BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PODIATRIC MEDICAL BOARD OF CALIFORNIA
2005 Evergreen St., Suite 1300, Sacramento, CA 95815
P (916) 263-2647 | F (916) 263-2651 | www.pmbc.ca.gov

Members of the Board

Daniel Lee, DPM, PhD
President
Devon Glazer, DPM
Vice President
Sumer Patel, DPM
Secretary
Darlene Trujillo Elliot
Samantha Yu Chang

BOARD MEETING

November 7, 2025
1:00 p.m.

Department of Consumer Affairs
Evergreen Hearing Room
2005 Evergreen St, 1st Floor, Room 1150 A&B
Sacramento, CA 95815

Hoya Insurance Agency
8812 E. Las Tunas Dr.
San Gabriel, CA 91776

Action may be taken on any item listed on the agenda.

Agenda items may be taken out of order for meeting efficiency.

The Podiatric Medical Board of California (PMBC) will host an in-person meeting at the above addresses, connected via web-ex, on November 7, 2025 at 1:00 p.m. pursuant to Government Code, section 11123.

INSTRUCTIONS FOR PARTICIPATION: For all those who wish to participate or observe the meeting, please attend the meeting at either one of the above listed addresses. PMBC will also broadcast this meeting via Webex. To attend the meeting via Webex, please log on to this website:

https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m71b35e93b9b87ad9258b1b0c346f20dc

Event number: 2492 340 8298
Event password: PMBC117
Audio conference: US Toll+1-415-655-0001
Access code: 2492 340 8298
Passcode: 7622117

Instructions to connect to the meeting are attached to this agenda. The preferred audio connection is via telephone conference and not the microphone and speakers on your computer. The phone number and access code will be provided as part of your connection to the meeting.

AGENDA

1:00 p.m. Until Completion of Business

I. Call to Order & Establishment of Quorum

II. President's Welcome

III. Public Comments on Items Not on the Agenda

Note: The Board may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting. (Government Code, sections 11125, 11125.3, 11125.7(a).)

IV. Review, Discussion, and Possible Action on Prior Board Meeting Minutes.
Minutes

V. Receive, Discussion, and Possible Action on Executive Officer's Report – Brian Naslund

A. Licensing Program: Update, Discussion, and Possible Action – Sumer Patel, DPM

1. Licensing Statistics
2. Discussion and Consideration of giving the Licensing Committee the Authority to Approve California Residency Programs Annually
3. PMBC Quarterly Timeline

B. Enforcement Program: Update, Discussion, and Possible Action – Darlene Trujillo Elliot

1. Current Enforcement Statistics
2. Probation Program Update
3. Expert and Consultant Program Update

C. Legislative and Regulation Program: Update, Discussion, and Possible Action – Dr. Devon Glazer,DPM

1. Legislative Program Update – AB 1501 Physician Assistants and Podiatrists – Signed by the Governor on October 1, 2025.
2. Regulatory Program Update – AB 826, Continuing Medical Education; Disciplinary Guidelines

D. Public Education: Update, Discussion, and Possible Action – Samantha Chang

1. Footnotes: PMBC's Newsletter, 2025 Submissions
2. Social Media: PMBC Website and Social Media Accounts

E. Executive Management: Update, Discussion, and Possible Action – Dr. Daniel Lee, DPM, PhD

1. Discussion and Action for Committee and Full Board Meeting Dates in 2026

Closed Session

VI. Board's Evaluation of the Executive Officer (Government Code Section 11126(a)(1).)

Open Session

VII. Future Agenda Items

VIII. Adjournment

Important Notices to the Public: *Action may be taken on any item on the agenda. The time and order of agenda items are subject to change at the discretion of the Board President and may be taken out of order. In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board are open to the public. The Board plans to webcast this meeting on its website at www.pmbc.ca.gov and https://thedcapage.blog/webcasts. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at a physical location. Adjournment, if it is the only item that occurs after a closed session, may not be webcast.*

Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President may, at his or her discretion, apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time for the same meeting. (Government Code sections 11125, 11125.7(a).)

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Michelle Trapp at 916-263-2648 or michelle.trapp@dca.ca.gov, or by sending a written request to the Podiatric Medical Board of California, 2005 Evergreen Street, Suite 1300, Sacramento, CA 95815-3831. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodations. Telecommunications Relay Service: dial 711.

-The Mission of the Podiatric Medical Board of California is to protect and educate consumers of California through licensing, enforcement, and regulation of Doctors of Podiatric Medicine.

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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
November 7, 2025

VA 1-3

SUBJECT: LICENSING PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

Committee Members:
Sumer Patel, DPM Chair

RECOMMENDATION

Receive and file the status update report on Licensing Unit activity.

ISSUE

This status report highlights key statistics of PMBC's Licensing Unit and other licensing activity of note since last reported at the June 18, 2025, meeting of the Board.

DISCUSSION

The following data below lists current and up to date information for all licensing statistics, including new licenses and renewals.

1. Licensing Statistics

The following Licensing Report reflects a current capture of licensing statistics including new licenses and renewals during FY 24/25 Quarter 4 running from April 1, 2025, through June 30, 2025.

Licensing Statistics – New Licenses Issued, Year Over Year Comparison

This report provides a comparison of PMBC licenses that have been issued during the three previous fiscal years for: 20/21, 21/22, 22/23 and those issued to date for FY 23/24. In FY 21/22 92 permanent licenses were issued; FY 22/23, 94 permanent licenses; FY 23/24, 98 permanent licenses; FY 24/25, 94 permanent licenses to date. For a grand total of 378 newly licensed DPMs in the last four fiscal years. A comparison of gender, age and incoming to outgoing DPMs is provided for review. The categories for the outgoing licensee population include retired, inactive, disabled and *canceled licenses.

**License cancels after 3 years of non-renewal.*

A breakdown of licensing data includes the number of initial applications received that are currently pending. Of the 17 pending applications, one candidate recently completed their package.

For fiscal year 24/25, PMBC had 31 of its applicants come from out of state, 35 were third year residents from California and 28 were third year residents from an out of state program. (Attachment A)

Licensing Statistics - Renewal Data and Renewal Data Breakdown

This report provides an overview of license renewal data for FY 24/25 for which full reporting data is available and running from April – June 2025. In the month of April**,** 102 license renewals were mailed with 98 licenses renewed by the end of the month. During the month of May, 80 renewals were mailed with 75 licenses renewed by the end of the month. In the month of June, 84 license renewals were mailed with 76 licenses renewed by the end of the month. For licentiates that did not comply with renewal requirements, Delinquent Renewal Notices were mailed to all pending renewals 30 days after license expiration.

License renewal data is broken down to include those that have filed for a Retired, Military, Disabled or Inactive modifier. Also included is the number of licensees in Delinquent status in addition to those whose status has changed from Active to Cancelled, Revoked, Surrendered or Reinstated. (Attachment B)

Licensing Statistics – Residents

This report reflects the Resident licensee base to date. The resident academic year started on July 1, 2024 and will end on June 30, 2025. PMBC currently has 43 first year residents; 41 second year residents; and 46 third year residents. There were three residents added to the 2nd year resident rotation list bringing the resident license total count to 133. Resident data includes the number of third year residents that currently hold or are applying for a permanent license. (Attachment C)

2. Discussion and Consideration of Giving the Licensing Committee the Authority to Approve California Residency Programs Annually

Dr. Lee requested that this topic be discussed at the next board meeting.

3. PMBC Calendar (August 2025 – October 2025)

Provided for committee planning purposes and review is a 3-month timeline to enhance committee awareness for pertinent dates and approaching deadlines. (Attachment D)

NEXT STEPS

Staff will continue to maintain the Licensing Program by remaining current with processing applications, performing operations without backlog, and responding to specific inquiries from consumers, licensees and stakeholders on a daily basis.

ATTACHMENTS

A. Licensing Statistics – New Licenses Issued (Year/Year Comparison)
B. Licensing Statistics – Renewal Data Quarter 4 (April – June 2025)
C. Licensing Statistics – Residents
D. PMBC Calendar (August 2025 – October 2025)

Prepared by: Andreia Damian, Licensing Unit Coordinator

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Andreia Damian
Licensing Unit Coordinator

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Brian Naslund
Executive Officer

Podiatric Medical Board

Licensing Statistics - New Licenses Issued

Year over Year Comparison

New Licenses Issued by Fiscal Year

	21/22	22/23	23/24	24/25
July	13	13	19	9
August	4	6	7	2
September	5	3	1	4
October	3	4	2	7
November	5	7	3	3
December	6	8	6	6
January	9	7	9	10
February	16	13	6	9
March	5	11	15	10
April	15	9	8	10
May	5	5	15	11
June	6	8	7	13
New Licenses Issued by Fiscal Year	**92**	**94**	**98**	**94**

Current / Active License Total

	FY 21/22	FY 22/23	FY 23/24	FY 24/25
Current / Active Licenses by Fiscal Year	2194	2217	2241	2263

Initial License Application Pending Total

	Incomplete	Completed	Total to date
Initial License Application Pending	16	1	17

ATTACHMENT A

Podiatric Medical Board

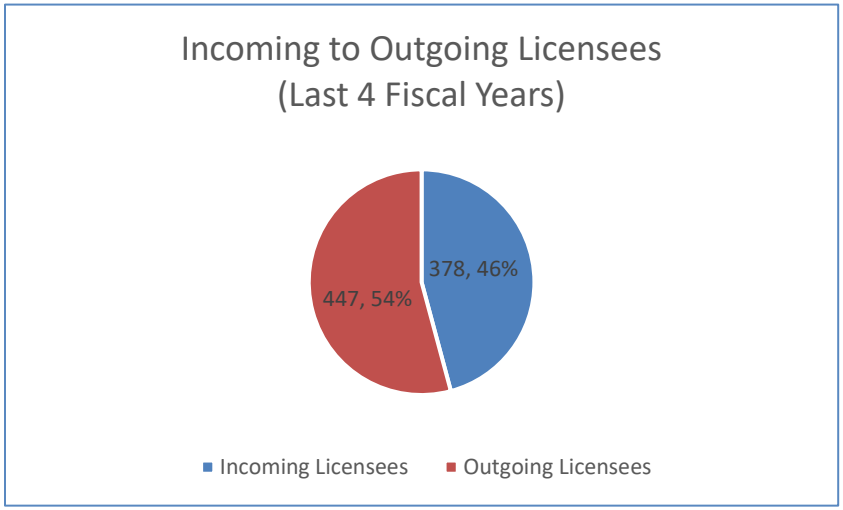
Licensing Statistics - New Licenses Issued

