

JOHN T. HASSLER 5311
Regulated Industries Complaints Office
Department of Commerce and Consumer
Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

RECEIVED
PROF & VOCATIONAL
LICENSURE DIVISION
2010 NOV -3 A 9:55
DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

Attorney for Department of Commerce
and Consumer Affairs

CONTRACTORS LICENSE BOARD
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Contractor's License of) CLB 2007-8-L
)
ALLEN T. CANTER, dba ALLEN T.) SETTLEMENT AGREEMENT PRIOR TO
CANTER CONTRACTING,) FILING OF PETITION FOR DISCIPLINARY
) ACTION AND BOARD'S FINAL ORDER
Respondent.)
CLB 2007-9-L

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2010 NOV 23 P 3:31
HEARINGS OFFICE

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'
REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),
through its undersigned attorney, and Respondent ALLEN T. CANTER, dba ALLEN T.
CANTER CONTRACTING (hereinafter "Respondent"), enter into this Settlement Agreement on
the terms and conditions set forth below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Contractors License
Board (hereinafter the "Board") as a specialty contractor under license number CT 13096. The

license was issued on or about August 5, 1992. The license will expire on or about September 30, 2010.

2. Respondent's mailing address for purposes of this action is 3375 Koapaka Street, D-139, Honolulu, Hawaii 96819.

3. RICO alleges that Respondent entered into a contract to install tiling in a customer's residence and failed to 1) explain in detail the lien rights of all parties performing under the contract; 2) explain the homeowner's right to demand bonding on the project; 3) explain how the bond would protect the homeowner or the approximate expense of the bond; 4) provide notice of the contractor's right to resolve alleged construction defects prior to commencing any litigation under HRS section 672E-11; and 5) disclose the date work was to commence and the number of days for completion.

4. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statutes and/or rules: Hawaii Revised Statutes (HRS) § 444-25.5(a)(1)(verbal disclosure of lien rights); HRS § 444-25.5(a)(2) (verbal disclosure of bonding rights); § 444-25.5(b)(1)(written disclosure of lien obligations and bonding rights); § 444-25.5(b)(2)(disclosure of Respondent's Contractor Repair Act rights); Hawaii Administrative Rules ("HAR") § 16-77-79(a)(4)(disclosure of bonding rights); § 16-77-80(a)(3)(disclosure of the date work is to commence and the number of days for completion); and § 16-77-80(a)(7)(disclosure of lien rights).

5. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is fully aware that Respondent has the right to be represented by an attorney and voluntarily waives that right.
2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.
3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.
4. Respondent being at all times relevant herein licensed as a specialty contractor by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.
5. Respondent represents that he believes that he completed the tiling contract described in paragraph 3, Section A above in a professional manner and that his workmanship was consistent with the standards of the trade.
6. Respondent represents that he believes that the customer's complaint to RICO was motivated by a conflict the customer has with the customer's neighbor who is a friend of Respondent's.
7. Respondent represents that he was unaware of the requirements of HRS § 444-25.5.
8. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

9. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

10. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. CLB 2007-9-L.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS (\$500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this fully executed Settlement Agreement is returned to RICO.

2. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph C. [1] above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

3. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of contactors in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

4. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C. [5], C. [6], C. [7] and C. [8] below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

5. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

7. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement

Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

8. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Honolulu Hi. 11/1/10.
(City) (State) (Date)

Allen T. Canter
ALLEN T. CANTER
Respondent


DATED: Honolulu, Hawaii, 11/1/10.

John T. Hassler
JOHN T. HASSLER
Attorney for Department of Commerce and
Consumer Affairs

IN THE MATTER OF THE CONTRACTOR'S LICENSE OF ALLEN T. CANTER, dba
ALLEN T. CANTER CONTRACTING; SETTLEMENT AGREEMENT PRIOR TO FILING
OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; CASE NO.
CLB 2007-9-L

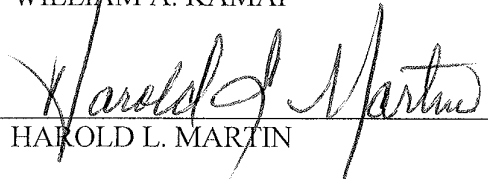
APPROVED AND SO ORDERED:
CONTRACTORS LICENSE BOARD
STATE OF HAWAII


F. M. SCOTTY ANDERSON
Chairperson


NEAL ARITA
Vice Chairperson


ERIC CARSON


WILLIAM A. KAMAI


HAROLD L. MARTIN


RONALD K. OSHIRO


DARYL SUEHIRO

NOV 22 2010

DATE


GUY M. AKASAKI


JOHN E. K. DILL


RANDALL B. C. LAU

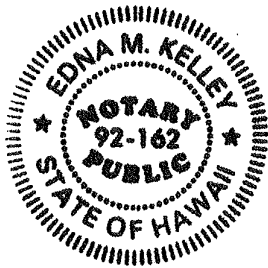

ALDON K. MOCHIDA


DENNY B. SADOWSKI


GERALD YAMADA

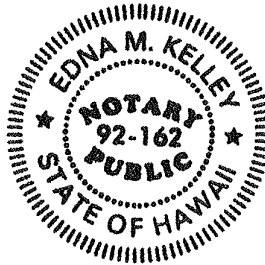
STATE OF Hawaii)
) SS.
COUNTY OF Honolulu)

On this 15th day of November, 2010, before me personally appeared
Allen T. Canter, to me known to be the person described and who executed the
foregoing instrument and acknowledged the same as his/her free act and deed.



Edna M Kelley
Name: Edna M Kelley
Notary Public – State of Hawaii
My Commission expires: Mar 18th 2012

Doc. Date: 11/1/2010 # Pages: 7
Notary Name: Edna M. Kelley
Doc. Description: Settlement Agreement
Prior to filing of petition
Edna M. Kelley 03/18/2012
Notary Signature Date
NOTARY CERTIFICATION



DARIA A. LOY-GOTO 6175
DENISE P. BALANAY 5526
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 South Beretania Street, Suite 900
Honolulu, Hawaii 96813
Telephone: 586-2660

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DEPT OF COMMERCE
& CONSUMER AFFAIRS
STATE OF HAWAII

Attorney for Department of Commerce
and Consumer Affairs

HAWAII MEDICAL BOARD
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the License to Practice) MED 2009-65-L
Medicine of)
)
AJIT S. ARORA, M.D.,) SETTLEMENT AGREEMENT PRIOR TO
) FILING OF PETITION FOR DISCIPLINARY
) ACTION AND BOARD'S FINAL ORDER;
Respondent.) EXHIBIT "1"
)
241092407

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS
2010 NOV 23 P 3:33
HEARINGS OFFICE

SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION
FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER

Petitioner, DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS'
REGULATED INDUSTRIES COMPLAINTS OFFICE (hereinafter "RICO" or "Petitioner"),
through its undersigned attorney, and Respondent AJIT S. ARORA, M.D. (hereinafter
"Respondent"), enter into this Settlement Agreement on the terms and conditions set forth
below.

A. UNCONTESTED FACTS

1. At all relevant times herein, Respondent was licensed by the Hawaii Medical
Board (hereinafter the "Board") as a physician under license number MD 8852. The license was
issued on or about July 28, 1994. The license will expire on or about January 31, 2012.

2. Respondent's mailing address for purposes of this action is 8660 Woodley Avenue, No. 103, North Hills, California 91343.

3. RICO received information a Decision was issued against Respondent by the State of California.

4. RICO alleges a Decision was issued in In the Matter of the First Amended Accusation Against Ajit Singh Arora, M.D. (File No. 06-2006-177822) by the Medical Board of California. RICO alleges that Respondent failed to report the California disciplinary action to the Hawaii Medical Board within thirty days of its issuance as required by law. A copy of the Decision and Order in In the Matter of the First Amended Accusation Against Ajit Singh Arora, M.D. (File No. 06-2006-177822) ("California Order") is attached as Exhibit "1."

5. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 453-8(a)(11) (disciplinary action by another state) and § 453-8(a)(14) (failure to report within thirty days).

6. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT

1. Respondent is represented by Jay T. Suemori, Esquire, herein.

2. Respondent enters into this Settlement Agreement freely, knowingly, voluntarily, and under no coercion or duress.

3. Respondent is aware of the right to have a hearing to adjudicate the issues in the case. Pursuant to HRS § 91-9(d), Respondent freely, knowingly, and voluntarily waives the right

to a hearing and agrees to dispose of this case in accordance with the terms and conditions of this Settlement Agreement.

4. Respondent being at all times relevant herein licensed as a physician by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the license and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's license.

6. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

7. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. MED 2009-65-L.

8. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes 92F.

