** ALL questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to ensure that certain information is included. Please complete the form and return directly to the State Medical Board of Ohio at the above address.

DO NOT COMPLETE UNLESS A COLOR PHOTO OF APPLICANT IS ATTACHED TO THE BOTTOM OF THIS FORM
BLACK & WHITE PHOTOS ARE NOT ACCEPTABLE

I, JOHN L YOUNG, MD (recommending physician, print name legibly), a licensed and practicing physician in the state of MARYLAND (State of residence), affirm that MARK R. GEIER, MD, PhD (applicant, print name legibly) has been known to me personally for 30 years and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following in support of his/her application for licensure:

- I rate his/her medical knowledge and technique as: EXCELLENT
- His/her relationship with patients is: EXCELLENT
- I rate his/her ability to work well with peers and medical staff as: EXCELLENT
- His/her command of the English language is: EXCELLENT
- Additional comments: _____

I hereby recommend the applicant for a license to practice medicine or osteopathic medicine in the State of Ohio.

Address of Recommending Physician	Number & Street 11125 ROCKVILLE PIKE #302 ROCKVILLE (City) MD (State) 20854 (Zip Code)	Telephone Number (include area code)	301-770-5300
Signature of Recommending Physician (name stamps not acceptable)	[signature]	State of Licensure & License Number	MARYLAND

Subscribed and sworn to before me this 16th day of February, 2009

Eleanne Hoke
Notary Public Signature

JUNE 1, 2010
Date Commission Expires

NOTARY SEAL

Dr Mark R. Geier
Signature of Applicant

Date Photo Taken: 10/08
month/year

OHIO STATE MEDICAL BOARD
FEB 19 2009
RECEIVED

State Medical Board of Ohio

30 E. Broad St., 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: http://med.ohio.gov/

MEDICAL BOARD

JUN 01 2009

Ohio Addendum to Application
Certificate of Recommendation
Medicine or Osteopathic Medicine

This form is to be completed by a physician fully licensed in the STATE IN WHICH THE FORM IS NOTARIZED. The recommending physician must have known the applicant for at least SIX months. Relatives may not serve as recommending physicians. Recommending physicians are strongly urged to include additional comments. **The recommending physician must sign this form in front of a notary.** ALL questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to ensure that certain information is included. Please complete the form and return directly to the State Medical Board of Ohio at the above address.

DO NOT COMPLETE UNLESS A COLOR PHOTO OF APPLICANT IS ATTACHED TO THE BOTTOM OF THIS FORM
BLACK & WHITE PHOTOS ARE NOT ACCEPTABLE

I, Harold T. Pretorius (recommending physician, print name legibly), a licensed and practicing physician in the state of Ohio (State of residence) affirm that Dr Mark R. Geier (applicant, print name legibly) has been known to me personally for 29 years and that he/she is of good moral character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following in support of his/her application for licensure:

- I rate his/her medical knowledge and technique as: outstanding
- His/her relationship with patients is: excellent
- I rate his/her ability to work well with peers and medical staff as: excellent
- His/her command of the English language is: excellent
- Additional comments: Dr Geier is also an exceptional medical scientist

I hereby recommend the applicant for a license to practice medicine or osteopathic medicine in the State of Ohio.

Address of Recommending Physician	Number & Street 4743 Cornell Road Cincinnati (City) Ohio (State) 45241 (Zip Code)	Telephone Number (Include area code)	(513) 561-3797
Signature of Recommending Physician (name stamps not acceptable)	Harold T. Pretorius	State of Licensure & License Number	Ohio 35.056690

[redacted]

Subscribed and sworn to before me this 19 day of May, 20 09

Notary Public Signature

Date Commission Expires 9/15/09

NOTARIAL SEAL STATE OF OHIO

RHONDA WOODBURN
Notary Public, State of Ohio
My commission expires 09/15/2009

Dr Mark R. Geier
Signature of Applicant

Date Photo Taken: May 12 2009
month/year

76336

Affidavit and Authorization for Release of Information: You must attach a recent (less than 6 months old) passport quality, color photograph of yourself to this form. Take the form to a notary public and sign the form in the presence of the notary public. The notarized form then must be sent directly to this Board.

Affidavit
And
Authorization For Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Application for Physician Licensure and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the board

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my licensure or permit to practice medicine.

Robin Mark R. Geier
Applicant's Signature (must be signed in the presence of a notary)
Geier
Applicant's Printed Last Name
Mark, Robin
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)
1/13/2009
Date of Signature

NOTARY

Dated 1-13-09 Signed Eleanne Hoke
State of Maryland County of Prince Georges
SUBSCRIBED AND SWORN TO before me this 13th day of, Jan 2009
My commission expires: June 1, 2
(NOTARY PUBLIC SIGNATURE & SEAL)

OHIO STATE MEDICAL BOARD
JAN 16 2009
RECEIVED

Applicant Name: Mark Geier, MD
Date: 01/06/2009
Common License Application Form

Mark Geier, MD
14 Redgate Court
Silver Spring, MD 20905

January 5, 2009

Ohio Medical Board
30 E. Broad St. 3rd Floor
Columbus, OH 43215-6127

Dear Ohio Medical Board:

Enclosed is my application for licensure to practice medicine. All supporting documents have been requested. A check or money order in the amount of $335.00 is included.

I have engaged the services of Healthcare Licensing Services to assist with this process. Please forward any letters of deficiency to the address below:

Healthcare Licensing Services, Inc.
The Blount Building
3 West Garden Street
7th Floor, Suite 700
Pensacola, FL 32502
Tel: (850) 444-9814

Thank you for your consideration.

Cordially,

Mark R. Geier

Mark Geier, MD

OHIO STATE MEDICAL BOARD
JAN 16 2009
RECEIVED

Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

FLORIDA LICENSURE CERTIFICATION

Ohio, State Medical Board of
77 S High St, 17th Fl
Columbus, OH 43215

6/22/2009 4:53:47PM

RE: MARK ROBIN GEIER, M.D.

To Whom It May Concern:

This is to certify the records of the Department of Health indicating the following for the above referenced Health Care Practitioner:

LICENSE NUMBER:	ME103406
ORIGINAL CERTIFICATION:	12/17/2008
EXPIRATION DATE:	01/31/2011
CURRENT STATUS OF LICENSE:	Clear, Active
BOARD ACTION:	None

This license information was last updated on: 06/22/2009

To expedite the verification process, this is the standard format prepared for all Medical Doctors and Osteopathic Medical Doctors. The information above is the only verification document provided by the Department.

Florida Department of Health
(850) 245-4191

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
P.O. BOX 3469
HONOLULU, HAWAII 96801

02/12/09

STATE MEDICAL BOARD OF OHIO
30 E BROAD ST 3RD FLR
COLUMBUS OH 43215

RE: VERIFICATION OF LICENSE/EXAM SCORES DATED 02/12/09 FOR
MARK R GEIER

BOARD/COMMISSION:	HAWAII MEDICAL BOARD
LICENSE TYPE:	PHYSICIAN
LICENSE IDENTIFICATION:	MD 14996
METHOD OF LICENSURE:	NATIONAL BOARD EXAM, NATIONAL CERTIFICATION OR REGIONAL EXAM
DATE LICENSED:	11/07/08
LICENSE STATUS:	CURRENT, VALID & IN GOOD STANDING
LICENSE EXPIRATION DATE:	01/31/10
DISCIPLINARY ACTION:	NONE

ACCORDING TO OUR COMPLAINT RECORDS WHICH DATE BACK TO 1985:

✓ NO DEROGATORY INFORMATION IS ON FILE.

__ THE ATTACHED INFORMATION IS ON FILE CONCERNING THIS LICENSEE.

CERTIFIED BY:

Constance A. Cabral

CONSTANCE CABRAL
EXECUTIVE OFFICER

OHIO STATE MEDICAL BOARD
FEB 17 2009
RECEIVED

January 22, 2009

Hawaii Medical Board
PH 808-586-3000

RE: Request for License Verification

Physician: Mark Geier, MD	License Number: MD-14996
SSN: Redaction	Fee Enclosed: $15.00

Dear Board of Medicine:

Please complete the attached form(s) and mail to:

Ohio Medical Board
30 E. Broad St. 3rd Floor
Columbus, OH 43215-6127

Thank you,

Jamie Dewsnap
Licensing Specialist

OHIO STATE MEDICAL BOARD

FEB 17 2009

RECEIVED

Prepared By:
Healthcare Licensing Services, Inc.
For questions concerning this request please call (850) 444-9814
www.healthcarelicensing.com

Form #1

Licensure Verification Form
(Copy this form for multiple licenses)

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name: Geier, Mark Robin
Last First Middle Suffix

Date of Birth: 5/3/1948 Social Security Number: Redaction License Number: MD-14996
(From State/Province you are sending this form to)

The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.

I hereby authorize the licensing agency of the State/Province of HI to furnish the information to the Board indicated below.

Signature of Applicant [signature] for mark Geier Date 1-22-09

Board Name: State Medical Board of Ohio

Address: 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127
Street City State ZIP Code

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee: _____
Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date: _____

Is this license current? ☐Yes ☐No If No, please explain: _____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

Affix Board Seal Here

Board Authorized Signature: _____

Title: _____

Date: _____

OHIO STATE MEDICAL BOARD
FEB 17 2009
RECEIVED

Please return this form to the Board listed at the top of this form.

Applicant Name: _____ Date: _____

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

OHIO STATE MEDICAL BOARD

PAT QUINN
Governor

FEB 12 2009

RECEIVED

MICHAEL T. MCRAITH
Acting Secretary

DANIEL E. BLUTHARDT
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE

February 10, 2009

STATE MEDICAL BOARD OF OHIO
30 E BROAD ST 3RD FL
COLUMBUS, OHIO 43215-6127

Licensee:	MARK ROBIN GEIER MD
License Number:	036.122151
Profession:	LICENSED PHYSICIAN AND SURGEON
Date of Issuance:	10/30/2008
Expiration Date:	07/31/2011
License Status:	ACTIVE
License Method:	ENDORSEMENT - NATIONAL BOARD
Disciplinary History:	Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

Daniel E. Bluthardt
Director
Division of Professional Regulation

IL DEPT OF FINANCIAL & PROFESSIONAL REGULATION
DIV OF PROFESSIONAL REGULATION

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 217-782-0458 if you have any questions.

OHIO STATE MEDICAL BOARD
FEB 13 2009
RECEIVED

Form #1

Licensure Verification Form
(Copy this form for multiple licenses)

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name: Geier, Mark Robin
Last First Middle Suffix

Date of Birth: 5/3/1948 Social Security Number: Redaction License Number: 036122151
(From State/Province you are sending this form to)

The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.

I hereby authorize the licensing agency of the State/Province of IL to furnish the information to the Board indicated below.

Signature of Applicant Mark Geier Date 1-22-09

Board Name: State Medical Board of Ohio

Address: 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127
Street City State ZIP Code

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee: _____
Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date: _____

Is this license current? ☐Yes ☐No If No, please explain: _____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?
☐Yes ☐No ☐ Cannot answer under state law
If Yes, please explain: _____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?
☐ Yes ☐No ☐ Cannot answer under state law
If Yes, please explain: _____

Affix Board Seal Here

Board Authorized Signature: _____

Title: _____

Date: _____

Please return this form to the Board listed at the top of this form.

Applicant Name: _____ Date: _____

Common License Application Form

We work to keep you working

IPLA

Professional Licensing Agency

www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

Medical Licensing Board
402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 234-2060 Fax : (317) 233-4236

OHIO STATE MEDICAL BOARD

FEB 05 2009

RECEIVED

February 4, 2009

Ohio State Medical Board
Rhodes State Office Tower
30 East Broad Street, 3rd Floor
Columbus OH 43215-6127

To Whom It May Concern:

THIS IS TO CERTIFY THAT:	Mark Robin Geier
BECAME A LICENSED:	Physician
NUMBER ISSUED:	01065921A
ISSUANCE DATE:	10/10/2008
EXPIRATION DATE:	06/30/2009
STATUS:	Active
BASIS OF LICENSURE:	Endorsement
SCHOOL/GRADUATION DATE: D 06/01/1978	G WASHINGTON UNIV SCH MED & HLTH SCI, WASHINGTON

Unless otherwise indicated, the State of Indiana has not disciplined this license. If other information is needed, you can email us at pla3@pla.in.gov or phone us at (317) 234-2060. The seal below is official as we no longer have the gold/blue embossed seals. We are currently in the transition of moving to online verifications.

SEAL OF THE STATE OF INDIANA 1816

Jody Edens
Assistant Board Director

2928262
10-
2-2-09

January 22, 2009

Indiana Medical Board
PH 317-232-2960

RE: Request for License Verification

Physician: Mark Geier, MD	License Number: 01065921A
SSN: Redaction	Fee Enclosed: $10.00

Dear Board of Medicine:

Please complete the attached form(s) and mail to:

Ohio Medical Board
30 E. Broad St. 3rd Floor
Columbus, OH 43215-6127

OHIO STATE MEDICAL BOARD
FEB 09 2009

Thank you,

Jamie Dewsnap
Licensing Specialist

Prepared By:
Healthcare Licensing Services, Inc.
For questions concerning this request please call (850) 444-9814
www.healthcarelicensing.com

OHIO STATE MEDICAL BOARD Form #1

Licensure Verification Form
(Copy this form for multiple licenses)

FEB 0 9 2009

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name: Geier, Mark Robin
Last First Middle Suffix

Date of Birth: 5/3/1948 Social Security Number: Redaction License Number: 01065921A
(From State/Province you are sending this form to)

The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.

I hereby authorize the licensing agency of the State/Province of IN to furnish the information to the Board indicated below.

Signature of Applicant Jd for Mark Geier Date 1-22-09

Board Name: State Medical Board of Ohio

Address: 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127
Street City State ZIP Code

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee: _____
Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date: _____

Is this license current? ☐Yes ☐No If No, please explain: _____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

Affix Board Seal Here

Board Authorized Signature: _____

Title: _____

Date: _____

Please return this form to the Board listed at the top of this form.

Applicant Name: _____ Date: _____

Common License Application Form

MARYLAND BOARD OF PHYSICIANS
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252

February 10, 2009

Requested by: Medical Board of Ohio

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

GEIER, MARK R
14 REDGATE COURT
SILVER SPRING, MD 20905

License Number:	D0024250
Date Issued:	September 20, 1979
Current Status:	Active
Expiration Date:	September 30, 2010
Medical School:	GEORGE WASHINGTON UNIV SCH OF MED & HLTH SCI
Licensed By:	National Boards
Specialty:	Medical Genetics
Charges:	
Disciplinary Actions:	NONE

* Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986:

1991-488, 1995-317, 1997-619

OHIO STATE MEDICAL BOARD

FEB 19 2009

RECEIVED

Suzanne Cox

Verification Clerk

02/10/2009

Date

* You may request a copy of the claim(s) from: Executive Director, Health Claims Arbitration Office, 6 St Paul Street, Suite 1501, Baltimore, MD 21202-1608 or call them at (410) 767-8200 for the status of the claim(s).

This is a computer generated form which is acceptable by other states.
Licensing examination scores should be requested directly from the examining authority.

FOR BANK USE ONLY
DATE: ___/___/___
CHECK NUMBER: 22639
AM'T PAID: $ 100
NAME CODE:
APPID: 37

January 22, 2009

Maryland Medical Board
PH 410-764-4777

RE: Request for License Verification

Physician: Mark Geier, MD	License Number: D24250
SSN: Redaction	Fee Enclosed: $50.00

Dear Board of Medicine:

Please complete the attached form(s) and mail to:

Ohio Medical Board
30 E. Broad St. 3rd Floor
Columbus, OH 43215-6127

Thank you,

Jamie Dewsnap
Licensing Specialist

OHIO STATE MEDICAL BOARD

FEB 19 2009

RECEIVED

MARYLAND BOARD OF PHYSICIANS
RECEIVED
2009 FEB -9 PM 1:02

Prepared By:
Healthcare Licensing Services, Inc.
For questions concerning this request please call (850) 444-9814
www.healthcarelicensing.com

Form #1

Licensure Verification Form
(Copy this form for multiple licenses)

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name: Geier, Mark Robin
Last First Middle Suffix

Date of Birth: 5/3/1948 Social Security Number: Redaction License Number: D24250
(From State/Province you are sending this form to)

The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.

I hereby authorize the licensing agency of the State/Province of MD to furnish the information to the Board indicated below.

Signature of Applicant [signature] for Mark Geier Date 1-22-09

Board Name: State Medical Board of Ohio

Address: 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127
Street City State ZIP Code

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee: _____
Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date: _____

Is this license current? ☐Yes ☐No If No, please explain: _____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

Affix Board Seal Here

Board Authorized Signature: _____

Title: _____

Date: _____

Please return this form to the Board listed at the top of thi

OHIO STATE MEDICAL BOARD

Applicant Name: _____ FEB 19 2009 Date: _____

Common License Application Form

RECEIVED

COMMONWEALTH *of* VIRGINIA

VERIFICATION

Re: **Mark Robin Geier**

From: Virginia Board of Medicine

Subj: Licensure Verification

Date: February 4, 2009

N14EZ

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine:

Licensed in/as a:	**Medicine & Surgery**
License:	**0101048672**
Issued on:	**10/01/1992**
Expires:	**05/31/2010**

This license has not been the subject of an administrative proceeding. If you have any questions, please call 804-367-4451.

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Verifications may also be obtained from our website at www.dhp.virginia.gov or our interactive phone system at 804-270-6836 with fax back option.

NO STATE VERIFICATION

Sincerely,

2009
RECEIVED

M. Ola Powers

Deputy Executive Director, Licensing
Virginia Board of Medicine

NOTE: The Board of Medicine no longer provides a raised seal on this document.

Form #1

Licensure Verification Form
(Copy this form for multiple licenses)

I am applying for a license to practice medicine. The Board requires that this form be completed by each state or Canadian province in which I hold or have held licenses, whether now current or not. Please complete the form and return it directly to the following Board:

To be completed by applicant

Applicant Name: Geier, Mark Robin
Last First Middle Suffix

Date of Birth: 5/3/1948 Social Security Number: Redaction License Number: 0101048672
(From State/Province you are sending this form to)

The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.

I hereby authorize the licensing agency of the State/Province of VA to furnish the information to the Board indicated below.

Signature of Applicant JL for Mark Geier Date 1-22-09

Board Name: State Medical Board of Ohio

Address: 30 E. Broad St. 3rd Floor Columbus, OH 43215-6127
Street City State ZIP Code

TO BE COMPLETED BY STATE LICENSING BOARD OR CANADIAN PROVINCE

Name of Licensee: _____
Last First Middle Suffix

License Type: _____ License #: _____ Issue Date: _____ Expiration Date: _____

Is this license current? ☐Yes ☐No If No, please explain: _____

1) Have formal disciplinary proceedings been initiated against applicant's license by a disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

2) Has the applicant ever been warned, censured, placed on probation, formal consent, reprimand or in any other manner disciplined; or has the applicant's license ever been revoked, suspended, or in any other manner, limited by a licensing or disciplinary authority in your state?
☐Yes ☐No ☐Cannot answer under state law
If Yes, please explain: _____

OHIO STATE MEDICAL BOARD

Board Authorized Signature: _____

Affix Board Seal Here

Title: _____ FEB 17 2009

Date: _____

Please return this form to the Board listed at the top of this form.

Applicant Name: _____ Date: _____

Common License Application Form

NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: State Medical Board of Ohio
30 E. Broad Street, 3rd floor
Columbus, OH 43215-6127

Date: 01/2[illegible]

OHIO STATE MEDICAL BOARD
FEB 1 8 2009
RECEIVED

Examinee: Mark Robin Geier

Examinee ID: 3-198-371-[illegible]
Date of Birth: 03/04/[illegible]

NBME Certification Date: 07/02/1979 **Certificate #:** 1[illegible]

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record also contains the scores for each NBME Part examination reported on this document. If applicable, results of all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/13/1976	Pass	Three-Digit	495	(380)	405	495	425	540	590	465	570
		Two-Digit	80	(75)	75	81	76	83	[illegible]	78	[illegible]

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores Med	Surg	ObGyn	Psy	Peds	Psych
06/27/1978	Pass	Three-Digit	435	(290)	440	395	375	[illegible]	450	500
		Two-Digit	79	(75)	79	77	76	[illegible]	78	[illegible]

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
08/16/1978	Pass	Three-Digit	410	(290)
		Two-Digit	78.8	(75)

Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word VALID will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., Incomplete. On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 3 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and from periodic CS updates, available at the USMLE website (www.usmle.org).

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION

July 22, 2009 *P.O. Box 47866, Olympia, Washington 98504-7866*

State of Ohio Medical Board
30 E Broad St 3rd Floor
Columbus OH 43215

Subject: Credential Verification

To Whom It May Concern:

This will verify the status of the Physician And Surgeon License for Dr. Mark Geier.

Sections may be blank because the information is not in our database or is not applicable for this credential type.

Year of Birth:	05/03/1948
Credential Number:	MD.MD.60041602
Credential Type:	Physician And Surgeon License
Current Credential Status:	ACTIVE ACTIVE
First Credential Date:	12/01/2008
Expiration Date:	05/03/2011
Last Renewal Date:	
Examination:	
Exam Level:	
Score:	

Our records above show that the licensee has not been disciplined, the licensee is considered in good standing

Please call me at (360) 236-2766 if you have questions or visit our Online Provider Credential Search at www.doh.wa.gov.

Betty Elliott

Betty Elliott, Customer Service Specialist 2

JUL 28 2009

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

MEDICAL QUALITY ASSURANCE COMMISSION

August 12, 2009 *P.O. Box 47866, Olympia, Washington 98504-7866*

State of Ohio Medical Board
30 E Broad St 3rd Floor
Columbus OH 43215

Subject: Credential Verification

To Whom It May Concern:

This will verify the status of the Physician And Surgeon License for Dr. Mark Geier.

Sections may be blank because the information is not in our database or is not applicable for this credential type.

Year of Birth:	05/03/1948
Credential Number:	MD.MD.60041602
Credential Type:	Physician And Surgeon License
Current Credential Status:	ACTIVE ACTIVE
First Credential Date:	12/01/2008
Expiration Date:	05/03/2011
Last Renewal Date:	
Examination:	
Exam Level:	
Score:	

Our records above show that the licensee has not been disciplined, the licensee is considered in good standing

Please call me at (360) 236-2766 if you have questions or visit our Online Provider Credential Search at www.doh.wa.gov.

Betty Elliott

Betty Elliott, Customer Service Specialist 2

MEDICAL BOARD

AUG 18 2009

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
P.O. Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
Fax: (817) 868-4099

Physician Information Profile

This report is compiled exclusively for:

Name:	**Mark Robin Geier**
SSN:	Redaction
DOB:	**05/03/1948**
Packet ID:	**94066**
Recipient:	**State Medical Board of Ohio**

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are ceritified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

Copyright ©2009 by the Federation of State Medical Boards of the United States, Inc., PO Box 619850, Dallas, Texas 75261-9850.