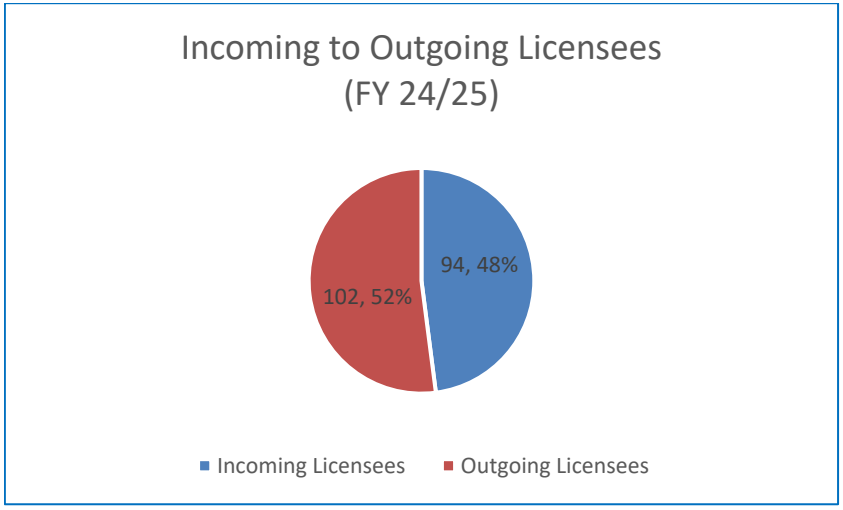
Year over Year Comparison

Breakdown of Initial Application Categories

	Out of State	CA 3rd Year Residents	Out of State 3rd Year Residents	Total DPMs Licensed in CA
Initial Application Categories for FY 21/22	19	36	37	92
Initial Application Categories for FY 22/23	21	40	33	94
Initial Application Categories for FY 23/24	27	35	36	98
Initial Application Categories for FY 24/25	31	35	28	94

Incoming / Outgoing Licensees





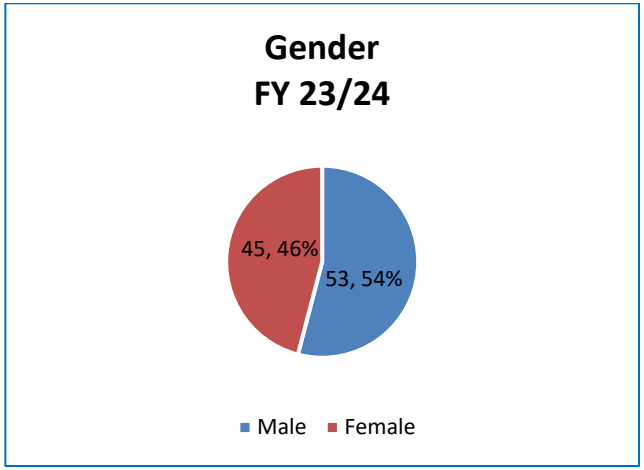
ATTACHMENT A

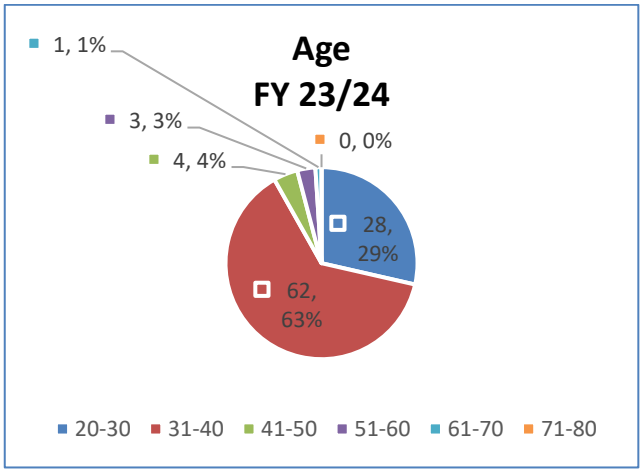
Podiatric Medical Board

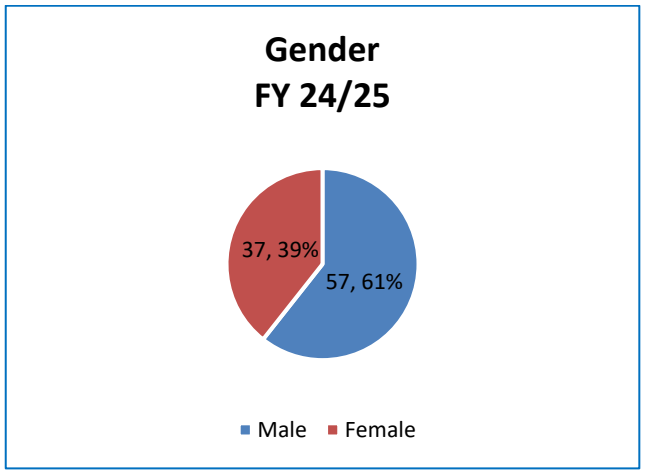
Licensing Statistics - New Licenses Issued

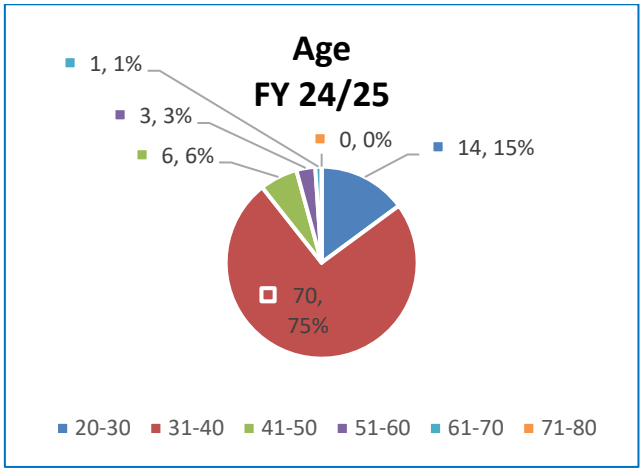
Year over Year Comparison

Newly Licensed DPMs









ATTACHMENT A

Podiatric Medical Board

Licensing Statistics – Renewal Data

Quarter 4 Report (April – June 2025)

Renewal Data

	Renewals Sent	Renewed	Delinquent Retired status	Delinquent Disabled status	Delinquent Current/Active status	Delinquent Total
April	102	98	3	0	1	**4**
May	80	75	0	0	5	**5**
June	84	76	3	0	5	**8**
Total	266	249	6	0	11	**17**

Renewal Data Breakdown

	Apr – Jun 2025
Renewed – Current	249
Renewed – Disabled	2
Renewed – Military	1
Renewed – Retired	8
Renewed – Inactive	2
Cancelled	25
Revoked	0
Surrendered	0
Reinstated	0

ATTACHMENT B

Podiatric Medical Board

Licensing Statistics – Residents

Quarter 4 Report (Year over Year Comparison)

Resident Licenses

	Resident Academic Period July 1, 2021 – June 30, 2022 FY 21/22	Resident Academic Period July 1, 2022 – June 30, 2023 FY 22/23	Resident Academic Period July 1, 2023 – June 30, 2024 FY 23/24	Resident Academic Period July 1, 2024 – June 30, 2025 FY 24/25
1st Year Resident	42	43	41	43
2nd Year Resident	41	41	44	41
3rd Year Resident	45	43	44	46
2nd Year Resident Rotation	0	3	2	3
3rd Year Resident Rotation	0	0	0	0

Totals

	Resident Academic Period July 1, 2021 – June 30, 2022 FY 21/22	Resident Academic Period July 1, 2022 – June 30, 2023 FY 22/23	Resident Academic Period July 1, 2023 – June 30, 2024 FY 23/24	Resident Academic Period July 1, 2024 – June 30, 2025 FY 24/25
Total Resident Licenses	128	130	131	133

