COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 1706

IN RE: THE LICENSE TO PRACTICE OSTEOPATHY IN THE COMMONWEALTH
OF KENTUCKY HELD BY SHAWN P. HUDSON, D.O., LICENSE NO. 02933,
5526 MEADOW CREEK ROAD, ROCKHOLDS, KENTUCKY 40759

COMPLAINT

Comes now the Complainant Randel C. Gibson, D.O., Chair of the Kentucky
Board of Medical Licensure’s Inquiry Panel B, and on behalf of the Panel which met on
November 19, 2015, states for its Complaint against the licensee, Shawn P. Hudson,
D.O., as follows:

1. At all relevant times, Shawn P. Hudson, D.O., was licensed by the Board to
practice osteopathy within the Commonwealth of Kentucky.

2. The licensee’s osteopathic specialty was identified on his application as Pain
Medicine.

3. In February 2012, the Board’s Executive Director received an anonymous
grievance, alleging that patients were going to the licensee’s office and picking up
controlled substance prescriptions without being seen by the licensee. After
receiving this grievance, the Director requested a review of the licensee’s
prescribing practices. In a report received March 13, 2012, the Division of Audits
and Investigations identified 25 patients whose records should be reviewed by a
Board consultant, based upon addictive drug combinations, age, distance traveled,
polypharmacy, and similar last names.
4. The Board obtained the medical records for those 25 patients and submitted them to a Board consultant for review. In a report dated June 15, 2012, the consultant concluded, in part,

...From review of the background information, Dr. Hudson is a family physician who sees mostly pain patient referrals from surrounding counties. Based upon review of the records, it appears that this physician specialized in medication management for chronic pain.

I reviewed the records of 16 individuals with a wide range or pain problems; common diagnosis include low back pain, post-laminectomy pain syndrome, degenerative disc and joint disease but there was also patients diagnosed with neurological diseases such multiple sclerosis.

In my review of the records, there was an appropriate work-up of the patient, including a complete history and physical. There was a documented referral from another physician. Review of other medical records including radiology and ancillary test was documented. An appropriate diagnosis was obtained.

Treatment usually consisted of prescribing of an opioid medication for pain and a benzodiazepine for anxiety or depression. With the vast majority of patients, treatment was within minimum standards, a few patients did not meet the threshold. An example is Patient A. We as physicians are willing to give an individual the benefit of the doubt and try and help a human being. However, this patient had repeated inappropriate urine drug screens, despite the patient being placed upon “probation” which consisted only of a 1-month change in controlled medication, while she continued to be treated with dual addictive substances, opioids and benzodiazepines. Moreover, after the one month probation, her dose was double from oxycodone 15mg to oxycodone 30mg. There was no justification for this in the notes. ...

Maintenance of records for each patient consisted of the photocopied note from the prior month. Often times there was no documentation of interval change in the patient’s condition or response to changes in treatment. A new medication or dose would be used without justification in the note and follow-up notes would not reference response to changes. I opine that the maintenance of records is below minimum standards.

Overall, the physician performed an appropriate work-up, diagnosis and for the most part treatment remained within minimum standards, while a record was maintained, it was so obviously photocopied as detailing the same physical for sometimes a year or more. While this “looks good” it
cannot be accurate or reflective of the patient’s condition that day. Occasionally an interval change will get noted, but for the most part, changes in care and results of those changes are not documented and new medications and doses are prescribed without justification.

The photocopy is so obvious in one instance that the physician had noted a patient was had inappropriate finding in the margin of the note, but since the previous month was photocopied, this notation stayed on each successive note for over a year.

5. When interviewed, the licensee provided the following information,

His office is only open two days each week. He has recently had heart problems and is unable to practice full-time. His office is considered General Practice with an emphasis on Pain Management. He is not currently accepting new patients. He runs KASPER reports on each new patient and randomly obtains KASPER reviews on established patients. He conducts drug screens on patients at each visit, has his patients sign drug contracts, and does pill counts. He has dismissed several patients in the past for failing to observe the rules. He receives cash from 20-35% of his patients, and reimbursement from private insurers, Medicaid and Medicare for the remaining patients.