C. TERMS OF SETTLEMENT

1. Probation. Respondent's license to practice medicine in the State of Hawaii is hereby placed on probation for a period to run concurrent with the probationary period set forth in the California Order. During the probationary period, Respondent agrees to comply with the following terms and conditions:

2. Compliance with California Order. Respondent shall:

- (a) fully comply with the terms of probation as set forth in the California Order; and

- (b) deliver to the Board a copy of any and all quarterly declarations submitted to the California Medical Board pursuant to the California Order. All such declarations shall be submitted to the Board within the time frame proscribed in the California Order.

3. Administrative Fine. Respondent agrees to pay an administrative fine in the amount of THREE THOUSAND AND NO/100 DOLLARS (\$3,000.00) as follows:

- 1) \$300.00 within thirty (30) days of the approval of this agreement by the Board;
- 2) \$300.00 within sixty (60) days of the approval of this agreement by the Board;
- 3) \$300.00 within ninety (90) days of the approval of this agreement by the Board;
- 4) \$300.00 within one hundred twenty (120) days of the approval of this agreement by the Board;
- 5) \$300.00 within one hundred fifty (150) days of the approval of this agreement by the Board;
- 6) \$300.00 within one hundred eighty (180) days of the approval of this agreement by the Board;
- 7) \$300.00 within two hundred ten (210) days of the approval of this agreement by the Board;
- 8) \$300.00 within two hundred forty (240) days of the approval of this agreement by the Board;
- 9) \$300.00 within two hundred seventy (270) days of the approval of this agreement by the Board; and
- 10) \$300.00 within three hundred (300) days of the approval of this agreement by the Board.

Payments shall be made by **cashier's check or money order made payable to "DCCA**

Compliance Resolution Fund" and shall be mailed to the Regulated Industries Complaints

Office, ATTN: Denise P. Balanay, Esq., 235 South Beretania Street, 9th Floor, Honolulu, Hawaii 96813.

4. Failure to Comply with Settlement Agreement. If Respondent fails to fully and timely comply with the terms of this Settlement Agreement as set forth in paragraph(s) C.1 through C.3 above, Respondent's license shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the license to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new license until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become licensed again, Respondent must apply to the Board for a new license pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

5. Possible further sanction. The Board, at its discretion, may pursue additional disciplinary action as provided by law to include further fines and other sanctions as the Board may deem appropriate if Respondent violates any provision of the statutes or rules governing the conduct of physicians in the State of Hawaii, or if Respondent fails to abide by the terms of this Settlement Agreement.

6. Approval of the Board. Respondent agrees that, except for the representations, agreements and covenants contained in Paragraphs C.7, C.8, C.9, and C.10 below, this Settlement Agreement shall not be binding on any of the parties unless and until it is approved by the Board.

7. No Objection if Board Fails to Approve. If the Board does not approve this Settlement Agreement, does not issue an order pursuant thereto, or does not approve a lesser remedy, but instead an administrative hearing is conducted against Respondent in the Board's usual and customary fashion pursuant to the Administrative Procedure Act, Respondent agrees that neither Respondent nor any attorney that Respondent may retain, will raise as an objection in any administrative proceeding or in any judicial action, to the Board's proceeding against Respondent on the basis that the Board has become disqualified to consider the case because of its review and consideration of this Settlement Agreement.

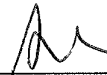
8. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

9. No Reliance on Representations by RICO. Other than the matters specifically stated in this Settlement Agreement, neither RICO nor anyone acting on its behalf has made any representation of fact, opinion or promise to Respondent to induce entry into this Settlement Agreement, and Respondent is not relying upon any statement, representation or opinion or promise made by RICO or any of its agents, employees, representatives or attorneys concerning the nature, extent or duration of exposure to legal liability arising from the subject matter of this Settlement Agreement or concerning any other matter.

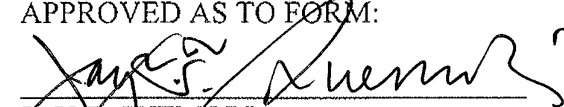
10. Complete Agreement. This Settlement Agreement is a complete settlement of the rights, responsibilities and liabilities of the parties hereto with respect to the subject matter hereof; contains the entire agreement of the parties; and may only be modified, changed or amended by written instrument duly executed by all parties hereto.

IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

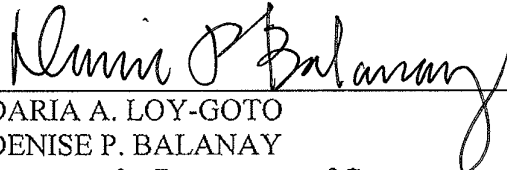
DATED: LOS ANGELES, CA, 9/20/10.
(City) (State) (Date)


AJIT S. ARORA, M.D.
Respondent

APPROVED AS TO FORM:

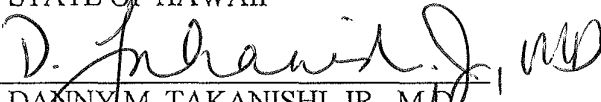

JAY T. SUEMORI
Attorney for Respondent

DATED: Honolulu, Hawaii, OCT 13 2010.


DARIA A. LOY-GOTO
DENISE P. BALANAY
Attorneys for Department of Commerce and
Consumer Affairs

IN THE MATTER OF THE LICENSE TO PRACTICE MEDICINE OF AJIT S. ARORA, M.D.;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER; CASE NO. MED 2009-65-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
HAWAII MEDICAL BOARD
STATE OF HAWAII



DANNY M. TAKANISHI, JR., M.D.
Chairperson

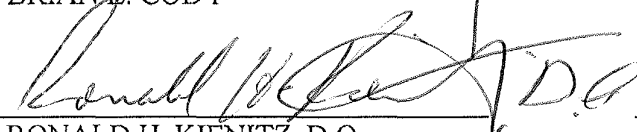
November 18, 2010
DATE


MARIA BRUSCA PATTEN, D.O. -
Vice Chairperson

CARL K. YORITA, M.D.


BRIAN E. CODY


NIRAJ S. DESAI, M.D.

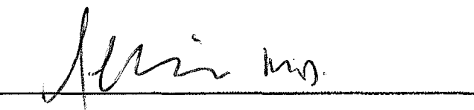

RONALD H. KIENITZ, D.O.


THOMAS S. KOSASA, M.D.


PETER A. MATSUURA, M.D.

JOHN T. MCDONNELL, M.D.

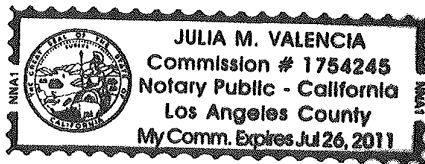
G. MARKUS POLIVKA


Peter C. Chin, M.D.

PVL 7/01/10

STATE OF California)
)
COUNTY OF Los Angeles) SS.

On this 20th day of September, 2010, before me personally appeared
Ajit S. Arora, to me known to be the person described and who
executed the foregoing instrument and acknowledged the same as his free act and deed.



Julia M. Valencia
Name: Julia M. Valencia
Notary Public – State of California

My Commission expires: 7/26/11

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

Los Angeles

On 9/20/10

Date

before me,

Julia M. Valencia, Notary Public

Here Insert Name and Title of the Officer

personally appeared

Ajit S. Arora

Name(s) of Signer(s)



who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature:

Julia M. Valencia

Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document:

Document Date:

Number of Pages:

Signer(s) Other Than Named Above:

Capacity(ies) Claimed by Signer(s)

Signer's Name:

Signer's Name:

☐ Corporate Officer — Title(s):

☐ Corporate Officer — Title(s):

☐ Individual

☐ Individual

☐ Partner — ☐ Limited ☐ General

☐ Partner — ☐ Limited ☐ General

☐ Attorney in Fact

☐ Attorney in Fact

☐ Trustee

☐ Trustee

☐ Guardian or Conservator

☐ Guardian or Conservator

☐ Other:

☐ Other:

Signer Is Representing:

Signer Is Representing:

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

RIGHT THUMBPRINT
OF SIGNER
Top of thumb here

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

RECEIVED
EDUCATIONAL
DIVISION
2009 MAY 18 A 11: 18

In the Matter of the First Amended Accusation
Against:

AJIT SINGH ARORA, M.D.

Physician's and Surgeon's
Certificate No. G 47654

Respondent

File No. 06-2006-177822

OAH No. L-2008060522

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby accepted and adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in the above entitled matter.

This Decision shall become effective at 5:00 p.m. on May 7, 2009.

IT IS SO ORDERED April 7, 2009.