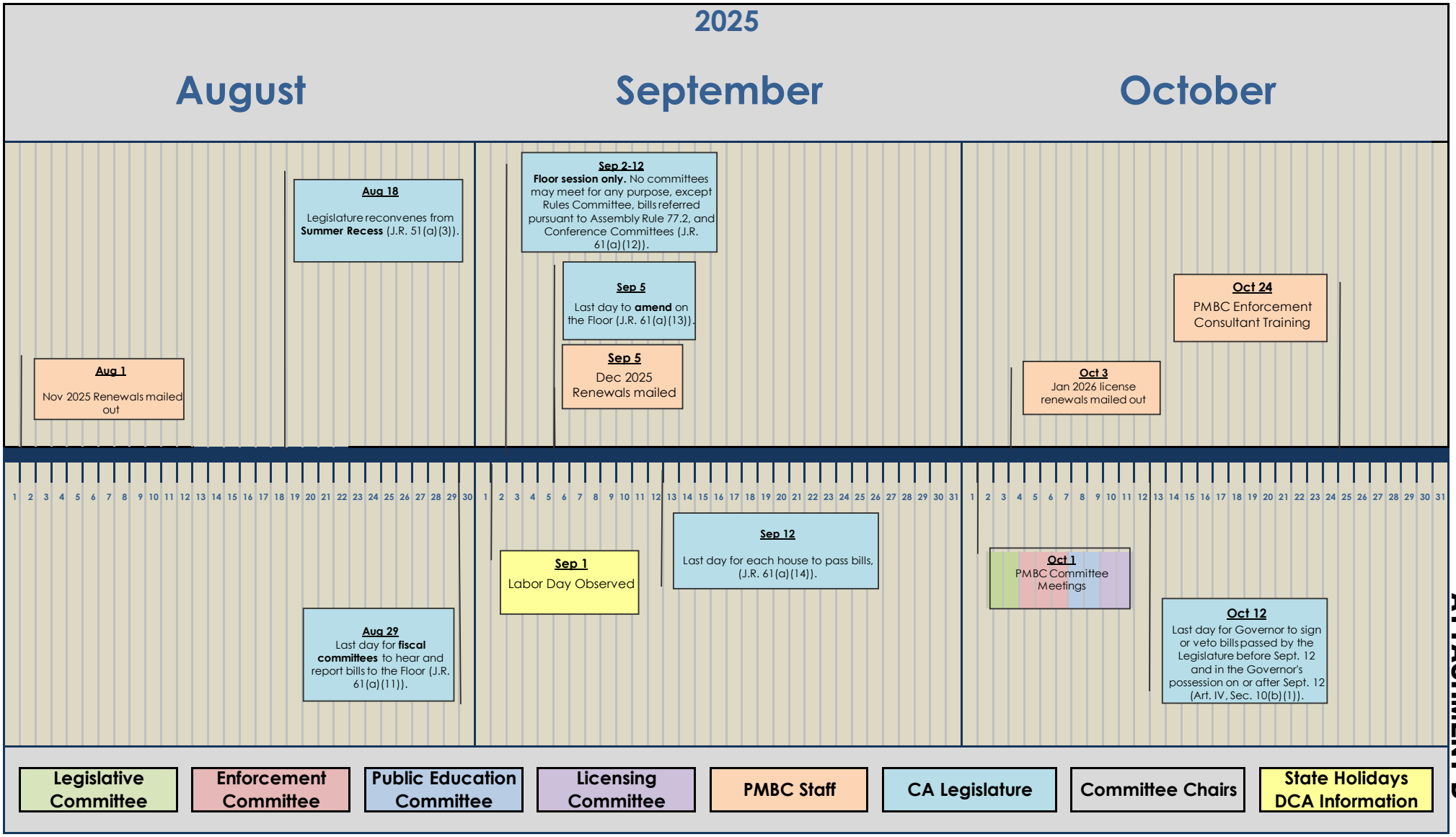
Resident / Permanent Licenses

CA 3rd Year Residents that are applying for or have obtained a Permanent License by Fiscal Year	Currently in Applicant Status	Permanent Licenses Issued
FY 21/22	0	35
FY 22/23	0	42
FY 23/24	0	39
FY 24/25	2	36

ATTACHMENT C

PODIATRIC MEDICAL BOARD OF CALIFORNIA

PMBC Calendar



ATTACHMENT D

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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
November 7, 2025

SUBJECT: **ENFORCEMENT PROGRAM REPORT**

ACTION: **RECEIVE AND FILE STATUS REPORT**

VB 1-3

Committee Members:
Darlene Elliot, Chair
Daniel Lee, DPM, PhD

RECOMMENDATION

Receive and file the status update report on Enforcement Unit activity.

ISSUE

This status report highlights key areas and statistics for PMBC's Enforcement Unit and other enforcement activity of note since reported at the last full meeting of the Board June 6, 2025, and covers the period from April 1, 2025 through June 30, 2025 for end of quarter purposes and includes statistical data for the full 2024/2025 Fiscal Year.

DISCUSSION

I. Current Enforcement Statistics

Enforcement reports provide a "current capture" of quarterly data along with a comparison over the prior fiscal year's (23/24) quarterly data (for the same quarter) in order to notate any statistically significant changes and better track improvements and/or deficiencies.

A) Complaint Data

Fourth quarter complaint data over the prior year's fourth quarter data is provided for review.

A total of 45 complaints were received during quarter four. This is a 9% decrease over the prior year's fourth quarter. The average days to close or assign a case was 14 days due to a couple of misplaced complaints that were initiated late in April. **(Attachment A – Enforcement Statistics – Complaint Data – Quarter 4)**.

B) Investigation Data

Fourth quarter investigation data over the prior year's fourth quarter data is provided for review.

In quarter four, 44 desk investigations were assigned, and 30 desk investigations were completed. Desk investigation processing time averaged 91 days which was a 78% increase over the average of 51 days the previous fourth quarter. At the end of June there were 77 pending desk investigations and staff is still catching up from over 6 months of vacancy from June 2024 through January 2025 in the desk investigation position. Quarter four showed the largest number of complaints received in a quarter this fiscal year which contributes to the higher pending case numbers as well.

There were three field investigations assigned during the fourth quarter, and field investigators completed seven cases. The investigations took an average of 341 days to complete, a 31% decrease over the prior fourth quarter.

According to current reports case investigation times for the third quarter show the average days to complete investigations at 204 days. This is a 240% increase over the average of 60 days to complete both desk/field investigations during the prior year's fourth quarter. This seems like a huge increase, but this quarters average number of days is higher than average, while last year's fourth quarter was statistically lower than average. There seemed to be some errors in case processing times in the third quarter report, but these appear to have resolved when running reports for the fourth quarter.

Case Investigation Aging data shows that of the 35 investigations closed during quarter four, 51% (18) of complaints were closed within 90 days, 6% (2) were closed between 91 days to one year, and 43% (15) took one year or longer to close. **(Attachment B – Enforcement Statistics – Investigation Data – Quarter 4)**.

C) Disciplinary Data

Fourth quarter disciplinary data over the prior year's fourth quarter data is provided for review.

Four cases were initiated during the fourth quarter compared to no cases inititated during the prior year's fourth quarter. One Final Order went into effect compared to no Final Orders issued the previous fourth quarter.

No citations were issued during quarter four.

There was one new probationer added during quarter four with 8 active licensees on probationary status at the end of the quarter. **(Attachment C – Enforcement Data – Disciplinary Data – Quarter 4)**.

D) <u>Enforcement Statistics – Fiscal Year (FY) to Date Totals</u>

This report shows a summary of all enforcement statistic categories for FY 2024/2025 (July 1, 2024 through June 30, 2025). This period is compared to 2023/2024 data and covers the entire Fiscal Year.

Total complaint intake increased by 5%. A total of 151 complaints were received during Fiscal Year 24/25 compared to 144 complaints received in FY 23/24.

Total investigations assigned were 152 which is an 8% increase over FY 23/24. The average days to complete investigations (for both desk and field investigations) is reporting at 256 days, a 103% increase from FY 23/24 where completion of all investigations averaged 126 days. The desk investigation vacany that lasted over half a year contributed to this increase in overall case processing times as the majority of complaints are closed at the desk investigation level.

Fifteen disciplinary cases were initiated through the Office of Attorney General during the 24/25 Fiscal Year, an increase of 275% from the four cases initiated during FY 23/24.

Eight Final Orders were issued compared to five during FY 23/24. No Accusations were withdrawn, dismissed, or declined in this FY or last. Disciplinary cases took an average of 1,147 days to complete, compared to 014 days for the prior FY, a 13% increase.

Three citations were issued in FY 24/25 (same as FY 23/24) and the codes violated are shown on Page 3 of Attachment D. We are anticipating a large number of citations to be issued in FY 25/26 due to a larger number of licensees who failed the annual CME audit. The Enforcement and Licensing Programs are currently working together to issue these citations.

With enforcement cases, reports ran one day apart may show slight differences as the cases are always in movement with multiple parties working on them and adding activity codes. The reports provide an overall snapshot of the enforcement program at any given time. **(Attachment D – Enforcement Statistics – Fiscal Year Totals).**

E) Attorney General (AG) Case Aging Data

Case aging data based on reports received directly from the AG's Office is provided. The report includes information through September 18, 2025.

Status updates have been requested from the AG on the two most aged cases.

There are currently 11+ active cases pending completion with the AG. Some cases forwarded to the AG may not show on the case aging report provided by the AG as they have not been formally accepted for prosecution due to pending criminal convictions, need for additional investigation or they are awaiting AG review. Some licensees also have multiple investigations forwarded to the AG that will end up being consolidated. These cases show as multiple cases/investigations pending in the DCA statistical reports, but are consollidated in the AG reports. **(Attachment E – Enforcement Statistics – Attorney General Case Aging Data).**

Staff is aware that some additional data is not received through the Attorney General reports, and when known, this is noted below the table with references to the applicable cases.

The BreEZe system provides data for cases that have closed and the report from the AG report shows the aging for cases currently in process and recently closed. Case aging numbers with the AG are not going to match what is reported in BreEZe as AG start and end dates for receipt and closure of a case differ from DCA. DCA start dates begin with the date a complaint is intitated and close with the effective date of a decision (in most cases 30 days after it is signed). The AG start date is the date a case is accepted for prosecution and closes the date a decision is signed.

F) Complaint and Discipline Data – 10 Year History

This chart shows the trend of complaints initiated and discipline administered over the past 10 year period. **(Attachment F –Complaint and Discipline – 10 Year Chart).**

G) Enforcement & Licensee Data of DPM's Disciplined since FY 13-14

Provided for review and discussion is enforcement and licensing data of licensees disciplined since Fiscal Year 2013-2014. Data includes the podiatric School attended, residency information, type of discipline, age, gender, years in practice at time of discipline, among other details. It is difficult to determine if the final column indicating whether the disciplined DPM was in Solo,

Corportion, Group or Hospital Practice. The Board does not require reporting of this information. Each disciplined DPM is searched online to determine most likely placement according to website description. **(Attachment G – Enforcement & Licensee Data of DPM's Disciplined since FY 13-14).**

H) DCA Performance Measures

DCA's Open Data Initiative reporting tool has performance measure data posted through FY 2024/2025 Quarter 2:
https://www.dca.ca.gov/data/enforcement.shtml

This tool allows individuals to search complaint, investigation, and disciplinary performance measure statistics and provides the data in a variety of charts and graphs. A search can be conducted by the quarter, or a full fiscal year of data can be viewed. Podiatric data can also be compared to the data of other boards and bureaus.

Historical enforcement data (prior to FY 16/17) can be found at:
https://www.dca.ca.gov/enforcement/cpei/quarterly_reports.shtml

II. Probation Program Update

A) Probation/Cost Recovery Recoupment

The report for enforcement payments received between April 1 and June 30, 2025 showed $58,014.14 in cost recovery payments, $9,329.30 in probation Monitoring payments, for a total of $67,343.44 in enforcement cost recovery for quarter four.

Total Cost Recovery payments received (including Probation Monitoring and Citations) for Fiscal Year 24/25 amount to $257,189.04.

III. Expert and Consultant Program Update

Consultant Training in collaboration with DOI and the AG has been scheduled for October 24, 2025. This training will be held online for cost savings and to allow the most participation. A future training is planned for April 2026.

NEXT STEPS

Staff will continue to review enforcement matrix reports and other data in order to effectively and efficiently expedite investigation of consumer complaints and prosecution of open cases. Staff will also research and provide suggestions for enforcement program improvements.