6. Patient B lodged a grievance alleging that the licensee touched her sexually.

When interviewed, Patient B appeared to the investigator to be under the influence of drugs. She stated that the licensee had tried to put his mouth on her breast, but was unable to provide a specific date. She stated that this was all a big conspiracy and a made-up failed drug test. She stated that she really needed her medicine.

7. The licensee denied making any type of sexual advance to Patient B. He provided the following information in response to her allegation,

She had been a patient for about 7 months and was not the most desirable of patients. He stressed to her several times that she needed to be compliant in taking her controlled substances. He discharged her on July 14, 2011, after several warnings, after she tested positive for Ethanol, Klonopin, Amphetamines, Methamphetamine, Suboxone and Oxycodone in a much higher concentration than her prescription.
8. The same Board consultant reviewed the licensee’s treatment of this patient and concluded that the licensee’s treatment and record-keeping for this patient were below minimum standards, noting,

...She was Rx roxicodone 15mg #120, Celebrex. Her UDS on that day was negative for any medication. Next month UDS as positive for oxycodone but also for buprenorphine. Each month there has been some inappropriate finding on her UDS, be it negative for medications being Rx or positive for medications not being Rx, these meds do not appear on her KASPER. Pt was ultimately discharged on 7/14/11 due to ethanol, amphetamines, suboxone, methamphetamines and no Xanax on UDS....

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During no point during the treatment of this patient with continue issuance of addictive controlled medications was there ever documentation of why the physician was continuing to prescribe the medications despite inappropriate UDS with short acting medications (meaning they are through the system before detected) this patient has substances not Rx for her on multiple occasions beginning almost immediately after treatment began. Ultimately, the patient was discharged from the clinic but it should have been done much sooner. Even if you allow the patient a second chance, that second chance was violated 12/1/10.

9. On or about September 17, 2012, the licensee entered into an Agreed Order of Indefinite Restriction, KBML Case No. 1431, in which he stipulated the above facts, acknowledged that he had violated the provisions of KRS 311.595(9), as illustrated by KRS 311.597(1), (3) and (4), and agreed, in pertinent part, to:

- Within six (6) months of the filing of the Agreed Order, successfully complete the “Maintaining Proper Boundaries” course at The Center for Professional Health at Vanderbilt University Health Center, Nashville, TN, (615) 936-0678, at his expense;

- Within three (3) years of the date of filing of the Agreed Order, to pay a fine in the amount of $5,000 and reimburse the Board’s costs in the amount of $1,050 (a total of $6,050.00), by making annual payments of at least $2,000 until paid in full; and

- To not violate any provision of KRS 311.595 and/or 311.597.
10. Pursuant to the Agreed Order of Indefinite Restriction, KBML Case No. 1431, the licensee also agreed that if he should violate any term or condition of that Agreed Order of Indefinite Restriction, his practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125.

11. The licensee did not complete the “Maintaining Proper Boundaries” course at The Center for Professional Health at Vanderbilt University Health Center within six (6) months of the filing of the Agreed Order of Indefinite Restriction.

12. The licensee did not pay a fine in the amount of $5,000 and reimburse the Board’s costs in the amount of $1,050 (a total of $6,050.00), by making annual payments of at least $2,000 until paid in full within three (3) years of the date of filing of the Agreed Order of Indefinite Restriction.

13. On or about November 19, 2015, Panel B determined that Dr. Hudson’s practice constitutes an immediate danger to the public health, safety, or welfare of patients or the public. As a result, the Dr. Hudson became suspended from the practice of osteopathy in the Commonwealth of Kentucky pending resolution of this Complaint.

14. By his conduct, the licensee has violated KRS 311.595(13). Accordingly, legal grounds exist for disciplinary action against his Kentucky osteopathic license.