MEDICAL BOARD OF CALIFORNIA

By: Shelton Duruisseau
Shelton Duruisseau, Chair
Panel A

EXHIBIT " 1 "

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 ABRAHAM M. LEVY, State Bar No. 189671
Deputy Attorney General
3 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
4 Telephone: (213) 897-0977
Facsimile: (213) 897-6326
5
6 Attorneys for Complainant
7
8
9

10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the First Amended Accusation:

Case No. 06-2006-177822

13 AJIT SINGH ARORA, M.D.
33275 Canyon Quail Trail
14 Agua Dulce, California 91390-4681

OAH No. L-2008060522

15 Physician's & Surgeon's Certificate Number
G47654,

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16
17 Respondent.

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
19 above-entitled proceedings that the following matters are true:

20 PARTIES

21 1. Barbara Johnston (Complainant) is the Executive Director of the Medical
22 Board of California. She brought this action solely in her official capacity and is represented in
23 this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Abraham M.
24 Levy, Deputy Attorney General.

25 2. Respondent Ajit Singh Arora, M.D. (Respondent) is represented by
26 attorney Peter R. Osinoff, whose address is 3699 Wilshire Boulevard, 10th Floor, Los Angeles,
27 CA 90010-2719.

28 3. On or about June 28, 1982, the Medical Board of California issued

1 Physician's and Surgeon's Number G47654 to Respondent.

2 JURISDICTION

3 4. First Amended Accusation was filed before the Medical Board of
4 California (Board) on February 24, 2009, Department of Consumer Affairs, and is currently
5 pending against Respondent. The First Amended Accusation and all other statutorily required
6 documents were properly served on Respondent on February 24, 2009. Respondent had timely
7 filed his Notice of Defense. A copy of the First Amended Accusation is attached as exhibit A
8 and incorporated herein by reference.

9 ADVISEMENT AND WAIVERS

10 5. Respondent has carefully read, and understands the charges and allegations
11 in the First Amended Accusation No. 06-2006-177822. Respondent has also carefully read, and
12 understands the effects of this Stipulated Settlement and Disciplinary Order.

13 6. Respondent is fully aware of his legal rights in this matter, including the
14 right to a hearing on the charges and allegations in the First Amended Accusation; the right to be
15 represented by counsel at his own expense; the right to confront and cross-examine the witnesses
16 against him; the right to present evidence and to testify on his own behalf; the right to the
17 issuance of subpoenas to compel the attendance of witnesses and the production of documents;
18 the right to reconsideration and court review of an adverse decision; and all other rights accorded
19 by the California Administrative Procedure Act and other applicable laws.

20 7. Respondent voluntarily, knowingly, and intelligently waives and gives up
21 each and every right set forth above.

22 CULPABILITY

23 8. Respondent understands and agrees that the charges and allegations in the
24 First Amended Accusation, if proven at a hearing, constitute cause for imposing discipline upon
25 his Physician's and Surgeon's Certificate Number G47654.

26 9. For the purpose of resolving the First Amended Accusation, Respondent
27 agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First
28 Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

1 10. Respondent agrees that his Physician's and Surgeon's Certificate Number
2 G47654 is subject to discipline and he agrees to be bound by the Medical Board of California
3 (Board) 's imposition of discipline as set forth in the Disciplinary Order below.

4 RESERVATION

5 11. The admissions made by Respondent herein are only for the purposes of
6 this proceeding, or any other proceedings in which the Medical Board of California or other
7 professional licensing agency is involved, and shall not be admissible in any other criminal or
8 civil proceeding.

9 CONTINGENCY

10 12. This stipulation shall be subject to approval by the Medical Board of
11 California. Respondent understands and agrees that counsel for Complainant and the staff of the
12 Medical Board of California may communicate directly with the Board regarding this stipulation
13 and settlement, without notice to or participation by Respondent. By signing the stipulation,
14 Respondent understands and agrees that he may not withdraw his agreement or seek to rescind
15 the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt
16 this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall
17 be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action
18 between the parties, and the Board shall not be disqualified from further action by having
19 considered this matter.

20 13. The parties understand and agree that facsimile copies of this Stipulated
21 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same
22 force and effect as the originals.

23 14. In consideration of the foregoing admissions and stipulations, the parties
24 agree that the Board may, without further notice or formal proceeding, issue and enter the
25 following Disciplinary Order.

26 DISCIPLINARY ORDER

27 IT IS HEREBY ORDERED that Physician's and Surgeon's Number G47654
28 issued to Respondent Ajit Singh Arora M.D. (Respondent) is revoked. However, the revocation

1 is stayed and Respondent is placed on probation for thirty-five (35) months on the following
2 terms and conditions.

3 1. NOTIFICATION Prior to engaging in the practice of medicine, the
4 respondent shall provide a true copy of the Decision(s) and First Amended Accusation(s) to the
5 Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership
6 are extended to respondent, at any other facility where respondent engages in the practice of
7 medicine, including all physician and locum tenens registries or other similar agencies, and to the
8 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
9 to respondent. Respondent shall submit proof of compliance to the Division or its designee
10 within 15 calendar days.

11 This condition shall apply to any change(s) in hospitals, other facilities or
12 insurance carrier.

13 2. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,
14 respondent is prohibited from supervising physician assistants.

15 3. OBEY ALL LAWS Respondent shall obey all federal, state and local
16 laws, all rules governing the practice of medicine in California, and remain in full compliance
17 with any court ordered criminal probation, payments and other orders.

18 4. QUARTERLY DECLARATIONS Respondent shall submit quarterly
19 declarations under penalty of perjury on forms provided by the Division, stating whether there
20 has been compliance with all the conditions of probation. Respondent shall submit quarterly
21 declarations not later than 10 calendar days after the end of the preceding quarter.

22 5. PROBATION UNIT COMPLIANCE Respondent shall comply with the
23 Division's probation unit. Respondent shall, at all times, keep the Division informed of
24 respondent's business and residence addresses. Changes of such addresses shall be immediately
25 communicated in writing to the Division or its designee. Under no circumstances shall a post
26 office box serve as an address of record, except as allowed by Business and Professions Code
27 section 2021(b).

28 Respondent shall not engage in the practice of medicine in respondent's place of

1 residence. Respondent shall maintain a current and renewed California physician's and
2 surgeon's license.

3 Respondent shall immediately inform the Division, or its designee, in writing, of
4 travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last,
5 more than 30 calendar days.

6 6. ETHICS COURSE Within 60 calendar days of the effective date of this
7 Decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in
8 advance by the Division or its designee. Failure to successfully complete the course during the
9 first year of probation is a violation of probation.

10 An ethics course taken after the acts that gave rise to the charges in the
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
12 Division or its designee, be accepted towards the fulfillment of this condition if the course would
13 have been approved by the Division or its designee had the course been taken after the effective
14 date of this Decision.

15 Respondent shall submit a certification of successful completion to the Division
16 or its designee not later than 15 calendar days after successfully completing the course, or not
17 later than 15 calendar days after the effective date of the Decision, whichever is later.

18 7. SOLO PRACTICE Respondent is prohibited from engaging in the solo
19 practice of medicine.

20 8. CERTIFICATION OF N-648 CLAIMS Respondent is prohibited from
21 certifying "Medical Certification for Disability Exception" (N-648) claims for United States
22 citizenship to any agency of the federal government for purposes of immigration, naturalization
23 or residency throughout the term of probation.

24 9. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent
25 shall be available in person for interviews either at respondent's place of business or at the
26 probation unit office, with the Division or its designee, upon request at various intervals, and
27 either with or without prior notice throughout the term of probation.

28 10. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent

1 should leave the State of California to reside or to practice, respondent shall notify the Division
2 or its designee in writing 30 calendar days prior to the dates of departure and return. Non-
3 practice is defined as any period of time exceeding 30 calendar days in which respondent is not
4 engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions
5 Code.

6 All time spent in an intensive training program outside the State of California
7 which has been approved by the Division or its designee shall be considered as time spent in the
8 practice of medicine within the State. A Board-ordered suspension of practice shall not be
9 considered as a period of non-practice. Periods of temporary or permanent residence or practice
10 outside California will not apply to the reduction of the probationary term. Periods of temporary
11 or permanent residence or practice outside California will relieve respondent of the responsibility
12 to comply with the probationary terms and conditions with the exception of this condition and
13 the following terms and conditions of probation: Obey All Laws; Probation Unit Compliance;
14 and Cost Recovery.

15 Respondent's license shall be automatically cancelled if respondent's periods of
16 temporary or permanent residence or practice outside California total two years. However,
17 respondent's license shall not be cancelled as long as respondent is residing and practicing
18 medicine in another state of the United States and is on active probation with the medical
19 licensing authority of that state, in which case the two year period shall begin on the date
20 probation is completed or terminated in that state.