ATTACHMENTS

A. Enforcement Statistics - Complaint Data
B. Enforcement Statistics - Investigation Data
C. Enforcement Statistics - Disciplinary Data
D. Enforcement Statistics – Fiscal Year to Date Totals
E. Enforcement Statistics - Attorney General Case Aging Data
F. Complaint and Discipline Data – 10 Year Chart
G. Enforcement & Licensee Data of DPM's Disciplined since FY 13/14

Prepared by: Bethany DeAngelis

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Bethany DeAngelis
Enforcement Unit Coordinator

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Brian Naslund
Executive Officer

Podiatric Medical Board of California

Enforcement Statistics – Complaint Data

Quarter 4 Report (April - June, 2025)

Complaint Intake

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Received	14	12	18	44	37	+19%
Closed W/O Investigation	0	0	0	0	0	0%
Assigned for investigation	14	14	16	44	34	+29%
Average days to close or assign **(Target = 10 Days)**	24	10	9	14	13	+8%
Pending	3	1	3			

Complaint Intake - Convictions/Arrests Reports

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Received	0	1	0	1	0	+1
Assigned for investigation	0	1	0	1	0	+1
Average days to close or assign **(Target = 10 Days)**	n/a	11	n/a	11	n/a	n/a
Pending	0	0	0			

Total Complaint Intake

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Received	14	13	18	45	37	-9%
Assigned for investigation	14	15	16	45	34	-17%
Average days to close or assign **(Target = 10 days)**	24	10	9	14	13	+29%
Pending	3	1	3			

ATTACHMENT A

Podiatric Medical Board of California

Enforcement Statistics – Investigation Data

Quarter 4 Report (April - June 2025)

Desk Investigations

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Investigations Assigned	14	15	15	44	34	+29%
Investigations Completed	11	13	6	30	35	-14%
Avg Days to Complete Investigations	104	86	76	91	51	+78%
Investigations Pending	66	68	77			

Field Investigations

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Investigations Assigned	2	0	1	3	2	+50%
Investigations Completed	1	1	5	7	2	+250%
Avg Days to Complete Investigations	183	305	380	341	491	-31%
Investigations Pending	17	16	12			

Case Investigations

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Referred to Investigation	14	15	16	45	34	+32%
Investigations Completed - AG	0	0	2	2	0	+2
Investigations Completed – non-AG	10	12	11	33	32	+3%
Investigations Completed - Total	10	12	13	35	32	+9%
Avg Days to Complete Inv – Total **(Target = 125 Days)**	132	107	379	204	60	+240%
Investigations Pending	95	98	101			

ATTACHMENT B

Podiatric Medical Board of California

Enforcement Statistics – Investigation Data

Quarter 4 Report (April - June 2025)

Case Investigations Aging

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Up to 90 Days	4	9	5	18	27	-33%
91 to 180 Days	2	0	0	2	2	0%
181 Days to 1 Year	4	2	1	7	2	+250%
1 to 2 Years	0	1	6	7	1	+600%
2 to 3 Years	0	0	1	1	0	+1
3 to 4 Years	0	0	0	0	0	0%

Investigations Completed Without Referral for Disciplinary Action

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Investigations Complete W/O Disciplinary Referral	10	13	11	34	31	+10%
Average Days to Close W/O Disciplinary Referral	124	86	339	196	61	+221%

ATTACHMENT B

Podiatric Medical Board of California

Enforcement Statistics – Disciplinary Data

Quarter 4 Report (April – June 2025)

Attorney General Cases

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Cases Initiated	1	0	3	4	0	+4
*Cases Pending	21	21	24			
Accusations Withdrawn/Dismissed/Declined	0	0	0	0	0	0%
Closed Without Disciplinary Action	0	0	0	0	0	0%
Statement of Issues/Accusations Filed	1	0	2	3	1	+200%
Final Orders - Decisions/Stipulations	1	0	0	1	0	+1
Avg Days to Complete Final Orders **(target = 540 Days)**	1,218	n/a	n/a	1,218	n/a	n/a

Attorney General Case Aging

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Up to 90 Days	0	0	0	0	0	0%
91 to 180 Days	0	0	0	0	0	0%
181 Days to 1 Year	0	0	0	0	0	0%
1 to 2 Years	0	0	0	0	1	-1
2 to 3 Years	0	0	0	0	0	0%
3 to 4 Years	1	0	0	1	2	-50%
Over 4 Years	0	0	0	0	0	0%

*Count now includes Open Non-Administrative Mandate Cases / Also, multiple complaints for the same DPM will show up as additional cases although they are likely to be consolidated for discipline

ATTACHMENT C

Podiatric Medical Board of California
Enforcement Statistics – Disciplinary Data
Quarter 4 Report (April – June 2025)

Other Legal Actions

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Suspension Order Issued	0	0	0	0	0	0%

Citations

	25-Apr	25-May	25-Jun	QTR 4 Total	Over QTR 4 last FY	+/- %
Citations Issued	0	0	0	0	3	-3
Average Days to Close or Assign	n/a	n/a	n/a	n/a	669	n/a

Probation

	25-Apr	25-May	25-Jun	End of QTR 4
Number of Active Probationers	8	8	8	8
Probation Cases Initiated (New Probationers)	1	0	0	1
Probation Cases Closed (Probation Completions)	0	0	0	0
Probation Cases Closed (Revocation or Surrender)	0	0	0	0
Probation Violations Submitted to the AG	0	0	0	0

ATTACHMENT C

Podiatric Medical Board of California

Enforcement Statistics – Fiscal Year to Date Totals

Fiscal Year 24/25 Report (July 2024 – June 2025)

Total Complaint Intake (includes complaint intake and conviction/arrest notification complaints)

	FY 24/25 QTR 1	FY 24/25 QTR 2	FY 24/25 QTR 3	FY 24/25 QTR 4	24/25 QTR 1-4 Total	Over FY 23/24 QTR 1-4 Total	+/- %
Received	33	42	31	45	*151	*144	+5%
Assigned for investigation	30	48	29	45	*152	*145	+5%
Average days to close or assign **(Target = 10 days)**	8	10	9	14	10	11	-9%

Total Case Investigations

	FY 24/25 QTR 1	FY 24/25 QTR 2	FY 24/25 QTR 3	FY 24/25 QTR 4	FY 24/25 QTR 1-4 Total	Over FY 23/24 QTR 1-4 Total	+/- %
Investigations Assigned	30	48	29	45	*152	*141	+8%
Investigations Completed - Total	25	28	44	35	*131	*143	-8%
Avg Days to Complete Investigations **(Target = 125 Days)**	329	322	184	204	**256	**126	+103%

*Numbers may show slight variances from the quarterly totals as some prior quarterly data totals may not reflect data that had been entered into BreEZe at a later date.

**Average is not calculated by obtaining the mean of the quarter totals, but by averaging the mean of all cases completed during those quarters. Also, there seems to be some issues with the investigation case aging data which is still being looked into.

ATTACHMENT D

Podiatric Medical Board of California

Enforcement Statistics – Fiscal Year to Date Totals

Fiscal Year 24/25 Report (July 2024 – June 2025)

Attorney General Cases

	FY 24/25 QTR 1	FY 24/25 QTR 2	FY 24/25 QTR 3	FY 24/25 QTR 4	FY 24/25 QTR 1-4 Total	Over FY 23/24 QTR 1-4 Total	+/- %
Cases Initiated	4	4	3	4	15	4	+275%
Accusations Withdrawn/Dismissed/Declined	0	0	0	0	0	0	0%
Closed Without Disciplinary Action	0	0	0	0	0	0	0%
Statement of Issues/Accusations Filed	0	2	2	3	7	6	+17%
Final Orders - Decisions/Stipulations	3	1	3	1	8	5	+60%
Avg Days to Complete Final Orders **(target = 540 Days)**	1,074	1,054	1,251	1,218	*1,147	*1,014	+13%

Other Legal Actions

	FY 24/25 QTR 1	FY 24/25 QTR 2	FY 24/25 QTR 3	FY 24/25 QTR 4	FY 24/25 QTR 1-4 Total	Over FY 24/25 QTR 1-4 Total	+/- %
PC23 Order	0	0	0	0	0	0	0%
Interim Suspension Order	0	0	1	0	1	0	0%

* Average is not calculated by obtaining the mean of the quarter totals, but by averaging the mean of all cases completed during those quarters.

ATTACHMENT D

Podiatric Medical Board of California
Enforcement Statistics – Fiscal Year to Date Totals
Fiscal Year 24/25 Report (July 2024 – June 2025)

Citations

	FY 24/25 QTR 1	FY 24/25 QTR 2	FY 24/25 QTR 3	FY 24/25 QTR 4	FY 24/25 QTR 1-4 Total	Over FY 24/25 QTR 1-4	+/- %
Final Citations	0	3	0	0	3	3	0%
Average Days to Complete	n/a	663	n/a	n/a	663	669	-1%

Citations issued were based on the following violations:

Citation Number	Code(s) Violated	Code Description(s)
24/25-1	B&P Codes § 2234 § 2052 § 2264	Unprofessional Conduct Unlicensed Practice of Medicine Aiding Unlicensed Practice of Medicine
24/25-2	B&P Code § 2234	Unprofessional Conduct
24/25-3	B&P Code § 2266	Failure to Maintain Adequate records

ATTACHMENT D

Podiatric Medical Board of California

Enforcement Statistics – Attorney General Case Aging Data

As of September 18, 2025

Attorney General Case Aging

Case No.	Matter Type	Accepted for Prosecution	Pleading Sent	Pleading Signed	Notice of Defense Received	Request to Set	OAH Dates Received	Case Rev Ret/Rej	Stip Signed by Respondent	Hearing Date	Adjudicate	Decision Signed	Age of Case
1	ACC	08/20/21	06/20/22	6/28/22	08/04/22								1,490
2	ACC	09/06/21	09/09/21	09/10/21	09/27/21								1,473
3	ACC	09/16/24	09/23/24	10/22/24	11/22/24	01/09/25	07/16//25						367
4	ACC	12/31/24	02/24/25	03/11/25	04/01/25	05/20/25	07/09/25		09/03/25		C: 09/17/25	09/26/25	260
5	ACC	02/28/25	03/18/25	05/16/25	06/06/25	06/26/25	07/10/25						202
6	ACC	04/23/25	06/06/25	06/20/25	07/07/25	08/04/25	08/05/25						148
7	ACC	05/15/25	05/21/25	06/20/25	07/02/25	08/05/25	08/05/25						126
8	REDU	06/25/25				09/03/5	09/03/25						85
9	ACC	07/25/25											55
10	ACC	07/31/25	09/16/25										49
11	ACC	08/27/25											22

