

to require the MHPSP to provide quarterly reports of his testing and progress to SDHPAP, and additionally he will provide his authorization to require the SDHPAP to provide quarterly reports of his testing and progress to the Board.

2. He shall maintain complete and permanent abstinence from alcohol, and he shall refrain from taking any mind-altering substances unless prescribed by a licensed healthcare provider for legitimate medical purposes.
3. He shall attend at least three (3) AA meetings per week and provide a quarterly log of the attendance dates to the Board.
4. He shall provide authorization to his healthcare provider to submit bi-annual progress reports regarding his treatment for depression to the SDHPAP and the Board, and he will notify SDHPAP and the Board regarding any changes in healthcare providers.
5. He understands that if he violates any conditions of this agreement, his license shall be immediately suspended for at least one year without the necessity of a hearing.
6. He understands that he is on probation for five (5) years after which time he may petition the Board for an unrestricted license. He further understands that the Board has the authority to approve, modify or refuse such request.
7. He agrees that his practice is restricted to forty (40) hours per week.
8. He agrees that any physicians listed on his practice agreements shall not prescribe any type of medication for him or serve as his healthcare providers.
9. He agrees to provide written notification to the Board should he leave the state, and he understands that time spent outside the state of South Dakota does not apply to length of time outlined in this Stipulation and Agreement. He further understands that should he desire to again practice in South Dakota, he shall notify the Board and he shall enter into a new Stipulation and Agreement prior to engaging in practice.

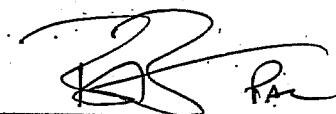
WHEREAS, Mr. Baschnagel agrees to the conditions contained herein, and he understands that this STIPULATION AND AGREEMENT is a public record that will be reported to all agencies as deemed necessary by the Board, and

WHEREAS, Mr. Baschnagel agrees that the Stipulation and Agreement is valid and enforceable pending final review at the next Board meeting, and

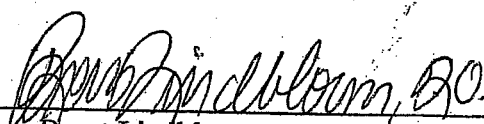
WHEREAS, the Board has the authority to approve, modify, or reject this agreement, and if this agreement is modified or rejected by the Board, Mr. Baschnagel agrees that a new Stipulation and Agreement shall be required to be approved in order to maintain his licensure and practice, and

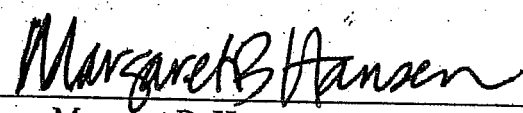
WHEREAS, Mr. Baschnagel understands that he has the right to have an attorney review this document; however, if no attorney signs this document, Mr. Baschnagel understands that he waives this right.

Dated this 3 day of Dec., 2008.

By: 
Brian Baschnagel

By: _____
Attorney for Mr. Baschnagel (if applicable)

Signed By: 
Brent Lindbloom, DO
Board Member Investigator

Signed By: 
Margaret B. Hansen
Executive Director

STATE OF SOUTH DAKOTA } S.S.
MINNEHAHA COUNTY }
I hereby certify that the foregoing
instrument is a true and correct copy
of the original as the same appears
on the record in my office.

Executive Secretary
By: MBH by JTO
Date: 5-6-09