21 11. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

22 In the event respondent resides in the State of California and for any reason
23 respondent stops practicing medicine in California, respondent shall notify the Division or its
24 designee in writing within 30 calendar days prior to the dates of non-practice and return to
25 practice. Any period of non-practice within California, as defined in this condition, will not
26 apply to the reduction of the probationary term and does not relieve respondent of the
27 responsibility to comply with the terms and conditions of probation. Non-practice is defined as
28 any period of time exceeding 30 calendar days in which respondent is not engaging in any

1 activities defined in sections 2051 and 2052 of the Business and Professions Code.

2 All time spent in an intensive training program which has been approved by the
3 Division or its designee shall be considered time spent in the practice of medicine. For purposes
4 of this condition, non-practice due to a Board-ordered suspension or in compliance with any
5 other condition of probation, shall not be considered a period of non-practice.

6 Respondent's license shall be automatically cancelled if respondent resides in
7 California and for a total of two years, fails to engage in California in any of the activities
8 described in Business and Professions Code sections 2051 and 2052.

9 12. COMPLETION OF PROBATION Respondent shall comply with all
10 financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar
11 days prior to the completion of probation. Upon successful completion of probation,
12 respondent's certificate shall be fully restored.

13 13. VIOLATION OF PROBATION Failure to fully comply with any term or
14 condition of probation is a violation of probation. If respondent violates probation in any respect,
15 the Division, after giving respondent notice and the opportunity to be heard, may revoke
16 probation and carry out the disciplinary order that was stayed. If an Accusation, Petition to
17 Revoke Probation, or an Interim Suspension Order is filed against respondent during probation,
18 the Division shall have continuing jurisdiction until the matter is final, and the period of
19 probation shall be extended until the matter is final.

20 14. LICENSE SURRENDER Following the effective date of this Decision, if
21 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
22 the terms and conditions of probation, respondent may request the voluntary surrender of
23 respondent's license. The Division reserves the right to evaluate respondent's request and to
24 exercise its discretion whether or not to grant the request, or to take any other action deemed
25 appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender,
26 respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the
27 Division or its designee and respondent shall no longer practice medicine. Respondent will no
28 longer be subject to the terms and conditions of probation and the surrender of respondent's

1 license shall be deemed disciplinary action. If respondent re-applies for a medical license, the
2 application shall be treated as a petition for reinstatement of a revoked certificate.

3 15. PROBATION MONITORING COSTS Respondent shall pay the costs
4 associated with probation monitoring each and every year of probation, as designated by the
5 Division, which are currently set at \$3173.00, but may be adjusted on an annual basis. Such
6 costs shall be payable to the Medical Board of California and delivered to the Division or its
7 designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar
8 days of the due date is a violation of probation.

9 ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and
11 have fully discussed it with my attorney, Peter Osinoff. I understand the stipulation and the
12 effect it will have on my Physician's and Surgeon's certificate. I enter into this Stipulated
13 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
14 bound by the Decision and Order of the Medical Board of California.


15 DATED: 2/25/09.

16
17 

18 AJIT SINGH ARORA, M.D. (Respondent)
19 Respondent

20 I have read and fully discussed with Respondent Ajit Singh Arora the terms and
21 conditions and other matters contained in the above Stipulated Settlement and Disciplinary
22 Order. I approve its form and content.

23 DATED: 2/27/09.

24 
25 PETER R. OSINOFF

26 Attorney for Respondent
27
28

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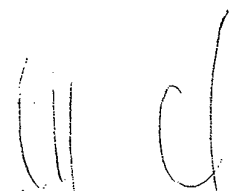
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1 ENDORSEMENT

2 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
3 submitted for consideration by the Medical Board of California of the Department of Consumer
4 Affairs.

5
6 DATED: 3-6-09

7 EDMUND G. BROWN JR., Attorney General
8 of the State of California

9
10
11 
12 ABRAHAM M. LEVY
13 Deputy Attorney General

14 Attorneys for Complainant

15 DOJ Matter ID: LA2008501883
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Exhibit A

FIRST AMENDED ACCUSATION CASE NO. 06-2006-177822

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 ABRAHAM M. LEVY, State Bar No. 189671
Deputy Attorney General
3 300 South Spring Street, Suite 1702
Los Angeles, California 90013
4 Telephone: (213) 897-0977
Facsimile: (213) 897-9395
5 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO February 24, 2009
BY: J. Telchak ANALYST

9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the First Amended Accusation
Against:
13 AJIT SINGH ARORA, M.D.
14 33275 Canyon Quail Trail
Agua Dulce, California 91390-4681
15 Physician's & Surgeon's Certificate Number G47654,
16 Respondent.

Case No. 06-2006-177822
OAH No. L-2008060522

**FIRST AMENDED
ACCUSATION**

RECEIVED
PROF & LOCAL
LAW & ADMIN
2009 MAY 18 A 11:14

18 Complainant alleges:

19 **PARTIES**

- 20 1. Barbara Johnston (Complainant) brings this Accusation solely in her
21 official capacity as the Executive Director of the Medical Board of California (the Board).
22 2. On or about June 28, 1982, the Medical Board of California issued
23 Physician's and Surgeon's Number G47654 to Ajit Singh Arora, M.D. (Respondent). This
24 license was in full force and effect at all times relevant to the charges brought herein and
25 will expire on January 31, 2010, unless renewed.

26 **JURISDICTION**

- 27 3. This First Amended Accusation supercedes and supplants the
28 original Accusation filed in this matter on December 6, 2007. All section references are to

1 the Business and Professions Code unless otherwise indicated.

2 4. Section 2227 of the Code states:

3 "(a) A licensee whose matter has been heard by an administrative law judge
4 of the Medical Quality Hearing Panel as designated in Section 11371 of the
5 Government Code, or whose default has been entered, and who is found guilty, or
6 who has entered into a stipulation for disciplinary action with the division, may, in
7 accordance with the provisions of this chapter:

8 "(1) Have his or her license revoked upon order of the division.

9 "(2) Have his or her right to practice suspended for a period not to exceed
10 one year upon order of the division.

11 "(3) Be placed on probation and be required to pay the costs of probation
12 monitoring upon order of the division.

13 "(4) Be publicly reprimanded by the division.

14 "(5) Have any other action taken in relation to discipline as part of an order
15 of probation, as the division or an administrative law judge may deem proper.

16 "(b) Any matter heard pursuant to subdivision (a), except for warning
17 letters, medical review or advisory conferences, professional competency
18 examinations, continuing education activities, and cost reimbursement associated
19 therewith that are agreed to with the division and successfully completed by the
20 licensee, or other matters made confidential or privileged by existing law, is
21 deemed public, and shall be made available to the public by the board pursuant to
22 Section 803.1."

23 5. Section 2234 of the Code states:

24 "The Division of Medical Quality¹ shall take action against any licensee
25 who is charged with unprofessional conduct. In addition to other provisions of this
26

27 1. As used herein, the term "Board" means the Medical Board of California. As used herein, "Division of
28 Medical Quality" shall also be deemed to refer to the Board.

1 article, unprofessional conduct includes, but is not limited to, the following:

2 "(a) Violating or attempting to violate, directly or indirectly, assisting in or
3 abetting the violation of, or conspiring to violate any provision of this chapter
4 [Chapter 5, the Medical Practice Act].

5 "(b) Gross negligence.

6 "(c) Repeated negligent acts. To be repeated, there must be two or more
7 negligent acts or omissions. An initial negligent act or omission followed by a
8 separate and distinct departure from the applicable standard of care shall constitute
9 repeated negligent acts.

10 "(1) An initial negligent diagnosis followed by an act or omission
11 medically appropriate for that negligent diagnosis of the patient shall constitute a
12 single negligent act.

13 "(2) When the standard of care requires a change in the diagnosis, act, or
14 omission that constitutes the negligent act described in paragraph (1), including,
15 but not limited to, a reevaluation of the diagnosis or a change in treatment, and the
16 licensee's conduct departs from the applicable standard of care, each departure
17 constitutes a separate and distinct breach of the standard of care.

18 "(d) Incompetence.

19 "(e) The commission of any act involving dishonesty or corruption which
20 is substantially related to the qualifications, functions, or duties of a physician and
21 surgeon.

22 "(f) Any action or conduct which would have warranted the denial of a
23 certificate."

24 **CAUSE FOR DISCIPLINE**

25 **(REPEATED NEGLIGENCE ACTS)**

26 6. Respondent is subject to disciplinary action under Business and
27 Professions Code section 2234, subdivision (c), for repeated negligent acts in his
28 evaluation of learning disability with regard to five applicants for United States

1 citizenship, P.E., C.G., R.V., M.D. and Y.S.², each of whom was evaluated by
2 Respondent in the manner hereafter described at a medical clinic known as the Parthenia
3 Medical Group, Inc. 8660 Woodley Avenue, North Hills, California 91343-5745.