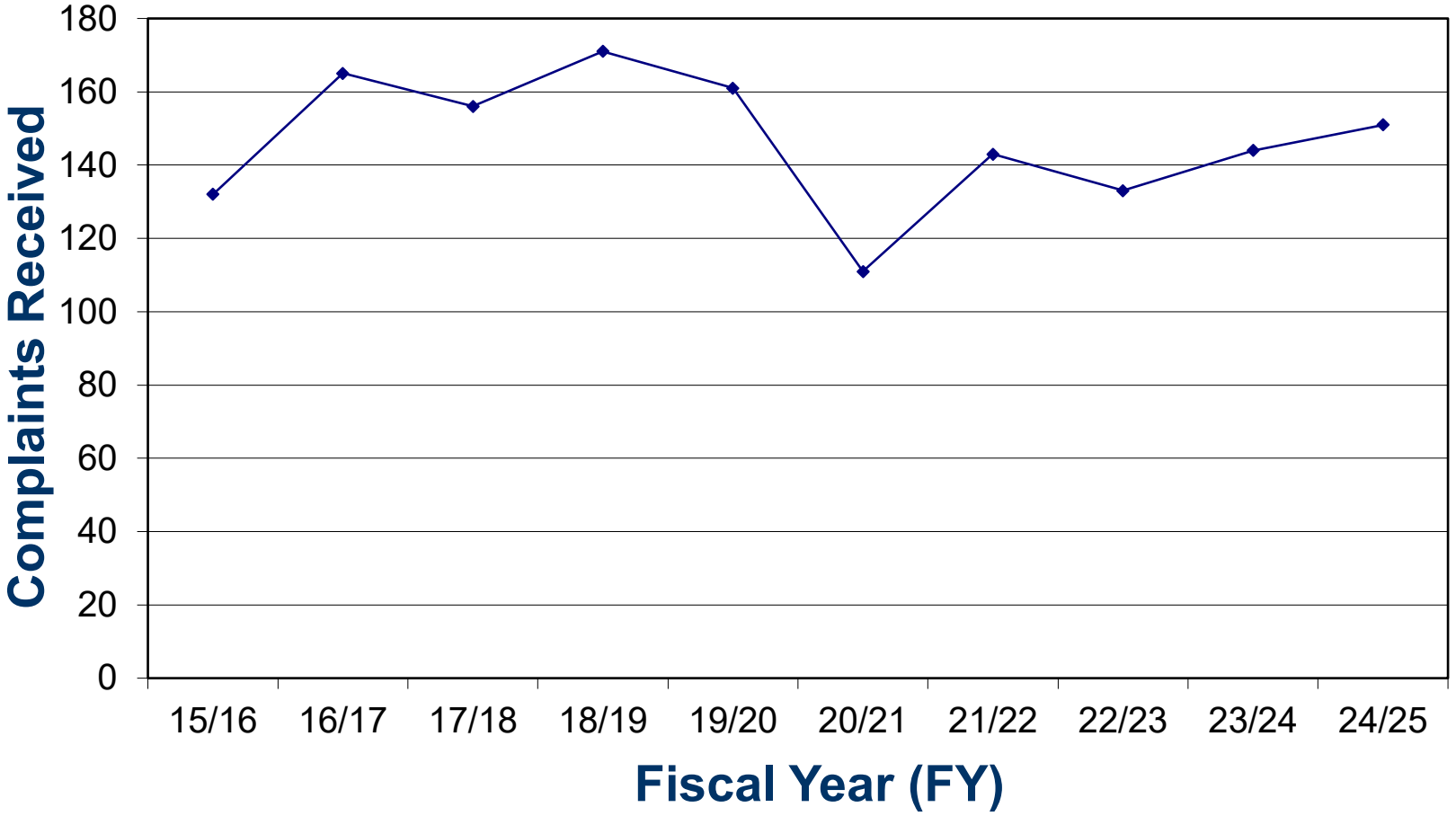
ACC = Accusation
AC/RV = Accusation/Petition to Revoke Probation
REDU = Petition to Reduce Penalty Filed
REIN = Petition for Reinstatement
REVO = Petition to Revoke Probation
SOI = Statement of Issues
ISO = Interim Suspension Order
820 = BPC 820 (mental/physical illness)

A: Reviewed: Case Returned to Client or DOI
B: Reviewed – Case Rejected
C: Stipulation Sent to Client
D: Hearing – Date Concluded/Submitted
E: Default Decision Sent: Failure to File NOD/Failure to Appear at Hearing
F: Petition Withdrawn or Pleading Withdrawn

Notes:
Case 4: Recently completed

ATTACHMENT E

PMBC Complaints and Formal Disciplinary Actions



Fiscal Year	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25
Complaints Received	132	165	156	171	161	111	143	133	144	151
Disciplinary Actions	6	8	9	6	5	9	7	7	5	8

ATTACHMENT F

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
1	M	8/13/1970	CASPM 05/16/1970	Lic by Board of Medical Examiners	N/A	N/A	Probation - 2 years 364 days	3/15/2013	69	43	Unprofessional Conduct 2234, Gross negligence 2234(b), Repeated negligent acts 2234(c), Incompetence 2234(d), Failure to maintain adequate and accurate records 2266, Creation of false records 2261	H (Cottage Health)
2	M	11/17/1999	Kent State Univ 1985	Norfolk Community Hospital	VA	07/01/1985 - 06/30/1986; 1YR	Probation - 5 years + suspension	7/25/2013	58	14	Conviction of a crime 2236, Excessive prescribing 725, 810 insurance fraud, Unprofessional conduct 2234, Dishonest and corrupt acts 2234(e)	C
3	M	8/14/2006	CASPM 05/20/2004	East Valley Hosp Med Ctr	CA	07/01/2004 - 06/30/2006; 2 YR	Probation - 5 years	9/23/2013	37	7	Gross negligence 2234(b), Repeated negligent acts 2234(c)	S
4	M	6/7/1982	CASPM 05/021982	Hayward Vesper Hospital	CA	Unknown	Probation - 5 years	10/28/2013	60	31	Sex relations with a patient 726, 810 insurance fraud, Unprofessional conduct 2234, Furnishing drugs w/o exam 2242, violation of professional confidence 2263, Inadequate and inaccurate records 2266	G
5	M	2/23/2004	Kent State Univ 05/26/1995	VA Med Center - Lebanon	PA	07/01/1995 - 06/30/1996; 1YR	Revoked	1/2/2014	45	10	Unprofessional conduct 2234(a), Dishonest Act 2234(e), Conviction of a crime 2236, Healthcare Fraud USC 1347	S
6	M	7/16/1984	CASPM 05/01/1983	David S. Jacobson Preceptorship	CA	1983 - 1984; 1YR	Stipulated Surrender	4/8/2014	67	30	Unprofessional conduct 2234, Conviction of a crime 2236, Failure to report conviction 802.1	S
7	M	8/31/1989	TUSPM 01/01/1988	Southwest Detroit Hospital	MI	07/01/1988 - 06/30/1989; 1YR	Probation - 7 years	6/20/2014	54	25	Conviction of a crime 2236	S
8	M	6/18/1986	CASPM 05/20/1984	Larry H. Woodcox Preceptorship @ St. Josephs Professional Ctr.	CA	05/01/1985 - 04/30/1986; 1YR	Stipulated Surrender	10/3/2014	63	28	Unprofessional conduct w/dishonety/corruption 2234(e), Violation of statute regulating drugs 2238, Furnishing dangerous drugs w/o exam 2242, False representation 2261, Unlawful prescribing H&S 11153/11154	S
9	M	6/29/1977	Dr. William M Scholl CPM 05/20/1977	Lic by Reciprocity by Board of Medical Quality Assurance	N/A	N/A	Probation - 5 years	1/2/2015	65	38	Conviction of a crime substantially related to duties of a podiatrist 2236(a)(1)	S

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
10	M	12/28/1987	CASPM 7/31/1985	1. Preceptorship w/Nas Maghzi, DPM 2. VA Palo Alto	1. Unsure 2. CA	1. 07/01/1985 - 06/30/1986 2. 07/01/1986 - 06/30/1987; 2YR	Probation - 6 years	1/15/2015	60	28	Gross negligence 2234(b), repeated negligent acts 2234(c), lack of physical and mental fitness to practice (practice under influence of drugs or alcohol) 2280, Failure to maintain adequate and accurate records 2266	?
11	F	3/10/1987	Dr. William M Scholl CPM 1985	Oak Forest Hospital	IL	08/01/1985 - 07/31/1986; 1YR	Probation - 5 years	2/27/2015	58	28	unprofessional conduct 2234, gross negligence 2234(b), repeated negligent acts 2234(c), Incompetence 2234(d), dishonest act 2234(e), false representation 2261, alteration of medical records 2262, inaccurate medical records 2266	S
12	M	12/22/1975	TUSPM 5/11/1974	Lic by Reciprocity by Board of Medical Quality Assurance	N/A	N/A	Stipulated Surrender	4/29/2015	67	40	unprofessional conduct 2234, excessive use of drugs or alcohol 2239	S
13	M	10/27/1976	CASPM 05/19/1973	Lic by Reciprocity by Board of Medical Quality Assurance	N/A	N/A	Stipulated Surrender	6/18/2015	67	39	gross negligence 2234(b), repeated negligent acts 2234(c), inadequate records 2266	H (Kaiser)
14	M	12/14/1999	CASPM 05/02/1982	Outpatient Surgical Med Unit	CA	09/18/1998 - 09/17/1999; 1YR	Revocation	10/9/2015	61	16	Failure to comply with probation - unprofessional conduct 2234	C
15	M	9/1/1971	CASPM 05/22/1971	Lic by Board of Medical Examiners	N/A	N/A	Probation - 5 years + suspension	12/17/2015	71	44	gross negligence 2234(b), repeated negligent acts 2234(c), incompetence 2234(d)	S
16	M	7/10/1984	CASPM 05/1/1983	Western Med Ctr/Anaheim	CA	07/01/1983 - 06/30/1984; 1YR	Probation - 3 years	1/13/2016	65	32	gross negligence 2234(b), repeated negligent acts 2234(c)	G
17	M	12/28/1987	CASPM 7/31/1985	1. Preceptorship w/Nas Maghzi, DPM 2. VA Palo Alto	1. Unsure 2. CA	1. 07/01/1985 - 06/30/1986 2. 07/01/1986 - 06/30/1987; 2YR	Stipulated Surrender	3/9/2016	62	29	Failure to abstain from use of controlled substances 4022, failure to comply with probation (unprofessional conduct) 2234	?
18	M	7/1/1990	CASPM 1989	CA College of Pod. Med - Southern Campus	CA	07/01/1989 - 06/29/1990; 1YR	Revocation	4/8/2016	62	26	conviction of a crime 490/2232/2236, unprofessional conduct 2234, possession of child pornography PC 311.11(a)/ 311.4(d)	S
19	M	10/11/1991	CASPM 05/27/1990	CA College of Podiatric Medicine/Humana Hospital PSR 12 Residency Program	CA	07/01/1990 - 06/30/1991; 1YR	Probation - 3 years	8/11/2016	56	25	unprofessional conduct 2234, gross negligence 2234(b), Repeated negligent acts 2234(c), Incompetence 2234(d)	S

