

AGENDA ITEM 10

UPDATE ON OT EDUCATION PROGRAMS PROVIDING MODALITIES EDUCATION AS PART OF THE REQUIRED CURRICULUM.

A proposed survey of modalities educational being provided in the OT curriculum that is intended to be sent to all OT schools nationwide (prepared by Dr. Donna Breger-Stanton, Professor and Academic Fieldwork Coordinator at Samuel Merritt University), is attached for review.

Survey Begins

This survey should take no more than 10-15 minutes to complete. The survey is anonymous, and the results will only be reported in the aggregate. Your name will not be associated with any of the responses. There are no risks involved in taking this survey. Please answer each of the questions to the best of your ability. Completion of the survey indicates your consent to participate. You may stop the survey at any time, if you so decide and no data will be kept from any inputted before you decided not to continue. Thank you, in advance, for your time to complete this survey.

*1. Your program is a/an:

- a. Entry-level master's, OT
- b. Entry-level doctorate, OT
- c. Combined bachelors/master's program
- d. Other (please specify)

*2. In what state is your OT program located?

*3. Which of the following best describes how superficial thermal/mechanical modalities, and deep thermal/electrotherapeutic modalities are taught in your program:

- a. One course in superficial thermal/ mechanical modalities
- b. One course in deep thermal/electrotherapeutic modalities only
- c. One course covers both topics
- d. No separate courses (incorporated in other courses within the curriculum)
- e. Other (please specify)

*4. What terminology does your program use to describe superficial thermal/mechanical modalities, and deep thermal/electrotherapeutic modalities? (Please check all that apply)

- a. Physical agent modalities
- b. Physical agents
- c. Thermal agents
- d. Electrical modalities
- e. Mechanical modalities
- f. Other (please specify)

***5. Is the term from ACOTE Standards "superficial thermal/mechanical agents" included in your course title?**

a. Yes

b. No.

c. If Yes, please indicate title of course

6. Does your program include terms "deep thermal/electrotherapeutic modalities" in your course objectives?

yes

no

Other (please specify)

***7. Are the terms related to "superficial thermal/mechanical modalities," and "deep thermal/electrotherapeutic modalities" included in the course objectives and/or descriptions?**

a. Yes, for all courses teaching modalities

b. Yes, for superficial thermal/mechanical modalities alone

c. Yes, for deep thermal/electrotherapeutic modalities alone

d. Not at all

***8. Does your occupational therapy program require the following prerequisite course(s)? (Please check all that apply)**

a. Anatomy

b. Biology

c. Chemistry

d. Kinesiology

e. Neuroanatomy/Neuroscience

f. Physics

g. Physiology

h. No required science prerequisites

i. Other science based course(s)?

***9. Which of the following courses are included as part your program's curriculum?**

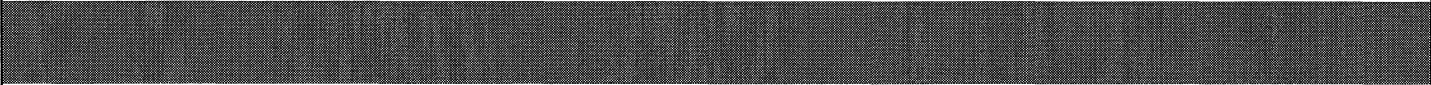
(Please check all that apply)

- a. Anatomy
- b. Chemistry
- c. Kinesiology
- d. Neuroanatomy/Neuroscience
- e. Physiology
- f. Physics
- g. Other science based course(s)?

***10. Your curriculum includes the following topics taught in the modalities classe(s):**

(Please mark all that apply)

- a. Assessment
- b. Documentation
- c. Safety and management of equipment
- d. Evidence based rationale for use of modalities



***11. Please select the following modalities included in your curriculum: (Please check all that apply)**

- a. Cold, ice packs
- b. Contrast baths
- c. Electrical stimulation
- d. Fluidotherapy
- e. Heat, hot packs
- f. Iontophoresis
- g. Laser
- h. Paraffin
- i. Phonophoresis
- j. TENS
- k. Ultrasound
- l. Whirlpool

m. Other modality (please specify)