4 7. For each of the five applicants previously referenced, Respondent
5 completed under penalty of perjury a Department of Homeland Security "Medical
6 Certification for Disability Exception" (Form N-648).³ In all of the forms, he described
7 his specialty as "internal medicine, geriatrics, medical toxicology" and used the titles
8 "M.D." and "Ph.D."

9 8. Applicants for United States citizenship (also known as
10 naturalization) are required to learn and/or demonstrate knowledge of the English
11 language, including an ability to read, write and speak words in ordinary usage in the
12 English language, as well as knowledge and understanding of the fundamentals of the
13 history, and of the principles and form of the government of the United States. The
14 purpose of Form N-648 is to help determine whether the patient is eligible for an
15 exception (i.e., waiver) of the above requirement for application for United States
16 citizenship. Individuals who are unable, because of a disability (e.g., a physical or mental
17 impairment, or combination of impairments), to learn and/or demonstrate this required
18 knowledge may apply for a "Medical Certification for Disability Exception" which is to be
19 completed by the applicant's doctor. The impairment(s) must result from anatomical,
20 physiological, or psychological abnormalities, which can be shown by medically
21 acceptable clinical and laboratory diagnostic techniques.⁴

22 _____
23 2. The full names of the patients is not set forth in the interest of privacy but will be disclosed to the
24 Respondent upon an appropriate request for discovery.

25 3. Form N-648 is used by Homeland Security's U.S. Citizenship and Immigration Services. The laws
26 governing naturalization of immigrants require that applicants for naturalization demonstrate an ability to read,
27 write and speak the English language and knowledge and understanding of the fundamentals of the history, and of
the principles and form of government, of the United States. A Form 648, signed by a medical professional, is
used to seek a waiver of the English and/or civics requirements based on a physical or developmental disability or
mental impairment.

28 4. Section 312.2 of title 8 of the Code of Federal Regulations sets forth this requirement as follows:
(a) General. No person shall be naturalized as a citizen of the United States upon his or her own application unless

1 9. Respondent made findings and declared under penalty of perjury
2 that each of the applicants referenced in this Accusation all had impairment(s) that
3 affected their ability to learn and/or demonstrate knowledge and that he based these
4

5 that person can demonstrate a knowledge and understanding of the fundamentals of the history, and of the
6 principles and form of government, of the United States. A person who is exempt from the literacy requirement
under § 312.1(b) (1) and (2) must still satisfy this requirement.;

7 (b) Exceptions. (1) The requirements of paragraph(a) of this section shall not apply to any person who is unable to
8 demonstrate a knowledge and understanding of the fundamentals of the history, and of the principles and form of
government of the United States because of a medically determinable physical or mental impairment, that already
9 has or is expected to last at least 12 months. The loss of any cognitive skills based on the direct effects of the
illegal use of drugs will not be considered in determining whether an individual may be exempted. For the purposes
10 of this paragraph the term medically determinable means an impairment that results from anatomical,
physiological, or psychological abnormalities which can be shown by medically acceptable clinical or laboratory
11 diagnosis techniques to have resulted in functioning so impaired as to render an individual to be unable to
demonstrate the knowledge required by this section or that renders the individuals unable to participate in the
testing procedures for naturalization, even with reasonable modifications.

(2) Medical certification. All persons applying for naturalization and seeking an exception from the requirements
12 of § 312.1(a) and paragraph (a) of this section based on the disability exceptions must submit Form N-648,
Medical Certification for Disability Exceptions, to be completed by a medical or osteopathic doctor licensed to
13 practice medicine in the United States or a clinical psychologist licensed to practice psychology in the United
States (including the United States territories of Guam, Puerto Rico, and the Virgin Islands). Form N-648 must be
14 submitted as an attachment to the applicant's Form N-400, Application for Naturalization. These medical
professionals shall be experienced in diagnosing those with physical or mental medically determinable impairments
15 and shall be able to attest to the origin, nature, and extent of the medical condition as it relates to the disability
exceptions noted under § 312.1(b)(3) and paragraph (b)(1) of this section. In addition, the medical professionals
16 making the disability determination must sign a statement on the Form N-648 that they have answered all the
questions in a complete and truthful manner, that they (and the applicant) agree to the release of all medical records
17 relating to the applicant that may be requested by the Service and that they attest that any knowingly false or
misleading statements may subject the medical professional to the penalties for perjury pursuant to title 18, United
18 Stated Code, Section 1546 and to civil penalties under section 274C of the Act. The Service also reserves the right
to refer the applicant to another authorized medical source for a supplemental disability determination. This option
shall be invoked when the Service has credible doubts about the veracity of a medical certification that has been
19 presented by the applicant. An affidavit or attestation by the applicant, his or her relatives, or guardian on his or her
medical condition is not a sufficient medical attestation for purposes of satisfying this requirement.

20 (c) History and government examination -- (1) Procedure. The examination of an applicant's knowledge of the
history and form of government of the United States shall be given orally by a designated examiner in the English
21 language unless: (i) The applicant is exempt from the English literacy requirement under § 312.1(b), in which case
the examination may be conducted in the applicant's native language with the assistance of an interpreter selected
22 in accordance with § 312.4 of this part, but only if the applicant's command of spoken English is insufficient to
conduct a valid examination in English; (ii) The applicant is required to satisfy and has satisfied the English
23 literacy requirement under § 312.1(a), but the officer conducting the examination determines that an inaccurate or
incomplete record of the examination would result if the examination on technical or complex issues were
24 conducted in English. In such a case the examination may be conducted in the applicant's native language, with the
assistance of an interpreter selected in accordance with § 312.4;

25 (iii) The applicant has met the requirements of § 312.3.

(2) Scope and substance. The scope of the examination shall be limited to subject matters covered in the Service
26 authorized Federal Textbooks on Citizenship except for the identity of current officeholders. In choosing the
subject matters, in phrasing questions and in evaluating responses, due consideration shall be given to the
27 applicant's education, background, age, length of residence in the United States, opportunities available and efforts
made to acquire the requisite knowledge, and any other elements or factors relevant to an appraisal of the adequacy
28 of the applicant's knowledge and understanding.

1 findings on an examination of the applicant, the applicant's symptoms, previous medical
2 records, clinical findings or tests. Respondent also made findings and declared under
3 penalty of perjury that in his professional opinion the impairments had lasted or that he
4 expected them to last 12 months or longer. Finally, Respondent declared that all of the
5 applicants' impairments were not the direct effect of the illegal use of drugs. His
6 examination of the applicant lasted about twenty minutes, and he made these findings
7 without reviewing any medical records, or collecting or ordering any collateral
8 information, such as laboratory or other diagnostic tests, although other employees in his
9 office took a history and performed a screening mental status evaluation. Each applicant
10 paid Respondent \$150.00.

11 10. Upon Respondent's completion of the forms on behalf of the five
12 applicants, he placed each form in a sealed envelope and directed the applicants to submit
13 them to the United States Citizenship and Immigration Services (USCIS), formerly known
14 as the Immigration and Naturalization Service (INS), without opening the envelope. The
15 envelope, provided by Respondent states as follows: "DO NOT OPEN RETURN TO INS
16 WITH YOUR APPLICATION." A copy of the N-648 forms submitted to the USCIS are
17 found in each of the applicants' medical records.

APPLICANT P.E.

19 11. P.E. (a 58-year-old male) was seen by Respondent on or
20 around March 26, 2002 and August 5, 2003.

21 12. On March 26, 2002, a female at Respondent's office took his pulse,
22 blood pressure, height, and weight. Dr. Arora, who only spoke a few words of Spanish,
23 used a stethoscope to check his chest and back and asked him about his health problems.
24 Respondent did not perform any other examination or test of the patient. Respondent did
25 not ask to review any of the patient's previous medical records. The patient was never
26 asked if he had engaged in the illegal use of drugs. The patient's medical record contains

1 a Mini-Mental State Examination (MMSE)⁵ labeled with his name with a score of 14/30.
2 There is another MMSE which does not contain his name with a score of 10/30. There are
3 two "Internal Medicine Evaluations," dated March 26, 2002 and August 4, 2003, signed by
4 Respondent each consisting of but two pages, and documenting that no physical
5 examination took place. The applicant advised that he had only three years of formal
6 education between the ages of five and eight.

7 13. The applicant's medical record contains a copy of a Form N-648
8 signed and dated March 26, 2002 by both the applicant and Respondent. That form
9 describes that Respondent diagnosed the applicant with "1. post-concussive syndrome
10 DSM IV 310.2 and severe persistent headaches with watery eyes." He also diagnosed him
11 with a "moderately-severe cognitive impairment" explaining that this was supported by his
12 score of 12/30 on a standardized MMSE. He concluded that "in his professional opinion,
13 [the applicant's] mental disability makes it impossible for him to learn the English
14 language, American history or civics. There is no finding of depression.