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
20	M	2/27/2004	BUSPM 05/05/2001	Washington Hosp. Center	D.C.	07/01/2001 - 06/30/2004; 3YR	Additional terms to prob.	9/16/2016	46	12	False or misleading advertising 2271, Fail to maintain adequate and accurate records 2266, gross negligence 2234(b), repeated negligent acts 2234(c)	S
21	M	8/13/1970	CASPM 5/16/1970	Lic by Board of Medical Examiners	N/A	N/A	Revocation	9/30/2016	71	46	sexual misconduct w/patient 726, conviction of a crime 490/2232(a)/2236(a), unprofessional conduct 2234	?
22	M	7/3/2002	CASPM 05/25/2001	VA Med Center - Coatesville	PA	07/01/2001 - 06/31/2002; 1YR	Probation - 5 years	1/20/2017	44	15	gross negligence 2234(b), insurance fraud 810, repeated negligent acts 2234(c), dishonesty or corruption 2234(e), Failure to maintain adequate records 2266	S
23	M	6/5/2003	CASPM 05/25/2001	Wycoff Heights Medical Center	NY	07/01/2001 - 06/30/2003; 2YR	Probation - 3 years	4/14/2017	47	14	gross negligence 2234(b), repeated negligent acts 2234(c), incompetence 2234(d), Fail to maintain adequate/accurate records 2266 [quality of care]	S
24	M	12/17/1998	CASPM 12/17/1998	1. CCPM/SF Coast Hosp PPMR "candidate status" 2. Saddleback Outpatient Surgery Ctr, Los Angeles - CPME approved	1. CA 2. CA	1. 07/01/1997 - 06/30/1998 2. 07/01/1998 - 06/30/1999;	Probation - 5 years	6/2/2017	49	19	gross negligence 2234(b), repeated negligent acts 2234(c), incompetence 2234(d), Fail to maintain adequate/accurate records 2266, furnishing drugs w/o exam 2242	S
25	M	7/6/1979	CASPM 6/3/1979	Lic by Reciprocity by Board of Medical Quality Assurance	N/A	N/A	Stipulated Surrender	6/22/2017	67	38	Insurance fraud 810, conviction of a crime 2236, dishonesty 2234(e), falsification of medical records 2262, gross negligence 2234(b), repeated negligent acts 2234(c)	S
26	M	7/17/2001	CASPM 01/01/2003	Monrovia Community Hospital	CA	07/01/2000 - 06/30/2002; 2YR	Stipulated Surrender	10/13/2017	45	16	Dangerous use of alcohol 2222 & 2497, Conviction of crime related to duties of physician 2222/2497/2236/2234, Failure to report conviction 802.1, Failure to comply with probation (unprofessional conduct) 2234	S?
27	M	4/12/1993	CASPM 01/01/1991	CA College of Podiatric Medicine/ Naval Hospital Camp Pendleton	CA	07/01/1991 - 06/30/1993; 2YR	Revocation	12/6/2017	55	24	Gross Negligence 2234(b), Repeated Negligent Acts 2234(c), Prescribe drugs w/o exam 2242, Fail to keep records of drugs 2241.5(d)(7), Fail to maintain adequate/accurate records 2266 [overprescribing]	S
28	M	8/31/1989	TUSPM 01/01/1988	Southwest Detroit Hospital	MI	07/01/1988 - 06/30/1989; 1YR	Probation - 2 additional yrs	12/15/2017	58	28	Failure to comply with probation 2227(a)(5)	S

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
29	M	7/29/1980	CASPM 01/01/1980	Hayward Vesper Hospital	CA	07/01/1980 - 06/30/1982; 2YR	Probation - 1 year	1/19/2018	68	38	Unprofessional Conduct 2234, Prescribe drugs w/o exam 2242, Furnishing controlled substances to self 2238, Failure to maintain adequate records 2266, Failure to keep records of drugs 2241.5	S
30	F	7/7/2004	NYCPM 01/01/2002	Sherman Oaks Hospital	CA	07/01/2002 - 06/30/2005; 3YR	Probation - 4 years	1/25/2018	43	14	Gross Negligence 2234(b), Repeated Negligent Acts 2234(c), Incompetence 2234(d), Fail to maintain adequate/accurate records 2266 [quality of care]	C / G
31	M	11/23/1998	TUSPM 01/01/1992	Wycoff Heights Medical Center	NY	07/01/1992 - 06/30/1993; 1YR	Public Reprimand	1/26/2018	52	20	Gross Negligence 2234(b), Repeated Negligent Acts 2234(c), Incompetence 2234(d) [quality of care - senior facility]	S
32	M	12/10/1981	CASPM 05/03/1981	Lic by Reciprocity by Board of Medical Quality Assurance	N/A	N/A	Revocation	1/29/2018	65	37	gross negligence 2234(b), repeated negligent acts 2234(c), Violation of professional confidence 2263	S
33	M	3/31/2008	CASPM 03/12/2004	Wycoff Heights Medical Center	NY	07/01/2004 - 06/30/2007; 3YR	Stipulated Surrender	4/30/2018	43	20	Gross negligence 2234(b)	S
34	M	7/10/1984	CASPM 05/01/1983	Western Med Ctr/Anaheim	CA	07/01/1983 - 06/30/1984; 1YR	Stipulated Surrender	6/4/2018	68	34	Gross negligence 2234(b), Repeated negligent acts 2234(c)	C / G
35	M	5/27/2014	Des Moines Univ. 08/07/2006	DVA - Palo Alto	CA	07/01/2011 - 06/30/2014; 3YR	Revocation	6/29/2018	35	4	Mental or physical impairment 822, criminal conviction 2234/2236	VA? Unsure
36	F	3/29/2007	CASPM 01/01/2004	Inova Fairfax Hospital	VA	12/04/2004 - 06/07/2007; 3 YR	Public Letter of Reproval	8/30/2019	44	12	Gross negligence 2234(b)	H (Kaiser)
37	M	8/24/1987	Kent State Univ 01/01/1986	North Detroit General Hospital	MI	Public Letter of Reproval	Public Letter of Reproval	11/20/2019	64	32	Unprofessional Conduct 2234, Gross negligence 2234(b), Repeated negligent acts 2234©	G
38	M	2/16/2012	Kent State Univ 01/01/2009	DVA - Loma Linda	CA	07/01/2009 - 06/30/2012; 3 YR	Public Letter of Reproval	11/20/2019	40	10	Unprofessional Conduct 2234, Gross negligence 2234(b), Repeated negligent acts 2234(c), Incompetence 2234(d)	G
39	M	7/24/2006	Temple University 01/01/2004	Kaiser Permanente Medical Group	CA	07/01/2004 - 06/30/2007; 3 YR	Revocation	2/28/2020	45	13	Sexual Misconduct with Patient 726, Unprofessional Conduct 2234, Gross negligence 2234(b), Repeated negligent acts 2234©	H (Kaiser)
40	M	1/29/1988	CASPM 01/01/1996	Youngstown Osteopathic Hospital	OH		Public Letter of Reproval	6/4/2020	52	32	Unprofessional Conduct 2234, Repeated negligent acts 2234©	G

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
41	M	2/27/2004	Barry University School of Podiatric Medicine 1/1/01	Washington Hospital Center	DC	07/01/2001 - 06/30/2004 3 YR	Revocation	7/16/2020	49	16	Unprofessional Conduct 2234, Dishonesty 2234(e), Failure to Maintain Records 2266	S?
42	M	8/7/1970	CASPM 1/1/70				Surrender	7/22/2020	80	50	Unprofessional Conduct 2234, Repeated negligent acts 2234(c), Failure to Maintain Records 2266	C
43	M	7/1/1987	CASPM 1/1/86	Veterans Administration	KS	07/01/1986 - 06/30/1987 1 YR	Probation - 5 years	8/11/2020	72	33	Gross Negligence 2234(b), Repeaed Negligent Acts 2234(c), Failure to Maintain Records 2266	H
44	M	10/15/2012	Dr. William M Scholl CPM 1/1/07	UPMC Podiatric	PA	07/01/2007 - 06/31/2010 3 YR	Probation - 3 years	10/23/2020	41	8	Gross Negligence 2234(b), Repeated Negligent Acts 2234(c), Dishonesty 2234(e), False Reprisentation 2261	H
45	M	5/27/2014	Des Moines Univ. 05/28/2011	Veterans Affairs - Palo Alto	CA	07/01/2011 - 06/30/2013 3 YR	Surrender	10/26/2020	38	6	Mental or physical impairment 822, criminal conviction 2234/2236	H?
46	M	7/9/1980	Dr. William M. Scholl CPM 1/1/1980				Public Letter of Reproval	12/9/2020	68	40	Unprofessional Conduct 2234, Repeated negligent acts 2234(c)	S?
47	M	2/24/1992	CASPM 1/1/90	California College of Podiatric Medicine	CA	07/01/1990 - 06/30/1991 1 YR	Surrender	4/1/2021	60	29	Dishonesty 2234 (e), Gross Negligence 2234(a), Repeated Negligent Acts 2234(c), Excessive Treatment 725, Failure to Maintain Records 2266	G
48	M	7/1/1989	Dr. William M. Scholl CPM 1/1/1988	Westside - Veterans Affaris Medical Center	IL	07/01/1988 - 06/30/1989 1 YR	Public Letter of Reproval	5/14/2021	59	32	Gross Negligence 2234(b), Repeated Negligent Acts(c)	C/G?
49	F	7/12/2007	CASPM 1/1/04	St. Mary's Medical Center	CA	07/01/2004 - 06/30/2006 3 YR	Public Letter of Reproval	5/28/2021	54	14	Unprofessional Conduct 2234, Gross Negligence 2234(b), Repeated negligent acts 2234(c)	S/C?
50	M	3/21/2007	CASPM 1/1/03	Aestheticare - San Juan Capistrano	CA	7/01/2004 - 6/30/2007	Public Letter of Reproval	10/28/2021	48	14	Repeated negligent acts 2234(C), Failure to Maintain Records 2266	S?
51	M	6/1/1976	Dr. William M. Scholl CPM 1/1/1976				Probation	10/28/2021	81	45	Excesive treatment or Prescribing 725, Mental/Physical Illness 822, Unprofessional Conduct 2234, Gross Negligence 2234(b), Repeated negligent acts 2234(C), Prescribing without Medical Exam 2242, Failure to Maintain Records 2266	G