15. The licensee is directed to respond to the allegations delineated in the Complaint within thirty (30) days of service thereof and is further given notice that:

(a) His failure to respond may be taken as an admission of the charges;

(b) He may appear alone or with counsel, may cross-examine all prosecution witnesses and offer evidence in his defense.
16. NOTICE IS HEREBY GIVEN that a hearing on this Complaint is scheduled for **March 3 and 4, 2016**, at 9:00 a.m., Eastern Standard Time, at the Kentucky Board of Medical Licensure, Hurstbourne Office Park, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222. Said hearing shall be held pursuant to the Rules and Regulations of the Kentucky Board of Medical Licensure and pursuant to KRS Chapter 13B. This hearing shall proceed as scheduled and the hearing date shall only be modified by leave of the Hearing Officer upon a showing of good cause.

WHEREFORE, Complainant prays that appropriate disciplinary action be taken against the license to practice osteopathy held by SHAWN P. HUDSON, D.O.

This 26th day of November, 2015.

(Randel Gibson)
RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

**CERTIFICATE OF SERVICE**

I certify that the original of this Complaint was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222, a copy was mailed to Thomas J. Hellmann, Esq., Hearing Officer, 810 Hickman Hill Road, Frankfort, Kentucky 40601 and a copy was mailed via certified mail return-receipt requested to the licensee Shawn P. Hudson, D.O., License No. 02933, 5526 Meadow Creek Road, Rockholds, Kentucky 40759, on this 26th day of November, 2015.

(Leanne K. Diakov)
Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150
COMMONWEALTH OF KENTUCKY  
BOARD OF MEDICAL LICENSURE  
CASE NO. 1706  

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EMERGENCY ORDER OF SUSPENSION

The Kentucky Board of Medical Licensure ("the Board"), acting by and through its Inquiry Panel B, considered this matter at its November 19, 2015, meeting. At that meeting, Inquiry Panel B considered a memorandum from Billy Madden, Medical Investigator, dated November 4, 2015; an Agreed Order of Indefinite Restriction, filed of record September 17, 2012; and a compliance inspection report from Billy Madden, Medical Investigator, dated May 28, 2015.

Having considered all of this information and being sufficiently advised, Inquiry Panel B ENTERS the following EMERGENCY ORDER OF SUSPENSION, in accordance with KRS 311.592(1) and 13B.125(1):

FINDINGS OF FACT

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B concludes there is probable cause to make the following Findings of Fact, which support its Emergency Order of Suspension:

1. At all relevant times, Shawn P. Hudson, D.O., was licensed by the Board to practice osteopathy within the Commonwealth of Kentucky.

2. The licensee’s osteopathic specialty was identified on his application as Pain Medicine.
3. In February 2012, the Board’s Executive Director received an anonymous grievance, alleging that patients were going to the licensee’s office and picking up controlled substance prescriptions without being seen by the licensee. After receiving this grievance, the Director requested a review of the licensee’s prescribing practices. In a report received March 13, 2012, the Division of Audits and Investigations identified 25 patients whose records should be reviewed by a Board consultant, based upon addictive drug combinations, age, distance traveled, polypharmacy, and similar last names.

4. The Board obtained the medical records for those 25 patients and submitted them to a Board consultant for review. In a report dated June 15, 2012, the consultant concluded, in part,

...From review of the background information, Dr. Hudson is a family physician who sees mostly pain patient referrals from surrounding counties. Based upon review of the records, it appears that this physician specialized in medication management for chronic pain.

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Treatment usually consisted of prescribing of an opioid medication for pain and a benzodiazepine for anxiety or depression. With the vast majority of patients, treatment was within minimum standards, a few patients did not meet the threshold. An example is Patient A. We as physicians are willing to give an individual the benefit of the doubt and try and help a human being. However, this patient had repeated inappropriate urine drug screens, despite the patient being place upon “probation” which consisted only of a 1-month change in controlled medication, while she continued to be treated with dual addictive substances, opioids and benzodiazepines. Moreover, after the one month probation, her dose
was double from oxycodone 15mg to oxycodone 30mg. There was no justification for this in the notes. 

Maintenance of records for each patient consisted of the photocopied note from the prior month. Often times there was no documentation of interval change in the patient's condition or response to changes in treatment. A new medication or dose would be used without justification in the note and follow-up notes would not reference response to changes. I opine that the maintenance of records is below minimum standards.

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The photocopy is so obvious in one instance that the physician had noted a patient was had inappropriate finding in the margin of the note, but since the previous month was photocopied, this notation stayed on each successive note for over a year.