15 14. On or about August 5, 2003, Respondent signed and submitted
16 another Form N-648 containing a reference to the March 26, 2002 visit to Respondent's
17 office stating "no improvement, not treated here." The form, which was submitted to
18 immigration authorities, also contains information as follows:

19 A. Respondent provided a diagnosis of P.E.'s impairments as "1.
20 osteoarthritis bilateral lower extremities, 2. chronic headaches." In providing the
21 DSM-IV codes for each of the mental impairments he diagnosed, he listed "1. post-
22 concussive syndrome (post-traumatic brain syndrome) DSM IV 310.2, 2.
23 eddogenous (sic) depression DSM-IV 296.24."

24 B. Respondent also diagnosed P.E. with a "severe mental dysfunction
25 and learning disability," explaining that this was supported by his score of 10/30 on
26

27 5. The mini-mental state examination (MMSE) or Folstein test (Folstein et al 1975) is a 30-point
28 questionnaire test that is used to assess cognition. It is commonly used in medicine to screen for dementia but
should not replace a complete clinical assessment of mental status. It samples various functions, including
arithmetic, memory and orientation.

1 a standardized MMSE.

2 C. Respondent described the connection between the applicant's
3 impairment and his inability to learn and/or demonstrate knowledge of English
4 and/or U.S. history and civics as the combined result of two head injuries, one at
5 age five and the other at age 55, which resulted in "traumatic cell death and loss of
6 cells necessary for processing information" and "onset of severe post concussive
7 syndrome manifested by cognitive dysfunction as well as chronic headaches."
8 Respondent adds a reference to the applicant's depression as another factor that
9 "prevents him from concentrating and processing information."

10 D. Respondent concludes that in his professional opinion a
11 "combination of mental and physical factors" has "created a state of learning
12 disability in [the applicant] severe enough to prevent him from learning English,
13 American History and Civics."

14 E. Respondent determined that none of the impairments he found were
15 the direct effect of the illegal use of drugs.

16 15. Respondent was negligent in his evaluation of P. E. as follows:

17 A. Respondent failed to state in the INS Form 648 that his diagnosis
18 was "probable," "possible," or that his diagnostic impression needed to be ruled
19 out by further evaluation or testing. The standard of care for psychiatric evaluation
20 and diagnosis requires a psychiatric evaluation that would routinely last more than
21 an hour and include the taking of a full medical history, conducting a physical
22 examination, obtaining the nature of the patient's presenting complaints, recording
23 the patient's family and psycho social history, summarizing the patient's activities
24 of daily living, conducting a mental status examination, and, as necessary,
25 psychological testing. Respondent deviated from the standard of care by
26 conducting a twenty-minute evaluation, and failing to conduct a full medical
27 history, obtain the nature of the applicant's presenting complaints, inquire into the
28 applicant's family and psycho social history, perform a mental status examination,

1 and order further psychological testing. While Respondent did briefly describe the
2 applicant's job as a janitor in a cemetery, no attention was given to describe the
3 tasks he was assigned in that role. Accordingly, this very brief collection of
4 information did not meet the standard of care requiring that he obtain a summary of
5 the applicant's activities of daily living.

6 B. Respondent deviated from the standard of care by failing to perform
7 definitive psychological testing, which would be necessary to quantify a patient's
8 purported cognitive defects.

9 C. The standard of care to reach any psychiatric diagnosis requires a
10 physician to evaluate an individual's mental capacity by performing a thorough
11 evaluation, which would include laboratory and neuro-diagnostic testing, as
12 necessary. Respondent deviated from the standard of care by diagnosing P.E. with
13 a mental impairment without evaluating the applicant's mental capacity and by
14 rendering his diagnosis for this applicant without ordering or reviewing any
15 laboratory or neuro-diagnostic testing.

16 D. The standard of care required that Respondent request and review
17 medical records and/or gather collateral information prior to reaching his diagnosis
18 that P.E. had mental impairments. His failure to do so is a deviation from the
19 standard of practice.

20 E. Respondent's failure to consider that the administration of the
21 English-version of the MMSE using a Spanish-interpreter, and the patient's formal
22 education of only three years between the ages of five and eight, as an explanation
23 for an abnormal result is a deviation from the standard of practice.

24 **APPLICANT C. G.**

25 16. C. G. (a 56-year-old female) was seen by Respondent on or
26 around October 13, 2003 for approximately twenty minutes. Respondent took her blood
27 pressure, checked her heart, and asked her questions about her health. Respondent did not
28 perform any other examination or test of the patient. Respondent did not ask to review any

1 of the applicant's previous medical records. The applicant was never asked if she had
2 engaged in the illegal use of drugs. She gave a history of being nervous and forgetting
3 things. There is no documentation of any family mental health history. The medical
4 record only contains a two-page "Internal Medicine Evaluation" signed by Respondent
5 documenting that no physical examination took place. Respondent did not perform an
6 evaluation of the applicant's psycho-social history, development history or daily activities.

7 17. On or about October 13, 2003, Respondent signed and submitted a
8 Form N-648 containing the following information.

9 A. Respondent provided a diagnosis of C.G.'s impairments as "1.
10 chronic headaches severe, 2. insomnia fatigue severe, 3. estrogen deficiency
11 menopause severe." In providing the DSM-IV codes for the mental impairment he
12 diagnosed, he listed "1. anxiety and panic disorder- severe familial DSM-IV
13 293.89."

14 B. Respondent also diagnosed her with a "significant mental
15 dysfunction" explaining that this was supported by her score of 13/30 on a
16 standardized MMSE and that "this is indicative of moderately severe global mental
17 dysfunction. Her score was 1/8 in areas dealing with attention and recall indicating
18 significant loss of learning ability."

19 C. Finally, Respondent described the connection between the
20 applicant's impairment and her inability to learn and/or demonstrate knowledge of
21 English and/or U.S. history and civics as a "familial form of anxiety and panic
22 disorder which was present in her mother" in addition to "basal motor instability
23 from estrogen deprivation [which] have now put her into a state of chronic anxiety
24 and panic."

25 D. Respondent further stated that "her panic attacks are brought on by
26 the slightest confrontation such as interviews, examinations or classroom" and that
27 "when it come to a formal situation the panic state develops with complete loss of
28 ability to relate to the surroundings, mental blank and loss of ability to express

1 herself." He concluded that "her anxiety and panic disorder prevents her from
2 classroom learning, attending interviews or examinations."

3 E. Respondent determined that none of the impairments he found was
4 the direct effect of the illegal use of drugs.

5 18. Respondent was negligent in his evaluation of C.G. as follows:

6 A. The standard of care required that Respondent perform a physical
7 examination to exclude medical causes for his diagnosis of this applicant's "panic
8 attacks." His failure to do so is a departure from the standard of care.

9 B. Respondent failed to state in the INS Form 648 that his diagnosis
10 was "probable," "possible," or that his diagnostic impression needed to be ruled
11 out by further evaluation or testing. The standard of care for psychiatric evaluation
12 and diagnosis requires a psychiatric evaluation that would routinely last more than
13 an hour and include the taking of a full medical history, conducting a physical
14 examination, obtaining the nature of the patient's presenting complaints, recording
15 the patient's family and psycho social history, summarizing the patient's activities
16 of daily living, conducting a mental status examination, and, as necessary,
17 psychological testing. Respondent deviated from the standard of care by
18 conducting a twenty-minute evaluation, and failing to conduct a full medical
19 history, obtain the nature of the applicant's presenting complaints, inquire into the
20 applicant's family and psycho social history, perform a mental status examination,
21 and ordering further psychological testing.

22 C. Respondent deviated from the standard of care by failing to perform
23 definitive psychological testing, which would be necessary to quantify the
24 applicant's purported cognitive defects.

25 D. The standard of care in reaching a psychiatric diagnosis requires a
26 physician to evaluate an individual's mental capacity by performing a thorough
27 evaluation, which would include laboratory and neuro-diagnostic testing, as
28 necessary. Respondent deviated from the standard of care by diagnosing C.G. with

1 a mental impairment without evaluating the applicant's mental capacity.

2 Respondent also deviated from the standard of care by diagnosing C.G. with a
3 mental impairment without ordering or reviewing any laboratory or neuro-
4 diagnostic testing.

5 E. The standard of care required that Respondent request and review
6 medical records and/or gather collateral information prior to reaching his diagnosis
7 that C.G. had a mental impairment. Respondent's failure to do so is a deviation
8 from the standard of practice.

9 F. Respondent's failure to consider that the administration of the
10 English-version of the MMSE using a Spanish-interpreter, or information
11 regarding the applicant's formal education, as an explanation for an abnormal
12 MMSE result is a deviation from the standard of practice.