Table of Contents

I. FCVS / FSMB Reports

A. Physician Information Report
B. Credentials Analysis Report
C. Board Action Data Bank Search Results
D. ABMS Specialty Certification(s)

II. Identity

A. Affidavit and Release
B. Certified Birth Certificate or Photocopy of Original Passport

III. Medical Education

A. Verification of Medical Education Form(s)
B. Official Medical Education Transcripts(s)
C. Certified Photocopy of Medical School Diploma
D. Verification of Fifth Pathway Form(s)
E. Photocopy of Fifth Pathway Certificate of Completion
F. Confirmation of ECFMG Certification
G. Photocopy of ECFMG Certificate

IV. Postgraduate Medical Education

A. Verification of Postgraduate Medical Education Form(s)

V. Examination History / Score Transcripts (State Licensing Authorities Only)

A. USMLE Transcript
B. FLEX Transcript
C. NBME Record of Scores
D. NBME Endorsement of Certification
E. NBOME Transcript
F. LMCC Transcript
G. State Board Exam Transcript

Section I

FCVS Reports

FEDERATION CREDENTIALS VERIFICATION SERVICE

Physician Information Report

Identity:

Name:	**Mark Robin Geier**	
Other Name Used:	**N/A**	
Gender:	**Male**	
Date of Birth:	**05/03/1948**	
Place of Birth:	**Washington, DC USA**	
SSN:	Redaction	
Current Address:	**14 Redgate Court** **Silver Spring, MD 20905**	
Permanent Address:	**Same**	
Telephone Numbers:	Bus:	**301-989-0548**
	Fax:	**N/A**
	Home:	**301-384-6988**
	Other:	**N/A**
Physical Description:	Height:	**5' 10"**
	Weight:	**205 lbs**
	Eye Color:	**Brown**
	Hair Color:	**Brown**
Physical Marks:	Description:	**N/A**
	Location:	**N/A**

Premedical Education (Reported by physician. Not verified by FCVS):

Institution:	**George Washington University, Washington, DC 20052**
Dates of Attendance:	**09/1966 - 06/1970**
Dates of Attendance:	**08/1972 - 05/1974**
Degree Conferred/Issued:	**Bachelor of Science**
Institution:	**Columbia University, New York, NY 10027**
Dates of Attendance:	**08/1970 - 05/1971**
Degree Conferred/Issued:	**None**

Medical Education:

Medical School:	**George Washington University School of Medicine and Health Sciences** **2121 Eye Street NW** **Rice Hall/Suite 101** **Washington, DC 20052**

Dates of Attendance:	**09/09/1974 - 05/19/1978**
Date Degree Conferred/Issued:	**05/26/1978**
Degree Conferred/Issued:	**Doctor of Medicine**
Unusual Circumstance:	**None**

Post Graduate Medical Education:

Institution:	**Johns Hopkins University School of Medicine** **Registrars Office** **733 North Broadway** **Baltimore, MD 21205-2196**
Post Graduate Year:	**1**
Program Type:	**Internship**
Department:	**Obstetrics and Gynecology**
Dates of Attendance:	**07/01/1978 - 06/30/1979**
Completion:	**Yes**
Accreditation:	**ACGME**
Unusual Circumstance:	**None**

Fifth Pathway:

N/A

Examination History:

Transcripts Enclosed For:	**NBME Part I** **NBME Part II** **NBME Part III**

Board Action:

A Report of the results from a search of the Board Action Data Bank is enclosed.

Credentials Analysis Report

The Credentials Analysis Report is a comparative report of a physician's credentials as reported to FCVS by the physician applicant and the primary source (Medical School, PGT program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

Physician Identification:

Name:	Mark Robin Geier
DOB:	05/03/1948
SSN:	Redaction
Packet ID:	94066
Request ID:	20179137

OMISSIONS

There are none identified.

DISCREPANCIES

Discrepancy 1:

Section of Profile: **Medical Education**

Discrepancy: The applicant reports the degree/diploma was issued/conferred/awarded by Geo Washington Univ on 06/30/1978. The institution reports 05/26/1978.

Follow-Up: FCVS reports the date the degree/diploma was issued/conferred/awarded from the medical school diploma on the Physician Information Report.

Discrepancy 2:

Section of Profile: **Examination History**

Discrepancy: The applicant reports 1 attempt for NBME Parts I and II and 2 attempts for NBME Part III examination. The NBME Endorsement of Certification reports only those scores upon which NBME certification is based.

Follow-Up: Left to Recipient's discretion.

Discrepancy 3:

Section of Profile: **Examination History**

Discrepancy: The applicant reports sitting for NBME Parts 1, 2, and 3 as `Date Unknown`. The NBME transcript reports the examination dates were 06/15/1976, 09/27/1977, and 05/16/1979, respectively.

Follow-Up:	Left to Recipient's discretion.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile:	**Continuity of Education**
Issue:	There is an interruption in education between completion of premedical education at Columbia Univ (ends 05/00/1971) and George Washington Univ (begins 08/1972).
Follow-Up:	Provided as information only. No follow up performed.

End of report for Mark Robin Geier

Packet Id: 94066 Request Id: 20179137 Report Created By: RDG

Board Action Databank Search

State Queried For:	**State Medical Board of Ohio**
Physician's Name	**Geier, Mark Robin**
Date of Birth:	**05/03/1948**
Medical School:	**009010 - George Washington University School of Medicine and Health Sciences**
Year of Graduation:	**1978**
Social Security Number:	Redaction
ECFMG Number:	**N/A**

Results:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

FEB 0 5 2009

James N. Thompson

JAMES N. THOMPSON, MD
PRESIDENT AND CHIEF EXECUTIVE OFFICER

AMERICAN BOARD OF MEDICAL SPECIALTIES
VERIFICATION OF CERTIFICATION

As of: 2/5/2009

State Queried For: State Medical Board of Ohio

Physician Name: Mark Robin Geier

Date of Birth:

Year of Graduation:

Social Security Number:

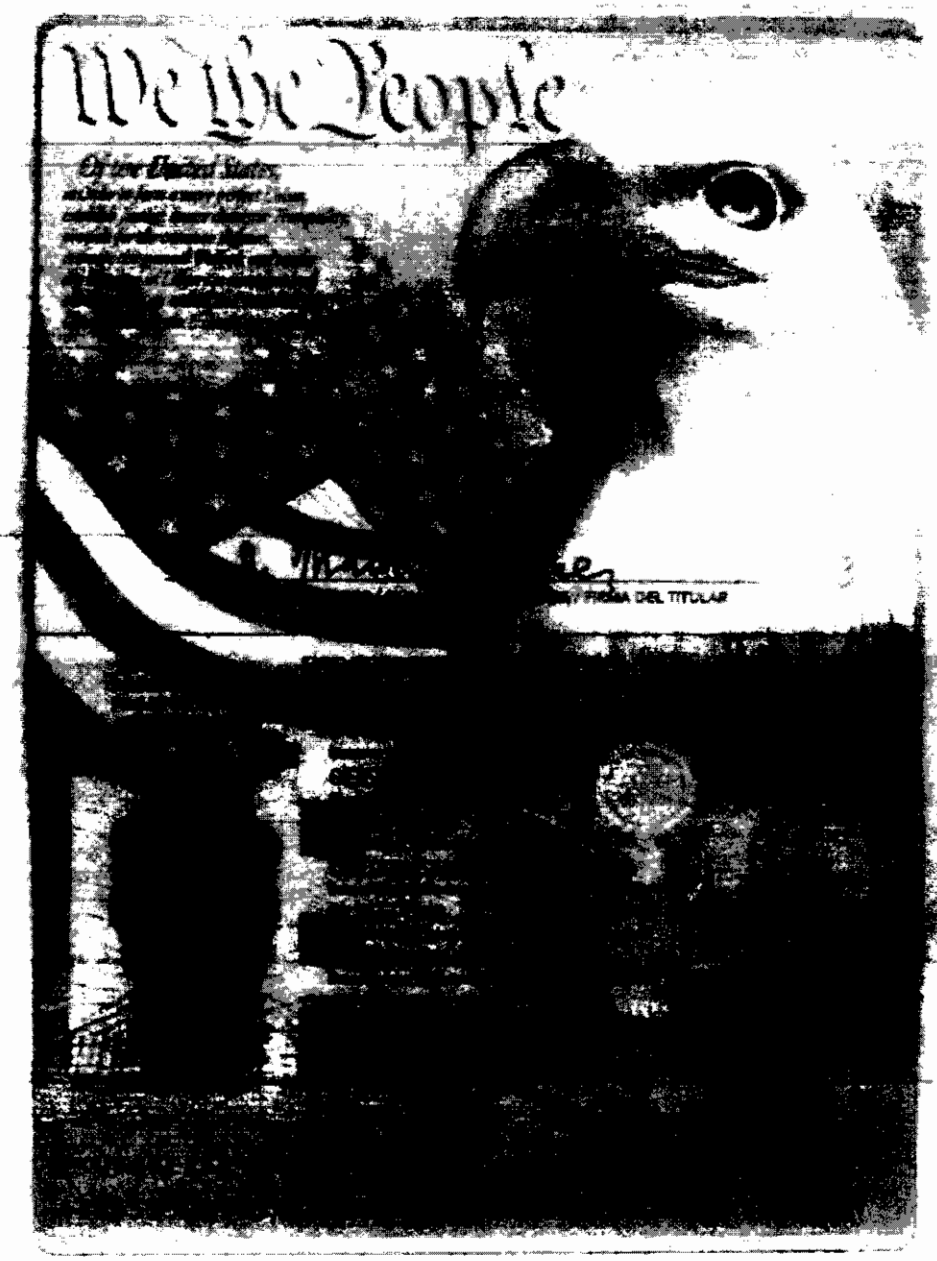
ABMSU ID:

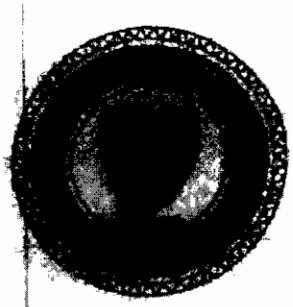
The data provided to FCVS by the ABMS does not include Specialty Certification information on file for this physician. This does not mean that the physician is not certified by one or more of the Member Boards of the American Board of Medical Specialties, as the data provided by ABMS does not include some physicians for which they have incomplete data.

Section II

Identity

Redaction





The Federation Credentials Verification Service certifies that this page was copied directly from the original document.

Kevin Caldwell
Federation Credentials Verification Service

July 29, 2008

Date

The Federation Credentials Verification Service certifies that this page was copied directly from the original document.

Kevin Caldwell
Federation Credentials Verification Service

July 29, 2008

Date

generation has the obligation to free men's minds
look at new worlds ... to look out from a higher
platform than the last generation.

Ellison S. Onizuka

This document contains sensitive
electronic. For best performance,
do not bend, perforate or expose
to extreme temperatures.

RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES For information, write the Department of the Treasury, Office of Foreign Assets Control, Washington, Room 3100, Pennsylvania Avenue N.W., Washington, D.C. [illegible] or visit http://www.treas.gov/ofac

CUSTOMS & BORDER PROTECTION Contact Customs & Border Protection [illegible] for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements," at http://www.cbp.gov/xp/cgov/travel/

C. AGRICULTURE For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States," contact the U.S. Department of Agriculture, http://www.aphis.usda.gov/travel. See also U.S. Fish and Wildlife Service, http://www.fws.gov/TipsforTravelers.htm, for other important "Information for International Travelers."

D. U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at http://irs.gov/publications/p54/index.html

E. SOCIAL SECURITY [illegible] Administration, Office of [illegible] 21235, or consult [illegible] while outside the [illegible] States or at a [illegible]

28

448655300

The Federation Credentials Verification Service certifies that this page was copied directly from the original document.

Kevin Caldwell
Federation Credentials Verification Service

July 29, 2008

Date

Section III

Medical Education

F[illegible]RATION CREDENTIALS VERIFICATION SERVI[illegible] (FCVS)

VERIFICATION OF MEDICAL EDUCATION

(This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. **Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. **If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).**

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: George Washington University School of Medicine and Health Sciences

Complete Address: Ross Hall #713-W

Street Address: 2300 I Street N.W.

City: Washington **State:** DC **ZIP Code (Postal Code):** 20037

If name of institution was different when this individual attended, please note this name below:

Premedical Education:

Years of education required for admission to your medical school: 4 Years

Credential/degree presented by the applicant for admission to your medical school: BA

Enrollment and Participation: Our records indicate that Geier Mark R (type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 144 weeks of medical education on the following dates (mm/dd/yy):

From 09 / 09 / 74 (Month / Date / Year) **To** 05 / 19 / 78 (Month / Date / Year)

This individual (check one):

Was awarded the degree of MD on 05 / 26 / 78 (Month / Date / Year)

Was NOT awarded a degree because: _____
(please explain - attach additional pages if necessary)

Certification: By my signature, I, Kyle Dirkes (type/print name), certify that the above information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.

SEAL VERIFIED

Affix Institutional Seal Here. If no seal is available, this form must be notarized.

Signature: [signature]

Title: Kyle Dirkes
Exec. Coordinator for Student Services & Registrar
The George Washington University
School of Medicine and Health Sciences

Date of Signature: AUG 2 5 2008

Phone: (202) 994-3501 **Fax:** (202) 994-0926

Email: _____

CAC

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
(continued)

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?
   Response YES ☐ NO ☒

   If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
Personal/Family			☐	☐
Academic remediation			☐	☐
Health			☐	☐
Financial			☐	☐
Participation in joint degree Program (e.g., MD/PhD)			☐	☐
Participation in non-research special study (e.g., fellowship, international experience)			☐	☐
Participation in non-degree research			☐	☐
Other			☐	☐

   Please Specify: _____

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?
   Response YES ☐ NO ☒

   If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	From Mo/Yr	To Mo/Yr
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		

   Please specify reason: _____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?
   Response YES ☐ NO ☒

   If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university?
   Response YES ☐ NO ☒

   If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?
   Response YES ☐ NO ☒

   If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

PROVIDED BY APPLICANT

Medical Education

School	009010 - George Washington University School of Medicine and Health Sciences
Dates	09/1974 to 06/1978
Clinical Training	*No information reported.*
Grad Date	06/30/1978
Degree	MD

Completed clinical clerkship in a country other than where my medical school was located: N

Unusual Circumstances:

Interruptions: N

Probation: N

Disciplined: N

Negative Reports: N

Limitations: N

Attended a Fifth Pathway Program: N

PERMANENT RECORD

LAST NAME	FIRST	MIDDLE	STUDENT NO.
GEIER	MARK	ROBIN	281419

SEX	DATE OF BIRTH	PLACE OF BIRTH
M X F	5-3-48	WASHINGTON, D. C.

ADVANCED STANDING HOURS

DATE ADMITTED	DIVISION ADMITTED	TRANSFERS
FALL 1966	ENGR & APPL SCI	COLUMBIAN-LOWER 10-18-66;

TRANSFERS: COLUMBIAN-UPPER SUMMER 1968; GRAD SCH ARTS

MAJOR: ZOOLOGY, GENETICS

DEGREES CONFERRED: B.S. 6/7/70; PH.D. 5/6/73;

ENGR & SCI (DOCT) FALL 1971;

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON 6, D. C.
OFFICE OF THE REGISTRAR

PREPARATORY RECORD

ADMITTED FROM	SPRINGBROOK HIGH SCHOOL SILVER SPRING, MARYLAND	DATE GRAD	6/66
		RANK	111/510

ENTRANCE UNITS	ENGLISH	ALGEBRA	GEOM.	TRIG.	SOC. SC.	SCIENCE	FOR. LANG.			TOTAL

ENTRANCE DEFICIENCIES: REMOVAL:

GRAD. REC. EXAM: APTITUDE QUAN. VERBAL
AREA: SOC. SCIENCE HUMAN NATURAL SCIENCE
ADVANCED:

DEPT.	COURSE NO.	COURSE TITLE	SEM. HRS.	GRADE	QUAL. POINTS
		FALL 1966 281419			
ANTH	1	INTRO ANTHROPOLOGY	3	A	12
CHEM	11	GENERAL CHEMISTRY	4	B	12
ENGL	1	ENGL COMPOSITION	3	B	9
MATH	21	CALCULUS 1	3	A	12
PE M	1	FRESH PHYS EDUC	1	A	4
PHYS	1	GENERAL PHYSICS	4	B	12
		SPRING 1967 281419			
CHEM	12	GENERAL CHEMISTRY	4	B	12
ENGL	72	INTRO TO AMER LIT	3	D	3
GERM	1	FIRST YEAR GERMAN	3	D	3
MATH	22	CALCULUS 2	3	D	3
PE M	2	FRESH PHYS EDUC	1	A	4
PHYS	30	GENERAL PHYSICS	4	B	12
		FALL 1967 281419			
B SC	1	INTRO BIOLOGY	4	B	12
CHEM	51	ORGANIC CHEMISTRY	4	C	8
ENGL	71	INTRO TO AMER LIT	3	B	9
GERM	2	FIRST YEAR GERMAN	3	D	3
PE M	11	SOPH PHYS EDUC	1	A	4

DEPT.	COURSE NO.	COURSE TITLE	SEM. HRS.	GRADE	QUAL.
		SPRING 1968 281419			
ANTH	2	INTRO ANTHROPOLOGY	3	CR	
B SC	2	INTRO BIOLOGY	4	B	12
CHEM	52	ORGANIC CHEMISTRY	5	D	5
GERM	3	SECOND YEAR GERMAN	3	C	6
PE M	12	SOPH PHYS EDUC	1	A	4
		FALL 1968 281419			
B SC	104	COMPR VERTEBR ANAT	4	C	8
CHEM	22	ELEM QUANT ANAL	4	C	8
ENGL	40	ENGL COMPOSITION	3	C	6
GERM	4	SECOND YEAR GERMAN	3	D	3
MATH	15	FINITE MATH 1	3	A	12
		SPRING 1969 281419			
B SC	108	ORGANIC EVOLUTION	4	B	12
B SC	164	VERTEBRATE PHYSIOL	4	A	16
MATH	16	FINITE MATH 2	3	A	12
PSYC	1	GENERAL PSYCHOLOGY	3	A	12

PASSED PH.D. GENERAL EXAMINATION IN BIOCHEMICAL GENETICS 2/23/73
PASSED PH.D. GENERAL EXAMINATION IN VIROLOGY 12/18/72
PASSED PH.D. GENERAL EXAMINATION IN CELL BIOLOGY 11/24/72
PASSED PH.D. GENERAL EXAMINATION IN GENERAL GENETICS 11/5/72

FACULTY ACTION

This is a true copy of the official record of the above named student. When signed and sealed with the impression seal of this office it constitutes an official transcript of record. Honorable dismissal granted unless otherwise stated under faculty action.

REGISTRAR

SEAL VERIFIED

THE WORD VOID APPEARS WHEN PHOTOCOPIED

STUDENT NUMBER CHANGED TO: 422483

THE GEORGE WASHINGTON UNIVERSITY
WASHINGTON 6, D.C.
OFFICE OF THE REGISTRAR
PERMANENT RECORD — PAGE 2 OF 2

GEIER (LAST NAME) MARK (FIRST) ROBIN (MIDDLE) 281419 (STUDENT NO.)

DEPT	COURSE NO	COURSE TITLE	SEM. HRS.	GRADE	QUAL. POINTS
		FALL 1969 281419			
B SC	127	GENETICS	4	H	
B SC	148	HISTOLOGY	4	P	
B SC	171	UNDERGRAD RESEARCH	3	H	
B SC	181	SENIOR SEMINAR	1	HP	
CHEM	111	PHYSICAL CHEMISTRY	3	AU	
MUS	11	PIANO	1	HP	
		SPRING 1970 281419			
B SC	119	CELL BIOCHEMISTRY	6	HP	
B SC	122	CELL&MOLECLAR BIOL	3	P	
B SC	108	ADVANCED GENETICS	3	H	
B SC	171	UNDERGRAD RESEARCH	3	H	
B SC	182	SENIOR SEMINAR	1	CR	
		SUMMER 1970 281419			
CHEM	52	ORGANIC CHEMISTRY	3	AU	
		FALL 1971 281419			
B SC	167	RADIATION BIOLOGY	3	A	12
		SPRING 1972 281419			
GNET	302	ADV PROB-GENETICS	2	A	8
GNET	398	ADV READ&RESEARCH	6	CR	
GNET	399	DISSERTATION RESCH	3	ACR	
B SC	254	EVLUTION&GENET ENGR	2	A	8
MICR	258	MICROBIAL GENETICS	2	A	8
EPID	230	BIOSTATISTICS	2	B	6
		SUMMER 1972 281419			
GNET	399	DISSERTATION RSRCH	9	ACR	

DEPT	COURSE NO.	COURSE TITLE	SEM. HRS.	GRADE	QUAL. POINTS
		FALL 1972 281419			
GNET	301	ADV PROB-GENETICS	2	A	8
GNET	398	ADV READ&RESEARCH	3	CR	
B SC	111	INTRO MICROBIOLOGY	4	A	16
B SC	172	CEL & MOLCULR BIOL	2	A	8
B SC	175	GENET & EVOLUT BIO	2	A	8
B SC	227	SEMINAR-GENETICS	3	A	12
		SPRING 1973 281419			
GNET	398	ADV READ&RESEARCH	3	CR	
GNET	399	DISSERTATION RSRCH	12	CR	
BIOC	266	BIOCHEM GENETICS	1	A	4
B SC	173	DEVELOPMENTAL BIOL	2	A	8

PASSED TOOL EXAMINATION IN STATISTICS MAY, 1972.

PASSED READING KNOWLEDGE EXAMINATION IN GERMAN, 3/9/73

TRANSCRIPTS:

SEAL VERIFIED

THIS IS A TRUE COPY OF THE OFFICIAL RECORD OF THE ABOVE NAMED STUDENT. WHEN SIGNED AND SEALED WITH THE IMPRESSION SEAL OF THIS OFFICE IT CONSTITUTES AN OFFICIAL TRANSCRIPT OF RECORD. HONORABLE DISMISSAL GRANTED UNLESS OTHERWISE STATED UNDER FACULTY ACTION.

THE WORD VOID APPEARS WHEN PHOTOCOPIED

THE WORD VOID APPEARS WHEN PHOTOCOPIED

SCHOOL OF MEDICINE STUDENT NUMBER CONVERSION LIST 022480

NAME: OBIER (LAST) MARK (FIRST) ROBBIN (MIDDLE) M (SEX) 281419 (STUDENT NO.)

LEGAL ADDRESS: SILVER SPRING, MARYLAND — CITIZENSHIP: U.S. — DATE OF BIRTH: 5/3/48

SS# [redacted]

PARENT OR GUARDIAN:

DATES OF REGISTRATION

FROM: 9/4/74 TO: FROM: TO:

FROM: TO: FROM: TO:

DEGREE CONFERRED: M.D. 5/26/78

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON 6, D. C.

OFFICE OF THE REGISTRAR

PREADMISSION RECORD:

COLLEGE ATTENDED

NAME	YEARS	DEGREE
GEORGE WASHINGTON UNIVERSITY	9/66-6/70	B.S.
COLUMBIA UNIVERSITY	9/70-5/71	-
GEORGE WASHINGTON UNIVERSITY	9/71-5/73	Ph.D.

GEN. IND. SCI. IND.

DEPT.	COURSE NO.	COURSE TITLE	SEM. HRS.	GRADE	QUAL. POINTS
		FALL 1974 281419			
ANAT	201	R ANATOMY		P	
CLSC	201	R HELTH & PAT CARE		P	
CLSC	212	NEURO-BIOLOGY		P	
		SPRING 1975 281419			
CLSC	201	R HELTH & PAT CARE		P	
EPID	201	R EPID & ENV HELTH		P	
MICR	201	R MEDICL MICROBIOL		P	
PHYL	201	R RHYSIOLOGY		P	
PCHI	252	R DEV OF PERSON		H	
		FALL 1975 281419			
CLSC	301	INTRO CLN MEDICINE		P	
PATH	201	R PATHOLOGY		P	
PHAR	201	R PHARMACOLOGY		P	
PCHI	301	BEHAVIORL SCIENCES		P	
		SPRING 1976 281419			
CLSC	301	INTRO TO CLIN. MED		P	
PATH.	201	PATHOLOGY		P	
PHAR	201	PHARMACOLOGY		P	
PCHI	301	INT. CLIN. PROB SOL		P	
		FALL 1976 281419			
PCHI	302	CLINICAL CLERKSHIP		P	

DEPT.	COURSE NO.	COURSE TITLE	SEM. HRS.	GRADE	QUAL. POINTS
		SPRING 1977			
OB&G	303	CLINICAL OB&G		P	
SURG	303	CLINICAL CLERKSHIP		P	
		SUMMER 1977			
MED	305	INPATIENT CLERKSHIP		P	
CH D	308	PEDIATRIC CLERKSHIP		P	
		FALL 1977 281419			
ANES	302	CLINICAL CLERKSHIP		P	
MED	390	EXTRMURL ELECTV		P	
		SPRING 1978 281419			
MED	333	ACTNG INTERN/MED		H	
ORTH	302	CLRKSHP/ORTO SURG		P	
ORTH	383	SPORTS MEDICINE		H	
UROL	302	UROLOGY CLERKSHIP		H	

FACULTY ACTION

THIS IS A TRUE COPY OF THE OFFICIAL RECORD OF THE ABOVE NAMED STUDENT. WHEN SIGNED AND SEALED WITH THE IMPRESSION SEAL OF THIS OFFICE IT CONSTITUTES AN OFFICIAL TRANSCRIPT OF RECORD. HONORABLE DISMISSAL GRANTED UNLESS OTHERWISE STATED UNDER FACULTY ACTION.

