

THE SOUTH DAKOTA BOARD OF
MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE REINSTATEMENT *
OF SOUTH DAKOTA BOARD OF MEDICAL * STIPULATION
AND OSTEOPATHIC EXAMINERS LICENSE * ON AGREED
#0386 TO TIMOTHY LARSON, PHYSICIAN * DISPOSITION
ASSISTANT *

WHEREAS, Timothy Larson, PA-C, herein referred to as "Mr. Larson", was the holder of South Dakota Physician Assistant license #0386 issued by the South Dakota Board of Medical and Osteopathic Examiners, hereinafter referred to as "the Board", and

WHEREAS, the Board has jurisdiction of the parties and subject matter herein, and

WHEREAS, Mr. Larson met with members of the Board's Investigative Review Panel on November 20, 2008, and agreed to the voluntary suspension of his license due to his abuse of alcohol, and

WHEREAS, Mr. Larson enrolled in the South Dakota Health Professionals Assistance Program (SD HPAP), and he has complied with all the requirements, and he has maintained his sobriety and been subject to testing and monitoring, and on June 4, 2009, he achieved six (6) months of continuous sobriety, validated by SD HPAP, and

WHEREAS, Mr. Larson met with the members of the Board's Investigative Review Panel on June 30, 2009, and he requested reinstatement of his physician assistant license, and he agrees and understands that a Stipulation on Agreed Disposition will be required by the Board prior to reinstatement of his physician assistant license, and

WHEREAS, Mr. Larson further agrees and understands 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

WHEREAS, the Investigative Review Panel, and the Board member appointed in this investigation recommend that Mr. Larson's physician assistant license be reinstated with the following restrictions:

1. Mr. Larson shall be on permanent probation for as long as he is the holder of a South Dakota physician assistant license.
2. He shall be permanently mandated into SD HPAP for as long as he is the holder of a South Dakota physician assistant license, and further, he understands and agrees that he shall not miss any of the required daily contacts with the on-line drug monitoring system.

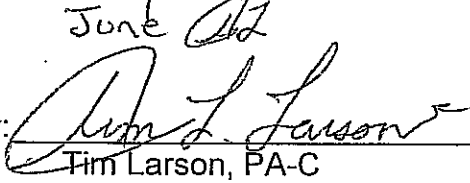
3. He understands and agrees that he has the responsibility to ensure that SD HPAP will provide quarterly reports of his testing and progress to the Board.
4. He understands and agrees that he shall maintain complete and permanent abstinence from alcohol and he shall refrain from taking any mind-altering substances unless prescribed by a licensed healthcare provider for legitimate medical purposes.
5. He understands and agrees that he shall attend at least three (3) AA meetings per week and he shall provide a quarterly log of the attendance dates to the Board.
6. He understands and agrees that he shall limit the number of hours he practices as a physician assistant to forty (40) hours per week until notified in writing by the Board.
7. He understands and agrees that he shall submit blood, urine, hair or other specimens upon request by the Board for testing purposes, and shall pay for the cost of the testing.
8. He understands and agrees that he shall make a personal appearance before the Board or the Investigative Review Panel upon request, and he will be given reasonable notice of the dates, times and locations for his appearance.
9. He understands and agrees that in the event that the Board is reasonably satisfied that he has failed to maintain compliance with SD HPAP, and/or has breached any of the terms and/or conditions of his restricted license, his restricted license shall be permanently revoked, and that the revocation will be reported to all entities deemed necessary by the Board.
10. He understands that should his South Dakota employer(s) notify him or meet with him regarding any concerns, deficiencies, violations, or other issues, or should his South Dakota employer(s) issue a warning, initiate an investigation, or impose any type of corrective action, verbal and/or written, formal and/or informal; he shall notify the Board in writing within 24 hours.

WHEREAS, Mr. Larson agrees to the restrictions and 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

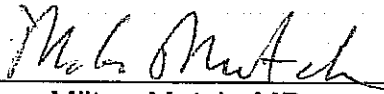
WHEREAS, Mr. Larson agrees that the Stipulation and Agreement is valid and enforceable, and that the Board has the authority to approve, modify, or reject this agreement, and if this agreement is modified or rejected by the Board, Mr. Larson agrees that a new Stipulation and Agreement shall be required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

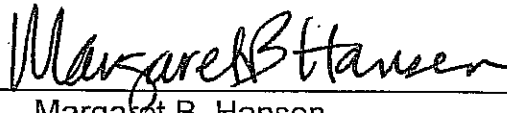
WHEREAS, Mr. Larson understands that he has the right to have an attorney review this document; however, if no attorney signs this document, Mr. Larson understands that he waives this right.

Dated this 30 day of ~~July~~ June, 2009.

By:  Date: June 30, 09
Tim Larson, PA-C

By: _____ Date: _____
Attorney for Mr. Larson (if applicable)

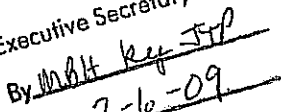
By:  Date: 7/1/09
Milton Mutch, MD
Board Member Investigator

By:  Date: 6/30/09
Margaret B. Hansen
Executive Director, SDBMOE

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: 
Date: 7-6-09

THE SOUTH DAKOTA BOARD
OF
MEDICAL AND OSTEOPATHIC EXAMINERS

IN THE MATTER OF THE SOUTH * ORDER TO APPROVE
DAKOTA BOARD OF MEDICAL *
AND OSTEOPATHIC EXAMINERS * STIPULATION
LICENSE #0386 ISSUED TO *
TIMOTHY LARSON, PA-C * ON AGREED DISPOSITION

WHEREAS, Timothy Larson, PA-C, met with members of the Board's Investigative Review Panel on June 30, 2009, and

WHEREAS, the Board has jurisdiction of the parties and subject matter herein, and

WHEREAS, Mr. Larson understands and agrees to comply with the conditions and/or restrictions contained in the Stipulation on Agreed Disposition which he voluntarily signed on June 30, 2009.

THEREFORE, IT IS HEREBY ORDERED that Mr. Larson be placed on permanent probation and that conditions and/or restrictions be placed on his physician assistant license #0386, and

IT IS FURTHER ORDERED that the Stipulation on Agreed Disposition be approved in its entirety, and that Mr. Larson be placed on permanent probation and his physician assistant license #0386 be reinstated with restrictions.

Dated this 2nd day of July, 2009.

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 JTP
Date 7-6-09

SOUTH DAKOTA BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS

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