5. When interviewed, the licensee provided the following information,

His office is only open two days each week. He has recently had heart problems and is unable to practice full-time. His office is considered General Practice with an emphasis on Pain Management. He is not currently accepting new patients. He runs KASPER reports on each new patient and randomly obtains KASPER reviews on established patients. He conducts drug screens on patients at each visit, has his patients sign drug contracts, and does pill counts. He has dismissed several patients in the past for failing to observe the rules. He receives cash from 20-35% of his patients, and reimbursement from private insurers, Medicaid and Medicare for the remaining patients.

6. Patient B lodged a grievance alleging that the licensee touched her sexually.

When interviewed, Patient B appeared to the investigator to be under the influence of drugs. She stated that the licensee had tried to put his mouth on her breast, but was unable to provide a specific date. She stated that this was all a big
conspiracy and a made-up failed drug test. She stated that she really needed her medicine.

7. The licensee denied making any type of sexual advance to Patient B. He provided the following information in response to her allegation,

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8. The same Board consultant reviewed the licensee’s treatment of this patient and concluded that the licensee’s treatment and record-keeping for this patient were below minimum standards, noting,

...She was Rx roxicodone 15mg #120, Celebrex. Her UDS on that day was negative for any medication. Next month UDS as positive for oxycodone but also for buprenorphine. Each month there has been some inappropriate finding on her UDS, be it negative for medications being Rx or positive for medications not being Rx, these meds do not appear on her KASPER. Pt was ultimately discharged on 7/14/11 due to ethanol, amphetamines, suboxone, methamphetamines and no Xanax on UDS... 

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9. On or about September 17, 2012, the licensee entered into an Agreed Order of Indefinite Restriction, KBML Case No. 1431, in which he stipulated the above facts, acknowledged that he had violated the provisions of KRS 311.595(9), as illustrated by KRS 311.597(1), (3) and (4), and agreed, in pertinent part, to:
• Within six (6) months of the filing of the Agreed Order, successfully complete the "Maintaining Proper Boundaries" course at The Center for Professional Health at Vanderbilt University Health Center, Nashville, TN, (615) 936-0678, at his expense;

• Within three (3) years of the date of filing of the Agreed Order, to pay a fine in the amount of $5,000 and reimburse the Board’s costs in the amount of $1,050 (a total of $6,050.00), by making annual payments of at least $2,000 until paid in full; and

• To not violate any provision of KRS 311.595 and/or 311.597.

10. Pursuant to the Agreed Order of Indefinite Restriction, KBML Case No. 1431, the licensee also agreed that if he should violate any term or condition of that Agreed Order of Indefinite Restriction, his practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125.

11. The licensee did not complete the "Maintaining Proper Boundaries" course at The Center for Professional Health at Vanderbilt University Health Center within six (6) months of the filing of the Agreed Order of Indefinite Restriction.

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CONCLUSIONS OF LAW

Pursuant to KRS 13B.125(2) and based upon the information available to it, Inquiry Panel B finds there is probable cause to support the following Conclusions of Law, which serve as the legal bases for this Emergency Order of Suspension:

1. The licensee’s Kentucky osteopathic license is subject to regulation and discipline by this Board.
2. KRS 311.592(1) provides that the Board may issue an emergency order suspending, limiting, or restricting a physician’s license at any time an inquiry panel has probable cause to believe that a) the physician has violated the terms of an order placing him/her on probation; or b) a physician’s practice constitutes a danger to the health, welfare and safety of his/her patients or the general public.

3. There is probable cause to believe that the licensee has violated KRS 311.595(13).

4. The Panel concludes there is probable cause to believe this physician’s practice constitutes a danger to the health, welfare and safety of his patients or the general public.

5. The Board may draw logical and reasonable inferences about a physician’s practice by considering certain facts about a physician’s practice. If there is proof that a physician has violated a provision of the Kentucky Medical Practice Act in one set of circumstances, the Board may infer that the physician will similarly violate the Medical Practice Act when presented with a similar set of circumstances. Similarly, the Board concludes that proof of a set of facts about a physician’s practice presents representative proof of the nature of that physician’s practice in general. Accordingly, probable cause to believe that the physician has committed certain violations in the recent past presents probable cause to believe that the physician will commit similar violations in the near future, during the course of the physician’s medical practice.