SEAL

VERIFIED

REGISTRAR

Office of the Registrar
THE GEORGE WASHINGTON UNIVERSITY
Washington, D.C. 20052

NOTICE TO RECIPIENT

[illegible] legislation (the Family Educational Rights and Privacy Act) requires [illegible] of higher education to inform each recipient of this academic record [illegible] be used only for the purpose for which it was presented and that it [illegible] be copied or made available to a third party without the express [illegible] of the individual concerned. It must be pointed out in this context [illegible] a general practice, mutually agreed upon by professional associations, [illegible] records are not to be reproduced for distribution beyond the purview of [illegible] or his/her organization.

SEP - 2 2008

TRANSFER CREDIT

[illegible] courses listed on your transcript are bonafide courses and are assigned [illegible] standing. However, whether or not these courses fulfill degree [illegible] is determined by individual school criteria.

EXPLANATION OF COURSE NUMBERING SYSTEM

[illegible]leges, schools, and divisions except the Law School and the M.D. [illegible] in the School of Medicine and Health Sciences

- [illegible] C Designed for freshman and sophomore students. Open to juniors and seniors with approval. Used by graduate students to make up undergraduate prerequisites. Not for graduate credit.
- [illegible] Designed for junior and senior students. With appropriate approval, specified courses may be taken for graduate credit by completing additional work.
- [illegible] Primarily for graduate students. Open to qualified seniors with approval of instructor and department chair. In SBPM, open only to seniors with a GPA of 3.00 or better as well as approval of department chair and dean.
- [illegible] Graduate School of Education and Human Development – Designed primarily for graduate students.
  School of Engineering and Applied Science – Designed primarily for graduate students.
  Columbian School of Arts and Sciences – Limited to graduate students, primarily for doctoral students.
  School of Business and Public Management – Limited to doctoral students.
- [illegible] The 701 (General Studies) courses explore topics not encompassed in the normal offerings of the department, often utilizing insights and methods of other disciplines. The 721 (Interdisciplinary Studies) courses are upper-level courses involving faculty from two or more departments, investigating a theme, topic, or issue of mutual academic interest.
  The 751 number is used to list courses sponsored jointly by two or more schools.
  Numbers in the 770s designate courses offered by distinguished University Professors, the content usually spans several disciplines.

[illegible] School

[illegible] 1, 1968

- [illegible] Required courses for first-year students.
- [illegible] Required and elective courses for Bachelor of Laws or Juris Doctor curriculum. Open to master's candidates with approval.
- [illegible] Advanced courses. Primarily for master's candidates. Open to LL.B. or J.D. candidates with approval.

[illegible] 1, 1968

- [illegible] Required courses for J.D. candidates.
- [illegible] Designed for second- and third-year J.D. candidates. Open to master's candidates only with special permission.
- [illegible] Designed for advanced law degree students. Open to J.D. candidates only with special permission.

[illegible] Medicine and Health Sciences

- [illegible] Designed for first- and second-year students in undergraduate health sciences programs.
- [illegible] Designed for third- and fourth-year students in undergraduate health sciences programs.
- [illegible] Designed for M.D. and M.P.H. candidates as well as other graduate degree candidates in the basic sciences.

CONSORTIUM OF UNIVERSITIES OF WASHINGTON METROPOLITAN AREA

[illegible] taken through the Consortium are recorded using the visited [illegible] department symbol and course number in the first positions of the [illegible]. The visited institution is denoted with one of the following GW [illegible]:

[illegible] American University		MMU	Marymount University
[illegible] Catholic University of America		MVC	Mount Vernon College
[illegible] Gallaudet University		SEU	Southeastern University
[illegible] Georgetown University		TC	Trinity College
[illegible] Georgetown Law Center		UD	University of the District of Columbia
[illegible] Howard University		UMD	University of Maryland

GRADING SYSTEMS

[illegible]ergraduate Grading System

[illegible] Excellent, B. Good, C. Satisfactory, D. Low Pass, E. Fail, I. Incomplete; IPG. In Progress; W. Authorized Withdrawal; X. Unauthorized Withdrawal; P. Pass; NP. No Pass; AU. Audit. When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

[illegible] Summer 1992: When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with M and the grade.

[illegible] Fall 1987: The following grade [illegible] were added: [illegible] B+, B-, C+, [illegible] D-.

[illegible] Summer 1980: The grading symbols P, Pass and NP, No Pass, replace the Credit and NC, No Credit.

[illegible] Fall 1979 through [illegible]: The grading symbols D and E are Failure. [illegible] Authorized Withdrawal.

[illegible] Fall 1969 through [illegible]: [illegible] Honors, H, High Pass, P, Pass; [illegible] Failure.

[illegible] Fall 1966 through [illegible]: [illegible] indicates undergraduate credit [illegible] for graduate-level [illegible].

[illegible] Fall 1963 through [illegible], Failure is removed as a grade [illegible] completed within the [illegible] time period.

Graduate Grading System

(Includes Law and M.D. programs.) A. Excellent, B. Good, C. Minimum Pass, F. Failure, I. Incomplete; IP. In Progress, CR. Credit, W. Authorized Withdrawal; [illegible] Authorized Withdrawal; AU. Audit. When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

[illegible] Fall 1994: The following grading [illegible] were added: A+, A-, B+, B-, C+, [illegible] grades on the graduate [illegible].

[illegible] Summer 1992: When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

[illegible] Fall 1979 through [illegible]: The grading symbols D and E are Failure. [illegible] Authorized Withdrawal.

[illegible] Fall 1964 through [illegible]: [illegible] indicates undergraduate credit [illegible] undergraduate-level [illegible].

[illegible] Fall 1963 through [illegible], Failure is removed as a grade [illegible] completed within the [illegible] time period.

[illegible] Spring 1956 through [illegible]: [illegible] Excellent, Fair Satisfactory, [illegible] Unsatisfactory, [illegible] CR, Credit; NC, No [illegible].

[illegible] Spring 1953: Sat, Satisfactory; [illegible] Unsatisfactory; Incomplete.

Law Grading System

[illegible] Excellent; B+, B, B-, Good; [illegible] Passing; D, Minimum Pass; F, Failure; CR, Credit; NC, No Credit; I, Incomplete. When a grade is assigned to a course that was originally assigned a grade of I, the grade is replaced with I and the grade.

[illegible] Fall 1993: Grades are [illegible] in numerical terms as follows: [illegible] grades [illegible] 85-100; A, Excellent 75-84; [illegible] 65-74; C, Satisfactory 55-64; E, [illegible] below standard for graduate [illegible]; F, Failure; [illegible] Credit; minimum grade of 65 required for J.D. candidates [illegible] LL.M. candidates); [illegible] No Credit; I, Incomplete; student is cleared from taking a regularly scheduled examination [illegible].

[illegible] Fall 1991: The following courses will be graded on the basis of H, Honors; P, Pass; LP, Low Pass; and [illegible] No Credit: [illegible] 221, 222, [illegible] 695 and [illegible].

[illegible] Program Grading System

[illegible] Pass; F, Failure; [illegible] Credit; [illegible] Incomplete; [illegible] Authorized Withdrawal; X, Exempt; [illegible] Conditional; [illegible] Failure.

[illegible] September [illegible]: [illegible] Excellent; [illegible] Satisfactory; D, Passing; [illegible] Failure; [illegible] Incomplete; [illegible] Conditional; CR, Credit.

[illegible] September [illegible]: [illegible] Excellent; [illegible] Satisfactory; D, Passing; [illegible] Failure; [illegible] Incomplete; [illegible] Conditional; CR, Credit.

[illegible] September 1, 1965: [illegible] Excellent; [illegible] Satisfactory; [illegible] Passing; [illegible] Conditional; [illegible] Failure; [illegible] Incomplete.

TO TEST FOR AUTHENTICITY: [illegible] the face of this document has a blue background and the name of the institution appears in small print. Apply fresh liquid bleach to the sample [illegible] printed below. If authentic, the paper will turn brown.

THE GEORGE WASHINGTON UNIVERSITY • THE GEORGE WASHINGTON UNIVERSITY • THE GEORGE WASHINGTON UNIVERSITY • THE GEORGE WASHINGTON UNIVERSITY • THE GEORGE WASHINGTON UNIVERSITY • THE GEORGE WASHINGTON

ADDITIONAL TEST: When copied, the word VOID appears prominently across the face of the entire document. ALTERATION OR FORGERY OF THIS DOCUMENT WILL BE A CRIMINAL OFFENSE. A black and white document is not an original and should not be accepted as an official institutional document. This transcript cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have additional questions about this document, please call [illegible]

The George Washington University

in virtue of authority granted by

The United States of America

has conferred upon

Mark Robin Geier

the Degree of

Doctor of Medicine

together with all the Honors, Rights and Privileges belonging to that Degree.

In Witness Whereof, this Diploma is granted bearing the seal of the University

Given at Washington in the District of Columbia this twenty-sixth day of May, nineteen hundred and seventy-eight.

Dean for Academic Affairs
School of Medicine and Health Sciences

Vice President for Medical Affairs
and Chief Executive Officer
School of Medicine and Health Sciences

President of the University

SEAL
VERIFIED

Section IV

Postgraduate Training

Federation Credentials Verification Service (FCVS)

Federation Place, P.O. Box 619850, Dallas, TX 75261 9850
Tel: (817) 868 5000 Fax: (817) 868 5099

Verification of Postgraduate Medical Education

Institution: **Johns Hopkins University School of Medicine**

Attention: **Assistant Dean**

Address: **Registrars Office**
Baltimore, MD 21205-2196

Affiliated University: _____

Verification For:

Name: **Geier, Mark Robin**
GEIER

DOB: **05/03/1948**

Individual's Name or Record (if different from above): _____

RECEIVED
SEP 15 2008
By

Program Participation:

Important:

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress, report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations

PGY: 1 — Specialty/Subspecialty: Gynecology & Obstetrics

[X] Internship
[ ] Residency
[ ] Chief Residency
[ ] Fellowship
[ ] Research

From: 07 / 01 / 1978 To: 06/30 / 1979

Successfully Completed?: Yes [X] No [ ] In Progress [ ]

Accredited by: ACGME [X] AOA [ ] LCGME [ ] RSC [ ] CFPC [ ] RCPSC [ ] APPAP [ ] None of these [ ]

PGY: _____ — Specialty/Subspecialty: _____

[ ] Internship
[ ] Residency
[ ] Chief Residency
[ ] Fellowship
[ ] Research

From: / / To: / /

Successfully Completed?: Yes [ ] No [ ] In Progress [ ]

Accredited by: ACGME [ ] AOA [ ] LCGME [ ] RSC [ ] CFPC [ ] RCPSC [ ] APPAP [ ] None of these [ ]

PGY: _____ — Specialty/Subspecialty: _____

[ ] Internship
[ ] Residency
[ ] Chief Residency
[ ] Fellowship
[ ] Research

From: / / To: / /

Successfully Completed?: Yes [ ] No [ ] In Progress [ ]

Accredited by: ACGME [ ] AOA [ ] LCGME [ ] RSC [ ] CFPC [ ] RCPSC [ ] APPAP [ ] None of these [ ]

Unusual Circumstances:

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1. Did this individual ever take a leave of absence or break from his/her training? [ ] Yes [X] No
2. Was this individual ever placed on probation? [ ] Yes [X] No
3. Was this individual ever disciplined or placed under investigation? [ ] Yes [X] No
4. Were any negative reports for behavioral reasons ever filed by instructors? [ ] Yes [X] No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? [ ] Yes [X] No

Please explain any "YES" response from above:

SEAL VERIFIED

Certification:

Affix your institutional seal in this space. If no seal is available, you must have this form notarized.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section MUST be signed by the Program Director (M.D./D.O. only) or if appropriate, the Director of GME.

Name: Mary E. Foy Signature: _____

Title: Associate Dean/Registrar Date of Signature: 09/10/2008

Tel: 410-955-3080 Fax: 410-955-0826 E Mail: medreg@jhmi.edu

PROVIDED BY APPLICANT

Postgraduate Medical Education
Johns Hopkins University

Hospital Johns Hopkins University

Affiliated School

600 N. Wolfe Street
Baltimore, MD 21287
USA

Unusual Circumstances:

Interruptions: N
Probation: N
Disciplined: N
Negative Reports: N
Limitations: N

PGY

Year(s):PGY 2 Residency: Complete?: Yes
Obstetrics and Gynecology
Dates: 07/1978 to 06/1979

The Johns Hopkins Hospital

BALTIMORE, MARYLAND

This certifies that

Mark R. Geier, M.D., Ph.D.

has served as an Intern

on the Gynecology-Obstetrics *Service*

of

The Johns Hopkins Hospital

from July 1st 1978 *to* June 30th 1979

[redacted]

[redacted]

Section V

Examination History/Score Transcripts

NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Recipient: State Medical Board of Ohio
30 E. Broad Street 3rd floor
Columbus, OH 43215-6127

Date: 01/21/2009

Examinee: Mark Robin Geier

Examinee ID: 3-198-371-1
Date of Birth: 05/03/1948

NBME Certification Date: 07/02/1979

Certificate#: 198371

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/15/1976	Pass	Three-Digit	495	(380)	405	495	425	540	580	465	570
		Two-Digit	80	(75)	75	81	76	83	86	78	85

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Med	Surg	ObGyn	Prev	Peds	Psych
09/27/1977	Pass	Three-Digit	435	(290)	440	395	375	585	410	560
		Two-Digit	79	(75)	79	77	76	86	78	82

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
05/16/1979	Pass	Three-Digit	410	(290)
		Two-Digit	78.8	(75)

1250/55938 OH

Param: 5688674

940bto SKY

TouchStone®

SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

UNOFFICIAL COPY - NOT AN ORIGINAL DOCUMENT

AFFIDAVIT

The State of Ohio
Franklin County, SS

I, Barbara A. Jacobs, being duly cautioned and sworn, do hereby depose and state that the following is true based upon my first-hand knowledge:

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

2) I serve the Board in the position of Senior Executive Staff Attorney.

3) In the course of my regular duties, I am responsible for seeing that all procedural requirements of Chapter 119., Ohio Revised Code, regarding service of any notice issued by the Board are met.

4) According to the Board's records, the Board issued a Notice of Opportunity for Hearing to Mark Robin Geier, M.D., on July 13, 2011. Such notice was mailed by certified mail, return receipt requested, to Dr. Geier's address of record. Attached hereto and incorporated herein as Exhibit A is a true and accurate copy of the July 13, 2011, Notice of Opportunity for Hearing, with attachments.

5) The Board was unable to receive confirmation from the United States Postal Service that the July 13, 2011, notice was delivered to Dr. Geier.

6) Pursuant to Section 119.07, Ohio Revised Code, the Board caused to be published a legal notice in The Gazette, a newspaper of general circulation in the area of Dr. Geier's last known address. Such legal notice was published on May 18, May 25, and June 1, 2012.

7) The Notice was deemed served on Dr. Geier on June 1, 2012, the last date that the legal notice was placed in the Tulsa World.

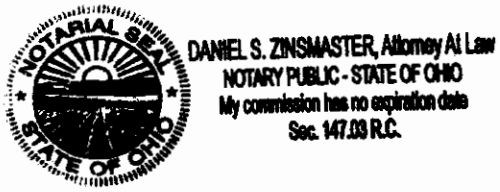
8) On June 5, 2012, a copy of the Affidavit of Publication was mailed to Dr. Geier's last known address. Attached hereto and incorporated herein as Exhibit B is a true and accurate copy of the June 5, 2012, letter to Dr. Geier with a copy of the Affidavit of Publication.

9) As of the date of this affidavit, the Board has not received a request for hearing from Dr. Geier.

10) Further, Affiant Sayeth Naught.

Barbara A. Jacobs
Senior Executive Staff Attorney

Sworn to and signed before me, Daniel S. Zinsmaster, Notary Public, this 24th day of July, 2012.



Notary Public

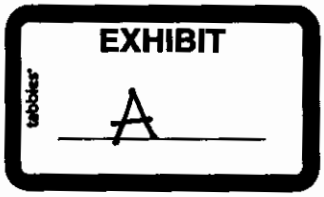
State Medical Board of Ohio

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

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

July 13, 2011



Case number: 11-CRF-072

Mark Robin Geier, M.D.
14 Redgate Court
Silver Spring, MD 20905

Dear Doctor Geier:

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) On or about January 5, 2009, you caused to be submitted to the Board an Application for Physician Licensure [License Application.] Your License Application remains pending.

(2) On or about April 27, 2011, the Maryland State Board of Physicians [Maryland Board] issued an Order for Summary Suspension of License to Practice Medicine [Summary Suspension] after it concluded that the public health, safety and welfare imperatively required emergency action in this case. The Maryland Board based its decision to issue the Summary Suspension upon a number of investigatory findings, including, *inter alia*, that you misdiagnosed autistic children with precocious puberty and other genetic abnormalities and treated them with potent hormonal therapy, and in some instances chelation therapy, thereby exposing the children to needless risk of harm; failed to conduct adequate physical examinations of any of the nine patients reviewed, and in some instances began a Lupron protocol based merely on a telephone consultation with the child's parent and selected laboratory test results; and failed to provide adequate informed consent to the parents of the autistic children you treated. Further, your Lupron protocol and/or administration of chelation therapy are not supported by evidence-based studies, and instead you

Mailed 7-14-11

rely on your own studies "which have been wholly discredited by the Institute of Medicine and denounced by the American Academy of Pediatrics."

A copy of the Summary Suspension is attached hereto and incorporated herein.

The Summary Suspension, as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, as in effect prior to May 20, 2011.

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.

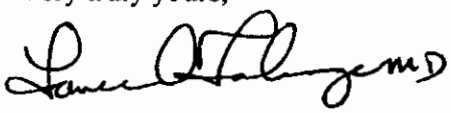
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at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

CERTIFIED MAIL #91 7199 9991 7030 3380 5481
RETURN RECEIPT REQUESTED

IN THE MATTER OF	*	**BEFORE THE**
MARK R. GEIER, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D24250		**Case Numbers: 2007-0083, 2008-0454 & 2009-0308**

* * * * * * * * * * * *

ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE

The Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of Mark R. Geier, M.D., (the "Respondent") (D.O.B. 05/03/1948), license number D24250, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Govt Code Ann. § 10-226(c)(2009 Repl. Vol.) concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:[1]

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on September 20,

[1] The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

1979. The Respondent also holds active licenses in the following states: California, Florida, Hawaii, Illinois, Indiana Kentucky, Missouri, New Jersey, Virginia and Washington.

2. The Respondent is certified by the American Board of Medical Genetics as a Genetic Counselor. In an interview with Board staff, the Respondent falsely claimed to be a board-certified geneticist and a board-certified epidemiologist. *See* Section IX, (Misrepresentation of Credentials).

I. The Respondent's Practice

3. The Respondent is president of Genetic Centers of America with offices located in Rockville and Owings Mills, Maryland. Genetic Consultants of Maryland, according to the Respondent, is "under the umbrella" of Genetic Centers of America. When interviewed by Board staff, the Respondent stated that his current practice includes genetic counseling of high-risk obstetric patients, evaluation of adults for risk of cancer and "genetic work-ups" of children with neuro-developmental disorders.

4. The Respondent also practices under the name "ASD Centers LLC." "ASD" is the abbreviation for Autism Spectrum Disorder. ASD Center, LLC's motto is, "First do no harm." The Respondent advertises the services provided by ASD as follows:

> The ASD Centers, LLC nationwide network, announces a new combined genetic, biochemical, heavy metal, and hormonal evaluation/treatment for patients diagnosed with an autism spectrum disorder (ASD). ASD Centers, LLC founder and medical director, Mark Geier, MD, PhD, FABMG,[2] FACE[3] has provided innovative genetic services

[2] FABMG is the abbreviation for Fellow of the American Board of Medical Genetics.
[3] FACE is the abbreviation for Fellow of the American College of Epidemiology.

for over 28 years, and is a leader in researching and helping to treat patients diagnosed with an ASD. The ASD Centers, LLC is excited to now offer innovative evaluation/treatment protocols, which have successfully helped over 500 patients diagnosed with ASD.

Researchers from Genetic Consultants studying the biochemistry of ASD have made a major break-through in the treatment of the disorder.

Evaluations of more than 600 patients diagnosed with an ASD have revealed most have clinical symptoms and laboratory results consistent with high testosterone (the male hormone) and other androgens.

Published peer reviewed clinical trials and treatment of over 300 patients diagnosed with an ASD showed significant clinical improvements following successful administration of testosterone lowering medications. This treatment resulted in rapid and remarkable improvements in autistic symptoms in many patients diagnosed with ASD with few adverse side effects.

5. In or around 2006, the Respondent established the Institute of Chronic Illness ("ICI") of which he is President. His son, an unlicensed individual,[4] is the "Founder and Vice-President" of the ICI. Both the Respondent and his son are members of the Institutional Review Board ("IRB") of ICI. The mission of an IRB is to protect the rights and welfare of human research subjects. One of the patients whose care was reviewed, Patient I, was enrolled in the "Geier Experimental Protocol" for the Treatment of Regressive Autism." The Consent Form states that the ICI IRB approved the study. As set forth in Section VIII below, the IRB fails to meet federal and State regulatory criteria.

[4] The Respondent's son has a Bachelor of Arts degree in biology from the University of Maryland Baltimore County.

II. The Respondent's Treatment Protocol

6. The Respondent treated autistic children in seven (7) of the nine (9) cases reviewed.[5] Autism is a heterogeneous syndrome with a broad range of behavioral symptoms and severity. These behavioral symptoms include but are not limited to: disorder of neural development characterized by markedly impaired social interaction, verbal and non-verbal communication and a pattern of restricted and repetitive behavior.[6]

7. In 2005, the Respondent and his son published in the journal *Medical Hypotheses*[7] an article entitled, *The potential importance of steroids in the treatment of autistic spectrum disorders*[8] *and other disorders involving mercury toxicity.* The Respondent wrote in pertinent part:

> Recently emerging evidence suggests that mercury, especially from childhood vaccines, appears to be a factor in the development of the autistic disorders, and that autistic children have higher than normal body-burdens of mercury. In considering mercury toxicity, it has previously been shown that testosterone significantly potentiates mercury toxicity, whereas estrogen is protective. ...We put forward the medical hypothesis that autistic disorders, in fact, represent a form of testosterone mercury toxicity, and based upon this observation, one can design novel treatments for autistics directed towards higher testosterone levels in autistic children....It is hoped that by devising therapies that address the steroid pathways, in addition to the current treatments

---

[5] The parent of Patient C, below, did not return after an initial assessment by an individual she identified as the Respondent's son. The Respondent's contact with Patient D was limited to review of laboratory test results to prepare an expert report for litigation.

[6] *See* American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition*, Diagnostic criteria for Autistic Disorder (299.0).

[7] *Medical Hypotheses* is a journal which, according to its Aims and Scope statement, publishes "Interesting and important theoretical papers that foster the diversity and debate upon which the scientific process thrives...[it] exists today to give novel radical ideas and speculations in medicine open-minded consideration, opening the field to radical hypotheses which would be rejected by most conventional journals."

[8] The term 'autistic spectrum disorder' refers to a spectrum of conditions that includes autism and other conditions characterized by qualitative impairments of social communication and interaction.

> that successful *(sic)* lower heavy metal body burdens of mercury, *(sic)* will work synergistically to improve clinical outcomes.

8. In 2004, the National Academy of Science's Institute of Medicine ("IOM") [9] published a report entitled, "Immunization Safety Review – Vaccines and Autism." ("IOM Report") The IOM Report rejected a causal relationship between vaccines containing thimerosal, a preservative containing mercury, and autism.[10] The report specifically rejected the Respondent's and his son's studies that reported findings of such an association concluding, "the studies by Geier and Geier ...have serious methodological flaws and their analytic methods were nontransparent making their results uninterpretable, and therefore noncontributory with respect to causality."[11]

9. Notwithstanding the rejection of the Respondent's studies by the IOM, the Respondent developed a treatment protocol wherein autistic children are injected with anti-androgens, including Lupron (leuprolide), to decrease the amount of sex hormones the child's body produces. Under the Respondent's protocol, a child receives daily subcutaneous injections

---

[9] The National Academy of Science is a "private, nonprofit, self-perpetuating society of distinguished scholars, created by congressional charter in 1863 to advise the federal government on scientific and technical matters." *Blackwell v. Wyeth*, 408 MD 575, 597, fn17 (2009)(rejecting the Respondent's epidemiological studies purporting to show a causal link between thimerosal-containing vaccines and mercury because his "credentials as a medical doctor and genetic counselor are not a foundation sufficient for him to offer [such] an opinion...") *Id. at 605*. The *Blackwell* court noted that IOM reports "are highly regarded in the relevant scientific community, and their reliability has been recognized by numerous courts..." *Id.* at 604.