***12. Please fill in the total number of hours of lecture and/or laboratory devoted to instruction of superficial therapy/mechanical modalities and deep thermal/electrotherapeutic modalities content in your curriculum:**

	Hours Laboratory	Hours of Lecture
a. Superficial thermal/Mechanical modalities	<input type="text"/>	<input type="text"/>
b. Deep thermal/Electrotherapeutic modalities	<input type="text"/>	<input type="text"/>

Please add specific

***13. Please select the extent to which your program is currently achieving the following ACOTE Standards:**

	1. Very poor	2. Poor	3. Neutral	4. Well	5. Very well
a. B.5.15 "Explain the use of superficial thermal and mechanical modalities as a preparatory measure"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. B.5.16 "Explain the use of deep thermal and electrotherapeutic modalities as a preparatory measure"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 14. Please indicate the level of agreement to the following statements about the inclusion of education of modalities as a preparatory measure to improve occupational therapy performance:**

	1. Strongly disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
a. Entry-level occupational therapy education must include competency on superficial thermal and mechanical modalities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Entry-level occupational therapy education must include competency of application of deep thermal/electrotherapeutic modalities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 15. Does your program require competency testing for application of superficial thermal/mechanical modalities, and/or deep thermal/electrotherapeutic modalities before the students graduate?**

- a. Test for superficial thermal/mechanical only
- b. Test for deep thermal/electrotherapeutic modalities only
- c. Test for both superficial thermal/mechanical modalities, and deep thermal/electrotherapeutic modalities
- d. Our program does not test for competency in these areas

*** 16. In your opinion, upon graduation, are your students prepared to treat patients incorporating the following:**

	a. Yes	b. No
a. Superficial thermal/mechanical modalities as preparatory interventions	<input type="radio"/>	<input type="radio"/>
b. Deep thermal/electrotherapeutic modalities as preparatory interventions	<input type="radio"/>	<input type="radio"/>
c. Additional thoughts, comments:	<input type="text"/>	

17. How many hours are taught in physical and electrotherapeutic modalities?

physical lecture hours

physical lab hours

electrotherapeutic lecture hours

electrotherapeutic lab hours

Thank you so much for participating in this survey!

AGENDA ITEM 11

Discussion and consideration of the request from the National Board for Certification in Occupational Therapy to serve as the ‘authorized agent’ to report disciplinary actions to the National Practitioner Data Bank (NPDB) on behalf of the Board.

The following are attached for review:

- Email from NBCOT requesting to serve as the authorized agent of the Board.
- Information from NPDB website re: authorized agents.

Martin, Heather@DCA

From: Shaun Conway <shaun.conway@nbcot.org>
Sent: Friday, February 20, 2015 6:55 AM
To: 'heather_martin@dca.ca.gov'
Cc: Shaun Conway
Subject: RE: NBCOT Request - National Practitioner Database - Authorized Agent

Good morning Heather – I hope you are well.

I thought I would check in to see if there has been any further consideration given to the possibility of having the NBCOT serve as the Authorized Agent for reporting occupational therapy disciplinary actions taken by the California OT Licensure Board to the National Practitioner Databank (NPDB).

We hope the following list of potential benefits to the state of having NBCOT serve as the Authorized Agent is helpful.

- This will be a service to the occupational therapy state regulatory community, free of charge.
- Instead of reporting disciplinary actions to both the NPDB and NBCOT, the state would just be reporting the actions it has taken to NBCOT who would then report to the NPDB on the state's behalf.
- Automatic notifications of an action(s) taken by one state will be sent to other occupational therapy regulatory boards. Such notifications will be distributed at no fee.
- As an authorized agent, NBCOT will provide necessary "audit support" when the NPDB is completing its audits. As you may know, the NPDB conducts ongoing audits of actions reports to the databank. In this capacity, NBCOT would interface with the NPDB on the state's behalf (with permission granted) thus, alleviating state officials from having to address these issues.
- As NBCOT gains more experience serving as an authorized agent, NBCOT would in time be able to provide state regulatory board staff with advise on what actions can and should be reported vs. actions that do not qualify for reporting purposes.
- Some states lack the technology infrastructure to routinely query the NPDB if they needed/wanted to. As NBCOT develops its electronic system for reporting and querying purposes, OT state regulatory boards will be able to access/query the system free of charge thus, providing them with the opportunity to obtain confirmation of state disciplinary action(s) at any time.
- In support of the work NBCOT has done for many years related to disciplinary action in occupational therapy, this initiative will help to formalize more of a national clearinghouse of disciplinary action which occupational therapy state regulatory boards can access. This resource can be a benefit to the states and further, supports the concept of public protection.