6. The United States Supreme Court has ruled that it is no violation of the federal Due Process Clause for a state agency to temporarily suspend a license, without a prior evidentiary hearing, so long as 1) the immediate action is based upon a probable

7. KRS 13B.125(3) provides that the Board shall conduct an emergency hearing on this emergency order within ten (10) working days of a request for such a hearing by the licensee. The licensee has been advised of his right to a prompt post-deprivation hearing under this statute.

**EMERGENCY ORDER OF SUSPENSION**

Based upon the foregoing Findings of Fact and Conclusions of Law, Inquiry Panel B hereby ORDERS that the license to practice osteopathy in the Commonwealth of Kentucky held by Shawn P. Hudson, D.O., is SUSPENDED and Dr. Hudson is prohibited from performing any act which constitutes the “practice of medicine or osteopathy,” as that term is defined by KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities - until the resolution of the Complaint setting forth the allegations discussed in this pleading or until such further Order of the Board.

Inquiry Panel B further declares that this is an EMERGENCY ORDER, effective upon receipt by the licensee.
SO ORDERED this 20th day of November, 2015.

[Signature]

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

CERTIFICATE OF SERVICE

I certify that the original of this Emergency Order of Suspension was delivered to Mr. Michael S. Rodman, Executive Director, Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222, and a copy was mailed via certified mail return-receipt requested to the licensee, Shawn P. Hudson, D.O., License No. 02933, 5526 Meadow Creek Road, Rockholds, Kentucky 40759, on this 20th day of November, 2015.

[Signature]

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Tel. (502) 429-7150
COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
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OF KENTUCKY HELD BY SHAWN P. HUDSON, D.O., LICENSE NO. 02933,
5526 MEADOW CREEK ROAD, ROCKHOLDS, KENTUCKY 40759

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure (hereafter “the Board”),
acting by and through its Inquiry Panel B, and Shawn P. Hudson, D.O. (“the licensee”),
and, based upon their mutual desire to fully and finally resolve pending investigations
without an evidentiary hearing, hereby ENTER INTO the following AGREED ORDER
OF INDEFINITE RESTRICTION:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this
Agreed Order of Indefinite Restriction:

1. At all relevant times, Shawn P. Hudson, D.O., was licensed by the Board to
   practice osteopathy within the Commonwealth of Kentucky.

2. The licensee’s medical specialty was identified on his application as Pain
   Medicine.

3. In February 2012, the Board’s Executive Director received an anonymous
   grievance, alleging that patients were going to the licensee’s office and picking up
   controlled substance prescriptions without being seen by the licensee. After
   receiving this grievance, the Director requested a review of the licensee’s
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STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Indefinite Restriction:

1. The licensee’s Kentucky osteopathic license is subject to regulation and discipline by the Board.

2. Based upon the Stipulations of Fact, the licensee has engaged in conduct which violates the provisions of KRS 311.595(9), as illustrated by KRS 311.597(1), (3) and (4). Accordingly, there are legal grounds for the parties to enter into this Agreed Order of Indefinite Restriction.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve these investigations without an evidentiary hearing by entering into an informal resolution such as this Agreed Order of Indefinite Restriction.

**AGREED ORDER OF INDEFINITE RESTRICTION**

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve these investigations without an evidentiary hearing, the parties hereby ENTER INTO the following

**AGREED ORDER OF INDEFINITE RESTRICTION:**

1. The license to practice osteopathy in the Commonwealth of Kentucky held by Shawn P. Hudson, D.O., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, effective immediately upon the filing of this Order;