[10] In 2001, IOM published a report finding that evidence was "inadequate to accept or reject a causal relationship between exposure to thimerosal from childhood vaccines and the neurodevelopmental disorders of autism, ADHD and speech and language delay." As a precautionary measure, thimerosal was removed from all childhood vaccines in 2001.

[11] IOM Report at page 65, citing studies described at pages 55 – 62.

("SQ") of Lupron, typically administered by a parent, and bi-weekly intra-muscular ("IM") injections administered in the Respondent's office.

III. Lupron

10. Lupron is a potent anti-androgen; that is, it reduces the amount of testosterone the body produces.

11. It is used to treat adult males with metastatic prostate cancer and adult females with endometriosis and uterine fibroids.

12. Lupron is also used to chemically castrate sex offenders.

13. The only medically accepted use of Lupron in children is precocious (or "premature") puberty. In this context, Lupron delays the progression of puberty by inhibiting the release of the Gonadotropin Releasing Hormone ("GnRH"), which affects the development of ovaries and testicles. Lupron is not approved for the treatment of autism.

14. With regard to administering Lupron to autistic children, the Respondent has been quoted as saying, "If you want to call it a nasty name, call it chemical castration. If you want to call it something nice, say you are lowering testosterone."[12]

15. Adverse side effects of Lupron in children include, but are not limited to, risk of bone and heart damage. Lupron is not recommended for individuals with heart disease, kidney disease, asthma or seizure as it may worsen those conditions. Autistic children are prone to seizures. No clinical studies have been completed in children to assess the full reversibility of fertility suppression.

[12] Trine Tsouderos, *"Miracle Drug" Called Junk Science*, Chicago Tribune, May 21, 2009.

16. The Respondent was reported to have stated in a 2006 radio interview[13] that Lupron is "99% natural" and "if you give it to kids whose normal level of testosterone is zero, and you lower these kids to zero, there are virtually no side effects." The Respondent also stated: "If you demonstrate that a child has precocious puberty the treatment under mainline medicine, has been for 20 years, is Lupron. Now the only difference is that we get a side effect. The side effect is that they not only lose their precocious puberty, they lose a good deal of their autism."

17. The cost of Lupron therapy ranges from $5,000 to $6,000 a month. The Respondent has stated that health insurance covers the cost when precocious puberty is diagnosed.

IV. Precocious (premature) puberty

18. The Respondent misdiagnosed six (6) of the nine (9) autistic children whose care is reviewed herein with precocious puberty.

19. The American Academy of Pediatrics has defined precocious puberty as the onset of sexual maturation before age eight (8) in girls and age nine (9) in boys.[14]

20. Precocious puberty is a relatively rare condition. It may be caused by tumors, central nervous system injury or genetic abnormalities.

21. There are no evidence-based publications in the medical literature to support the use of hormonal treatment in children with autism. The

---

[13] June 23, 2006, Radio Liberty.

[14] The Respondent is aware of the age component of the precocious puberty diagnosis. In a 2007 Patent Application, his definition of precocious puberty included the age criterion. United States Patent Application 20070254314, Inventors: Mark .R. Geier & [son], *Methods of treating autism and autism spectrum disorders*, ¶0107 (Nov. 1, 2007)

Respondent relies on his own studies, which have been discredited by the IOM.

22. The standard of quality care for the treatment of precocious puberty begins with an accurate diagnosis. The standard of quality care for the diagnosis of precocious puberty, in addition to the age criteria, includes: an x-ray of the child's left hand and wrist to assess skeletal maturation and accelerated bone growth, the result of a sex hormone effect. Unless history and examination suggest an abnormality, no further evaluation is required for children with pubertal milestones that are within one (1) year of population standards.

23. When further evaluation is necessary, the standard of quality care requires: height and weight measurements; physical examination of genitalia (and breasts for girls); measurement of serum levels of gonadotropins and gonadal and adrenal steroids; pelvic and adrenal ultrasound to rule out a steroid-secreting tumor and a computed tomography ("CT") scan of the head to rule out an intracranial tumor.

V. Chelation

24. The Respondent has stated that precocious puberty in children with autism is the result of an excessive level of mercury in the child's blood. In the 2006 radio interview, the Respondent discussed his theory:

> If you look at these children, most of them have signs and symptoms of precocious puberty. That's what [my son] and I have discovered. We discovered that the mercury upsets the pathway that has to do with testosterone, and the testosterone pathway interacts with the glutathione pathway, which is the pathway for

> eliminating mercury. Most of these kids have precocious puberty and they can be treated...They have high testosterone, they masturbate at age six, they have mustaches, they're aggressive, and you can treat them by lowering their testosterone and removing mercury, and we've had unbelievable success...And a number of doctors now are joining us, but they would join us a lot better if the authorities would actually tell the truth about what happened to the children.

25. In some instances, the Respondent's treatment protocol includes chelation therapy. The Respondent prescribed chelation therapy to three (3) patients described herein and recommended it for three (3) patients. Chelation therapy is the administration of chelating agents to remove heavy metals from the body. For the most common forms of heavy metal intoxication – those involving lead, arsenic or mercury – the standard of care dictates the use of DSMA.[15] Chelation therapy is not risk-free; it is associated with potential adverse side effects such as bone marrow suppression, shock, low blood sugar, convulsions, cardiac arrhythmias, respiratory arrest, and liver and kidney failure, which can be fatal.

26. In the cases reviewed, the Respondent prescribed rectal DMPS[16] suppositories for chelation. DMPS is not approved by the U.S. Food and Drug Administration ("FDA") and is considered an experimental drug in the United States.

27. With regard to chelation therapy, the 2004 IOM Report states:

---

[15] The abbreviation for dimercaptosuccinic acid.

[16] The abbreviation for dimercapto-propane-sulfonic acid.

> [t]he committee found no scientific evidence ..that chelation is an effective therapy for ASD or is even indicated in these circumstances. Chelation therapy is currently indicated only for high-dose, acute mercury poisonings...Moreover, chelation therapy has serious risks; for example, some chelation therapies might cause the release of mercury from soft-tissue stores, thus leading to increased exposure of the nervous system to mercury. [citation omitted] **Because chelation therapy has potentially serious risks, the committee recommends that it be used only in carefully controlled research settings with appropriate oversight by Institutional Review Boards protecting the interests of the children who participate.**

2004 IOM Report at 149 (emphasis in original)

VI. Procedural History

Board Case Number 2007-0083[17]

28. On or about August 15, 2006, the Board received a written complaint from an individual who was neither a patient of the Respondent nor a parent of a patient. The complainant alleged that the Respondent promotes the use of Lupron as a treatment for autism in children. The complainant alleged that the Respondent, *inter alia*:

    a. Practices outside of the scope of his expertise and the prevailing standard of care for autism;

    b. Experimented on children without a rational scientific theory or the supervision of a qualified review board; and

    c. Failed to provide appropriate informed consent regarding the potential side effects of Lupron and similar drugs.

29. The Board designated this complaint as Board Case Number 2007-0083.

[17] The names of patients and other individuals discussed herein are confidential. The Respondent may obtain them from the Administrative Prosecutor.

Board Case Number 2008-0454

30. While conducting its investigation of Case Number 2007-0083, the Board, on or about January 15, 2008, received a complaint from a pediatrician ("Physician A") who had referred one of his patients ("Patient A," below) to the Respondent for genetic evaluation and counseling. Physician A complained that the Respondent performed an inappropriate evaluation, made an incorrect diagnosis and treated Patient A inappropriately. Specifically, Physician A reported that the Respondent, whom he noted is not board-certified in either pediatric medicine or pediatric endocrinology, misdiagnosed Patient A with an endocrinological problem based on normal results of laboratory studies. Physician A further reported that the Respondent administered Lupron to Patient A for a "non-existent endocrine problem," and that his evaluation was "excessive and not based on any evidence-based evaluation algorithms."

31. The Board designated Physician A's complaint as Board Case Number 2008-0454.

Board Case Number 2009-0308

32. On October 8, 2008, the Board received a complaint from the mother of a former patient of the Respondent ("Patient C, below). Patient C's mother ("Parent A") alleged that the Respondent's son, was her only contact at a May 19, 2008 appointment at Genetic Centers of America. Parent A knew both the Respondent and his son, having met them both at a July 2005 consultation. Parent A reported that the Respondent's son, after asking

very few questions regarding Patient C's medical history and symptoms, told her that her son seemed to be a "typical high-testosterone kid" whose growth would be stunted if his testosterone production continued at its current pace. Parent A reported that she and her son did not see the Respondent at this visit.

33. According to Parent A, the Respondent's son performed an ultrasound examination on Patient C, attempting to examine his neck and abdomen by tapping him with the ultrasound wand while Patient C was moving around the room. Parent A further reported that the Respondent's son ordered an extensive number of laboratory studies of Patient C, noting "insomnia" and "metabolic disorder" as diagnoses.

34. The Board designated Parent A's complaint as Board Case Number 2009-0308.

35. On October 26, 2010, the Board referred eleven (11) patient records, including those of Patients A and C, to a peer review organization for review of the Respondent's practice. The peer reviewers declined to offer an opinion in two (2) of the cases because the care provided was beyond the scope of their expertise.

36. On January 25, 2011, the Board received the results of the peer review.

Summary Statement in Support of Summary Suspension

The Respondent misdiagnosed autistic children with precocious puberty and other genetic abnormalities and treated them with potent hormonal therapy ("Lupron Therapy" or "Lupron Protocol"), and in some instances, chelation

therapy, both of which have a substantial risk of both short-term and long-term adverse side effects. The Respondent's treatment exposed the children to needless risk of harm.

The Respondent, in addition to being a physician, is certified as a genetic counselor. His assessment and treatment of autistic children, as described herein, however, far exceeds his qualifications and expertise.[18] The extensive and expensive batteries of laboratory studies the Respondent initially orders, many of which he orders to be repeated on a monthly basis, are outside the standard of quality care for a work-up for an autistic patient or to determine the underlying cause of autism. The Respondent failed to conduct adequate physical examinations of any of the patients and in several instances, began his

---

[18] The Respondent is often called upon by plaintiffs to provide expert testimony before the Court of Federal Claims and other tribunals regarding the causation of alleged vaccine-related injuries, including autism. Since 1993, his testimony has been called into question. *See e.g. Marascalco v. Sect'y HHS*, 1993 WL 277095 (Fed.Cl.) (holding that the Respondent's affidavit as "intellectually dishonest" and "nothing more than an egregious example of blatant, result-oriented testimony[.]"); *Raj v. Sect'y HHS*, 2001 WL 963985 (Fed.Cl.) (Respondent "wholly unqualified to testify regarding the two major issues in this case [whether plaintiff had sustained encephalopathy or infantile spasms as a result of a vaccination]..because he is neither board certified nor has formal training in pediatrics or pediatric neurology[;]"); *Bruesewitz v. Sect'y HHS*, 2002 WL 31965722 (Fed.Cl.)(rejecting the Respondent's affidavits and report as "not credible" because he was not qualified to diagnose neurological diseases); *Thompson v. Sect'y HHS*, 2003 WL 21439672 (Fed.Cl)(rejecting the Respondent's comments that statistical significance in data is not meaningful as being "speculative," "not reach[ing] the level of evidentiary reliability" and lacking "intellectual rigor;" *Piscopo v. Sect'y HHS*, 66 Fed.Cl. 49 (2005)(noting that the Respondent's opinions have been "increasingly criticized in other vaccine cases" for offering expert opinions outside of his areas of training, education and experience); *Doe 2 v. Ortho-Clinical Diagnostics, Inc.*, 440 F.Supp.2d 465, 471 – 2)(2006)(noting that "in more than 10 ...cases [before the National Vaccine Injury Compensation Program of the U.S. Court of Federal Claims], particularly in some of the more recent cases, [the Respondent]'s testimony has either been excluded or accorded little or no weight based upon a determination that he was testifying beyond his expertise." The *Doe 2* Court further held: "Moreover, [the Respondent]'s conclusion that the peer-reviewed literature he has relied upon supports his theory that autism can be caused by thimerosal is flatly contradicted by all of the epidemiological studies available at this time.") *Id.* at 474; *Redfoot v. B.F. Ascher & Co.*, 2007 WL 1593239 (N.D.Cal.)("there is no evidence that [the Respondent] has either the training or the background to diagnose autism or to treat autism in any child."); *Blackwell v. Wyeth*, 408 Md. 575 (2009)(Court of Appeals upheld trial court's exclusion of the Respondent as an expert in epidemiology, *inter alia*, because he was not qualified in that field).

Lupron Protocol based merely on a telephone consultation with the child's parent and the results of selected laboratory tests he ordered. The Respondent's omission of a comprehensive physical examination constitutes a danger because his treatment is based on a diagnosis that requires documentation of sexual development beyond that expected for the age of the child. Moreover, his treatment may constitute more of a risk to a child with an underlying medical condition.

The Respondent failed to provide adequate informed consent to the parents of the autistic children he treated. In one (1) instance, he misrepresented that his treatment protocol had been approved by a federally approved IRB.

There are no evidence-based studies to support either the Respondent's Lupron Protocol or his administration of chelation therapy to autistic children; he relies in large part on his own studies which have been wholly discredited by the Institute of Medicine and denounced by the American Academy of Pediatrics.

The Respondent's treatment of autistic children with his Lupron Protocol and chelation therapy is not limited to Maryland. Indeed, in a recent article in the *Chicago Tribune*, the Respondent stated his intent to open clinics all over the United States, "[w]e plan to open everywhere. I am going to treat as many as I can."[19],[20]

---

[19] Trine Tsoudersos, *"Miracle Drug" Called Junk Science*, Chicago Tribune, May 21, 2009.

[20] In a December 2008 note, the Respondent documented that he had informed Patient G's parents, who reside in Washington state, that he was opening an office in Seattle and provided them with information to schedule their next appointment at that location.

The Respondent endangers autistic children and exploits their parents by administering to the children a treatment protocol that has a known substantial risk of serious harm and which is neither consistent with evidence-based medicine nor generally accepted in the relevant scientific community.

VII. Patient-Specific Findings

Patient A

37. Patient A is a male born in October 1997. On June 11, 2007, an associate of Physician A referred Patient A to the Respondent for "genetic testing and counsel."

38. Patient A initially presented to the Respondent on June 11, 2007; Patient A was then nine (9) years, eight (8) months old. According to the Respondent's note, Patient A had been diagnosed with autism when he was four (4) years old, after receiving the usual childhood vaccinations and four (4) additional vaccinations required for entry to the United States.[21]

39. Patient A's mother completed an "Autism Treatment Evaluation Checklist" ("ATEC").[22] On the ATEC form, Patient A's mother reported, *inter alia* that self-injurious, aggressive and destructive behaviors were "not a problem" for Patient A.

40. The Respondent completed a "Neurodevelopmental Disorder Assessment" form at Patient A's initial visit. Notwithstanding Patient A's

[21] Patient A and his parents are not citizens of the United States.
[22] The ATEC is a listing of twenty-five (25) behaviors and abilities; the individual who completes the form is asked to indicate from three (3) descriptive phrases for each behavior that best describes the patient.

mother's report that aggression was not a problem with Patient A, the Respondent noted in the "Precious *(sic)* Puberty Evaluation" section of the form that Patient A, "bites and punches others; hits head with hands." The Respondent failed to document an adequate history of Patient A's aggressive behavior; for example, he failed to note the frequency of the behavior and under what circumstances it occurred.

41. The Respondent noted in the "genital development" section of the assessment form that Patient A was "very well endowed" – the Respondent did not document any further description of Patient A's secondary sexual characteristics or Tanner Stage,[23] nor did he otherwise document his examination of Patient A's genitals.

42. On an undated "Physician Examination" form, the Respondent noted merely: "no grossly dysmorphic features"[24] and "negative Wood's Lamp test."[25] With the exception of Patient A's height and weight, the Respondent did not document any other findings of his examination.

43. The Respondent ordered his standard laboratory battery of over 40 different sets of studies, including genetic and extensive endocrinology work-ups.[26]

---

[23] The Tanner Scale is the standard five-stage clinical system for describing normal pubertal development and variation.

[24] Dysmorphic features indicate possible early neurodevelopmental impairment, including autism.

[25] A Wood's lamp examination of the skin is one (1) component of the clinical evaluation of Tuberous Sclerosis Complex, a genetic disease which symptoms are sometimes similar to autism.

[26] Many of the laboratory studies that it was the Respondent's practice to order exceed the standard of care for the diagnosis of autism.

44. On September 25, 2007, the Respondent wrote a Letter of Medical Necessity to Patient A's insurance company to obtain authorization to commence Lupron therapy. The Respondent stated in pertinent part:

> I ordered laboratory testing on [Patient A] which showed that he has significantly increased testosterone metabolites in this blood and other related laboratory abnormalities... Based on these laboratory findings and my clinical findings that include beginning development of testes and penis and extremely aggressive behaviors including biting head banging *(sic)*, I have diagnosed [Patient A] with the medical condition of premature puberty and neurodevelopmental disorder. Additionally, I have concluded that [Patient A] also suffers from the related medical condition of pituitary dysfunction. I have concluded that for [Patient A] Lupron therapy is the appropriate and medically necessary treatment for his present medical conditions. It is my medical opinion that it is absolutely medically necessary that [Patient A] undergo Lupron therapy.

45. The Respondent misdiagnosed Patient A with premature puberty. Significantly, Patient A did not meet the age criteria for premature puberty.

46. In addition, the results of Patient A's laboratory studies do not support the Respondent's diagnosis. The Respondent reported that Patient A's testosterone metabolites were "significantly increased;" however, the results of Patient A's luteinizing hormone ("LH") were only marginally elevated, and his free testosterone and DHEA were within range for a ten (10) year old male.[27]

47. The Respondent failed to evaluate certain standard components to confirm his diagnosis of precocious puberty. The Respondent failed to document in a thorough and focused manner Patient A's medical history

[27] The Respondent included in the Medical Necessity Letter Patient A's cholesterol levels; these results are not relevant to a diagnosis of premature puberty.

and family history. He failed to take an x-ray of Patient A's left wrist to estimate physiologic age for comparison with Patient A's chronologic age. Although he ordered a CT scan of Patient A's head, the purpose of which would be to rule out a brain lesion, there is no indication that the scan was actually performed as Patient A's chart does not contain the results of such a procedure. In addition, the Respondent failed to confirm his diagnosis by obtaining Patient A's response to a GnRH stimulation test.[28]

48. On November 5, 2007, the Respondent started Patient A on Lupron therapy. The Respondent administered Lupron Pediatric ("Lupron") IM and noted that he, "taught Mom to give SQ 0.4 ml daily in a.m." The Respondent further noted that Patient A was to return in two (2) weeks for an IM Lupron injection and, "I future *(sic)* start Aldactone and if necessary chelation."

49. Aldactone (spironolactone) is used to treat, *inter alia,* hyperaldosternoism – the production of an excessive level of the hormone aldosterone, which regulates the amount of sodium and potassium in the body. The Respondent prescribes Aldactone "as a therapeutic intervention for increased oxidative stress/inflammation" in autistic patients.

50. On December 3, 2007, the Respondent began Aldactone and noted that he would consider "rectal DMPS if porphyrins[29] are still up."

---

[28] A GnRH stimulation test confirms a diagnosis of GnRH-independent precocious puberty when gonadotropin responses to exogenous GnRH are prepubertal in a patient with no tumor or other obvious cause of early sexual development. If the response is pubertal, central nervous system lesions must be excluded.

[29] The Respondent has reported that "[m]ercury toxicity [is] associated with elevations in urinary [porphyrins]...Porphyrins need to be routinely measured in ASDs to establish if mercury toxicity is a causative factor and to evaluate the effectiveness of chelation therapy." [Respondent's son]

51. The Respondent administered Lupron IM at the December 3, 2007 visit and prescribed melatonin and vitamin B-12 drops. He noted that Patient A was "doing well but still somewhat hyper."

52. At the December 3, 2007 visit, the Respondent also wrote a standing order for ten (10) sets of labs to be done on a monthly basis, as was his standard practice.

53. The Respondent continued Patient A on Lupron, both intramuscularly and subcutaneously through March 2008, when Patient A's family left the United States.

54. By letter dated January 3, 2008, Physician A notified Patient A's mother that he had cancelled his office's referral of Patient A to the Respondent. Physician A wrote in pertinent part:

> [The Respondent] incorrectly determined that [Patient A] has an endocrinological problem and is treating him for this. [The Respondent] is neither board certified in pediatrics or pediatric endocrinology. Because of this incorrect diagnosis and treatment I have canceled our referral to him[.]

55. By letter dated January 3, 2008, Physician A notified the Respondent that his office would no longer permit the Respondent to provide treatment to Patient A through Patient A's insurance company.

56. By letter dated January 3, 2008, Physician A notified Patient A's insurance company that he was canceling his referral because the Respondent was not qualified to treat Patient A and he "believe[d] his treatment has the possibility to harm this patient."

---

and M.R. Geier, *A prospective study of mercury toxicity biomarkers in autistic spectrum disorders.* J. Toxicolol. Environ Health A., 20 (2007).

57. On February 8, 2008, the Respondent noted that "Mom wants to begin Androcur to replace [Aldactone]."

58. On March 19, 2008, the Respondent noted that Patient A's parents were leaving the country and would not be able to afford IM Lupron, but would continue SQ Lupron and would "begin switch to Androcur."

59. Patient A and his mother last visited the Respondent on March 31, 2008. The Respondent noted that Patient A's mother said that Patient A was "much improved" that he observed progress. The Respondent noted that Patient A was to switch from IM Lupron to Androcur before the family leaves the United States permanently and told Patient A's mother to order Androcur from a Canadian mail order pharmacy. The Respondent also noted that Patient A was to undergo chelation with DMPS rectal suppositories and told his mother "not to do EDTA."[30]

60. The Respondent inaccurately diagnosed Patient A with precocious puberty. Patient A's age at the time of the Respondent's initial assessment disqualified him for the diagnosis. In addition, the results of the laboratory tests that the Respondent reported as abnormal to Patient A's insurance company for approval of Lupron therapy were either only slightly elevated or not part of the diagnostic battery (i.e. – cholesterol levels). The Respondent failed to conduct appropriate diagnostic tests such as GnRH and an x-ray of his left wrist to confirm his diagnosis. Patient A did not have high levels of mercury or any other heavy metal that would have warranted chelation therapy.

[30] EDTA is a chelating agent; it has not been approved by the FDA.

61. The Respondent treated Patient A with hormonal therapy and chelation therapy for conditions he did not have. These treatments do not meet the standard of quality care for treatment of autistic children; especially when the Respondent's diagnosis of precocious puberty is not substantiated by laboratory studies or clinical observations. The Respondent failed to provide adequate informed consent to Patient A's parents regarding the possible risks associated with both hormonal therapy and chelation. The Respondent needlessly exposed Patient A to the risk of harm because of his incorrect diagnosis.

Patient B

62. Patient B, a male, was six (6) years, one (1) month old when he was initially assessed by the Respondent. Patient B had been diagnosed with autism by practitioners other than the Respondent when he was two (2) years old.

63. Billing records indicate that Patient B and his family are residents of Tennessee. On March 22, 2006, they had an initial telephonic consultation with the Respondent.

64. The Respondent documented that Patient B had regressed after his twelve (12) month vaccinations, noting that Patient B was "zoned out, hyperactive, classic autistic."

65. Patient B's mother had completed the ATEC form on March 21, 2006 and had faxed it to the Respondent's office. She indicated that Patient B had significant problems with temper tantrums, hyperactivity, sleep problems

and stereotypic behaviors, but did not have self-injurious behaviors or aggression towards others.

66. On the Neurodevelopment Disorder Assessment form, the Respondent noted that Patient B was "very tall" without further explanation of growth spurts or the parents' heights. The Respondent documented that Patient B had no genital development without further explanation or description. In the Aggression section of the form, the Respondent noted "sometimes – squeeze, stomping."

67. In his initial consultation, the Respondent failed to document key components such as: the reason for the visit; the parents' current concerns; Patient B developmental status and a description of Patient B's behaviors and interactions. The Respondent also failed to document a diagnosis or treatment plan.

68. The Respondent initially ordered his standard battery of laboratory tests, including genetics testing, and extensive blood and urine testing. He then submitted to the laboratory a standing order for ten (10) sets of tests, to be conducted monthly.

69. The Respondent failed to assess Patient B's bone age, assess the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty.