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
52	M	9/22/2003	NYCPM 01/01/1999	Staten Island University Hospital	NY	7/01/1999 - 6/30/2003	Probation	12/23/2021	51	18	Unprofessional Conduct 2234, Gross Negligence 2234(b), Repeated negligent acts 2234(C), Prescribing without Medical Exam 2242, Failure to Maintain Records 2266	S/C?
53	M	7/13/2006	CASPM 01/01/2003	Northwest Podiatric Surgical Residency	WA	7/01/2003 - 6/30/2006	Probation	12/23/2021	51	15	Mental/Physical Illness 822, Unprofessional Conduct 2234, Repeated negligent acts 2234(c), Violation of Drug Statutes 2238, Misuse of Alcohol/Drugs 2239(a)	S/G?
54	M	1/19/2001	CASPM 01/01/1998	CCPM - Los Angeles	CA	7/06/98 - 6/30/01	Probation	1/13/2022	50	19	Unprofessional Conduct 2234, Repeated negligent acts 2234(C), Failure to Maintain Records 2266	G?
55	F	3/29/2001	CASPM 01/01/1999	CCPM - Los Angeles	CA	7/01/1999 - 6/30/2000	Public Letter of Reproval	4/22/2022	50	19	Unprofessional Conduct 2234, Gross Negligence 2234(b), Repeated negligent acts 2234(C), Failure to Maintain Records 2266	G?
56	M	7/27/1992	Kent State Univ. CPM 01/01/1991	CCPM - Los Angeles	CA	07/01/1991 - 6/30/1992	Surrender	6/24/2022	57	29	Fraudulent Insurance Claim 550, Unprofessional Conduct 2234, Dishonesty or Corruption 2234(e), Conviction of a Crime 2236(a)	S/G?
57	M	6/14/2001	CASPM 01/01/1999	CCPM	CA	07/01/1999 - 06/30/2000	Probation - 3 years	7/15/2022	62	21	Unprofessional Conduct 2234, Gross Negligence 2234(b), Repeated negligent acts 2234(C), Failure to Maintain Records 2266, Practicing Under False Name 2285	S
58	F	12/9/2004	NYCPM 01/01/2003	Coney Island Hosp	NY	07/01/2003 - 06/30/2004	Revoked	7/18/2022	47	18	Mental/Physical Illness 822	G
59	F	7/19/2005	CASPM 01/01/2003	Health South Saddleback Valley Outpatient Surgery Center White Memorial Med Ctr	CA CA	07/01/2004 - 06/30/2005 07/01/2003 - 06/30/2004	Surrender	9/23/2022	53	17	False or Fraudulant Claims 550A5, Dishonesty or Corruption 2234E, Alteration of Medical Records 2262, Conviction of a Crime 490, Insurance Fraud 810, Self Use Drugs or Alcohol 2239, Gross Negligence 2234B, False Statements in Documents 2261	S/H?
60	M	12/16/2019	Western University 05/15/2017	White Memorial Med Ctr	CA	07/01/2017 - 06/30/2020	probation - 5 years	10/27/2022	35	3	violation of drug statutes 2238, self use of drugs/alcohol 2239, conviction of a crime 2236(b)	G
61	M	7/12/1978	CASPM 01/01/1978	Reciprocity Certificate to Practice Podiatry ??			Surrender	5/18/2023	72	45	Unprofessional Conduct 2234, Gross Negligence 2234(b), Repeated negligent acts 2234(C), Failure to Maintain Records 2266	S?

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
62	F	3/8/2001	CASPM 01/01/1999	CCPM - Los Angeles Tustin Hosp	CA CA	7/1/1999 - 6/30/2000 7/3/2000 - 6/30/2001	Surrender	5/18/2023	65	22	Gross Negligence 2234(b), Repeated negligent acts 2234(C), Failure to Maintain Records 2266	S?
63	M	7/3/2002	CASPM 01/01/2001	VA Med Ctr Coatesville	PA	7/1/2001 - 6/30/2002	Surrender	6/6/2023	50	21	violation of probation terms 3, Unprofessional conduct 2234, dishonesty or corruption 2234(e)	S?
64	M	7/1/1990	CASPM 01/01/1989	VA Med San Francisco	CA	7/01/89 - 6/30/90	Public Letter of Reproval	7/6/2023	64	33	unprofessional conduct 2234, violation of drug statues 2238, prescribing without medical exam 2242, dishonesty or corruption 2234e, failure to maintian adequate records 2266	G?
65	M	8/15/1988	Kent State Univ. CPM 01/01/1987	CCPM - Southern Campus	CA	8/01/87 - 7/31/88	probation - 1 year	10/12/2023	63	35	gross negligence 2234b, repeated negligent acts 2234c, incompetence 2234d, failure to maintain adequate records 2266	S?
66	M	7/13/2006	CASPM 01/01/2004	St. Mary's Medical Center	CA	7/01/04 - 6/30/06	Public Letter of Reproval	10/12/2023	47	17	gross negligence 2234b, repeated negligent acts 2234c, alteration of medical records 2262, failure to maintain adequate records 2266	G?
67	M	7/1/1985	CASPM 01/01/1984	Pacific Hospital of Long Beach	CA	7/01/84 - 6/30/85	Surrender	11/14/2023	68	38	excess treatment or prescribing 725, violation of drug statutes 2238, prescribingout medical exam 2242, gross negligence 2234b, repeated negligent acts 2234c, incompetence 2234d, failure to maintain adequate records 2266	S?
68	M	7/16/2002	Dr. William M. Scholl CPM 1/1/2001	VA Los Angeles	CA	7/01/01 - 6/30/02	probation -5 years	3/15/2024	57	21	Mental/Physical Illness 822, unprofessional conduct 2234, conviction of drug violations 2237, self use drugs or alcohol 2239, conviction of a crime 2236a	G?
69	M	11/3/1999	CASPM 01/01/1991	Kaiser Oakland	CA	7/01/92 - 6/30/93	Public Letter of Reproval	8/15/2024	60	24	unprofessional conduct 2234, gross negligence 2234b, repeated negligent acts 2234c	S?

ATTACHMENT G

Licensing and Enforcement Data of DPMs Disciplined since Fiscal Year 13/14												
#	Gender	1st Lic Date	,	Residency Program	State of Res.	Dates in Program	Discipline Type	Discipline Date	Age @ Discipline	Yrs. in Practice @ Discipline	Violations	Solo/ Corp/ Group/ Hospital?
70	M	7/22/2016	Western University 05/15/2013	VA Central Alabama	AL	7/01/13 - 6/30/16	Public Letter of Reproval	8/1/2024	41	8	failure to maintain adequate records 2266, gross negligence 2234b, repeated negligent acts 2234c	H?
71	M	6/25/1997	CASPM 01/01/1996	Pacific Coast Hospital	CA	7/01/96 - 6/30/97	Public Letter of Reproval	9/20/2024	55	27	gross negligence 2234b, repeated negligent acts 2234c, incompetence 2234d	S?
72	F	6/13/2012	CASPM 01/01/2009	Silver Lake Medical Center	CA	7/01/09 - 6/30/12	Public Letter of Reproval	10/25/2024	43	12	gross negligence 2234b, repeated negligent acts 2234c, incompetence 2234d, failure to maintain adequate records 2266	H?
73	M	7/8/1996	Kent State Univ. CPM 01/01/1995	Anaheim general Hospital	CA	7/01/95 - 6/30/97	probation -5 years	1/2/2025	57	28	conviction of a crime 2236, unprofessional conduct 2234	G?
74	M	7/12/2018	NYCPM 05/27/2015	Metropolitan NYCPM	NY	7/01/15 - 6/30/18	probation -2 years	2/21/2025	41	6	unprofessional conduct 2234, gross negligence 2234b, repeated negligent acts 2234c, failure to maintain adequate records 2266	G?
75	M	11/21/2017	CASPM 05/25/2012	St johns Episcopal	NY	7/01/13 - 6/30/16	Public Letter of Reproval	3/14/2025	44	7	unprofessional conduct 2234, gross negligence 2234b, repeated negligent acts 2234c, failure to maintain adequate records 2266	H?
76	M	7/1/1997	Barry University School of Podiatric Medicine 1/1/95	Kaiser Vallejo	CA	7/01/95 - 6/30/98	probation -2 years	4/7/2025	60	27	gross negligence 2234b, incompetence 2234d, failure to maintain adequate records 2266	H?

ATTACHMENT G

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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
November 7, 2025

VC 1-2

SUBJECT: LEGISLATIVE PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

Committee Members
Devon Glazier, DPM Chair
Samantha Chang

1. LEGISLATIVE UPDATE:

AB 1501 – Physicians Assistants and Podiatrists (Berman) Signed by the Governor on October 1, 2025.

This is the Sunset Bill that allows PMBC to extend its next sunset date to January 1, 2030. It protects the title of "podiatric surgeon" and prevents the classification of DPMs in California as "ancillary providers." Additionally, it eliminates the requirement of a 10-year limitation on exam validity for out-of-state applicants. It also provides for the DPM renewal fee to be $1900 for a two year renewal period.
See ATT A – AB 1501, Physicians Assistants and Podiatrists – Text

2. REGULATORY UPDATE

PMBC has begun a current review of Disciplinary Guidelines and is beginning the internal process of updating the text and preparing the required documents to present the matter to the PMBC Board for review and approval.

