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FILED

January 16, 2014

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

By: Megan Cordoma
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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION OR :
REVOCAION OF THE LICENSE OF :
: :
JAN CZEREPAK, D.O. : ADMINISTRATIVE ACTION
License No. 25MB06847100 : :
: CONSENT ORDER GRANTING
: RESTRICTED LICENSE
TO PRACTICE MEDICINE : :
IN THE STATE OF NEW JERSEY :

This matter was opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of a request from Jan Czerepak, D.O., seeking reinstatement of his New Jersey medical license. Dr. Czerepak voluntarily surrendered his license by way of a Consent Order entered on September 11, 2006. Under the terms of the Consent Order, Dr. Czerepak agreed to comply with a monitoring program established by PAP, completion of an approved

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treatment program, attendance at AA meetings, random urine monitoring, and monthly face-to-face meetings with PAP.

On February 6, 2013, Dr. Czerepak appeared before the Preliminary Evaluation Committee to discuss his petition for reinstatement. Currently, Dr. Czerepak meets with a psychiatrist regularly to treat his mental health issues. He continues to meet with PAP and undergo random urine screenings. He attends AA meetings on a daily basis, and meets with his sponsors three to five times per week. Dr. Czerepak has active sobriety since May 5, 2011.

The committee reviewed Dr. Czerepak's CV and the steps he has taken to prepare himself to return to practice. He completed the SPEX exam, and approximately 50 Category I credits and over 200 Category II credits through self-study. He participated in a three-month observership with Dr. James LaBagnara of St. Joseph Regional Medical Center, and continues office hours with Dr. LaBagnara every Monday.

When asked about his plans for the future, Dr. Czerepak explained he would like to work at a small practice, and would like to return to surgery under the supervision of another physician. He also expressed an interest in participating in charity via Operation Smile or Doctors without Borders organizations.

Dr. Czerepak appeared forthright and sincere in his desire to maintain sobriety as he reintegrates into the practice of medicine. He has taken concrete academic and practical steps to re-familiarize himself with the practice. Dr. Czerepak was referred to Dr. Jeffrey Berman, M.D., who preformed a neuropsychiatric exam, and found that from a psychiatric and chemical dependency point of view, Dr. Czerepak is fit to practice medicine.

Dr. Czerepak, consenting and agreeing to every term of this Consent Order and waiving any right he may have to a hearing, and the Board finding that Dr. Czerepak has been fully compliant with the 2006 Consent Order, and appears to understand the consequences of his conduct and having taken clear steps toward ongoing rehabilitation, and the Board finding the within disposition is adequately protective of the public health, safety and welfare, and all parties agreeing to the terms of this Order and for other good cause shown;

IT IS on this 16th day of January, 2014,

ORDERED that:

1. Respondent's license shall be reinstated subject to the conditions outlined in this Order, including that Respondent shall continue to enroll in and comply fully with the

monitoring program established for him by the Professional Assistance Program of New Jersey (PAP), and shall remain in the PAP, thereafter until further Order of the Board. Such monitoring program shall include but not be limited to:

- a. Respondent shall continue to attend support group meetings at a frequency determined by the Executive Director of PAP. Respondent shall provide evidence of attendance at such groups directly to the PAP on a form or in a manner as required by the PAP.
- b. Absolute abstinence from all psychoactive substances including alcohol unless prescribed by a treating health care professional for a documented medical condition and with notification from the treating health care professional to the executive medical director of the PAP of the diagnosis and treatment regime within five days of issuing the prescription. Respondent shall advise all of his treating health care practitioners, who prescribe medications, of his addiction history and shall be responsible to ensure that the treating health care professional notifies the PAP of any prescription for a psychoactive substance within five days of issuance of the prescription. Respondent shall also personally notify the PAP of any prescription for psychoactive substance within five days of issuance of the prescription.
- c. Respondent shall undergo random witnessed urine monitoring under the supervision of the PAP on an unannounced basis, at a frequency determined by PAP until PAP releases Respondent from the program. The urine monitoring shall include but not be limited to, screening for psychoactive substances and alcohol. All test results shall be provided in the first instance directly to the PAP and any positive result shall be reported immediately by the PAP to the Executive Director of the Board.
- d. The Board reserves the right to require a modification of the manner of the random witnessed urine testing by the PAP in the event technical developments or individual requirements indicate that a different methodology or approach is required to guarantee the accuracy and reliability of the testing.