Thank you again for your interest in and consideration of our request. Please let us know if you have other questions or if additional information is needed.

At your convenience, we would greatly appreciate any additional update/clarification you are able to provide.

Shaun Conway
Director, Credentialing Services
NBCOT, Inc.
12 S. Summit Avenue, Suite 100
Gaithersburg, MD 20877-5140
(301) 990-7979 ext. 3129
shaun.conway@nbcot.org



Health Care Organizations

Authorized Agents

Trying to find the right way for your organization to meet your querying or reporting responsibility? You may choose to designate an authorized agent, which is an organization allowed to act on your behalf, to fulfill this responsibility.

What Is an Authorized Agent?

An authorized agent is an organization that has been designated by an eligible health care organization to query or report on their behalf. In most cases, an authorized agent is an independent contractor used for centralized credentialing; e.g., a credentialing verification organization or hospital association. An authorized agent must be registered with the Data Bank and will have its own unique Data Bank Identification Number (DBID). The authorized agent must also have a written contract in place with each initiating health care organization.

A list of agents who are already registered with the Data Bank is available, see Find an Authorized Agent.

Note: An **authorized submitter** is an individual empowered by an eligible health care organization to certify the legitimacy of information in a query or report to the Data Bank. In most cases, the authorized submitter is an employee of the organization submitting the report or query, such as a risk manager or medical staff services personnel. Authorized submitters use the Data Bank Identification Number (DBID) of the organization.

How It Works

Registering an Agent

The authorized agent must be registered with the Data Bank before the initiating organization can designate the agent. The initiating health care organization also must be registered. Health care organizations and authorized agents complete different, separate registration forms.

Designating an Agent

Before an authorized agent submits queries on behalf of an eligible health care organization, the health care organization must designate the agent by completing an online Authorized Agent Designation, through the Data Bank website. The initiating organization must indicate whether they wish to receive query responses or if they want their agent to receive their query responses, or if they would like the query responses sent to both (their health care organization and their agent).

A health care organization that has designated an authorized agent can still query and/or report to the Data Bank directly. Responses to queries or reports submitted by the initiating health care organization will be returned to the initiating organization, regardless of routing designation.

The initiating organization may also select how they wish to receive query and report output. For example, if an agent submits a successful query through the Querying and Reporting XML Service (QRXS), the initiating organization can elect to receive the query response through the Integrated Querying and Reporting Service (IQRS), or the QRXS.

About DBIDs

Since confidential Data Bank information may be routed to authorized agents, they are assigned a Data Bank Identification Number (DBID). An authorized agent should have only one DBID, even though more than one health care organization may designate that agent to query or report to the Data Bank. If an authorized agent has been issued more than one DBID, he or she should immediately alert the Data Bank, identify which DBID will be used, and request that any other DBIDs be deactivated.

Rules and Guidelines

It is important that health care organizations and their authorized agents be aware of and follow certain rules and guidelines:

Agent Queries

- The Data Bank response to a query or report submitted by an authorized agent on behalf of a health care organization is based upon two eligibility standards: (1) the initiating health care organization must be entitled to receive the information, and (2) the agent must be authorized to receive that information on behalf of that health care organization.
- Authorized agents cannot use a query response on behalf of more than one health care organization. The Data Bank regulations specify that information received from the Data Bank must be used solely for the purpose for which it was provided.

Note: *If two different hospitals designate the same authorized agent to query the Data Bank on their behalf, and both hospitals wish to request information on the same practitioner, the authorized agent must query the Data Bank separately on behalf of each hospital. The response to a Data Bank query submitted for one hospital cannot be disclosed to another hospital.*

The Written Agreement

As part of the reporting and querying requirements, health care organizations are responsible for creating a written agreement between themselves and any authorized agents. The agreement should confirm the following:

- The agent is authorized to conduct business in the State.
- The agent's facilities are secure, ensuring the confidentiality of Data Bank reporting and query responses.
- The agent is explicitly prohibited from using information obtained from the Data Bank for any purpose other than that for which the disclosure was made.
- The agent is aware of the sanctions that can be taken against him/her if information is requested, used, or disclosed in violation of Data Bank provisions.