70. The Respondent failed to document his diagnosis of precocious puberty except for noting the ICD-9 code[31] corresponding to that diagnosis on laboratory orders. (ICD Code 259.1)

71. At some point in time (the Respondent failed to document the date), the Respondent began Lupron therapy for Patient B. In addition to failing to document a diagnosis, the Respondent also failed to document his treatment rationale for prescribing hormonal therapy for Patient B.

72. An undated form entitled, "Geier Clinical Study Protocol" (the "Protocol") states that "absent any significant adverse reactions", IM Lupron would be administered monthly with daily SQ injections. The Respondent failed to describe the possible adverse reactions of Lupron therapy. The Protocol required patients to undergo monthly laboratory testing for: androgen levels (DHEA, DHEA-S, androstenedione and testosterone), glutathione levels, liver, kidney and thyroid function, as well as monthly CBC studies.

73. The Respondent started and discontinued chelation therapy throughout the period of review (through June 2010) even though the results of Patient B's heavy metal tests were normal. The Respondent failed to document his treatment rationale for chelation therapy.

74. The Respondent's notes of Patient B's visits are scant and do not include a physical or developmental examination of Patient B. There is no indication that the Respondent actually reviewed the periodic laboratory results or that he discussed them with Patient B's parents.

---

[31] The International Classification of Diseases- Ninth Revision provides alphanumeric designations assigned to every diagnosis, description of symptoms and cause of death.

75. Included in Patient B's chart are the Respondent's notes of affidavits and depositions taken in the law suit Patient B's parents had filed against Patient B's former primary care physician ("Physician B"). Patient B's parents contend that Physician B's administration of various vaccines to Patient B caused him to develop autism.

76. Also included in Patient B's chart is a copy of the Respondent's affidavit in the law suit, which he prepared in 2007.[32] Regarding his treatment of Patient B, the Respondent wrote:

> When a child has been injured by a vaccine containing thimerosal, the sooner the child is treated, the greater the possibility of removing or reducing the extent of the vaccine injury. This is apparent in [Patient B]'s case, since during the course of [Patient B]'s treatment I have used Lupron and chelation in an effort to detoxify the amount of damage to [Patient B] and he has improved; I am further of the professional opinion that [Patient B]'s improvement by administration of the Lupron and chelation evidences the fact that the vaccines containing thimerosal, wrongly administered by Defendants, directly and proximately caused [Patient B]'s injuries and damages, and his improvement by the reduction of the levels of androgens and mercury in this system evidences its destructive and injurious effect upon the child's brain, neurological, endocrine, gastroenterological and immunological systems.

77. Among the Respondent's criticisms of Physician B in the affidavit was Physician B's "failure to provide and secure the child's parents' informed consent." The Respondent continued:

> Medical ethics and informed consent requires that the patient [or parent or guardian]...be provided full disclosure of all alternatives, risks, precautions, benefits, side effects, and adverse results to the proposed medical treatment.

[32] The Respondent had not signed the copy of the affidavit contained in Patient B's chart. The month the document was prepared is not indicated.

78. In his affidavit, the Respondent noted that there was no signed medical authorization form in [Physician B]'s medical records. The Respondent opined that:

> [Physician B]'s failure to secure a signed medical authorization consent form before the administration of vaccinations to [Patient B] constituted a deviation from the standard of care and [Physician B]'s conduct did not conform to, and fell beneath, the recognized standard of acceptable professional practice that is customarily exercised by physicians who administer childhood vaccinations including...[pediatricians and internal medicine practitioners.]

79. The Respondent failed to secure written medical authorization forms from parents of any patient referenced in this document. In addition, the Respondent failed to provide and document that he provided adequate informed consent to any of the parents of the patients referenced herein.

Patient C

80. Patient C, was ten (10) years old when he was initially evaluated by the Respondent in July 2005. Patient C had been diagnosed as autistic at age three (3), having regressed in his development when he was two (2) years old.

81. At the initial visit, the Respondent noted Patient C's mother's reports that he sexually rubbed himself; upon examination he noted some hair development on his legs and arms. He also noted that Patient C had received a DPT[33] vaccination in France, after which he had a high fever.

82. Based on his interview with Patient C's mother and his observations of Patient C, the Respondent diagnosed him with unspecified developmental

[33] The abbreviation for diphtheria, pertussis (whooping cough) and tetanus.

delay, possible precocious puberty and possible childhood heavy metal exposure (mercury). The Respondent did not document a physical examination at this visit. The Respondent ordered his typical extensive laboratory studies. Patient C's mother did not follow-up on this visit.

83. Patient C's mother returned to the Respondent's office on May 19, 2008 because of the worsening of Patient C's aggressive behaviors. According to her complaint, the Respondent was not present during this office visit, She saw only his unlicensed son.

84. The note of the visit[34] indicates that "comprehensive" abdominal and thyroid ultrasounds were performed. Patient C's physical appearance is described as suggesting "advancement from his chronological age" and that he appeared to be "potentially significantly physically aggressive to himself and/or others."

85. A portion of the "Psychological Examination" section of the note states, "It is apparent based upon examination of the DSM-IV criteria that [Patient C]'s present symptoms are compatible with a diagnosis of pervasive developmental delay – not otherwise specific *(sic)*."

86. The Impression portion of the note states: 1) PDD-NOS, 2) Sleep problems (insomnia) and 3) Unspecified Metabolic Disorder. The plan was to prepare a laboratory work-up after which a follow-up consultation would be scheduled to discuss treatment. Twenty-six (26) laboratory studies are listed.

[34] The note was typed on a "Patient Interview Form." The Respondent's name is typed at the bottom of the report, it is neither signed nor initialed.

87. According to Patient C's mother's complaint, laboratory personnel were "flummoxed by the amount of blood needed for the tests" and she instructed them to draw only as much blood as was necessary to assay some genetic conditions, urine metals and porphyrins, the latter because the Respondent's son had emphasized their importance during the visit.

88. In late July 2008, Patient C's mother received two (2) statements from Genetic Consultants of Maryland. On the bills, charges appeared for four (4) separate dates (May 19, May 22, June 17 and June 18, 2009). A charge for "Prolonged Evaluation and Management" ($150.00 each) was billed for three (3) of the dates and "Psychiatric Diagnostic Interview and Exam" ($150.00) was billed for May 19, 2008.

89. Patient C's mother did not follow-up with the Respondent or his son regarding the 2008 visit.

90. At the 2005 visit, the Respondent incorrectly included precocious puberty in Patient C's differential diagnosis; at ten (10) years of age he did not qualify for that diagnosis.

91. At the 2008 visit, an extensive and unnecessary work-up was ordered that is not part of the standard of care to assess or treat autism. Patient C's aggressive behaviors were not adequately evaluated and assessed.

Patient D

92. Patient D, a female, was three (3) years and seven (7) months old when on May 20, 2008, the Respondent consulted with her mother by

telephone. According to the "Rule 26 Report"[35] the Respondent prepared after the consultation, he had been asked to "give an opinion, to a reasonable degree of medical probability, whether or not [Patient D]'s condition was caused by an identifiable genetic disorder."

93. The Respondent did not physically examine Patient D. His report was based on information provided by her mother and incomplete laboratory results.

94. In the report, the Respondent stated that he had not been able to identify a causal genetic condition because "several very important laboratory test *(sic)* that I have ordered have not yet been reported out....I will file a supplemental report discussing all of the remaining laboratory test results when they become available."

95. An expert report regarding genetic causation requires a full clinical examination because there are genetic conditions that cannot be identified by laboratory testing alone. The Respondent failed to conduct a physical examination of Patient D and had not planned to conduct one before submitting an expert report for possible use in federal litigation.

Patient E

96. Patient E, a female, was nine (9) years and three (3) months old when she initially presented to the Respondent on May 2, 2007.[36] According to the

[35] Federal Civil Procedure Rule 26 governs discovery in a federal case; Rule 26(b) sets out the requirements of an expert report.

[36] The vast majority of the Respondent's notes in the reviewed cases were handwritten and consisted of phrases. Several of Patient E's office notes were typed and consisted of lengthy narratives.

notes in Patient E's chart, she was diagnosed with autism at the age of two (2).

97. In the clinical examination portion of the initial note, the Respondent documented that Patient E "has significant evidence of premature puberty," citing her "obsessive masturbation behaviors" and describing her as "very bossy, persistent, aggressive and very strong." He failed to conduct an adequate physical examination; documenting only Patient E's height and weight. The Respondent noted that she had no grossly dysmorphic features and that the Woods Lamp examination was negative. He also performed an ultrasound of Patient E's thyroid and abdomen.

98. The Respondent described her developmental history and noted that, according to her mother, Patient E is hyperlexic, has acquired multiple languages and is able to type 130 words per minute.

99. In the May 2, 2007 note, the Respondent diagnosed Patient E with precocious puberty and neurodevelopmental disorder of unknown origin. His plan was to order a "specific battery of tests to evaluate her present medical condition for potential identification of the etiological basis of her present symptoms, and help design potential treatment protocol[.]"

100. On August 1, 2007, Patient E returned to the Respondent. The Respondent reviewed with her mother the results of laboratory results. He documented his assessment as follows: "[a]ssessment is that patient is presently suffering from premature puberty with associated pituitary dysfunction." The Respondent further noted *inter alia* that "the patient also

has evidence of exposure to heavy metals with elevated urinary nickel levels." Review of Patient E's laboratory studies reveals that her urinary nickel level was 9.1; however, the reference range has not been established. Patient E's nickel/creatinine ratio was slightly elevated (10.2; reference range = 0.0 – 9.9).

101. In the August 1, 2007 note, the Respondent documented that his treatment plan "is to start [Patient E] on Lupron IM and SQ therapy for treatment of her current clinical conditions...[i]n addition, patient will be monitored for continued exposure to heavy metals in urine (i.e. elevated nickel) to determine if future detoxification therapy is necessary.

102. On August 10, 2007, the Respondent completed a Prior Authorization Request for a Lupron Kit for Patient E; he noted Central Precocious Puberty as the diagnosis to support the request.

103. Over the next several months, Patient E's symptoms initially worsened and the Respondent increased her Lupron dosage. In October 2007, the Respondent noted that Patient E's Aldactone dosage had been increased; however, he neither documented when it was started nor the treatment rationale for adding it to Patient E's regimen.

104. Patient E's chart contains laboratory results through September 2009; however, the last note written by the Respondent is dated January 18, 2008 (the last previous note was dated November 7, 2007 and appears to document a telephone conversation with Patient E's mother). It is unclear

from the January 18, 2008 note whether it is documentation of an office visit or a telephone conversation.

105. In the January 18, 2008, note the Respondent failed to document a physical examination of Patient E. He noted that she was "doing well not wow on Diflucan." Diflucan (fluconazole) is an antifungal antibiotic, The Respondent failed to document either when he started Diflucan or his treatment rationale for adding it to Patient E's regimen.

106. The Respondent further documented that he was increasing Patient E's Lupron SQ dosage and was starting Methyl B12 drops, with no treatment rationale stated.

107. An entry in Patient E's "Phone Contact Sheet" indicates that as of April 2, 2010, the Respondent was continuing to prescribe Lupron and Leuprolide acetate to Patient E.

108. The Respondent failed to obtain and document that he had obtained informed consent from Patient E's mother at any time during Patient E's course of treatment with the Lupron protocol.

109. The Respondent misdiagnosed Patient E with precocious puberty and treated her with hormonal therapy that has a substantial risk of both short-term and long-term complications. Significantly, Patient E does not meet the diagnostic criteria for precocious puberty because she was older than eight (8) years old when she initially presented to him. In addition, the Respondent failed to assess Patient E's skeletal maturation by ordering an

x-ray of her left wrist and he failed to order a scan of her brain in order to rule out a tumor.

110. The Respondent's documentation of all visits after Patient E's initial visit is scant and inadequate. He failed to conduct a physical examination of Patient E at any time during her course of treatment.

111. The Respondent failed to document his treatment rationale for adding Aldactone and Diflucan to Patient E's regimen.

Patient F

112. Patient F, a female, was seven (7) years and nine (9) months old when she initially presented to the Respondent on March 10, 2008. Patient F had been diagnosed with autism at the age of three (3). The Respondent noted in his initial assessment: "[Patient F]'s mother reports that her daughter at twelve (12) months underwent a developmental regression after receiving MMR[37] vaccination...She slowly began to develop anxiety behaviors, OCD[38] behaviors and significantly lost words."

113. In the "Results of my Clinical Examination" section of the Respondent's initial assessment, he documented that Patient F has emerging breast buds and "has been showing early signs of menstruation for the past 3 months." The Respondent performed an ultrasound on Patient F's liver, kidney, spleen, adrenal glands and thyroid, the result of which were normal. He noted that she had no gross dysmorphic features. The

[37] The abbreviation for measles, mumps and rubella.
[38] The abbreviation for obsessive compulsive disorder.

Respondent failed to conduct and document a review of Patient F's systems.

114. The Respondent documented his impression that Patient F had a neurodevelopmental disorder of unknown origin. He ordered Patient F to undergo a "specific battery of tests [48 in all] to evaluate her present medical condition for potential identification of etiological basis of her present symptoms..."[39]

115. On May 7, 2008, the Respondent documented a telephone conversation with Patient F's mother. She advised that Patient F had significant breast development, developed pubic hair and significant facial hair. The Respondent noted: "Assessment is that [Patient F] is manifesting more significant symptoms of premature puberty." The Respondent deferred discussing treatment options until Patient F had undergone the laboratory testing as ordered.

116. On May 27, 2008, Patient F presented for review of her laboratory results. Based on the results, the Respondent noted that Patient F, "1) is in premature puberty with associated pituitary dysfunction; 2)...has low vitamin D; and 3) she has evidence of mitochondrial dysfunction." The Respondent started Patient F on Lupron IM and SQ and noted that she would continue with her current [Aldactone] and Carnitor dosing, the latter for mitochondrial dysfunction. The Respondent had not previously

[39] Patient E's chart contains her previous medical records from a physician in Washington, D.C. who specializes in the treatment of autism. In February 2009, one (1) month before Patient E presented to the Respondent, Patient E had undergone extensive laboratory testing. The tests ordered by the Respondent were the same as many of the tests ordered by Patient E's prior physician.

documented that Patient F was taking these medications, who had ordered them and the treatment rationale for them.

117. The Respondent also noted that he would "in future consider effects of Femara med prescribed by Dr. [C]." Femera is an oral non-steroidal aromatase inhibitor for treatment of hormonal-responsive breast cancer. The Respondent had not previously documented that Patient F was taking this medication.

118. The Respondent continued prescribing Lupron IM and SQ to Patient F throughout September 2008. During her course of treatment he added melatonin and methyl B12, and continued her Aldactone.

119. The Respondent misdiagnosed Patient F with precocious puberty and treated her with hormonal therapy that has a substantial risk of both short-term and long-term complications. Patient F did not meet the diagnostic criteria for precocious puberty because she was older than eight (8) years when she initially presented to him. The Respondent diagnosed Patient F with premature puberty in the absence of an appropriate examination. He failed to assess Patient F's bone age, assess the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty. He based his diagnosis in part on the results of several abnormal endocrine tests; however, it is not clear whether the tests were drawn while Patient F was on hormonal treatment with Femera, as the Respondent failed to document when this medication had been started. If

Patient F had been taking Femera, the result of the testing would have been invalid for a diagnosis of premature puberty.

120. The Respondent's documentation of visits/consultations after Patient F's initial visit was scant. He did not perform a physical examination during her course of treatment.

Patient G

121. Patient G, a male, was eight (8) years and three (3) months on March 28, 2008, the date of the Respondent's initial assessment. Billing records indicate that Patient G and his family reside in Washington State.

122. All but one (1) of the Respondent's notes regarding Patient G are "consultations," apparently by telephone. With the exception of one (1) office visit, there is no indication that the Respondent personally examined this patient, including at Patient G's initial assessment.

123. On the assessment form, the Respondent noted that Patient G had been exposed to mercury from "usual childhood vaccinations up to 3 y.o." and from a broken glass thermometer when he was "young." Patient G had been diagnosed at age three (3) with Pervasive Disability Disorder – Not Otherwise Specified ("PDD-NOS").[40]

124. On March 30, 2008, the Respondent ordered his usual battery of over forty (40) laboratory tests, noting the ICD code for "insomnia, unspecified" (780.52) as the diagnosis.[41]

---

[40] PDD is a diagnostic category that includes autism.

[41] Patient G's mother had noted on the ATEC form that sleep problems were a serious problem for her son.

125. The lab results indicated a low level of glutathione and high free testosterone.

126. On June 20, 2008, the Respondent documented his treatment plan for Patient G. The Respondent noted: "[t]he plan is to lower [Patient G]'s androgens and if possible raise his glutathione levels and improve his autistic symptoms." The Respondent started Lupron IM (biweekly) and SQ (daily). The Respondent noted that Patient G is "on Rx [prescription] of carnitor liquid, methyl B-12 drops and Aldactone." The Respondent wrote a prescription for these medications on May 23, 2008.[42]

127. The Respondent noted in the Treatment Plan that "[w]e may also need to add Androcur to his regiment *(sic)*." The Respondent failed to document in the Treatment Plan or thereafter his treatment rationale for adding a second anti-androgen to Patient G's regimen. He also noted that Patient G's body-burden of mercury would be monitored by "urinary porphyrin testing" to determine if chelation was necessary. The Respondent instructed Patient G's mother to keep a "detailed log" of Patient G's behaviors, as adjustments to Patient G's medications would be based on her observations and monthly laboratory testing.

128. The Respondent failed to document in his notes that he had diagnosed Patient G with precocious puberty. The only place this diagnosis appears is on a Standing Order Request (for monthly lab studies) on which the

[42] There is no indication that Patient G had been administered these medications prior to being treated by the Respondent.

Respondent wrote the ICD-9 diagnosis code for precocious puberty (259.1) among other diagnoses.

129. The Respondent failed to assess Patient G's bone age, assess the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty.

130. On October 31, 2008, the Respondent noted that Patient G's lab results revealed high normal androgen levels. The Respondent concluded that Patient G "is under-dosed with Lupron" and increased the dosage of Lupron SQ.

131. In Patient G's Treatment Plan, the Respondent further noted that, "patient has evidence of mercury-toxic encephalopathy with elevated mercury body-burden[,] [a]n informed consent decision was made to start rectal DMPS to lower mercury body-burden." Patient G's mother was to administer the suppositories "until urinary porphyrins are normalized." Notwithstanding the Respondent's statement regarding the "informed consent decision" to start chelation, the Respondent failed to document that he had discussed specific risk factors of chelation with Patient G's mother.

132. On December 9, 2008, the Respondent added Androcur (cyproterone), an antiandogen, to Patient G's regimen and continued all of his current medications, including Lupron.

133. On March 1, 2009, the Respondent documented that he had an "OV [office visit] with Mom" The Respondent documented Patient G's

temperature, pulse and respiration, but did not otherwise document that he conducted a physical examination. He noted "Puberty signs way ↓" without further description or explanation.

134. The Respondent's last note is dated May 19, 2009,[43] on which date he spoke to Patient G's mother by Skype. The Respondent documented that Patient G had been treated by another physician for "lympohypoplasia"[44] and was prescribed new medications. On this date, the Respondent increased Patient G's dosage of Lupron SQ but did not document his treatment rationale.

135. The Respondent prescribed chelation therapy, Lupron and Lupron in combination with Androcur to Patient G in the absence of informed consent. The Respondent failed to discuss potential risks of hormonal treatment with Patient G's parents.

136. The Respondent misdiagnosed Patient G with precocious puberty and treated him with hormonal therapy that has a substantial risk of both short-term and long-term complications.

Patient H

137. Patient H, a female, was eight (8) years and seven (7) months old on March 14, 2008 when she was initially assessed by the Respondent. Billing records indicate that Patient H and her family reside in Tennessee. The Respondent billed for a lengthy telephone call on this date; it is

[43] The results of Patient G's monthly laboratory studies through July 2009 are included in his chart.

[44] An inherited deficiency of the thymus gland characterized by enlarged lymph glands, adrenal dysfunction and susceptibility to infectious diseases.

apparent that the Respondent did not personally examine Patient H on the date of the initial assessment.

138. Patient H had been diagnosed with ASD at 23 months of age. The Respondent noted on Patient H's Neurodevelopmental Disorder Assessment form that she had regressed at nine (9) months of age after receiving hepatitis vaccinations. He also indicated that she may have had excessive environmental exposure to mercury based on her postal zip code. He noted that Patient H had fine hair on her legs and arms[45] and that breast buds were starting to appear.

139. The Respondent noted that Patient H had undergone 26 previous intravenous chelation treatments with glutathione, EDTA and DMPS, but had not had any treatments for the last four (4) weeks.[46]

140. The Respondent ordered his usual battery of 40 plus laboratory tests.

141. On June 23, 2008, Patient H presented to the Respondent's office to review the laboratory results and so that the Respondent could "suggest potential treatments." The Respondent documented Patient H's vital signs but he did not document a complete physical examination, nor did he document any clinical observations. The Respondent performed a Wood's Lamp test (negative for tuberous sclerosis) and ultrasound of Patient H's abdomen, neck and pelvis, the latter of which revealed ovarian follicles.

---

[45] This observation is irrelevant to the diagnosis of precocious puberty.
[46] He noted that Patient H had been treated by a DAN! (Defeat Autism Now!) trained physician.

142. In his June 23, 2008 note, the Respondent documented Patient H's lab results, including "↑ urinary porphyrins, low-normal carnitine levels, ↑ dyhydrortestosterone..." and assessed her with "toxic encephalopathy & associated ↑ body-burden of heavy metals, particular *(sic)* Hg [mercury], based on ↑ porphyrins." The Respondent also diagnosed mitochondrial dysfunction and noted *inter alia* that Patient H "had evidence of premature puberty with associated pituitary dysfunction [low] vitamin D levels and disturbance of sulfur-bearing amino acid SNPs in the MTHFR gene."[47]

143. The Respondent's treatment plan included: Lupron (IM and SQ) and Aldactone "for premature puberty;" Carnitor liquid for mitochondrial dysfunction, Vitamin D and melatonin. The Respondent also noted that chelation would be considered. The Respondent concluded: "Reviewed risks/benefits of meds and informed consent decision was made to start present meds." Patient H's chart does not contain a written informed consent form, nor any evidence that the Respondent discussed specific risk factors of chelation or hormonal therapy with Patient H's mother..

144. The Respondent inappropriately diagnosed Patient H with precocious puberty. Her pubertal development was well within age norms for girls in the United States. The Respondent prescribed hormonal therapy to her in the absence of medical justification; Patient H was too old either to be diagnosed with precocious puberty or to be prescribed medication for that condition. The Respondent failed to assess Patient H's bone age, assess

[47] SNP is the abbreviation for single-nucleotide polymorphism. MTHFR is an enzyme responsible for creating the circulating form of folate.

the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty.

145. The Respondent prescribed medication for carnitine deficiency in the absence of medical necessity. Patient H's carnitine level was within normal range.

146. The Respondent misdiagnosed Patient H with precocious puberty and treated her with hormonal therapy that has a substantial risk of both short-term and long-term complications.

Patient I

147. Patient I, a male, was nine and one-half (9½) years old when the Respondent initially assessed him. Patient I had been diagnosed with autism at the age of three (3).

148. Billing records indicate that Patient I and his family reside in Illinois. The Respondent initially assessed Patient I by telephone consultation on March 21, 2006.

149. On July 29, 2006, Patient I's mother signed a "Consent for Enrollment in the Geier Experimental Protocol for the Treatment of Regressive Autism." The Consent reads in pertinent part:

> 1. I request that my child be enrolled in the Geier Experimental Protocol for the treatment of regressive autism. The Institutional Review Board (IRB) of the Institute for Chronic Illnesses (Office for Human Research Protection, US Department of Health and Human Services IRB number: IRB00005375) has approved this study protocol.

150. The Consent states that the protocol uses Lupron to lower testosterone and notes that Lupron is an FDA-approved drug for precocious puberty and "other conditions where it is helpful to lower testosterone levels."

151. The Respondent did not diagnose Patient I with precocious puberty. On various lab order forms he wrote diagnoses for: congenital malformation syndrome affecting multiple systems, not elsewhere classified (ICD code – 758.89), disturbances of sulphur-bearing amino acid metabolism (ICD code – 270.4) and toxic encephalopathy (ICD code – 349.82).