- e. Respondent's failure to submit to or provide a urine sample within twenty-four hours of a request shall be deemed to be the equivalent of a confirmed positive urine test and shall be deemed a violation of this Order unless Respondent is unable to appear for a scheduled urine test due to illness or other impossibility. Respondent must advise the Board in writing within two (2) days, and cause the PAP to so advise the Board in writing within (2) days, of a claimed illness or impossibility. If Respondent fails to appear for a scheduled urine test due to illness, Respondent shall provide to the Board, written substantiation of the illness in the form of a physician's report, within two (2) days. "Impossibility" means an obstacle beyond the control of Respondent that is insurmountable or that makes his appearance for the urine test so infeasible that a reasonable person would waive Respondent's requirement to give the urine sample that day.
- f. All random witnessed alcohol and drug screens shall be negative for the presence of alcohol or drugs, unless the drugs detected by screening were taken for a documented illness pursuant to a valid prescription from a health care practitioner aware of Respondent's substance abuse history. All positive results shall be confirmed by the Gas Chromatography Mass Spectrometry (GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain-of-custody procedures have been followed.
- g. Any urine test result showing creatinine levels below 20 mg/dl and a specific gravity below 1.003 shall create a rebuttable presumption of a confirmed positive urine test, and shall be followed by a confirming test. The method of the confirming test shall be determined by the PAP.
- h. Respondent shall become familiar with all foods, food additives or other products (such as poppy seeds) which may affect the validity of urine screens, be presumed to possess that knowledge, and shall refrain from the use of such substances. Respondent specifically agrees that ingestion of such substances shall not be an acceptable reason for a positive urine screen and/or failure to comply with the urine monitoring program.

- i. Respondent shall submit to continued monitoring by the PAP and shall meet with the PAP on a face-to-face basis at least once a month until PAP releases Respondent from the program.
 - j. Respondent shall be responsible to ensure that the PAP shall supply reports every ninety (90) days beginning on the "filed" date of this Order to the Board regarding his progress with the monitoring program.
 - k. Respondent shall obtain the agreement of the PAP via a signature of its representative on this Order to notify the Board within 24 hours of its receipt of information of any noncompliant behavior, slip or relapse of impairment, including but not limited to any positive urine screen or failure to appear for urine monitoring or any scheduled appointment or any discontinuance of the PAP rehabilitation program whether initiated by Respondent or by the PAP.
 - l. Respondent expressly waives any claim to privilege or confidentiality that he may have concerning reports and disclosures to the Board, and use by the Board of that information in any license proceedings, including reports and disclosures by the urine monitoring program, or the PAP, or any other person or entity involved in his rehabilitation program.
 - m. All costs associated with the monitoring outlined above shall be the responsibility of, and paid directly by, Respondent.
2. Respondent agrees that he shall not perform independent surgery, but shall perform surgery only under the supervision of a Board-approved physician, in a Board-approved facility. He may act as an assistant, but not as primary surgeon.

3. Respondent shall practice no more than 40 (forty) hours per week.

4. Respondent may not work independently as a solo practitioner.

5. Respondent shall be supervised by a supervisor pre-approved by the Board. The supervisor shall meet with Respondent at least once per week to review patient records and must provide quarterly reports regarding Dr. Czerepak's progression to the Board. The supervisor shall report to the Board and to PAP immediately upon receipt of any behavior indicative of relapse.