1.800.767.6732

AGENDA ITEM 12

DISCUSSION AND CONSIDERATION OF AMENDING BOARD'S MAIL-BALLOT POLICY TO DISCUSS THE DECISIONS IN AN UPCOMING CLOSED SESSION.

The mail-ballot policy is attached for review.

BOARD OF OCCUPATIONAL THERAPY
 2205 Evergreen Street, Suite 2050, Sacramento, CA 95811
 Tel: (916) 263-2294 Fax: (916) 263-2701
 E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov



SUBJECT: Mail Ballot – Hold Over for Closed Session	POLICY # ENF – 2011 - 01	DATE ADOPTED: June 16, 2011
DISTRIBUTION: All Staff	APPROVED BY: Board of Occupational Therapy	

Policy When voting on stipulated settlements or proposed decisions by mail, all mail votes shall be rendered by a majority decision of the Board, including the votes hold the matter over for discussion in a Closed Session discussion at the next regularly scheduled meeting of the Board.

Background When voting on stipulated settlement or proposed decisions by mail, any vote cast to hold the matter over for discussion resulted in the matter being scheduled for a Closed Session discussion at the next regularly scheduled meeting of the Board. This process delayed the imposition of the discipline based on only one member's vote.

Implementation Immediately

AGENDA ITEM 13

ENFORCEMENT DATA AND REPORTS.

The enforcement data for the period October 1, 2014 – December 31, 2014 is attached for review.

BOT ENFORCEMENT STATISTICAL REPORT

October 1, 2014 – December 31, 2014

Total Complaints-Received:	130	DOI Investigations Initiated:	11
Record of Arrests and Prosecutions [RAP] Received:	15	Subsequent Arrest Reports Received:	4
Complaints-Closed:	162	DOI Investigation Reports Received:	8
Total Complaints-Pending:	267 (Oldest: 8/03/12)	Formal DOI Investigations Pending:	27 (Oldest: 4/23/13)
Applications Denied pursuant to Business and Professions Code 480/485: 3			

Cases Pending with the Attorney General (AG): 4

<u>Transmitted</u>	<u>Complaint No</u>	<u>Type</u>	<u>Current Status</u>
11/21/12	OT 2010-333	Accusation	Stipulated Voluntary Surrender effective 4/1/2015
08/26/14	OA 2012-513	Accusation	Accusation filed 2/13/2015
11/10/14	OA 2014-250	Accusation	DAG to prepare Accusation
11/26/14	AR 2013-481	SOI	DAG to prepare Statement of Issues

Statement of Issues filed:	0	Accusations filed:	0
Petition to Revoke Probation filed:	0	Accusation & Petition to Revoke Probation filed:	0
ISO Issued:	0	PC23 Issued:	0

Final Decisions: 4

<u>Effective</u>	<u>Name</u>	<u>Type</u>	<u>Complaint Received</u>
October 27, 2014	Kristine Johnson	3 Year Probation	September 7, 2012
October 27, 2014	Nicole Ngo	3 Year Probation	September 9, 2013
December 17, 2014	Janet Bowen	Public Reprimand & \$12,000 Cost Recovery	September 21, 2011
December 19, 2014	Angela Bousquet	License Denied – Proposed Decision	June 20, 2013

Cease Practice Orders Issued:	1	Cease Practice Orders Lifted:	0
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CITATIONS ISSUED
10/01/14 - 12/31/14