13 **APPLICANT M.D.**

14 19. M.D. (a 66-year-old female) was seen by Respondent on or
15 around December 13, 2004. M.D. denied any history of domestic violence with her
16 husband of fifty years. Her medical record reflects that she took lansoprazole⁶, naproxen
17 (a pain reliever), HCTZ,⁷ and benazepril.⁸ There is an indication that she denied ever
18 taking illegal drugs. The medical record contains a completed three-page "Evaluation for
19 Citizenship Learning Disability" form. It also contains a two-page "Internal Medicine
20 Evaluation" signed by Respondent documenting that no physical examination took place.
21 Respondent did not perform any examination or test of the applicant. Respondent did not
22 ask to review any of the applicant's previous medical records. The applicant reported that

23 _____
24 6. Lansoprazole is a proton pump inhibitor which prevents the stomach from producing acid.

25 7. HCTZ (hydrochlorothiazide or HCT) is a prescription medicine that is used to treat high blood pressure
26 and fluid retention. It is part of a class of medicines known as diuretics.

27 8. Benazepril is used alone or in combination with other medications to treat high blood pressure. Benazepril
28 is in a class of medications called angiotensin-converting enzyme (ACE) inhibitors. It works by decreasing certain
chemicals that tighten the blood vessels, so blood flows more smoothly.

1 she had formal education to the third grade

2 20. On or about December 13, 2004, Respondent signed and submitted
3 a Form N-648 containing the following information.

4 A. Respondent provided a diagnosis of M.D.'s impairments as "1.
5 coronary heart disease, 2. hypertension, 3. osteoarthritis, 4. chronic headaches, 5.
6 insomnia fatigue, 6. hypertensive cerebro-vascular disease, 7. osteoporosis bone
7 pain, 8. sleep apnea-hypoapnea syndrome." In providing the DSM-IV codes for
8 each of the mental impairments he diagnosed, he listed "1. vascular dementia DSM
9 IV 290.4, 2. dementia secondary to hypoxic encephalopathy DSM-IV 292.82, 3.
10 endogenous depression DSM-IV 296.24."

11 B. He also diagnosed her with a "learning disability" explaining that
12 this was supported by her score of 13/30 on a standardized MMSE and that this
13 indicative of a "significant mental dysfunction" and "compatible with moderately
14 severe global cognitive impairment and learning disability."

15 C. He described the connection between the applicant's impairment
16 and her inability to learn and/or demonstrate knowledge of English and/or U.S.
17 history and civics as "Vascular dementia is the result of hypertensive
18 cerebrovascular disease with vascular damage to brain tissue with focal loss of
19 brain cells through micro-infarctions. That has caused disruption of neurological
20 pathways necessary for processing and reproducing information. That has severely
21 impaired her ability to memorize and reproduce information, and therefore,
22 learning disability. The vascular dementia has been further compromised by
23 hypoxic insult to the brain tissue because of sleep apnea and repeat episodes of
24 hypoxemia during the night. Over the years, this has caused hypoxic insult to the
25 brain cells further augmenting and aggravating vascular dementia and learning
26 disability." With respect to the diagnosis of depression, Respondent adds that this
27 has been caused by "psychosocial factors, specifically spousal abuse."

28 D. Respondent concluded that she had a "severe learning disability that

1 prevents her from participating in and completing a course of learning in any
2 subjective matter or language, including the English language, American History
3 and Civics” and that her “clinical and mental conditions [. . .] severely limit [the
4 applicant’s] ability to successfully participate in any interview and examination,
5 and express herself. She cannot demonstrate any fund of knowledge that she may
6 possess about a subject matter or language.”

7 21. Respondent was negligent in his evaluation of M.D. as follows:

8 A. Respondent failed to state in the INS Form 648 that his diagnosis
9 was “probable,” “possible,” or that his diagnostic impression needed to be ruled
10 out by further evaluation or testing. The standard of practice for diagnosing the
11 suspected vascular dementia, hypoxic encephalopathy, and cognitive defects that
12 Respondent found in the applicant requires a neurological examination, the taking
13 of serum chemistries, conducting neurological imaging, and neuropsychological
14 testing. Respondent failure to perform a neurological examination, serum
15 chemistries, neurological imaging, and neuropsychological testing on the applicant
16 is a deviation from the standard of practice.

17 B. Respondent failed to perform a complete psychiatric history and
18 mental status examination of the applicant. Because of this, Respondent failed to
19 elicit sufficient symptoms to diagnose depression. Further, Respondent’s finding of
20 a normal physical examination conflicts with his finding of sleep apnea and the
21 history elicited also fails to reflect sufficient symptoms to support this diagnosis.
22 Accordingly, Respondent’s failure to perform and document a sufficient history to
23 elicit sufficient symptoms to support his diagnoses of depression and sleep apnea is
24 a deviation from the standard of care.

25 C. The standard of care for psychiatric evaluation and diagnosis
26 requires a psychiatric evaluation that would routinely last more than an hour and
27 include the taking of a full medical history, conducting a physical examination,
28 obtaining the nature of the patient’s presenting complaints, recording the patient’s

1 family and psychosocial history, summarizing the patient's activities of daily
2 living, conducting a mental status examination, and, as necessary, psychological
3 testing. Respondent deviated from the standard of care by conducting a twenty-
4 minute evaluation, and failing to conduct a full medical history, obtain the nature
5 of the applicant's presenting complaints, inquire into the applicant's family and
6 psycho social history, perform a mental status examination, and order further
7 psychological testing.

8 D. Respondent deviated from the standard of care by failing to perform
9 definitive psychological testing, which would be necessary to quantify the
10 applicant's purported cognitive defects.

11 E. The standard of care in reaching a psychiatric diagnosis requires a
12 physician to evaluate an individual's mental capacity by performing a thorough
13 evaluation, which would include laboratory and neuro-diagnostic testing, as
14 necessary. Respondent deviated from the standard of care by diagnosing M.D.
15 with a mental impairment without evaluating the applicant's mental capacity.
16 Respondent also deviated from the standard of care by diagnosing M.D. with a
17 mental impairment without ordering or reviewing any laboratory or
18 neurodiagnostic testing.

19 F. The standard of care required that Respondent request and review
20 medical records and/or gather collateral information prior to reaching his diagnosis
21 that M.D. had a mental impairment. His failure to do so is a deviation from the
22 standard of practice.

23 G. Respondent's failure to consider that the administration of the
24 English-version of the MMSE using a Spanish-interpreter, and the applicant's
25 formal education to the third grade, as an explanation for an abnormal MMSE
26 result is a deviation from the standard of practice.

27 **APPLICANT R.V.**

28 22. R.V. (a 62-year-old female) was seen at Respondent's

1 office by a female on or around December 27, 2004. A female at Respondent's office
2 took her blood pressure, checked her heart, and asked her questions about her head. The
3 entire office visit took 45 minutes. The patient was never asked if she had engaged in the
4 illegal use of drugs. The medical record contains a completed 3-page "Evaluation for
5 Citizenship Learning Disability" form. It also contains a one-page "Internal Medicine
6 Evaluation."

7 23. On or about December 27, 2004, Respondent signed and submitted
8 a Form N-648 containing the following information.

9 A. Respondent provided a diagnosis of R.V.'s impairments as "1.
10 osteoarthritis, 2. chronic low back pain, 3. chronic headaches, 4. insomnia fatigue,
11 5. chronic pain." In providing the DSM-IV codes for each of the mental
12 impairments he diagnosed, he listed "1. endogenous depression⁹ DSM-IV 296.24."

13 B. Respondent diagnosed her with a "severe learning disability"
14 explaining that this was supported by her score of 16/30 on a standardized MMSE
15 and that this was indicative of "moderate global and mental impairment. She
16 scored 0/8 on retention and recall sections indicating severely impaired ability to
17 perform simple intellectual functions that require short-term memory,
18 concentration and recall."

19 C. Respondent described the connection between the applicant's
20 impairment and her inability to learn and/or demonstrate knowledge of English
21 and/or U.S. history and civics as a "15-year history of endogenous depression,
22 which has remained untreated. The condition is caused by a chemical imbalance in
23 the brain and disruption of proper neurotransmission. The result is dysregulated
24 mental function with impaired perception of the environment and a lack of ability
25 to perceive and respond to stimuli appropriately. The disrupted neurotransmission
26

27 9. Endogenous depression is a type of depression caused by somatic or biological factors rather than
28 environmental influences, in contrast to a reactive depression (q.v.). It is usually identified with a specific symptom
complex—psychomotor retardation, early morning awakening, weight loss, excessive guilt, and lack of reactivity
to the environment—that is roughly equivalent to the symptoms of major depressive disorder.

1 in [the applicant] has resulted in a loss of ability to concentrate, assimilate, process,
2 register, retain and reproduce information. This translates into a severe learning
3 disability.”