152. The Respondent started Patient I on the Lupron protocol in August 2006.

153. Patient I's chart consists mostly of reports of monthly laboratory results. The majority of the Respondent's infrequent contacts with Patient I's family were by telephone. One (1) of two (2) office visits was documented on March 25, 2007 (on a Phone Contact Sheet). The Respondent noted that Patient I was "[d]oing very well." With the exception of noting that the Wood's Lamp examination was negative (except for toe fungus), the Respondent failed to document a physical examination or review of systems. The Respondent documented, "will do porphyrins – if indicated possible chelation."

154. On August 25, 2007, the Respondent documented that a follow-up (telephone) consultation with Patient I's father regarding his son's progress on DMPS suppositories. The Respondent failed to document when he had started chelation therapy. Patient I's father reported that Patient I was "having significant increased verbalizations. He has even

observed Patient I to say and identify father ("Papa") in context for the first time." "Papa" is the only word the Respondent documented Patient I as having said. The Respondent noted his assessment that "[Patient I] is continuing to respond well to the Lupron therapy and the DMPS is apparently accelerating the rate of [Patient I]'s attempts at verbalizations."

155. On February 10, 2008, an individual other than the Respondent noted on a Phone Contact Sheet that based on a consultation with Patient I's mother and a review of Patient I's record, Carnitor would be started. The Respondent failed to document his treatment rationale for starting Carnitor.

156. The last note in Patient I's record is dated February 26, 2009, his second office visit. The Respondent documented that complaints regarding Patient I's aggression at school were returning and that chelation had been stopped. At that time, Patient I's medications included: IM Lupron bi-weekly; daily Lupron SQ, DMPS suppositories; vitamin D and methyl B-12/folonic acid. The Respondent prescribed Diflucan but failed to document his treatment rationale.

VIII. The Respondent's ICI IRB fails to meet State and Federal regulations

157. The purpose of an IRB is to protect the interests of human research subjects. In Maryland, research using human subjects may not be conducted unless it is conducted in accordance with federal regulations. Md. Health Gen'l Code §13-2002(a) and (b). Federal regulations on the protection of human subjects is defined as Title 45, Part 46 of the Code of

Federal Regulations (the "Common Rule"). The Common Rule is the baseline standard of ethics to which the institution holds its researchers.

158. An IRB is a committee that monitors all human subject research in an institution to ensure the research is ethical in design and conforms to all federal regulations. One of the main concerns of the IRB is to minimize the risks of the research and to ensure that the researchers obtain sufficient informed consent that is appropriately documented.

159. The ICI IRB is registered with the Office for Human Research Protection ("OHRP"). The address for ICI is the Respondent's home address.

160. Because IRBs have the authority to suspend or terminate approval of research that is not being conducted in accordance with the ethical principles of the IRB, federal regulations provide that no IRB may have a member participating in the IRB's initial or continuing review of any project in which the member has a conflicting interest.

161. An IRB must consist of at least five (5) members. The ICI IRB's members include the Respondent, his son and the Respondent's wife. The ICI IRB is inconsistent with the requirement that a member should not have a conflict of interest in the research project.

162. The IRB noted in Patient I's "Consent for Enrollment in the Geier Experimental Protocol for the Treatment of Regressive Autism" (IRB00005375) was registered with OHRP; however, it is not linked to any OHRP assurance – the mechanism whereby the IRB commits to adhering to the ethical requirements of the Common Rule.

IX. The Respondent Misrepresented His Credentials

163. On November 6, 2007, in furtherance of the Board's investigation, Board staff interviewed the Respondent. During the interview, the Respondent stated that he was a board-certified geneticist and a board-certified epidemiologist. The Respondent stated that he had been board-certified in epidemiology in 2007.

164. An inquiry to the Certification Board of Infection Control and Epidemiology revealed that the Respondent is not board-certified in epidemiology.

165. On March 9, 2011, the Board issued a subpoena to the Respondent directing him to provide "any and all" documents to support his claim that he was board-certified in epidemiology and medical genetics.

166. By letter dated March 29, 2011, the Respondent, through counsel, submitted to the Board a "Fellowship Certificate" from the American College of Epidemiology ("ACE"). The ACE is a professional association whose policy on admission is "inclusiveness." An ACE fellow is not required to have a degree in epidemiology, a degree in a "related field" is sufficient.

167. The Respondent knew, or reasonably should have known, that he was not board-certified in epidemiology.

168. By letter dated March 29, 2011, the Respondent, through counsel, also submitted to the Board a certificate issued by the American Board of Medical Genetics on September 15, 1987 certifying the Respondent as a Genetic Counselor.

169. The term "genetic counselor" is not synonymous with "geneticist." A geneticist, or medical geneticist, is a physician who evaluates a patient for genetic conditions, which may include performing a physical examination and ordering tests. A genetic counselor is an individual with a masters degree who helps to educate the patient and provides an assessment of the risk of the condition recur in the family.

170. The Respondent knew, or reasonably should have known, that he was not a board-certified geneticist.

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226 (c) (2) (i) (2009 Repl. Vol.).

ORDER

Based on the foregoing, it is this 27th day of April, 2011, by a majority of the quorum of the Board:

ORDERED that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10, § 32.02.05.B (7) and E on the Summary Suspension has been scheduled for **Wednesday, May 11, 2011, at 10:00 a.m.,** at the Maryland State

Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

(1) the Respondent's original Maryland License D24250;

(2) the Respondent's current renewal certificate;

(3) the Respondent's Maryland Controlled Dangerous Substance Registration;

(4) all controlled dangerous substances in the Respondent's possession and/or practice;

(5) all Medical Assistance prescription forms;

(6) all prescription forms and pads in the Respondent's possession and/or practice; and

(7) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407 (2009 Repl. Vol.); and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

4/27/11
Date

Harry C. Knipp, M.D.
Vice Chair
Maryland State Board of Physicians

I HEREBY ATTEST AND CERTIFY UNDE
PENALTY OF PERJURY ON 6/6/11
THAT THE FORGOING DOCUMENT IS A
FULL, TRUE AND CORRECT COPY OF TI
ORIGINAL ON FILE IN MY OFFICE AND
IN MY LEGAL CUSTODY.

EXECUTIVE DIRECTOR
MARYLAND BOARD OF PHYSICIANS

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

June 5, 2012

Mark Robin Geier, M.D.
14 Redgate Court
Silver Spring, MD 20905

Dear Dr. Geier:

Enclosed please find an Affidavit of Publication from the Gazette of Politics and Business, which states that a legal notice was published on May 18, May 25, and June 1, 2012. The Notice is deemed served upon you on June 1, 2012, the last date of publication, according to Section 119.07, Ohio Revised Code.

Sincerely,

Barbara A. Jacobs
Senior Executive Staff Attorney

Enclosure

EXHIBIT
B

Gazette

Serving Maryland Communities for 40 Years
9030 Comprint Court - Gaithersburg, MD 20877 301-846-2108

STATE MEDICAL BOARD
OF OHIO

2012 MAY 21 PM 12: 45

5/17/12

This is to certify that the annexed advertisement of PUB NOTICE: MARK ROBIN GEIER, M.D. was published in a paper of record known as The Gazette of Politics and Business, a weekly subscription newspaper published in Montgomery and Frederick Counties, Maryland. The ad appeared once a week for 3 week(s), before 6/2/12.

Copy of Ad Attached
Ad Order Number: 051812B

Gazette Legal Advertising Department

Notary Carolyn M Humerick

My Commission Expires: 01/01/13

CAROLYN M. HUMERICK
NOTARY
PUBLIC
FREDERICK COUNTY, MD

NOTICE

TO: Mark Robin Geier, M.D.
14 Redgate Court
Silver Spring, MD 20905

The State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, OH 43215-6127

In the Matter of:
Mark Robin Geier, M.D.
Case No. 11-CRF-072

On July 14, 2011, the Ohio State Medical Board mailed a Notice of Opportunity for Hearing to Dr. Geier via certified mail, return receipt requested, at his last known address, 14 Redgate Court, Silver Spring, MD 20905. The Notice was returned to the Board marked "Not Deliverable as Addressed".

The notice states that the Ohio Medical Board intends to consider disciplinary action against Dr. Geier's application for a license to practice medicine and surgery in Ohio based on a prior action against Dr. Geier's license to practice medicine in Maryland. The foregoing would constitute a violation of Section 4731.22(B)(22), Ohio Revised Code.

Dr. Geier is entitled to a hearing in this matter if such hearing is requested within thirty (30) days of the last date of publication of this notice. Dr. Geier may appear at such hearing in person, by his attorney, or by such other representative permitted to practice before this agency, or he may present his position, arguments or contentions in writing. At the hearing, Dr. Geier may present evidence and examine witnesses appearing for or against him.

Any questions or correspondence should be addressed to:

Jackie Moore
Case Control Office
30 E. Broad Street, 3rd Floor
Columbus, OH 43215-6127

051812 (5-18, 5-25, 6-1-12)

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

July 13, 2011

Case number: 11-CRF- 072

Mark Robin Geier, M.D.
14 Redgate Court
Silver Spring, MD 20905

Dear Doctor Geier:

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) On or about January 5, 2009, you caused to be submitted to the Board an Application for Physician Licensure [License Application.] Your License Application remains pending.

(2) On or about April 27, 2011, the Maryland State Board of Physicians [Maryland Board] issued an Order for Summary Suspension of License to Practice Medicine [Summary Suspension] after it concluded that the public health, safety and welfare imperatively required emergency action in this case. The Maryland Board based its decision to issue the Summary Suspension upon a number of investigatory findings, including, *inter alia*, that you misdiagnosed autistic children with precocious puberty and other genetic abnormalities and treated them with potent hormonal therapy, and in some instances chelation therapy, thereby exposing the children to needless risk of harm; failed to conduct adequate physical examinations of any of the nine patients reviewed, and in some instances began a Lupron protocol based merely on a telephone consultation with the child's parent and selected laboratory test results; and failed to provide adequate informed consent to the parents of the autistic children you treated. Further, your Lupron protocol and/or administration of chelation therapy are not supported by evidence-based studies, and instead you

Mailed 7-14-11

rely on your own studies "which have been wholly discredited by the Institute of Medicine and denounced by the American Academy of Pediatrics."

A copy of the Summary Suspension is attached hereto and incorporated herein.

The Summary Suspension, as alleged in paragraph (1) above, constitutes "[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual's license to practice; acceptance of an individual's license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand," as that clause is used in Section 4731.22(B)(22), Ohio Revised Code, as in effect prior to May 20, 2011.

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.

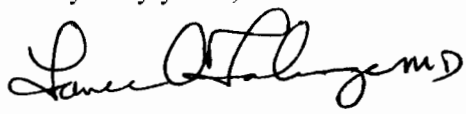
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at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

CERTIFIED MAIL #91 7199 9991 7030 3380 5481
RETURN RECEIPT REQUESTED

IN THE MATTER OF	*	**BEFORE THE**
MARK R. GEIER, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D24250		**Case Numbers: 2007-0083, 2008-0454 & 2009-0308**

* * * * * * * * * * * *

ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE MEDICINE

The Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of Mark R. Geier, M.D., (the "Respondent") (D.O.B. 05/03/1948), license number D24250, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Govt Code Ann. § 10-226(c)(2009 Repl. Vol.) concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:[1]

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on September 20,

[1] The statements regarding the Respondent's conduct are intended to provide the Respondent with notice of the basis of the suspension. They are not intended as, and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

1979. The Respondent also holds active licenses in the following states: California, Florida, Hawaii, Illinois, Indiana Kentucky, Missouri, New Jersey, Virginia and Washington.

2. The Respondent is certified by the American Board of Medical Genetics as a Genetic Counselor. In an interview with Board staff, the Respondent falsely claimed to be a board-certified geneticist and a board-certified epidemiologist. *See* Section IX, (Misrepresentation of Credentials).

I. The Respondent's Practice

3. The Respondent is president of Genetic Centers of America with offices located in Rockville and Owings Mills, Maryland. Genetic Consultants of Maryland, according to the Respondent, is "under the umbrella" of Genetic Centers of America. When interviewed by Board staff, the Respondent stated that his current practice includes genetic counseling of high-risk obstetric patients, evaluation of adults for risk of cancer and "genetic work-ups" of children with neuro-developmental disorders.

4. The Respondent also practices under the name "ASD Centers LLC." "ASD" is the abbreviation for Autism Spectrum Disorder. ASD Center, LLC's motto is, "First do no harm." The Respondent advertises the services provided by ASD as follows:

> The ASD Centers, LLC nationwide network, announces a new combined genetic, biochemical, heavy metal, and hormonal evaluation/treatment for patients diagnosed with an autism spectrum disorder (ASD). ASD Centers, LLC founder and medical director, Mark Geier, MD, PhD, FABMG,[2] FACE[3] has provided innovative genetic services

[2] FABMG is the abbreviation for Fellow of the American Board of Medical Genetics.
[3] FACE is the abbreviation for Fellow of the American College of Epidemiology.

for over 28 years, and is a leader in researching and helping to treat patients diagnosed with an ASD. The ASD Centers, LLC is excited to now offer innovative evaluation/treatment protocols, which have successfully helped over 500 patients diagnosed with ASD.

Researchers from Genetic Consultants studying the biochemistry of ASD have made a major break-through in the treatment of the disorder.

Evaluations of more than 600 patients diagnosed with an ASD have revealed most have clinical symptoms and laboratory results consistent with high testosterone (the male hormone) and other androgens.

Published peer reviewed clinical trials and treatment of over 300 patients diagnosed with an ASD showed significant clinical improvements following successful administration of testosterone lowering medications. This treatment resulted in rapid and remarkable improvements in autistic symptoms in many patients diagnosed with ASD with few adverse side effects.

5. In or around 2006, the Respondent established the Institute of Chronic Illness ("ICI") of which he is President. His son, an unlicensed individual,[4] is the "Founder and Vice-President" of the ICI. Both the Respondent and his son are members of the Institutional Review Board ("IRB") of ICI. The mission of an IRB is to protect the rights and welfare of human research subjects. One of the patients whose care was reviewed, Patient I, was enrolled in the "Geier Experimental Protocol" for the Treatment of Regressive Autism." The Consent Form states that the ICI IRB approved the study. As set forth in Section VIII below, the IRB fails to meet federal and State regulatory criteria.

[4] The Respondent's son has a Bachelor of Arts degree in biology from the University of Maryland Baltimore County,

II. The Respondent's Treatment Protocol

6. The Respondent treated autistic children in seven (7) of the nine (9) cases reviewed.[5] Autism is a heterogeneous syndrome with a broad range of behavioral symptoms and severity. These behavioral symptoms include but are not limited to: disorder of neural development characterized by markedly impaired social interaction, verbal and non-verbal communication and a pattern of restricted and repetitive behavior.[6]

7. In 2005, the Respondent and his son published in the journal *Medical Hypotheses*[7] an article entitled, *The potential importance of steroids in the treatment of autistic spectrum disorders*[8] *and other disorders involving mercury toxicity.* The Respondent wrote in pertinent part:

> Recently emerging evidence suggests that mercury, especially from childhood vaccines, appears to be a factor in the development of the autistic disorders, and that autistic children have higher than normal body-burdens of mercury. In considering mercury toxicity, it has previously been shown that testosterone significantly potentiates mercury toxicity, whereas estrogen is protective. ...We put forward the medical hypothesis that autistic disorders, in fact, represent a form of testosterone mercury toxicity, and based upon this observation, one can design novel treatments for autistics directed towards higher testosterone levels in autistic children....It is hoped that by devising therapies that address the steroid pathways, in addition to the current treatments

---

[5] The parent of Patient C, below, did not return after an initial assessment by an individual she identified as the Respondent's son. The Respondent's contact with Patient D was limited to review of laboratory test results to prepare an expert report for litigation.

[6] *See* American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition,* Diagnostic criteria for Autistic Disorder (299.0).

[7] *Medical Hypotheses* is a journal which, according to its Aims and Scope statement, publishes "interesting and important theoretical papers that foster the diversity and debate upon which the scientific process thrives...[it] exists today to give novel radical ideas and speculations in medicine open-minded consideration, opening the field to radical hypotheses which would be rejected by most conventional journals."

[8] The term 'autistic spectrum disorder' refers to a spectrum of conditions that includes autism and other conditions characterized by qualitative impairments of social communication and interaction.

> that successful *(sic)* lower heavy metal body burdens of mercury, *(sic)* will work synergistically to improve clinical outcomes.

8. In 2004, the National Academy of Science's Institute of Medicine ("IOM") [9] published a report entitled, "Immunization Safety Review – Vaccines and Autism." ("IOM Report") The IOM Report rejected a causal relationship between vaccines containing thimerosal, a preservative containing mercury, and autism.[10] The report specifically rejected the Respondent's and his son's studies that reported findings of such an association concluding, "the studies by Geier and Geier ...have serious methodological flaws and their analytic methods were nontransparent making their results uninterpretable, and therefore noncontributory with respect to causality."[11]

9. Notwithstanding the rejection of the Respondent's studies by the IOM, the Respondent developed a treatment protocol wherein autistic children are injected with anti-androgens, including Lupron (leuprolide), to decrease the amount of sex hormones the child's body produces. Under the Respondent's protocol, a child receives daily subcutaneous injections

---

[9] The National Academy of Science is a "private, nonprofit, self-perpetuating society of distinguished scholars, created by congressional charter in 1863 to advise the federal government on scientific and technical matters." *Blackwell v. Wyeth*, 408 MD 575, 597, fn17 (2009)(rejecting the Respondent's epidemiological studies purporting to show a causal link between thimerosal-containing vaccines and mercury because his "credentials as a medical doctor and genetic counselor are not a foundation sufficient for him to offer [such] an opinion...") *Id. at 605.* The *Blackwell* court noted that IOM reports "are highly regarded in the relevant scientific community, and their reliability has been recognized by numerous courts..." *Id.* at 604.

[10] In 2001, IOM published a report finding that evidence was "inadequate to accept or reject a causal relationship between exposure to thimerosal from childhood vaccines and the neurodevelopmental disorders of autism, ADHD and speech and language delay." As a precautionary measure, thimerosal was removed from all childhood vaccines in 2001.

[11] IOM Report at page 65, citing studies described at pages 55 – 62.

("SQ") of Lupron, typically administered by a parent, and bi-weekly intra-muscular ("IM") injections administered in the Respondent's office.

III. Lupron

10. Lupron is a potent anti-androgen; that is, it reduces the amount of testosterone the body produces.

11. It is used to treat adult males with metastatic prostate cancer and adult females with endometriosis and uterine fibroids.

12. Lupron is also used to chemically castrate sex offenders.

13. The only medically accepted use of Lupron in children is precocious (or "premature") puberty. In this context, Lupron delays the progression of puberty by inhibiting the release of the Gonadotropin Releasing Hormone ("GnRH"), which affects the development of ovaries and testicles. Lupron is not approved for the treatment of autism.

14. With regard to administering Lupron to autistic children, the Respondent has been quoted as saying, "If you want to call it a nasty name, call it chemical castration. If you want to call it something nice, say you are lowering testosterone."[12]

15. Adverse side effects of Lupron in children include, but are not limited to, risk of bone and heart damage. Lupron is not recommended for individuals with heart disease, kidney disease, asthma or seizure as it may worsen those conditions. Autistic children are prone to seizures. No clinical studies have been completed in children to assess the full reversibility of fertility suppression.

[12] Trine Tsouderos, *"Miracle Drug" Called Junk Science,* Chicago Tribune, May 21, 2009.

16. The Respondent was reported to have stated in a 2006 radio interview[13] that Lupron is "99% natural" and "if you give it to kids whose normal level of testosterone is zero, and you lower these kids to zero, there are virtually no side effects." The Respondent also stated: "If you demonstrate that a child has precocious puberty the treatment under mainline medicine, has been for 20 years, is Lupron. Now the only difference is that we get a side effect. The side effect is that they not only lose their precocious puberty, they lose a good deal of their autism."

17. The cost of Lupron therapy ranges from $5,000 to $6,000 a month. The Respondent has stated that health insurance covers the cost when precocious puberty is diagnosed.

IV. Precocious (premature) puberty

18. The Respondent misdiagnosed six (6) of the nine (9) autistic children whose care is reviewed herein with precocious puberty.

19. The American Academy of Pediatrics has defined precocious puberty as the onset of sexual maturation before age eight (8) in girls and age nine (9) in boys.[14]

20. Precocious puberty is a relatively rare condition. It may be caused by tumors, central nervous system injury or genetic abnormalities.

21. There are no evidence-based publications in the medical literature to support the use of hormonal treatment in children with autism. The

---

[13] June 23, 2006, Radio Liberty.

[14] The Respondent is aware of the age component of the precocious puberty diagnosis. In a 2007 Patent Application, his definition of precocious puberty included the age criterion. United States Patent Application 20070254314, Inventors: Mark .R. Geier & [son], *Methods of treating autism and autism spectrum disorders*, ¶0107 (Nov. 1, 2007)

Respondent relies on his own studies, which have been discredited by the IOM.

22. The standard of quality care for the treatment of precocious puberty begins with an accurate diagnosis. The standard of quality care for the diagnosis of precocious puberty, in addition to the age criteria, includes: an x-ray of the child's left hand and wrist to assess skeletal maturation and accelerated bone growth, the result of a sex hormone effect. Unless history and examination suggest an abnormality, no further evaluation is required for children with pubertal milestones that are within one (1) year of population standards.

23. When further evaluation is necessary, the standard of quality care requires: height and weight measurements; physical examination of genitalia (and breasts for girls); measurement of serum levels of gonadotropins and gonadal and adrenal steroids; pelvic and adrenal ultrasound to rule out a steroid-secreting tumor and a computed tomography ("CT") scan of the head to rule out an intracranial tumor.

V. Chelation

24. The Respondent has stated that precocious puberty in children with autism is the result of an excessive level of mercury in the child's blood. In the 2006 radio interview, the Respondent discussed his theory:

> If you look at these children, most of them have signs and symptoms of precocious puberty. That's what [my son] and I have discovered. We discovered that the mercury upsets the pathway that has to do with testosterone, and the testosterone pathway interacts with the glutathione pathway, which is the pathway for

> eliminating mercury. Most of these kids have precocious puberty and they can be treated...They have high testosterone, they masturbate at age six, they have mustaches, they're aggressive, and you can treat them by lowering their testosterone and removing mercury, and we've had unbelievable success...And a number of doctors now are joining us, but they would join us a lot better if the authorities would actually tell the truth about what happened to the children.

25. In some instances, the Respondent's treatment protocol includes chelation therapy. The Respondent prescribed chelation therapy to three (3) patients described herein and recommended it for three (3) patients. Chelation therapy is the administration of chelating agents to remove heavy metals from the body. For the most common forms of heavy metal intoxication – those involving lead, arsenic or mercury – the standard of care dictates the use of DSMA.[15] Chelation therapy is not risk-free; it is associated with potential adverse side effects such as bone marrow suppression, shock, low blood sugar, convulsions, cardiac arrhythmias, respiratory arrest, and liver and kidney failure, which can be fatal.

26. In the cases reviewed, the Respondent prescribed rectal DMPS[16] suppositories for chelation. DMPS is not approved by the U.S. Food and Drug Administration ("FDA") and is considered an experimental drug in the United States.

27. With regard to chelation therapy, the 2004 IOM Report states:

---

[15] The abbreviation for dimercaptosuccinic acid.

[16] The abbreviation for dimercapto-propane-sulfonic acid.

> [t]he committee found no scientific evidence ..that chelation is an effective therapy for ASD or is even indicated in these circumstances. Chelation therapy is currently indicated only for high-dose, acute mercury poisonings...Moreover, chelation therapy has serious risks; for example, some chelation therapies might cause the release of mercury from soft-tissue stores, thus leading to increased exposure of the nervous system to mercury. [citation omitted] **Because chelation therapy has potentially serious risks, the committee recommends that it be used only in carefully controlled research settings with appropriate oversight by Institutional Review Boards protecting the interests of the children who participate.**

2004 IOM Report at 149 (emphasis in original)

VI. Procedural History

Board Case Number 2007-0083[17]

28. On or about August 15, 2006, the Board received a written complaint from an individual who was neither a patient of the Respondent nor a parent of a patient. The complainant alleged that the Respondent promotes the use of Lupron as a treatment for autism in children. The complainant alleged that the Respondent, *inter alia*:

    a. Practices outside of the scope of his expertise and the prevailing standard of care for autism;

    b. Experimented on children without a rational scientific theory or the supervision of a qualified review board; and

    c. Failed to provide appropriate informed consent regarding the potential side effects of Lupron and similar drugs.