6. After one year of practice, following the entry of this Order, and with the approval from PAP, Respondent may petition the Board for an amendment to allow him to perform independent surgery upon a showing of clinical competency to the satisfaction of the Board. Such a petition shall include number and frequency of surgeries performed, and submission of a written evaluation from his supervising physician attesting to his fitness to perform surgery. Such an assessment shall include, but is not limited to, evaluations of Dr. Czerepak's competency in the following areas:

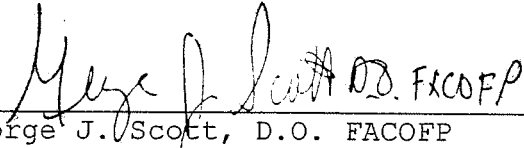
- a. knowledge base in the field of Otolaryngology
- b. skills as a clinician and surgeon
- c. ability to establish rapport with patients
- d. clinical judgment and medical decision making
- e. sufficiency in documentation of in a clinical records
- f. sufficiency in interactions with other health care providers and physician colleagues
- g. diagnostic acumen

7. Respondent must appear and testify before the Board, or a Committee thereof, prior to any amendments to this Order. The Board may impose any restrictions or limitations it deems appropriate in its sole discretion in connection with any relaxation or termination of any restrictions herein.

8. Any deviation from the terms of this Order without the prior written consent of the Board shall constitute a failure to comply with the terms of this Order. Upon receipt of any reliable information indicating Respondent has violated any term of this Order, Respondent's license may be automatically suspended by the Board. Respondent, upon five days notice, may request a hearing to contest the entry of such an order. At any such hearing the sole issue shall be whether any of the information received regarding the suspension was materially

false. In addition, the Board reserves the right to bring further disciplinary action.

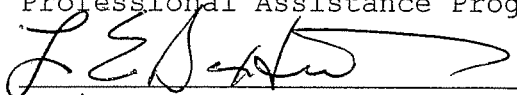
NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS

By: 
George J. Scott, D.O. FACOFP
President

I have read the within Order and understand its terms. I consent to the entry of this Order by the New Jersey Board of Pharmacy.


Jan Czerepak, D.O.

Agreed as to the monitoring and reporting requirements of this Consent Order on behalf of the Professional Assistance Program

 12/16/13
Louis E. Baxter, Sr., M.D., FASAM Date
Medical Director
Professional Assistance Program

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ACTIONS**

Pursuant to N.J.S.A. 52:14B-3(3), all orders of the New Jersey State Board of Medical Examiners are available for public inspection. Should any inquiry be made concerning the status of a licensee, the inquirer will be informed of the existence of the order and a copy will be provided if requested. All evidentiary hearings, proceedings on motions or other applications which are conducted as public hearings and the record, including the transcript and documents marked in evidence, are available for public inspection, upon request.

Pursuant to 45 CFR Subtitle A 60.8, the Board is obligated to report to the National Practitioners Data Bank any action relating to a physician which is based on reasons relating to professional competence or professional conduct:

- (1) Which revokes or suspends (or otherwise restricts) a license,
- (2) Which censures, reprimands or places on probation,
- (3) Under which a license is surrendered.

Pursuant to 45 CFR Section 61.7, the Board is obligated to report to the Healthcare Integrity and Protection (HIP) Data Bank, any formal or official actions, such as revocation or suspension of a license (and the length of any such suspension), reprimand, censure or probation or any other loss of license or the right to apply for, or renew, a license of the provider, supplier, or practitioner, whether by operation of law, voluntary surrender, non-renewability, or otherwise, or any other negative action or finding by such Federal or State agency that is publicly available information.

Pursuant to N.J.S.A. 45:9-19.13, if the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, it is obligated to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders are provided to that organization on a monthly basis.

Within the month following entry of an order, a summary of the order will appear on the public agenda for the next monthly Board meeting and is forwarded to those members of the public requesting a copy. In addition, the same summary will appear in the minutes of that Board meeting, which are also made available to those requesting a copy.

Within the month following entry of an order, a summary of the order will appear in a Monthly Disciplinary Action Listing which is made available to those members of the public requesting a copy.

On a periodic basis the Board disseminates to its licensees a newsletter which includes a brief description of all of the orders entered by the Board.

From time to time, the Press Office of the Division of Consumer Affairs may issue releases including the summaries of the content of public orders.

Nothing herein is intended in any way to limit the Board, the Division or the Attorney General from disclosing any public document.