#	LICENSURE CLASSIFICATION			VIOLATION						CIT. #	FINE (OT)	OT Fine Modified	GRAND TOTAL FINE DUE (OT)	FINE (OTA)	OTA Fine Modified	GRAND TOTAL FINE DUE (OTA)	DATE ISSUE D	DUE DATES		App cal Rev d	PAYMENT					
	OT	OTA	No Lic	FDC	UPC	CC	UL	PP	DU									AD	Req For Conf.		Fine	ICR	ADMIN	Pymnt Date	Pd in Full	Pymnt Amnt
1	1						1			AL 2014-109		\$4,500					10/16/14	11/15/14		10/23/14	1	\$4,500	\$0			
1	1						1			OT 2014-12		\$250					10/30/14	11/29/14		11/21/14	1	\$250	\$0			
1	1								1	OT 2014-45		\$50					11/06/14	12/06/14		12/06/14	1	\$50	\$0			
1		1							1	OA 2014-47				\$50		\$50	11/06/14	12/06/14		12/06/14	1	\$50		\$0		
1	1				1				1	OT 2014-223		\$800					11/24/14	12/24/14		12/24/14				\$800		
1	1								1	OT 2014-49		\$50					11/26/14	12/26/14		12/26/14				\$50		
1	1								1	OT 2014-52		\$50					11/26/14	12/26/14		12/26/14		12/24/14	1	\$50	\$0	
1	1									OT 2014-51		\$50					11/26/14	12/26/14		12/26/14		12/03/14	1	\$50	\$0	
1	1								1	OT 2014-98		\$50					11/26/14	12/26/14		12/26/14				\$50		
1		1							1	OA 2014-103				\$50		\$50	11/26/14	12/26/14		12/26/14		12/19/14	1	\$50		\$0
1	1								1	OT 2014-99		\$50	\$50				11/26/14	12/26/14		12/26/14	1			\$0		
1	1								1	OT 2014-95		\$50					11/26/14	12/26/14		12/26/14				\$50		
1		1							1	OA 2014-104				\$50	\$50	\$0	11/26/14	12/26/14		12/26/14					\$0	
1		1					1			OA 2014-182				\$50		\$50	12/05/14	01/04/15		01/04/15		01/06/15	1	\$50		\$0
1	1						1			OT 2014-81		\$300					12/05/14	01/04/15		01/04/15		01/05/15	1	\$300	\$0	
1	1						1			OT 2014-64		\$300					12/05/14	01/04/15		01/04/15		01/02/15	1	\$300	\$0	
1	1						1			OT 2014-170		\$600	\$125	\$475			12/08/14	01/07/15		01/07/15		02/04/15	1	\$475	\$0	
1	1								1	OT 2013-444		\$250					12/11/14	01/10/15		01/10/15		01/08/15	1	\$250	\$0	
1		1		1						AR 2014-37				\$250	\$150	\$100	12/17/14	01/16/15		01/16/15		02/10/15	1	\$100		\$0
1		1		1						AR 2014-80				\$250		\$250	12/17/14	01/16/15		01/16/15					\$250	
1		1		1						AR 2013-698				\$250		\$250	12/17/14	01/16/15		01/16/15		01/15/15	1	\$250		\$0
1	1								1	OT 2013-332		\$250					12/31/14	01/30/15		01/30/15		01/29/15	1	\$250	\$0	
1	1								1	OT 2013-536		\$250					12/31/14	01/30/15		01/30/15		01/30/15	1	\$250	\$0	
1		1							1	OA 2013-547				\$250		\$250	12/31/14	01/30/15		01/30/15		01/29/15	1	\$250		\$0
1		1							1	OA 2013-560				\$250		\$250	12/31/14	01/30/15		01/30/15					\$250	
1	1								1	OT 2013-585		\$250					12/31/14	01/30/15		01/30/15		01/29/15	1	\$250	\$0	
1		1							1	OA 2014-143				\$50	\$50	\$0	12/31/14	01/31/15		01/31/15	1			\$0	\$0	
1		1							1	OA 2014-105				\$50		\$50	12/31/14	01/31/15		01/31/15		01/27/15	1	\$50		\$0
1		1							1	OA 2014-125				\$50		\$50	12/31/14	01/31/15		01/31/15		01/09/15	1	\$50		\$0
1	1								1	OT 2014-178		\$50					12/31/14	01/31/15		01/31/15				\$50		
1	1								1	OT 2014-139		\$50					12/31/14	01/31/15		01/31/15				\$50		