29. The Board designated this complaint as Board Case Number 2007-0083.

[17] The names of patients and other individuals discussed herein are confidential. The Respondent may obtain them from the Administrative Prosecutor.

Board Case Number 2008-0454

30. While conducting its investigation of Case Number 2007-0083, the Board, on or about January 15, 2008, received a complaint from a pediatrician ("Physician A") who had referred one of his patients ("Patient A," below) to the Respondent for genetic evaluation and counseling. Physician A complained that the Respondent performed an inappropriate evaluation, made an incorrect diagnosis and treated Patient A inappropriately. Specifically, Physician A reported that the Respondent, whom he noted is not board-certified in either pediatric medicine or pediatric endocrinology, misdiagnosed Patient A with an endocrinological problem based on normal results of laboratory studies. Physician A further reported that the Respondent administered Lupron to Patient A for a "non-existent endocrine problem," and that his evaluation was "excessive and not based on any evidence-based evaluation algorithms."

31. The Board designated Physician A's complaint as Board Case Number 2008-0454.

Board Case Number 2009-0308

32. On October 8, 2008, the Board received a complaint from the mother of a former patient of the Respondent ("Patient C, below). Patient C's mother ("Parent A") alleged that the Respondent's son, was her only contact at a May 19, 2008 appointment at Genetic Centers of America. Parent A knew both the Respondent and his son, having met them both at a July 2005 consultation. Parent A reported that the Respondent's son, after asking

very few questions regarding Patient C's medical history and symptoms, told her that her son seemed to be a "typical high-testosterone kid" whose growth would be stunted if his testosterone production continued at its current pace. Parent A reported that she and her son did not see the Respondent at this visit.

33. According to Parent A, the Respondent's son performed an ultrasound examination on Patient C, attempting to examine his neck and abdomen by tapping him with the ultrasound wand while Patient C was moving around the room. Parent A further reported that the Respondent's son ordered an extensive number of laboratory studies of Patient C, noting "insomnia" and "metabolic disorder" as diagnoses.

34. The Board designated Parent A's complaint as Board Case Number 2009-0308.

35. On October 26, 2010, the Board referred eleven (11) patient records, including those of Patients A and C, to a peer review organization for review of the Respondent's practice. The peer reviewers declined to offer an opinion in two (2) of the cases because the care provided was beyond the scope of their expertise.

36. On January 25, 2011, the Board received the results of the peer review.

Summary Statement in Support of Summary Suspension

The Respondent misdiagnosed autistic children with precocious puberty and other genetic abnormalities and treated them with potent hormonal therapy ("Lupron Therapy" or "Lupron Protocol"), and in some instances, chelation

therapy, both of which have a substantial risk of both short-term and long-term adverse side effects. The Respondent's treatment exposed the children to needless risk of harm.

The Respondent, in addition to being a physician, is certified as a genetic counselor. His assessment and treatment of autistic children, as described herein, however, far exceeds his qualifications and expertise.[18] The extensive and expensive batteries of laboratory studies the Respondent initially orders, many of which he orders to be repeated on a monthly basis, are outside the standard of quality care for a work-up for an autistic patient or to determine the underlying cause of autism. The Respondent failed to conduct adequate physical examinations of any of the patients and in several instances, began his

---

[18] The Respondent is often called upon by plaintiffs to provide expert testimony before the Court of Federal Claims and other tribunals regarding the causation of alleged vaccine-related injuries, including autism. Since 1993, his testimony has been called into question. *See e.g. Marascalco v. Sect'y HHS*, 1993 WL 277095 (Fed.Cl.) (holding that the Respondent's affidavit as "intellectually dishonest" and "nothing more than an egregious example of blatant, result-oriented testimony[.]"); *Raj v. Sect'y HHS*, 2001 WL 963985 (Fed.Cl.) (Respondent "wholly unqualified to testify regarding the two major issues in this case [whether plaintiff had sustained encephalopathy or infantile spasms as a result of a vaccination]..because he is neither board certified nor has formal training in pediatrics or pediatric neurology[;]"); *Bruesewitz v. Sect'y HHS*, 2002 WL 31965722 (Fed.Cl.)(rejecting the Respondent's affidavits and report as "not credible" because he was not qualified to diagnose neurological diseases); *Thompson v. Sect'y HHS*, 2003 WL 21439672 (Fed.Cl)(rejecting the Respondent's comments that statistical significance in data is not meaningful as being "speculative," "not reach[ing] the level of evidentiary reliability" and lacking "intellectual rigor;" *Piscopo v. Sect'y HHS*, 66 Fed.Cl. 49 (2005)(noting that the Respondent's opinions have been "increasingly criticized in other vaccine cases" for offering expert opinions outside of his areas of training, education and experience); *Doe 2 v. Ortho-Clinical Diagnostics, Inc.*, 440 F.Supp.2d 465, 471 – 2)(2006)(noting that "in more than 10 ...cases [before the National Vaccine Injury Compensation Program of the U.S. Court of Federal Claims], particularly in some of the more recent cases, [the Respondent]'s testimony has either been excluded or accorded little or no weight based upon a determination that he was testifying beyond his expertise." The *Doe 2* Court further held: "Moreover, [the Respondent]'s conclusion that the peer-reviewed literature he has relied upon supports his theory that autism can be caused by thimerosal is flatly contradicted by all of the epidemiological studies available at this time.") *Id.* at 474; *Redfoot v. B.F. Ascher & Co.*, 2007 WL 1593239 (N.D.Cal.)("there is no evidence that [the Respondent] has either the training or the background to diagnose autism or to treat autism in any child."); *Blackwell v. Wyeth*, 408 Md. 575 (2009)(Court of Appeals upheld trial court's exclusion of the Respondent as an expert in epidemiology, *inter alia*, because he was not qualified in that field).

Lupron Protocol based merely on a telephone consultation with the child's parent and the results of selected laboratory tests he ordered. The Respondent's omission of a comprehensive physical examination constitutes a danger because his treatment is based on a diagnosis that requires documentation of sexual development beyond that expected for the age of the child. Moreover, his treatment may constitute more of a risk to a child with an underlying medical condition.

The Respondent failed to provide adequate informed consent to the parents of the autistic children he treated. In one (1) instance, he misrepresented that his treatment protocol had been approved by a federally approved IRB.

There are no evidence-based studies to support either the Respondent's Lupron Protocol or his administration of chelation therapy to autistic children; he relies in large part on his own studies which have been wholly discredited by the Institute of Medicine and denounced by the American Academy of Pediatrics.

The Respondent's treatment of autistic children with his Lupron Protocol and chelation therapy is not limited to Maryland. Indeed, in a recent article in the *Chicago Tribune,* the Respondent stated his intent to open clinics all over the United States, "[w]e plan to open everywhere. I am going to treat as many as I can."[19],[20]

---

[19] Trine Tsoudersos, *"Miracle Drug" Called Junk Science*, Chicago Tribune, May 21, 2009.

[20] In a December 2008 note, the Respondent documented that he had informed Patient G's parents, who reside in Washington state, that he was opening an office in Seattle and provided them with information to schedule their next appointment at that location.

The Respondent endangers autistic children and exploits their parents by administering to the children a treatment protocol that has a known substantial risk of serious harm and which is neither consistent with evidence-based medicine nor generally accepted in the relevant scientific community.

VII. Patient-Specific Findings

Patient A

37. Patient A is a male born in October 1997. On June 11, 2007, an associate of Physician A referred Patient A to the Respondent for "genetic testing and counsel."

38. Patient A initially presented to the Respondent on June 11, 2007; Patient A was then nine (9) years, eight (8) months old. According to the Respondent's note, Patient A had been diagnosed with autism when he was four (4) years old, after receiving the usual childhood vaccinations and four (4) additional vaccinations required for entry to the United States.[21]

39. Patient A's mother completed an "Autism Treatment Evaluation Checklist" ("ATEC").[22] On the ATEC form, Patient A's mother reported, *inter alia* that self-injurious, aggressive and destructive behaviors were "not a problem" for Patient A.

40. The Respondent completed a "Neurodevelopmental Disorder Assessment" form at Patient A's initial visit. Notwithstanding Patient A's

[21] Patient A and his parents are not citizens of the United States.
[22] The ATEC is a listing of twenty-five (25) behaviors and abilities; the individual who completes the form is asked to indicate from three (3) descriptive phrases for each behavior that best describes the patient.

mother's report that aggression was not a problem with Patient A, the Respondent noted in the "Precious *(sic)* Puberty Evaluation" section of the form that Patient A, "bites and punches others; hits head with hands." The Respondent failed to document an adequate history of Patient A's aggressive behavior; for example, he failed to note the frequency of the behavior and under what circumstances it occurred.

41. The Respondent noted in the "genital development" section of the assessment form that Patient A was "very well endowed" – the Respondent did not document any further description of Patient A's secondary sexual characteristics or Tanner Stage,[23] nor did he otherwise document his examination of Patient A's genitals.

42. On an undated "Physician Examination" form, the Respondent noted merely: "no grossly dysmorphic features"[24] and "negative Wood's Lamp test."[25] With the exception of Patient A's height and weight, the Respondent did not document any other findings of his examination.

43. The Respondent ordered his standard laboratory battery of over 40 different sets of studies, including genetic and extensive endocrinology work-ups.[26]

---

[23] The Tanner Scale is the standard five-stage clinical system for describing normal pubertal development and variation.

[24] Dysmorphic features indicate possible early neurodevelopmental impairment, including autism.

[25] A Wood's lamp examination of the skin is one (1) component of the clinical evaluation of Tuberous Sclerosis Complex, a genetic disease which symptoms are sometimes similar to autism.

[26] Many of the laboratory studies that it was the Respondent's practice to order exceed the standard of care for the diagnosis of autism.

44. On September 25, 2007, the Respondent wrote a Letter of Medical Necessity to Patient A's insurance company to obtain authorization to commence Lupron therapy. The Respondent stated in pertinent part:

> I ordered laboratory testing on [Patient A] which showed that he has significantly increased testosterone metabolites in this blood and other related laboratory abnormalities... Based on these laboratory findings and my clinical findings that include beginning development of testes and penis and extremely aggressive behaviors including biting head banging *(sic)*, I have diagnosed [Patient A] with the medical condition of premature puberty and neurodevelopmental disorder. Additionally, I have concluded that [Patient A] also suffers from the related medical condition of pituitary dysfunction. I have concluded that for [Patient A] Lupron therapy is the appropriate and medically necessary treatment for his present medical conditions. It is my medical opinion that it is absolutely medically necessary that [Patient A] undergo Lupron therapy.

45. The Respondent misdiagnosed Patient A with premature puberty. Significantly, Patient A did not meet the age criteria for premature puberty.

46. In addition, the results of Patient A's laboratory studies do not support the Respondent's diagnosis. The Respondent reported that Patient A's testosterone metabolites were "significantly increased;" however, the results of Patient A's luteinizing hormone ("LH") were only marginally elevated, and his free testosterone and DHEA were within range for a ten (10) year old male.[27]

47. The Respondent failed to evaluate certain standard components to confirm his diagnosis of precocious puberty. The Respondent failed to document in a thorough and focused manner Patient A's medical history

[27] The Respondent included in the Medical Necessity Letter Patient A's cholesterol levels; these results are not relevant to a diagnosis of premature puberty.

and family history. He failed to take an x-ray of Patient A's left wrist to estimate physiologic age for comparison with Patient A's chronologic age. Although he ordered a CT scan of Patient A's head, the purpose of which would be to rule out a brain lesion, there is no indication that the scan was actually performed as Patient A's chart does not contain the results of such a procedure. In addition, the Respondent failed to confirm his diagnosis by obtaining Patient A's response to a GnRH stimulation test.[28]

48. On November 5, 2007, the Respondent started Patient A on Lupron therapy. The Respondent administered Lupron Pediatric ("Lupron") IM and noted that he, "taught Mom to give SQ 0.4 ml daily in a.m." The Respondent further noted that Patient A was to return in two (2) weeks for an IM Lupron injection and, "I future *(sic)* start Aldactone and if necessary chelation."

49. Aldactone (spironolactone) is used to treat, *inter alia,* hyperaldosternoism – the production of an excessive level of the hormone aldosterone, which regulates the amount of sodium and potassium in the body. The Respondent prescribes Aldactone "as a therapeutic intervention for increased oxidative stress/inflammation" in autistic patients.

50. On December 3, 2007, the Respondent began Aldactone and noted that he would consider "rectal DMPS if porphyrins[29] are still up."

---

[28]A GnRH stimulation test confirms a diagnosis of GnRH-independent precocious puberty when gonadotropin responses to exogenous GnRH are prepubertal in a patient with no tumor or other obvious cause of early sexual development. If the response is pubertal, central nervous system lesions must be excluded.

[29] The Respondent has reported that "[m]ercury toxicity [is] associated with elevations in urinary [porphyrins]...Porphyrins need to be routinely measured in ASDs to establish if mercury toxicity is a causative factor and to evaluate the effectiveness of chelation therapy." [Respondent's son]

51. The Respondent administered Lupron IM at the December 3, 2007 visit and prescribed melatonin and vitamin B-12 drops. He noted that Patient A was "doing well but still somewhat hyper."

52. At the December 3, 2007 visit, the Respondent also wrote a standing order for ten (10) sets of labs to be done on a monthly basis, as was his standard practice.

53. The Respondent continued Patient A on Lupron, both intramuscularly and subcutaneously through March 2008, when Patient A's family left the United States.

54. By letter dated January 3, 2008, Physician A notified Patient A's mother that he had cancelled his office's referral of Patient A to the Respondent. Physician A wrote in pertinent part:

> [The Respondent] incorrectly determined that [Patient A] has an endocrinological problem and is treating him for this. [The Respondent] is neither board certified in pediatrics or pediatric endocrinology. Because of this incorrect diagnosis and treatment I have canceled our referral to him[.]

55. By letter dated January 3, 2008, Physician A notified the Respondent that his office would no longer permit the Respondent to provide treatment to Patient A through Patient A's insurance company.

56. By letter dated January 3, 2008, Physician A notified Patient A's insurance company that he was canceling his referral because the Respondent was not qualified to treat Patient A and he "believe[d] his treatment has the possibility to harm this patient."

---

and M.R. Geier, *A prospective study of mercury toxicity biomarkers in autistic spectrum disorders.* J. Toxicolol. Environ Health A., 20 (2007).

57. On February 8, 2008, the Respondent noted that "Mom wants to begin Androcur to replace [Aldactone]."

58. On March 19, 2008, the Respondent noted that Patient A's parents were leaving the country and would not be able to afford IM Lupron, but would continue SQ Lupron and would "begin switch to Androcur."

59. Patient A and his mother last visited the Respondent on March 31, 2008. The Respondent noted that Patient A's mother said that Patient A was "much improved" that he observed progress. The Respondent noted that Patient A was to switch from IM Lupron to Androcur before the family leaves the United States permanently and told Patient A's mother to order Androcur from a Canadian mail order pharmacy. The Respondent also noted that Patient A was to undergo chelation with DMPS rectal suppositories and told his mother "not to do EDTA."[30]

60. The Respondent inaccurately diagnosed Patient A with precocious puberty. Patient A's age at the time of the Respondent's initial assessment disqualified him for the diagnosis. In addition, the results of the laboratory tests that the Respondent reported as abnormal to Patient A's insurance company for approval of Lupron therapy were either only slightly elevated or not part of the diagnostic battery (i.e. – cholesterol levels). The Respondent failed to conduct appropriate diagnostic tests such as GnRH and an x-ray of his left wrist to confirm his diagnosis. Patient A did not have high levels of mercury or any other heavy metal that would have warranted chelation therapy.

[30] EDTA is a chelating agent; it has not been approved by the FDA.

61. The Respondent treated Patient A with hormonal therapy and chelation therapy for conditions he did not have. These treatments do not meet the standard of quality care for treatment of autistic children; especially when the Respondent's diagnosis of precocious puberty is not substantiated by laboratory studies or clinical observations. The Respondent failed to provide adequate informed consent to Patient A's parents regarding the possible risks associated with both hormonal therapy and chelation. The Respondent needlessly exposed Patient A to the risk of harm because of his incorrect diagnosis.

Patient B

62. Patient B, a male, was six (6) years, one (1) month old when he was initially assessed by the Respondent. Patient B had been diagnosed with autism by practitioners other than the Respondent when he was two (2) years old.

63. Billing records indicate that Patient B and his family are residents of Tennessee. On March 22, 2006, they had an initial telephonic consultation with the Respondent.

64. The Respondent documented that Patient B had regressed after his twelve (12) month vaccinations, noting that Patient B was "zoned out, hyperactive, classic autistic."

65. Patient B's mother had completed the ATEC form on March 21, 2006 and had faxed it to the Respondent's office. She indicated that Patient B had significant problems with temper tantrums, hyperactivity, sleep problems

and stereotypic behaviors, but did not have self-injurious behaviors or aggression towards others.

66. On the Neurodevelopment Disorder Assessment form, the Respondent noted that Patient B was "very tall" without further explanation of growth spurts or the parents' heights. The Respondent documented that Patient B had no genital development without further explanation or description. In the Aggression section of the form, the Respondent noted "sometimes – squeeze, stomping."

67. In his initial consultation, the Respondent failed to document key components such as: the reason for the visit; the parents' current concerns; Patient B developmental status and a description of Patient B's behaviors and interactions. The Respondent also failed to document a diagnosis or treatment plan.

68. The Respondent initially ordered his standard battery of laboratory tests, including genetics testing, and extensive blood and urine testing. He then submitted to the laboratory a standing order for ten (10) sets of tests, to be conducted monthly.

69. The Respondent failed to assess Patient B's bone age, assess the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty.

70. The Respondent failed to document his diagnosis of precocious puberty except for noting the ICD-9 code[31] corresponding to that diagnosis on laboratory orders. (ICD Code 259.1)

71. At some point in time (the Respondent failed to document the date), the Respondent began Lupron therapy for Patient B. In addition to failing to document a diagnosis, the Respondent also failed to document his treatment rationale for prescribing hormonal therapy for Patient B.

72. An undated form entitled, "Geier Clinical Study Protocol" (the "Protocol") states that "absent any significant adverse reactions", IM Lupron would be administered monthly with daily SQ injections. The Respondent failed to describe the possible adverse reactions of Lupron therapy. The Protocol required patients to undergo monthly laboratory testing for: androgen levels (DHEA, DHEA-S, androstenedione and testosterone), glutathione levels, liver, kidney and thyroid function, as well as monthly CBC studies.

73. The Respondent started and discontinued chelation therapy throughout the period of review (through June 2010) even though the results of Patient B's heavy metal tests were normal. The Respondent failed to document his treatment rationale for chelation therapy.

74. The Respondent's notes of Patient B's visits are scant and do not include a physical or developmental examination of Patient B. There is no indication that the Respondent actually reviewed the periodic laboratory results or that he discussed them with Patient B's parents.

---

[31] The International Classification of Diseases- Ninth Revision provides alphanumeric designations assigned to every diagnosis, description of symptoms and cause of death.

75. Included in Patient B's chart are the Respondent's notes of affidavits and depositions taken in the law suit Patient B's parents had filed against Patient B's former primary care physician ("Physician B"). Patient B's parents contend that Physician B's administration of various vaccines to Patient B caused him to develop autism.

76. Also included in Patient B's chart is a copy of the Respondent's affidavit in the law suit, which he prepared in 2007.[32] Regarding his treatment of Patient B, the Respondent wrote:

> When a child has been injured by a vaccine containing thimerosal, the sooner the child is treated, the greater the possibility of removing or reducing the extent of the vaccine injury. This is apparent in [Patient B]'s case, since during the course of [Patient B]'s treatment I have used Lupron and chelation in an effort to detoxify the amount of damage to [Patient B] and he has improved; I am further of the professional opinion that [Patient B]'s improvement by administration of the Lupron and chelation evidences the fact that the vaccines containing thimerosal, wrongly administered by Defendants, directly and proximately caused [Patient B]'s injuries and damages, and his improvement by the reduction of the levels of androgens and mercury in this system evidences its destructive and injurious effect upon the child's brain, neurological, endocrine, gastroenterological and immunological systems.

77. Among the Respondent's criticisms of Physician B in the affidavit was Physician B's "failure to provide and secure the child's parents' informed consent." The Respondent continued:

> Medical ethics and informed consent requires that the patient [or parent or guardian]...be provided full disclosure of all alternatives, risks, precautions, benefits, side effects, and adverse results to the proposed medical treatment.

[32] The Respondent had not signed the copy of the affidavit contained in Patient B's chart. The month the document was prepared is not indicated.

78. In his affidavit, the Respondent noted that there was no signed medical authorization form in [Physician B]'s medical records. The Respondent opined that:

> [Physician B]'s failure to secure a signed medical authorization consent form before the administration of vaccinations to [Patient B] constituted a deviation from the standard of care and [Physician B]'s conduct did not conform to, and fell beneath, the recognized standard of acceptable professional practice that is customarily exercised by physicians who administer childhood vaccinations including...[pediatricians and internal medicine practitioners.]

79. The Respondent failed to secure written medical authorization forms from parents of any patient referenced in this document. In addition, the Respondent failed to provide and document that he provided adequate informed consent to any of the parents of the patients referenced herein.

Patient C

80. Patient C, was ten (10) years old when he was initially evaluated by the Respondent in July 2005. Patient C had been diagnosed as autistic at age three (3), having regressed in his development when he was two (2) years old.

81. At the initial visit, the Respondent noted Patient C's mother's reports that he sexually rubbed himself; upon examination he noted some hair development on his legs and arms. He also noted that Patient C had received a DPT[33] vaccination in France, after which he had a high fever.

82. Based on his interview with Patient C's mother and his observations of Patient C, the Respondent diagnosed him with unspecified developmental

[33] The abbreviation for diphtheria, pertussis (whooping cough) and tetanus.

delay, possible precocious puberty and possible childhood heavy metal exposure (mercury). The Respondent did not document a physical examination at this visit. The Respondent ordered his typical extensive laboratory studies. Patient C's mother did not follow-up on this visit.

83. Patient C's mother returned to the Respondent's office on May 19, 2008 because of the worsening of Patient C's aggressive behaviors. According to her complaint, the Respondent was not present during this office visit, She saw only his unlicensed son.

84. The note of the visit[34] indicates that "comprehensive" abdominal and thyroid ultrasounds were performed. Patient C's physical appearance is described as suggesting "advancement from his chronological age" and that he appeared to be "potentially significantly physically aggressive to himself and/or others."

85. A portion of the "Psychological Examination" section of the note states, "It is apparent based upon examination of the DSM-IV criteria that [Patient C]'s present symptoms are compatible with a diagnosis of pervasive developmental delay – not otherwise specific *(sic)*."

86. The Impression portion of the note states: 1) PDD-NOS, 2) Sleep problems (insomnia) and 3) Unspecified Metabolic Disorder. The plan was to prepare a laboratory work-up after which a follow-up consultation would be scheduled to discuss treatment. Twenty-six (26) laboratory studies are listed.

---

[34] The note was typed on a "Patient Interview Form." The Respondent's name is typed at the bottom of the report, it is neither signed nor initialed.

87. According to Patient C's mother's complaint, laboratory personnel were "flummoxed by the amount of blood needed for the tests" and she instructed them to draw only as much blood as was necessary to assay some genetic conditions, urine metals and porphyrins, the latter because the Respondent's son had emphasized their importance during the visit.

88. In late July 2008, Patient C's mother received two (2) statements from Genetic Consultants of Maryland. On the bills, charges appeared for four (4) separate dates (May 19, May 22, June 17 and June 18, 2009). A charge for "Prolonged Evaluation and Management" ($150.00 each) was billed for three (3) of the dates and "Psychiatric Diagnostic Interview and Exam" ($150.00) was billed for May 19, 2008.

89. Patient C's mother did not follow-up with the Respondent or his son regarding the 2008 visit.

90. At the 2005 visit, the Respondent incorrectly included precocious puberty in Patient C's differential diagnosis; at ten (10) years of age he did not qualify for that diagnosis.

91. At the 2008 visit, an extensive and unnecessary work-up was ordered that is not part of the standard of care to assess or treat autism. Patient C's aggressive behaviors were not adequately evaluated and assessed.

Patient D

92. Patient D, a female, was three (3) years and seven (7) months old when on May 20, 2008, the Respondent consulted with her mother by

telephone. According to the "Rule 26 Report"[35] the Respondent prepared after the consultation, he had been asked to "give an opinion, to a reasonable degree of medical probability, whether or not [Patient D]'s condition was caused by an identifiable genetic disorder."

