

THE SOUTH DAKOTA BOARD OF
MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF SOUTH
DAKOTA PHYSICIAN
ASSISTANT LICENSE #0484
ISSUED TO
ANTHONY G. PETERS, PA-C

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* STIPULATION ON
* AGREED DISPOSTION
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WHEREAS, Anthony G. Peters, PA-C, herein referred to as "Mr. Peters", is the holder of South Dakota physician assistant license #0484, and he agrees and understands that the South Dakota Board of Medical and Osteopathic Examiners, herein referred to as "the Board" has jurisdiction of the parties and subject matter herein,

WHEREAS, Mr. Peters self-reported to the Investigative Review Panel that in 2008, he suffered a relapse of his depression and engaged in the use of alcohol, he voluntarily entered and completed an outpatient drug and alcohol treatment program, and consulted with a licensed South Dakota physician and was treated for depression,

WHEREAS, Mr. Peters authorized the release of the results to the Board, of his re-evaluation for possible alcohol dependence by Community Counseling Services signed on July 7, 2009; which reported that "DSM IV Primary Diagnosis: No Diagnosis or Condition V71.09", and

WHEREAS, Mr. Peters, waives any and all rights, administrative and judicial, that he may enjoy pursuant to SDCL Chapter 1-26 or SDCL Chapter 36-4A and in order for Mr. Peters to maintain active licensure in South Dakota, he and his attorney, if he has one, along with the Investigative Review Panel and the Board member appointed in this investigation, agree to the following conditions:

1. He shall continue minimum of one appointment per year treatment with his MD or DO psychiatrist, approved in advance by the Board and he shall take all necessary steps and provide all necessary authorizations so the psychiatrist provides to the Board an annual report regarding his treatment, progress and status. This report should come to the Board each January or immediately if a problem does arise. In the event that his psychiatrist can no longer provide evaluation and treatment, he shall immediately obtain another MD or DO psychiatrist approved in advance by the Board, or the Board will exercise its authority to appoint another psychiatrist. The reporting requirements will remain the same
2. He shall obtain a mental health provider approved in advance by the Board which could be an MD, DO, psychologist, physician assistant, or certified nurse practitioner for more regular and frequent appointments of a minimum of one time per month. He shall take all necessary steps and provide all necessary authorizations so the mental health provider provides to the Board an annual report regarding his treatment, progress and status. This report should come to the Board each January or

immediately if a problem does arise. In the event that his mental health provider can no longer provide evaluation and treatment, he shall immediately obtain another mental health provider approved in advance by the Board, or the Board will exercise its authority to appoint another mental health provider. The reporting requirements will remain the same.

3. He shall obtain a licensed counselor approved in advance by the Board and shall meet with this provider at least every three weeks until such time as he and this provider submit a written request to modify the meeting schedule, and the request is approved by the Board. He shall take all necessary steps and provide all necessary authorizations so licensed counselor provides to the Board an annual report regarding his treatment, progress and status. This report should come to the Board each January or immediately if a problem does arise. In the event that his licensed counselor can no longer provide evaluation and treatment, he shall immediately obtain another licensed counselor approved in advance by the Board, or the Board will exercise its authority to appoint another licensed counselor. The reporting requirements will remain the same
4. He shall not self-prescribe, dispense, or administer any medications, dietary supplements, or medication samples for his personal use, or for use by his family, friends, relatives, or for any other person who is not a legitimate, documented patient. He shall only use medications or dietary supplements that are prescribed, dispensed, administered, or recommended to him by his primary healthcare provider and/or mental health provider for legitimate purposes which shall be documented in his medical records.
5. He shall sign releases upon request authorizing the Board to obtain his medical or mental health records from any treating professional or facility.
6. Upon request by the Board, he shall submit to further evaluation by any agency approved by the Board for cause shown.
7. He understands that in the event that the Board is reasonably satisfied that he has breached any of the terms and/or conditions of this agreement, his license shall be immediately suspended and a hearing will be convened at a mutually agreed upon date and time so that he can show cause why his license should not be revoked.
8. If Mr. Peters believes that any of the conditions and restrictions placed upon his license are ambiguous or need additional clarification, he shall mail a written request thereof to the executive director as soon as practicable.

WHEREAS, Mr. Peters agrees to all the conditions contained herein, and he understands that this STIPULATION ON AGREED DISPOSITION is a public

record that shall be reported to all agencies as deemed necessary by the Board,

WHEREAS, Mr. Peters agrees that the Stipulation on Agreed Disposition is valid and enforceable pending final review at the next Board meeting,

WHEREAS, Mr. Peters understands and agrees that a Stipulation on Agreed Disposition by the Board will be required, and he further understands and agrees that the Board has discretion to approve, modify or reject the Stipulation on Agreed Disposition, or to make adjustments in the future as it deems necessary, and that should modifications or adjustments be necessary, they shall be made in writing, and

WHEREAS, Mr. Peters understands that he has the right to have his attorney review this document; however, if no attorney signs this document, Mr. Peters understands that he has waived this right.

Dated this 16th day of October, 2009.

The South Dakota Board of Medical and Osteopathic Examiners

By Margaret B. Hansen Date: 10-16-09
Margaret B. Hansen
Executive Director

Anthony G. Peters Date 10-16-09
Anthony G. Peters, PA-C

waived Date 10-16-09
Attorney for Mr. Peters

H. Adrian Mohr Date 10-16-09
Witness: H. Adrian Mohr, Board Investigator

THE SOUTH DAKOTA BOARD
OF
MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE SOUTH
DAKOTA BOARD OF MEDICAL
AND OSTEOPATHIC EXAMINERS
LICENSE #0484 ISSUED TO
ANTHONY G. PETERS, PA-C

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ORDER TO APPROVE
STIPULATION
ON AGREED DISPOSITION

WHEREAS, Anthony G. Peters, PA-C, met with members of the Board's Investigative Review Panel on October 16, 2009, and
WHEREAS, the Board has jurisdiction of the parties and subject matter herein, and
WHEREAS, Mr. Peters agrees to comply with the conditions contained in the Stipulation on Agreed Disposition which he voluntarily signed on October 16, 2009.

THEREFORE, IT IS HEREBY ORDERED that conditions are placed on Mr. Peter's physician assistant license #0484 in order for him to maintain an active license, and that the Stipulation on Agreed Disposition is approved in its entirety.

Dated this 19th day of October, 2009.

SOUTH DAKOTA BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS

By Margaret B. Hansen
Margaret B. Hansen
Executive Director, SDBMOE