CITATIONS ISSUED
10/01/14 - 12/31/14

#	LICENSURE CLASSIFICATION			VIOLATION						CIT. #	FINE (OT)	OT Fine Modified	GRAND TOTAL FINE DUE (OT)	FINE (OTA)	OTA Fine Modified	GRAND TOTAL FINE DUE (OTA)	DATE ISSUED	DUE DATES		Appeal Rev d	PAYMENT					
	OT	OTA	No Lic	FDC	UPC	CC	ULP	PDU	AD									Req For Conf.	Fine		ICR	ADMIN	Pymnt Date	Pd in Full	Pymnt Amnt	Bal (OT)
1	1								1	OT 2014-176	\$50	\$50	\$0			12/31/14	01/31/15	01/31/15	1				\$0			
1		1							1	OA 2014-184				\$50	\$50	12/31/14	01/31/15	01/31/15						\$50		
1		1							1	OA 2014-183				\$50	\$50	12/31/14	01/31/15	01/31/15						\$50		
34	20	14	0	3	1	0	6	7	17		\$8,250	\$225	\$8,025	\$1,700	\$250	\$1,450				3	0		20	\$7,825	\$1,050	\$600

Violation Key:

Applicant

FDC - Failure to Disclose Criminal Convictions
UPC - Unprofessional Conduct-Misrepresent credentials

Licensee

UPC - Unprofessional Conduct
CC - Criminal Convictions
ULP - Unlicensed Practice
PDU - Continuing Education
AD - Failure to Notify of Address Change

Non-Licensed

ULP- Unlicensed Practice

Assigned to FTB Intercept program: 4

**Citation payments received in this quarter for citations issued in a previous quarter are not reflected in this table.

***Appeals requested in this quarter. Conferences and hearings may have been/will be held within a different quarter

Practitioners Currently on Probation or Other Orders

NAME	LICENSE #			LENGTH OF PROBATION	EFFECTIVE DATE
Allen, Cornell Jr.	OT 9187	<u>Court Order</u>		n/a	07/10/13
Alvarado, Robert	OTA 603	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	04/06/12
Bowen, Janet	OT 6318	<u>Charging Document</u>	<u>Disciplinary Order</u>	n/a	12/17/14
Comingore, Rachel	OT 12585	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	04/10/12
Darrow, Colleen	OT 11844	<u>Charging Document</u>	<u>Probation Order</u>	4 Years	06/26/14
Davis, Janis	OT 10768	<u>Charging Document</u>	<u>Disciplinary Order</u>	n/a	01/5/14
DeMena, Alan	OTA 466	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	06/27/14
Freeman, Kathryn E.	OT 2762	<u>Charging Document</u>	<u>Probation Order</u>	3 years	03/16/12
Harris, Donald	OTA 1772	<u>Charging Document</u> <u>Charging Document</u>	<u>Probation Order</u> <u>Probation Order</u>	4 Years 4 Years	04/23/10 11/11/11
Hanvey, Megan P.	OT 2222	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	08/30/13
Johnson, Kristine	OT 4732	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	10/27/14
Kelley, Anjuli	OT 11168	Petition for Reinstatement	<u>Probation Order</u>	3 Years	01/16/14
Martinez, Sharon	OTA 3067	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	01/13/15
Meyer, Lisa M	OT 14107	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	02/13/14
Mustafa, Feras A.R.	OT 13960	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	11/12/13
Necesito, Dennis B.	OT 7360	<u>Charging Document</u>	<u>Probation Order</u>	4 Years	08/30/13
Neff, Heather L.	OT 7629	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	07/11/14
Ngo, Nicole U.	OT 14773	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	10/27/14
Novegrad, Shana E.	OT 4624	<u>Charging Document</u>	<u>Probation Order</u>	3 years	07/21/11
Perez, Thomas J.	OTA 2470	<u>Charging Document</u>	<u>Probation Order</u>	5 years	01/09/13
Proctor, Mark	OTA 1739	<u>Charging Document</u>	<u>Probation Order</u>	3 years	06/06/12
Retuya, Tristan	OT 12378	<u>Charging Document</u>	<u>Probation Order</u>	3 years	12/04/13
Schmidt, Rebecca	OT 8291	<u>Charging Document</u>	<u>Probation Order</u>	3 Years	11/27/09
Sweeney, Lynette	OT 10550	<u>Charging Document</u>	<u>Probation Order</u>	2 Years	09/27/13