



**BOARD OF MEDICAL AND
OSTEOPATHIC EXAMINERS**

**125 S. Main Avenue
Sioux Falls, SD 57104**

<http://medicine.sd.gov> SDBMOE@state.sd.us

Voluntary Agreement to Suspend Physician Assistant License

Timothy L. Larson, PA-C
License Number #0386

I voluntarily agree to the suspension of my South Dakota physician assistant license and my South Dakota Controlled Substances Registration pursuant to SDCL 36-4A and ARSD 44:58:06:02.01. During this suspension, I agree that I will refrain from practicing medicine, and refrain from prescribing medications or drugs of any type at any time to anyone including but not limited to former patients, myself, or members of my family. I also agree not to accept or sign for sample medications or drugs of any kind.

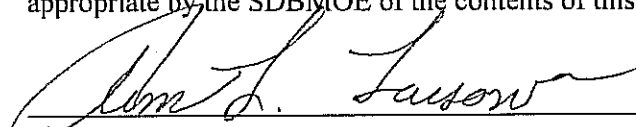
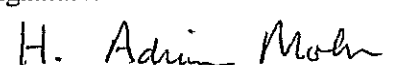
I understand that my physician assistant license may be permanently revoked unless I show cause to the South Dakota Board of Medical and Osteopathic Examiners (SDBMOE) why the suspension of my license should be rescinded. I acknowledge and unconditionally agree that I bear the burden of proof to convince the SDBMOE that the suspension of my license should be rescinded. I understand that I will be afforded due process of law.

I understand that the following conditions must be met before the SDBMOE will begin the process to consider a request to reactivate my license.

1. I shall enroll in the South Dakota Health Professionals Assistance Program (SDHPAP) and comply with all requirements and guidelines.
2. I shall maintain for a period of at least six (6) continuous, uninterrupted, consecutive months; my continuous, uninterrupted, complete and total sobriety which shall be validated by SDHPAP once I am enrolled.
3. I shall attend at least three AA or NA meetings per week and provide a monthly schedule of the dates of my attendance. I understand that my attendance of AA or NA meetings does not constitute confirmation of my sobriety and will not be used to validate or verify my sobriety. Documentation of 12 Step attendance shall be verified by SDHPAP.
4. I authorize SDHPAP to provide reports to and as requested by the SDBMOE regarding my SDHPAP enrollment.

I understand that if I desire to reactivate my physician assistant license that I have the burden of proof and after I have met the conditions as stated in this agreement that I then would need to submit a written, signed request to the SDBMOE. I also understand that after review of my request that the SDBMOE will contact me as to whether or not there are any additional conditions that may be required before my license would be reactivated.

I agree that the SDBMOE may publish to any state or federal agency, or any other party deemed appropriate by the SDBMOE of the contents of this agreement.


 Signature: _____ Date: 11/20/08

 Witness Signature _____ Date: Nov. 20, 2008

THE SOUTH DAKOTA BOARD OF MEDICAL AND OSTEOPATHIC EXAMINERS
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 IN THE MATTER OF SOUTH DAKOTA *
 BOARD OF MEDICAL AND OSTEOPATHIC * ORDER TO APPROVE
 EXAMINERS PHYSICIAN ASSISTANT *
 LICENSE #0386 ISSUED TO * VOLUNTARY SUSPENSION
 TIMOTHY L. LARSON *
 * * * * *

This matter came before the South Dakota Board of Medical and Osteopathic
 Examiners and the Board reviewed the Voluntary Agreement to Suspend Physician
 Assistant License.

That heretofore, the license of Timothy L. Larson was voluntarily suspended for
 six (6) months by Agreement dated November 20, 2008;

That on May 20, 2009, the six (6) month period was completed.

That as a result, on July 6, 2009, the license was reinstated with restrictions and
 probation.

It is so ORDERED Nunc Pro Tunc.

Dated this 15th day of October, 2009

South Dakota Board of Medical and Osteopathic Examiners



Margaret B. Hansen
 Executive Director