4 D. Respondent concluded that the applicant had a “severe learning
5 disability that prevents her from attending school and completing a course of
6 learning in any new subject matter or language” and that she lacked “the mental
7 capacity to demonstrate any fund of knowledge that she may possess. She cannot
8 succeed in any formal interview or examinations as required by INS for
9 naturalization purposes.”

10 E. Respondent determined that none of the impairments he found were
11 the direct effect of the illegal use of drugs.

12 24. Respondent was negligent in his evaluation of R.V. as follows:

13 A. Respondent failed to state in the INS Form 648 that his diagnosis
14 was “probable,” “possible,” or that his diagnostic impression needed to be ruled
15 out by further evaluation or testing. Respondent’s diagnosis of “endogenous
16 depression” was based on events that allegedly occurred fifteen years prior to the
17 examination and was not based on a proper mental status examination or on other
18 information to make a clinical diagnosis of depression. Respondent’s
19 methods deviate from the standard of practice for making a clinical diagnosis of
20 depression.

21 B. Respondent’s conclusion that the applicant had osteoarthritis
22 and chronic pain was not based on any testing, such as serum chemistry
23 results, radiographs or prior medical records containing this data, or based
24 in the medical history taken or on any physical examination. Respondent’s
25 conclusion that the applicant had osteoarthritis and chronic pain is a
26 deviation from the standard of care.

27 C. The standard of care for psychiatric evaluation and diagnosis
28 requires a psychiatric evaluation that would routinely last more than an hour and

1 include the taking of a full medical history, conducting a physical examination,
2 obtaining the nature of the patient's presenting complaints, recording the patient's
3 family and psycho social history, summarizing the patient's activities of daily
4 living, conducting a mental status examination, and, as necessary, psychological
5 testing. Respondent deviated from the standard of care by failing to conduct a full
6 medical history, obtain the nature of the applicant's presenting complaints, inquire
7 into the applicant's family and psycho social history, perform a mental status
8 examination, and order further psychological testing. R.V. does not recall that she
9 ever saw Respondent.

10 D. Respondent deviated from the standard of care by failing to perform
11 definitive psychological testing, which would be necessary to quantify the
12 applicant's purported cognitive defects.

13 E. The standard of care in reaching a psychiatric diagnosis requires a
14 physician to evaluate an individual's mental capacity by performing a thorough
15 evaluation, which would include laboratory and neuro-diagnostic testing, as
16 necessary. Respondent deviated from the standard of care by diagnosing R.V. with
17 a mental impairment without evaluating the applicant's mental capacity.
18 Respondent also deviated from the standard of care by diagnosing R.V. with a
19 mental impairment without ordering or reviewing any laboratory or neuro-
20 diagnostic testing.

21 F. The standard of care required that Respondent request and review
22 medical records and/or gather collateral information prior to reaching his diagnosis
23 that R.V. had a mental impairment. His failure to do so is a deviation from the
24 standard of practice.

25 G. Respondent's failure to consider that the administration of the
26 English-version of the MMSE using a Spanish-interpreter, and the applicant's
27 formal education to the sixth grade, as an explanation for an abnormal MMSE
28 result is a deviation from the standard of practice.

APPLICANT Y.S.

25. Y.S. (a 57-year-old female) was seen by Respondent on or around March 5, 2005. She reported that she has never had heart problems, chronic headaches, insomnia, vascular dementia¹⁰, or brain damage. She also denied any history of sexual or mental abuse. The medical record contains a completed 5-page "Citizenship Learning Disability Evaluation" questionnaire. It also contains a two-page "Internal Medicine Evaluation" signed by Respondent. Respondent noted in the applicant's medical records that the applicant had "some knowledge of English" and that the applicant was crying "as she memorized (sic) her stepfather raping her. When asked whether she feels depressed or anxious about the issue again, she says "no." The applicant was never asked if she had engaged in the illegal use of drugs. Respondent did not ask to review any of the patient's previous medical records. The applicant reported a formal education to the sixth grade.

26. On March 9, 2005, Respondent signed and submitted a Form N-648 containing the following information.

A. Respondent provided a diagnosis of Y.S.'s impairments as "1. coronary heart disease, 2. hypertension, 3. hypercholesterolemia; 4. chronic headaches, 5. insomnia fatigue, 6. hypertensive cerebro-vascular disease, 7. head injury, brain trauma-concussion." In providing the DSM-IV codes for each of the mental impairments he diagnosed, he listed "1. post-concussive syndrome DSM-IV 310.2, 2. vascular dementia DSM-IV 290.4, 3. anxiety and panic disorder DSM-IV 293.89."

B. Respondent diagnosed Y.S. with a learning disability explaining that "When tested by a standardized MMSE, [the applicant] scored 17/30 indicating moderate global cognitive dysfunction as well as learning disability."

10. Vascular dementia is the second most common form of dementia after Alzheimer disease. The condition is not a single disease; it is a group of syndromes relating to different vascular mechanisms. Patients who have had a stroke are at increased risk for vascular dementia.

1 C. Respondent described the connection between the Y.S.' impairment
2 and her inability to learn and/or demonstrate knowledge of English and/or U.S.
3 history and civics as follows "Vascular dementia in [the patient] is a result of the
4 vascular damage to the brain tissue with irreversible loss of brain cells. This has
5 disrupted important neurologic pathways necessary for memorizing and
6 committing information to long-term memory. This severely limits her ability to learn
7 any new subject matter or a language. Vascular dementia has been further
8 compounded by element of postconcussive syndrom and caused by head trauma
9 and irreversible damage to brain cells. This has aggravated vascular dementia and
10 learning disability."

11 D. Respondent determined that none of the impairments he found were
12 the direct effect of the illegal use of drugs.

13 27. Respondent was negligent in his evaluation of Y.S. as follows:

14 A. Respondent failed to state in the INS Form 648 that his diagnosis
15 was "probable," "possible," or that his diagnostic impression needed to be ruled
16 out by further evaluation or testing. The standard of practice for diagnosing the
17 suspected vascular dementia, hypoxic encephalopathy, and all of the cognitive
18 defects that Respondent found in applicant Y.S. requires a neurological
19 examination, serum chemistries, neurological imaging, and neuropsychological
20 testing. Respondent failure to perform a neurological examination, serum
21 chemistries, neurological imaging, and neuropsychological testing on patient Y.S.
22 is a deviation from the standard of practice.

23 B. The standard of care for psychiatric evaluation and diagnosis
24 requires a psychiatric evaluation that would routinely last more than an hour and
25 includes the taking of a full medical history, conducting a physical examination,
26 obtaining the nature of the patient's presenting complaints, recording the patient's
27 family and psycho social history, summarizing the patient's activities of daily
28 living, conducting a mental status examination, and as necessary, psychological

1 testing. Respondent deviated from the standard of care by conducting a twenty-
2 minute evaluation, and failing to conduct a full medical history, obtain the nature
3 of the applicant's presenting complaints, inquire into the applicant's family and
4 psycho social history, perform a mental status examination, and order further
5 psychological testing.

6 C. Respondent deviated from the standard of care by failing to
7 perform definitive psychological testing, which would be necessary to
8 quantify applicant Y.S.' purported cognitive defects.

9 D. The standard of care in reaching a psychiatric diagnosis
10 requires a physician to evaluate an individual's mental capacity by
11 performing a thorough evaluation, which would include laboratory and
12 neuro-diagnostic testing, as necessary. Respondent deviated from the
13 standard of care by diagnosing Y.S. with a mental impairment without
14 evaluating the patient's mental capacity. Respondent also deviated from
15 the standard of care by diagnosing Y.S. with a mental impairment without
16 ordering or reviewing any laboratory or neuro-diagnostic testing.

17 E. The standard of care required that Respondent request and review
18 medical records and/or gather collateral information prior to reaching his diagnosis
19 that Y.S. had a mental impairment. His failure to do so is a deviation from the
20 standard of practice.

21 F. Respondent's failure to consider that the administration of the
22 English-version of the MMSE using a Spanish-interpreter, and the applicant's
23 formal education to the sixth grade, as an explanation for an abnormal result
24 MMSE is a deviation from the standard of practice.

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1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the
3 matters herein alleged, and that following the hearing, the Medical Board of California
4 issue a decision:


5 1. Revoking or suspending Physician's and Surgeon's Certificate
6 Number G47654, issued to Ajit Singh Arora, M.D.

7 2. Revoking, suspending or denying approval of his authority to
8 supervise physician assistants, pursuant to section 3527 of the Code;

9 3. If placed on probation, ordering him to pay the Board the costs of
10 probation monitoring; and

11 4. Taking such other and further action as deemed necessary and
12 proper.

13 DATED: February 24, 2009.

14 
15 BARBARA JOHNSTON
16 Executive Director
17 Medical Board of California
18 State of California
19 Complainant

20 LA2006504128

21 First Amended Accusation Final.wpd
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