93. The Respondent did not physically examine Patient D. His report was based on information provided by her mother and incomplete laboratory results.

94. In the report, the Respondent stated that he had not been able to identify a causal genetic condition because "several very important laboratory test *(sic)* that I have ordered have not yet been reported out....I will file a supplemental report discussing all of the remaining laboratory test results when they become available."

95. An expert report regarding genetic causation requires a full clinical examination because there are genetic conditions that cannot be identified by laboratory testing alone. The Respondent failed to conduct a physical examination of Patient D and had not planned to conduct one before submitting an expert report for possible use in federal litigation.

Patient E

96. Patient E, a female, was nine (9) years and three (3) months old when she initially presented to the Respondent on May 2, 2007.[36] According to the

[35] Federal Civil Procedure Rule 26 governs discovery in a federal case; Rule 26(b) sets out the requirements of an expert report.

[36] The vast majority of the Respondent's notes in the reviewed cases were handwritten and consisted of phrases. Several of Patient E's office notes were typed and consisted of lengthy narratives.

notes in Patient E's chart, she was diagnosed with autism at the age of two (2).

97. In the clinical examination portion of the initial note, the Respondent documented that Patient E "has significant evidence of premature puberty," citing her "obsessive masturbation behaviors" and describing her as "very bossy, persistent, aggressive and very strong." He failed to conduct an adequate physical examination; documenting only Patient E's height and weight. The Respondent noted that she had no grossly dysmorphic features and that the Woods Lamp examination was negative. He also performed an ultrasound of Patient E's thyroid and abdomen.

98. The Respondent described her developmental history and noted that, according to her mother, Patient E is hyperlexic, has acquired multiple languages and is able to type 130 words per minute.

99. In the May 2, 2007 note, the Respondent diagnosed Patient E with precocious puberty and neurodevelopmental disorder of unknown origin. His plan was to order a "specific battery of tests to evaluate her present medical condition for potential identification of the etiological basis of her present symptoms, and help design potential treatment protocol[.]"

100. On August 1, 2007, Patient E returned to the Respondent. The Respondent reviewed with her mother the results of laboratory results. He documented his assessment as follows: "[a]ssessment is that patient is presently suffering from premature puberty with associated pituitary dysfunction." The Respondent further noted *inter alia* that "the patient also

has evidence of exposure to heavy metals with elevated urinary nickel levels." Review of Patient E's laboratory studies reveals that her urinary nickel level was 9.1; however, the reference range has not been established. Patient E's nickel/creatinine ratio was slightly elevated (10.2; reference range = 0.0 – 9.9).

101. In the August 1, 2007 note, the Respondent documented that his treatment plan "is to start [Patient E] on Lupron IM and SQ therapy for treatment of her current clinical conditions...[i]n addition, patient will be monitored for continued exposure to heavy metals in urine (i.e. elevated nickel) to determine if future detoxification therapy is necessary.

102. On August 10, 2007, the Respondent completed a Prior Authorization Request for a Lupron Kit for Patient E; he noted Central Precocious Puberty as the diagnosis to support the request.

103. Over the next several months, Patient E's symptoms initially worsened and the Respondent increased her Lupron dosage. In October 2007, the Respondent noted that Patient E's Aldactone dosage had been increased; however, he neither documented when it was started nor the treatment rationale for adding it to Patient E's regimen.

104. Patient E's chart contains laboratory results through September 2009; however, the last note written by the Respondent is dated January 18, 2008 (the last previous note was dated November 7, 2007 and appears to document a telephone conversation with Patient E's mother). It is unclear

from the January 18, 2008 note whether it is documentation of an office visit or a telephone conversation.

105. In the January 18, 2008, note the Respondent failed to document a physical examination of Patient E. He noted that she was "doing well not wow on Diflucan." Diflucan (fluconazole) is an antifungal antibiotic, The Respondent failed to document either when he started Diflucan or his treatment rationale for adding it to Patient E's regimen.

106. The Respondent further documented that he was increasing Patient E's Lupron SQ dosage and was starting Methyl B12 drops, with no treatment rationale stated.

107. An entry in Patient E's "Phone Contact Sheet" indicates that as of April 2, 2010, the Respondent was continuing to prescribe Lupron and Leuprolide acetate to Patient E.

108. The Respondent failed to obtain and document that he had obtained informed consent from Patient E's mother at any time during Patient E's course of treatment with the Lupron protocol.

109. The Respondent misdiagnosed Patient E with precocious puberty and treated her with hormonal therapy that has a substantial risk of both short-term and long-term complications. Significantly, Patient E does not meet the diagnostic criteria for precocious puberty because she was older than eight (8) years old when she initially presented to him. In addition, the Respondent failed to assess Patient E's skeletal maturation by ordering an

x-ray of her left wrist and he failed to order a scan of her brain in order to rule out a tumor.

110. The Respondent's documentation of all visits after Patient E's initial visit is scant and inadequate. He failed to conduct a physical examination of Patient E at any time during her course of treatment.

111. The Respondent failed to document his treatment rationale for adding Aldactone and Diflucan to Patient E's regimen.

Patient F

112. Patient F, a female, was seven (7) years and nine (9) months old when she initially presented to the Respondent on March 10, 2008. Patient F had been diagnosed with autism at the age of three (3). The Respondent noted in his initial assessment: "[Patient F]'s mother reports that her daughter at twelve (12) months underwent a developmental regression after receiving MMR[37] vaccination...She slowly began to develop anxiety behaviors, OCD[38] behaviors and significantly lost words."

113. In the "Results of my Clinical Examination" section of the Respondent's initial assessment, he documented that Patient F has emerging breast buds and "has been showing early signs of menstruation for the past 3 months." The Respondent performed an ultrasound on Patient F's liver, kidney, spleen, adrenal glands and thyroid, the result of which were normal. He noted that she had no gross dysmorphic features. The

[37] The abbreviation for measles, mumps and rubella.
[38] The abbreviation for obsessive compulsive disorder.

Respondent failed to conduct and document a review of Patient F's systems.

114. The Respondent documented his impression that Patient F had a neurodevelopmental disorder of unknown origin. He ordered Patient F to undergo a "specific battery of tests [48 in all] to evaluate her present medical condition for potential identification of etiological basis of her present symptoms..."[39]

115. On May 7, 2008, the Respondent documented a telephone conversation with Patient F's mother. She advised that Patient F had significant breast development, developed pubic hair and significant facial hair. The Respondent noted: "Assessment is that [Patient F] is manifesting more significant symptoms of premature puberty." The Respondent deferred discussing treatment options until Patient F had undergone the laboratory testing as ordered.

116. On May 27, 2008, Patient F presented for review of her laboratory results. Based on the results, the Respondent noted that Patient F, "1) is in premature puberty with associated pituitary dysfunction; 2)...has low vitamin D; and 3) she has evidence of mitochondrial dysfunction." The Respondent started Patient F on Lupron IM and SQ and noted that she would continue with her current [Aldactone] and Carnitor dosing, the latter for mitochondrial dysfunction. The Respondent had not previously

[39] Patient E's chart contains her previous medical records from a physician in Washington, D.C. who specializes in the treatment of autism. In February 2009, one (1) month before Patient E presented to the Respondent, Patient E had undergone extensive laboratory testing. The tests ordered by the Respondent were the same as many of the tests ordered by Patient E's prior physician.

documented that Patient F was taking these medications, who had ordered them and the treatment rationale for them.

117. The Respondent also noted that he would "in future consider effects of Femara med prescribed by Dr. [C]." Femera is an oral non-steroidal aromatase inhibitor for treatment of hormonal-responsive breast cancer. The Respondent had not previously documented that Patient F was taking this medication.

118. The Respondent continued prescribing Lupron IM and SQ to Patient F throughout September 2008. During her course of treatment he added melatonin and methyl B12, and continued her Aldactone.

119. The Respondent misdiagnosed Patient F with precocious puberty and treated her with hormonal therapy that has a substantial risk of both short-term and long-term complications. Patient F did not meet the diagnostic criteria for precocious puberty because she was older than eight (8) years when she initially presented to him. The Respondent diagnosed Patient F with premature puberty in the absence of an appropriate examination. He failed to assess Patient F's bone age, assess the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty. He based his diagnosis in part on the results of several abnormal endocrine tests; however, it is not clear whether the tests were drawn while Patient F was on hormonal treatment with Femera, as the Respondent failed to document when this medication had been started. If

Patient F had been taking Femera, the result of the testing would have been invalid for a diagnosis of premature puberty.

120. The Respondent's documentation of visits/consultations after Patient F's initial visit was scant. He did not perform a physical examination during her course of treatment.

Patient G

121. Patient G, a male, was eight (8) years and three (3) months on March 28, 2008, the date of the Respondent's initial assessment. Billing records indicate that Patient G and his family reside in Washington State.

122. All but one (1) of the Respondent's notes regarding Patient G are "consultations," apparently by telephone. With the exception of one (1) office visit, there is no indication that the Respondent personally examined this patient, including at Patient G's initial assessment.

123. On the assessment form, the Respondent noted that Patient G had been exposed to mercury from "usual childhood vaccinations up to 3 y.o." and from a broken glass thermometer when he was "young." Patient G had been diagnosed at age three (3) with Pervasive Disability Disorder – Not Otherwise Specified ("PDD-NOS").[40]

124. On March 30, 2008, the Respondent ordered his usual battery of over forty (40) laboratory tests, noting the ICD code for "insomnia, unspecified" (780.52) as the diagnosis.[41]

---

[40] PDD is a diagnostic category that includes autism.

[41] Patient G's mother had noted on the ATEC form that sleep problems were a serious problem for her son.

125. The lab results indicated a low level of glutathione and high free testosterone.

126. On June 20, 2008, the Respondent documented his treatment plan for Patient G. The Respondent noted: "[t]he plan is to lower [Patient G]'s androgens and if possible raise his glutathione levels and improve his autistic symptoms." The Respondent started Lupron IM (biweekly) and SQ (daily). The Respondent noted that Patient G is "on Rx [prescription] of carnitor liquid, methyl B-12 drops and Aldactone." The Respondent wrote a prescription for these medications on May 23, 2008.[42]

127. The Respondent noted in the Treatment Plan that "[w]e may also need to add Androcur to his regiment *(sic)*." The Respondent failed to document in the Treatment Plan or thereafter his treatment rationale for adding a second anti-androgen to Patient G's regimen. He also noted that Patient G's body-burden of mercury would be monitored by "urinary porphyrin testing" to determine if chelation was necessary. The Respondent instructed Patient G's mother to keep a "detailed log" of Patient G's behaviors, as adjustments to Patient G's medications would be based on her observations and monthly laboratory testing.

128. The Respondent failed to document in his notes that he had diagnosed Patient G with precocious puberty. The only place this diagnosis appears is on a Standing Order Request (for monthly lab studies) on which the

[42] There is no indication that Patient G had been administered these medications prior to being treated by the Respondent.

Respondent wrote the ICD-9 diagnosis code for precocious puberty (259.1) among other diagnoses.

129. The Respondent failed to assess Patient G's bone age, assess the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty.

130. On October 31, 2008, the Respondent noted that Patient G's lab results revealed high normal androgen levels. The Respondent concluded that Patient G "is under-dosed with Lupron" and increased the dosage of Lupron SQ.

131. In Patient G's Treatment Plan, the Respondent further noted that, "patient has evidence of mercury-toxic encephalopathy with elevated mercury body-burden[,] [a]n informed consent decision was made to start rectal DMPS to lower mercury body-burden." Patient G's mother was to administer the suppositories "until urinary porphyrins are normalized." Notwithstanding the Respondent's statement regarding the "informed consent decision" to start chelation, the Respondent failed to document that he had discussed specific risk factors of chelation with Patient G's mother.

132. On December 9, 2008, the Respondent added Androcur (cyproterone), an antiandogen, to Patient G's regimen and continued all of his current medications, including Lupron.

133. On March 1, 2009, the Respondent documented that he had an "OV [office visit] with Mom" The Respondent documented Patient G's

temperature, pulse and respiration, but did not otherwise document that he conducted a physical examination. He noted "Puberty signs way ↓" without further description or explanation.

134. The Respondent's last note is dated May 19, 2009,[43] on which date he spoke to Patient G's mother by Skype. The Respondent documented that Patient G had been treated by another physician for "lympohypoplasia"[44] and was prescribed new medications. On this date, the Respondent increased Patient G's dosage of Lupron SQ but did not document his treatment rationale.

135. The Respondent prescribed chelation therapy, Lupron and Lupron in combination with Androcur to Patient G in the absence of informed consent. The Respondent failed to discuss potential risks of hormonal treatment with Patient G's parents.

136. The Respondent misdiagnosed Patient G with precocious puberty and treated him with hormonal therapy that has a substantial risk of both short-term and long-term complications.

Patient H

137. Patient H, a female, was eight (8) years and seven (7) months old on March 14, 2008 when she was initially assessed by the Respondent. Billing records indicate that Patient H and her family reside in Tennessee. The Respondent billed for a lengthy telephone call on this date; it is

[43] The results of Patient G's monthly laboratory studies through July 2009 are included in his chart.

[44] An inherited deficiency of the thymus gland characterized by enlarged lymph glands, adrenal dysfunction and susceptibility to infectious diseases.

apparent that the Respondent did not personally examine Patient H on the date of the initial assessment.

138. Patient H had been diagnosed with ASD at 23 months of age. The Respondent noted on Patient H's Neurodevelopmental Disorder Assessment form that she had regressed at nine (9) months of age after receiving hepatitis vaccinations. He also indicated that she may have had excessive environmental exposure to mercury based on her postal zip code. He noted that Patient H had fine hair on her legs and arms[45] and that breast buds were starting to appear.

139. The Respondent noted that Patient H had undergone 26 previous intravenous chelation treatments with glutathione, EDTA and DMPS, but had not had any treatments for the last four (4) weeks.[46]

140. The Respondent ordered his usual battery of 40 plus laboratory tests.

141. On June 23, 2008, Patient H presented to the Respondent's office to review the laboratory results and so that the Respondent could "suggest potential treatments." The Respondent documented Patient H's vital signs but he did not document a complete physical examination, nor did he document any clinical observations. The Respondent performed a Wood's Lamp test (negative for tuberous sclerosis) and ultrasound of Patient H's abdomen, neck and pelvis, the latter of which revealed ovarian follicles.

---

[45] This observation is irrelevant to the diagnosis of precocious puberty.
[46] He noted that Patient H had been treated by a DAN! (Defeat Autism Now!) trained physician.

142. In his June 23, 2008 note, the Respondent documented Patient H's lab results, including "↑ urinary porphyrins, low-normal carnitine levels, ↑ dyhydrortestosterone..." and assessed her with "toxic encephalopathy & associated ↑ body-burden of heavy metals, particular *(sic)* Hg [mercury], based on ↑ porphyrins." The Respondent also diagnosed mitochondrial dysfunction and noted *inter alia* that Patient H "had evidence of premature puberty with associated pituitary dysfunction [low] vitamin D levels and disturbance of sulfur-bearing amino acid SNPs in the MTHFR gene."[47]

143. The Respondent's treatment plan included: Lupron (IM and SQ) and Aldactone "for premature puberty;" Carnitor liquid for mitochondrial dysfunction, Vitamin D and melatonin. The Respondent also noted that chelation would be considered. The Respondent concluded: "Reviewed risks/benefits of meds and informed consent decision was made to start present meds." Patient H's chart does not contain a written informed consent form, nor any evidence that the Respondent discussed specific risk factors of chelation or hormonal therapy with Patient H's mother..

144. The Respondent inappropriately diagnosed Patient H with precocious puberty. Her pubertal development was well within age norms for girls in the United States. The Respondent prescribed hormonal therapy to her in the absence of medical justification; Patient H was too old either to be diagnosed with precocious puberty or to be prescribed medication for that condition. The Respondent failed to assess Patient H's bone age, assess

[47] SNP is the abbreviation for single-nucleotide polymorphism. MTHFR is an enzyme responsible for creating the circulating form of folate.

the child's growth velocity or order a GnRH test to confirm the presumptive diagnosis of precocious puberty.

145. The Respondent prescribed medication for carnitine deficiency in the absence of medical necessity. Patient H's carnitine level was within normal range.

146. The Respondent misdiagnosed Patient H with precocious puberty and treated her with hormonal therapy that has a substantial risk of both short-term and long-term complications.

Patient I

147. Patient I, a male, was nine and one-half (9½) years old when the Respondent initially assessed him. Patient I had been diagnosed with autism at the age of three (3).

148. Billing records indicate that Patient I and his family reside in Illinois. The Respondent initially assessed Patient I by telephone consultation on March 21, 2006.

149. On July 29, 2006, Patient I's mother signed a "Consent for Enrollment in the Geier Experimental Protocol for the Treatment of Regressive Autism." The Consent reads in pertinent part:

> 1. I request that my child be enrolled in the Geier Experimental Protocol for the treatment of regressive autism. The Institutional Review Board (IRB) of the Institute for Chronic Illnesses (Office for Human Research Protection, US Department of Health and Human Services IRB number: IRB00005375) has approved this study protocol.

150. The Consent states that the protocol uses Lupron to lower testosterone and notes that Lupron is an FDA-approved drug for precocious puberty and "other conditions where it is helpful to lower testosterone levels."

151. The Respondent did not diagnose Patient I with precocious puberty. On various lab order forms he wrote diagnoses for: congenital malformation syndrome affecting multiple systems, not elsewhere classified (ICD code – 758.89), disturbances of sulphur-bearing amino acid metabolism (ICD code – 270.4) and toxic encephalopathy (ICD code – 349.82).

152. The Respondent started Patient I on the Lupron protocol in August 2006.

153. Patient I's chart consists mostly of reports of monthly laboratory results. The majority of the Respondent's infrequent contacts with Patient I's family were by telephone. One (1) of two (2) office visits was documented on March 25, 2007 (on a Phone Contact Sheet). The Respondent noted that Patient I was "[d]oing very well." With the exception of noting that the Wood's Lamp examination was negative (except for toe fungus), the Respondent failed to document a physical examination or review of systems. The Respondent documented, "will do porphyrins – if indicated possible chelation."

154. On August 25, 2007, the Respondent documented that a follow-up (telephone) consultation with Patient I's father regarding his son's progress on DMPS suppositories. The Respondent failed to document when he had started chelation therapy. Patient I's father reported that Patient I was "having significant increased verbalizations. He has even

observed Patient I to say and identify father ("Papa") in context for the first time." "Papa" is the only word the Respondent documented Patient I as having said. The Respondent noted his assessment that "[Patient I] is continuing to respond well to the Lupron therapy and the DMPS is apparently accelerating the rate of [Patient I]'s attempts at verbalizations."

155. On February 10, 2008, an individual other than the Respondent noted on a Phone Contact Sheet that based on a consultation with Patient I's mother and a review of Patient I's record, Carnitor would be started. The Respondent failed to document his treatment rationale for starting Carnitor.

156. The last note in Patient I's record is dated February 26, 2009, his second office visit. The Respondent documented that complaints regarding Patient I's aggression at school were returning and that chelation had been stopped. At that time, Patient I's medications included: IM Lupron bi-weekly; daily Lupron SQ, DMPS suppositories; vitamin D and methyl B-12/folonic acid. The Respondent prescribed Diflucan but failed to document his treatment rationale.

VIII. The Respondent's ICI IRB fails to meet State and Federal regulations

157. The purpose of an IRB is to protect the interests of human research subjects. In Maryland, research using human subjects may not be conducted unless it is conducted in accordance with federal regulations. Md. Health Gen'l Code §13-2002(a) and (b). Federal regulations on the protection of human subjects is defined as Title 45, Part 46 of the Code of

Federal Regulations (the "Common Rule"). The Common Rule is the baseline standard of ethics to which the institution holds its researchers.

158. An IRB is a committee that monitors all human subject research in an institution to ensure the research is ethical in design and conforms to all federal regulations. One of the main concerns of the IRB is to minimize the risks of the research and to ensure that the researchers obtain sufficient informed consent that is appropriately documented.

159. The ICI IRB is registered with the Office for Human Research Protection ("OHRP"). The address for ICI is the Respondent's home address.

160. Because IRBs have the authority to suspend or terminate approval of research that is not being conducted in accordance with the ethical principles of the IRB, federal regulations provide that no IRB may have a member participating in the IRB's initial or continuing review of any project in which the member has a conflicting interest.

161. An IRB must consist of at least five (5) members. The ICI IRB's members include the Respondent, his son and the Respondent's wife. The ICI IRB is inconsistent with the requirement that a member should not have a conflict of interest in the research project.

162. The IRB noted in Patient I's "Consent for Enrollment in the Geier Experimental Protocol for the Treatment of Regressive Autism" (IRB00005375) was registered with OHRP; however, it is not linked to any OHRP assurance – the mechanism whereby the IRB commits to adhering to the ethical requirements of the Common Rule.

IX. The Respondent Misrepresented His Credentials

163. On November 6, 2007, in furtherance of the Board's investigation, Board staff interviewed the Respondent. During the interview, the Respondent stated that he was a board-certified geneticist and a board-certified epidemiologist. The Respondent stated that he had been board-certified in epidemiology in 2007.

164. An inquiry to the Certification Board of Infection Control and Epidemiology revealed that the Respondent is not board-certified in epidemiology.

165. On March 9, 2011, the Board issued a subpoena to the Respondent directing him to provide "any and all" documents to support his claim that he was board-certified in epidemiology and medical genetics.

166. By letter dated March 29, 2011, the Respondent, through counsel, submitted to the Board a "Fellowship Certificate" from the American College of Epidemiology ("ACE"). The ACE is a professional association whose policy on admission is "inclusiveness." An ACE fellow is not required to have a degree in epidemiology, a degree in a "related field" is sufficient.

167. The Respondent knew, or reasonably should have known, that he was not board-certified in epidemiology.

168. By letter dated March 29, 2011, the Respondent, through counsel, also submitted to the Board a certificate issued by the American Board of Medical Genetics on September 15, 1987 certifying the Respondent as a Genetic Counselor.

169. The term "genetic counselor" is not synonymous with "geneticist." A geneticist, or medical geneticist, is a physician who evaluates a patient for genetic conditions, which may include performing a physical examination and ordering tests. A genetic counselor is an individual with a masters degree who helps to educate the patient and provides an assessment of the risk of the condition recur in the family.

170. The Respondent knew, or reasonably should have known, that he was not a board-certified geneticist.

CONCLUSION OF LAW

Based on the foregoing facts, the Board concludes that the public health, safety or welfare imperatively require emergency action in this case, pursuant to Md. State Gov't Code Ann. § 10-226 (c) (2) (i) (2009 Repl. Vol.).

ORDER

Based on the foregoing, it is this 27th day of April, 2011, by a majority of the quorum of the Board:

ORDERED that pursuant to the authority vested by Md. State Gov't Code Ann., § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland be and is hereby **SUMMARILY SUSPENDED**; and be it further

ORDERED that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10, § 32.02.05.B (7) and E on the Summary Suspension has been scheduled for **Wednesday, May 11, 2011**, at **10:00 a.m.**, at the Maryland State

Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215-0095; and be it further

ORDERED that at the conclusion of the **SUMMARY SUSPENSION** hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days an evidentiary hearing, such hearing to be held within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and be it further

ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's Compliance Analyst, the following items:

(1) the Respondent's original Maryland License D24250;

(2) the Respondent's current renewal certificate;

(3) the Respondent's Maryland Controlled Dangerous Substance Registration;

(4) all controlled dangerous substances in the Respondent's possession and/or practice;

(5) all Medical Assistance prescription forms;

(6) all prescription forms and pads in the Respondent's possession and/or practice; and

(7) Any and all prescription pads on which his name and DEA number are imprinted; and be it further

ORDERED that a copy of this Order of Summary Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407 (2009 Repl. Vol.); and be it further

ORDERED that this is a Final Order of the Board and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*

4/27/11
Date

Harry C. Knipp, M.D.
Vice Chair
Maryland State Board of Physicians

I HEREBY ATTEST AND CERTIFY UNDE
PENALTY OF PERJURY ON 6/6/11
THAT THE FORGOING DOCUMENT IS A
FULL, TRUE AND CORRECT COPY OF TI
ORIGINAL ON FILE IN MY OFFICE AND
IN MY LEGAL CUSTODY.

EXECUTIVE DIRECTOR
MARYLAND BOARD OF PHYSICIANS