2. During the effective period of this Agreed Order of Indefinite Restriction, the licensee’s Kentucky osteopathic license SHALL BE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS OF RESTRICTION/LIMITATION for an indefinite term, or until further order of the Board:
   a. The licensee SHALL NOT prescribe, dispense, or otherwise professionally utilize controlled substances unless and until approved to do so by the Panel;
   b. The Panel will not consider a request by the licensee to resume the professional utilization of controlled substances unless and until the following conditions have been satisfied – 1) six (6) months have elapsed since the filing of this Agreed Order of Indefinite Restriction; and, 2) the licensee has successfully completed the “Prescribing Controlled Drugs”
course at The Center for Professional Health at Vanderbilt University Medical Center, Nashville, TN, (615) 936-0678 or the University of Florida, 8491 N.W. 39th Avenue, Gainesville, Florida 32606 (352) 265-5549, at his expense; and, the licensee has successfully completed the Patient Documentation Seminar offered by the Center for Personalized Education for Physicians (CPEP), 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 – 303/577-3232, at his expense;

c. If the Panel should grant the licensee’s request to resume the professional utilization of controlled substances, it will do so by an Amended Agreed Order of Indefinite Restriction, which shall include all conditions determined appropriate by the Panel at that time based upon the information available, but including the following conditions at a minimum:

i. The licensee shall maintain a “controlled substances log” for all controlled substances prescribed. The controlled substances log must include date, patient name, patient complaint, medication prescribed, when it was last prescribed and how much on the last visit. Note: All log sheets will be consecutively numbered, legible i.e. printed or typed, and must reflect “call-in” and refill information. Prescriptions should be maintained in the following manner: 1) patient; 2) chart; and 3) log.

ii. The licensee SHALL permit the Board’s agents to inspect, copy and/or obtain the controlled substance log and other relevant
records, upon request, for review by the Board’s agents and/or consultants.

iii. The licensee SHALL reimburse the Board fully for the costs of each consultant review performed pursuant to this Amended Agreed Order (of Indefinite Restriction). Once the Board receives the invoice from the consultant(s) for each review, it will provide the licensee with a redacted copy of that invoice, omitting the consultant’s identifying information. The licensee SHALL pay the costs noted on the invoice within thirty (30) days of the date on the Board’s written notice. The licensee’s failure to fully reimburse the Board within that time frame SHALL constitute a violation of this Amended Agreed Order (of Indefinite Restriction).

iv. The licensee SHALL also take all necessary steps to enroll in the CPEP Personalized Implementation Program. The licensee shall complete the Personalized Implementation Program, at his expense, as directed by CPEP’s staff.

v. The licensee SHALL provide the Board’s staff with written verification that he has successfully completed CPEP’s Documentation Seminar, promptly after completing the Seminar, and that he has enrolled in the 6-month Personalized Implementation Program;

vi. The licensee SHALL provide the Board’s staff with written verification that he has successfully completed the 6-month
Personalized Implementation Program promptly after completing that program.

vii. The licensee SHALL take all steps necessary, including signing any waiver and/or consent forms required to ensure that CPEP will provide a copy of any evaluations from the Documentation Seminar and Personalized Implementation Program to the Board’s Legal Department promptly after their completion;

d. within six (6) months of the filing of this Agreed Order, the licensee SHALL successfully complete the “Maintaining Proper Boundaries” course at The Center for Professional Health at Vanderbilt University Health Center, Nashville, TN, (615) 936-0678, at his expense;

e. The licensee understands and agrees that at least two favorable consultant reviews must be performed, on terms determined by the Panel or its staff, before the Panel will consider a request to terminate this Agreed Order of Indefinite Restriction;

f. The licensee SHALL pay a fine in the amount of $5,000.00 and SHALL REIMBURSE the costs of the proceedings in the amount of $1,050.00, for a total of $6,050.00, within three (3) years of the date of filing of this Agreed Order of Indefinite Restriction. The licensee SHALL pay at least $2,000 per year, due on or before the anniversary of this Agreed Order of Indefinite Restriction, with a final payment of $2,050.00 if necessary.

g. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.
3. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order of Indefinite Restriction, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an ex parte presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Indefinite Restriction would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Indefinite Restriction.

4. The licensee understands and agrees that any violation of the terms of this Agreed Order of Indefinite Restriction would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13), and may provide a legal basis for criminal prosecution.
SO AGREED on this 17th day of September, 2012.

FOR THE LICENSEE:

[Signature]
SHAWN P. HUDSON, D.O.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

[Signature]
RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

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