PMBC is also preparing to submit a Section 100 regulatory change that will update language regarding the required CE for renewing doctors of podiatric medicine.

ATTACHMENTS

A - ATT A – AB 1501, Physicians Assistants and Podiatrists - Text.

Prepared by: Kathleen Cooper

_____
Kathleen Cooper, Legislative Analyst

_____
Brian Naslund, Executive Officer

Assembly Bill No. 1501

CHAPTER 194

An act to amend Sections 2460, 2470, 2472, 2474, 2488, 2499.5, 3504, 3509, 3513, 3514.1, 3516, 3521.1, 3523, and 3537.45 of, to add Sections 3502.35 and 3504.2 to, to add, amend, and renumber Section 2460.1 of, and to repeal Section 3521.2 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor October 1, 2025. Filed with Secretary of State October 1, 2025.]

legislative counsel's digest

AB 1501, Berman. Physician assistants and podiatrists.

(1) Existing law, the Medical Practice Act, establishes in the Department of Consumer Affairs the Podiatric Medical Board of California to license and regulate podiatrists. Existing law, the Physician Assistant Practice Act, establishes in the Department of Consumer Affairs the Physician Assistant Board to license and regulate physician assistants. Existing law repeals the provisions establishing those boards on January 1, 2026, and specifies the repeal of those provisions renders those boards subject to review by the appropriate policy committees of the Legislature.

This bill would extend the operation of those boards until January 1, 2030.

Existing law requires the board to regulate physician assistant training programs, including, among other things, through establishing guidelines for their approval and setting fees to be paid by them.

This bill would remove the above-described requirements and authorizations relating to the board's regulation of physician assistant training programs.

(2) Existing law makes a physician assistant licensed by the board eligible for employment or supervision by a physician and surgeon, as specified. Existing law prohibits a physician and surgeon from supervising more than 4 physician assistants at any one time, except under certain conditions. Among those exceptions, existing law authorizes a physician and surgeon to supervise up to 8 physician assistants if the physician assistants are focused solely on performing in-home health evaluations for specified purposes.

This bill would increase the number of physician assistants whom a physician and surgeon may supervise at any one time to 8. The bill would make conforming changes, including removing the above-described exception for in-home health evaluations.

(3) Existing law makes it a misdemeanor to use certain terms or letters indicating or implying that a person is a doctor of podiatric medicine without

holding a valid, unrevoked, and unsuspended certificate to practice podiatric medicine.

This bill would include in those provisions the use of the term "podiatric surgeon." The bill would state that it is the policy of this state that a doctor of podiatric medicine shall be classified or treated as a doctor of podiatric medicine and shall not be classified or treated as an ancillary provider or other allied health professional in any health care setting or insurance reimbursement structure for any purpose.

(4) Existing law requires the Podiatric Medical Board of California to issue a certificate to practice podiatric medicine by credentialing if an applicant has submitted to the board from the credentialing organization verification that they are licensed as a doctor of podiatric medicine in any other state if the applicant has passed specified examinations, and requires the applicant to have passed those examinations within the past 10 years.

This bill would delete the requirement that the applicant pass those examinations within the past 10 years.

Existing law establishes specified fees applicable to certificates to practice podiatric medicine, including a biennial renewal fee of $1,318, a $100 fee for a duplicate wall certificate, a $50 for a duplicate renewal receipt fee, and a $30 endorsement fee.

This bill would increase the biennial renewal fee to $1,900 would instead establish a $100 fee for a duplicate certificate, and would delete the duplicate renewal receipt and endorsement fees.

(5) Existing law establishes various fees for physician assistants, including a $25 application fee, a $250 initial license fee, a $300 biennial license renewal fee, a $25 delinquency fee, and a $10 fee for a letter of endorsement, letter of standing, or letter of verification of licensure.

This bill would instead establish a $60 application fee, a $250 initial license fee, a $300 biennial license renewal fee, a $75 delinquency fee, and a $50 fee for a letter of endorsement, letter of good standing, or letter of verification of licensure. The bill would authorize the board to increase the application fee to not more than $80, the initial license fee to not more than $500, and the biennial license renewal fee to not more than $500.

(6) Under existing law, a physician assistant license expires at 12 midnight of the last day of the birth month of the licensee during the 2nd year of a 2-year term if not renewed. Existing law requires a licensee, in order to renew a license, to apply for renewal on a form provided by the board, as specified.

This bill would instead require that the above-described renewal applications be made on an electronic form, or other form, provided by the board. The bill would require an application form to contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct. By expanding the crime of perjury, the bill would impose a state-mandated local program.

(7) This bill would correct cross-references and make other technical changes to the Physician Assistant Practice Act and the provisions of the Medical Practice Act applicable to podiatrists.

(8) The bill would state the intent of the Legislature that a comprehensive review of practice agreements structures be undertaken in consultation with relevant stakeholders and, in that regard, would authorize the Physician Assistant Board to collaborate, as appropriate, with the Legislature and other stakeholders to inform future policy discussions through existing processes and expertise.

(9) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 2460 of the Business and Professions Code is amended to read:

2460. (a) There is created in the Department of Consumer Affairs the Podiatric Medical Board of California. Any reference in any provision of law to the California Board of Podiatric Medicine shall be deemed to refer to the Podiatric Medical Board of California.

(b) The amendments made by Chapter 775 of the Statutes of 2017 relating to podiatrists shall not be construed to change any rights or privileges held by podiatrists prior to the enactment of that act.

(c) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 2. Section 2460.1 is added to the Business and Professions Code, to read:

2460.1. Notwithstanding any other law, the repeal of Section 2460 renders the Podiatric Medical Board of California subject to review by the appropriate policy committees of the Legislature.

SEC. 3. Section 2460.1 of the Business and Professions Code is amended and renumbered to read:

2460.2. Protection of the public shall be the highest priority for the Podiatric Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

SEC. 4. Section 2470 of the Business and Professions Code is amended to read:

2470. The board may adopt, amend, or repeal, in accordance with the provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), regulations necessary to enable the board to carry into effect the provisions of law relating to the practice of podiatric medicine.

SEC. 5. Section 2472 of the Business and Professions Code is amended to read:

2472. (a) The certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine.

(b) As used in this chapter, "podiatric medicine" means the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

(c) A doctor of podiatric medicine shall not administer an anesthetic other than local. If an anesthetic other than local is required for any procedure, the anesthetic shall be administered by another licensed health care practitioner who is authorized to administer the required anesthetic within the scope of their practice.

(d) (1) A doctor of podiatric medicine may do the following:

(A) Perform surgical treatment of the ankle and tendons at the level of the ankle pursuant to subdivision (e).

(B) Perform services under the direct supervision of a physician and surgeon, as an assistant at surgery, in surgical procedures that are otherwise beyond the scope of practice of a doctor of podiatric medicine.

(C) Perform a partial amputation of the foot no further proximal than the Chopart's joint.

(2) Nothing in this subdivision shall be construed to permit a doctor of podiatric medicine to function as a primary surgeon for any procedure beyond their scope of practice.

(e) A doctor of podiatric medicine may perform surgical treatment of the ankle and tendons at the level of the ankle only in the following locations:

(1) A licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code.

(2) A licensed surgical clinic, as defined in Section 1204 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical clinic.

(3) An ambulatory surgical center that is certified to participate in the Medicare Program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical center.

(4) A freestanding physical plant housing outpatient services of a licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1). For purposes of this section, a "freestanding physical plant" means any building that is not physically attached to a building where inpatient services are provided.

(5) An outpatient setting accredited pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

(f) Notwithstanding subdivision (b), a doctor of podiatric medicine with training or experience in wound care may treat ulcers resulting from local and systemic etiologies on the leg no further proximal than the tibial tubercle.

SEC. 6. Section 2474 of the Business and Professions Code is amended to read:

2474. (a) Any person who uses in any sign or in any advertisement or otherwise, the word or words "doctor of podiatric medicine," "doctor of podiatry," "podiatric doctor," "podiatric surgeon," "D.P.M.," "podiatrist," "foot specialist," or any other term or terms or any letters indicating or implying that they are a doctor of podiatric medicine, or that they practice podiatric medicine, or hold themselves out as practicing podiatric medicine or foot correction as defined in Section 2472, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as provided for in this chapter, is guilty of a misdemeanor.

(b) It is the policy of this state that a doctor of podiatric medicine shall be classified or treated as a doctor of podiatric medicine and shall not be classified or treated as an ancillary provider or other allied health professional in any health care setting or insurance reimbursement structure for any purpose.

SEC. 7. Section 2488 of the Business and Professions Code is amended to read:

2488. The board shall issue a certificate to practice podiatric medicine by credentialing if the applicant has submitted directly to the board from the credentialing organizations verification that they are licensed as a doctor of podiatric medicine in any other state and meets all of the following requirements:

(a) The applicant has graduated from an approved school or college of podiatric medicine.

(b) The applicant has passed either part III of the examination administered by the National Board of Podiatric Medical Examiners of the United States or a written examination that is recognized by the board to be the equivalent in content to the examination administered by the National Board of Podiatric Medical Examiners of the United States.

(c) The applicant has satisfactorily completed a postgraduate training program approved by the Council on Podiatric Medical Education.

(d) The applicant has passed any oral and practical examination that may be required of all applicants by the board to ascertain clinical competence.

(e) The applicant has committed no acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475).

(f) The board determines that no disciplinary action has been taken against the applicant by any podiatric licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of podiatric medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(g) A disciplinary databank report regarding the applicant is received by the board from the Federation of Podiatric Medical Boards.

SEC. 8. Section 2499.5 of the Business and Professions Code is amended to read:

2499.5. The following fees apply to certificates to practice podiatric medicine. The amount of fees prescribed for doctors of podiatric medicine shall be determined by the board and shall be as described below. Fees collected pursuant to this section shall be fixed by the board in amounts not to exceed the actual costs of providing the service for which the fee is collected.

(a) Each applicant for a certificate to practice podiatric medicine shall pay an application fee of one hundred dollars ($100) at the time the application is filed. If the applicant qualifies for a certificate, they shall pay a fee of one hundred dollars ($100).

(b) Each applicant who qualifies for a certificate, as a condition precedent to its issuance, in addition to other fees required by this section, shall pay an initial license fee. The initial license fee shall be eight hundred dollars ($800). The initial license shall expire the second year after its issuance on the last day of the month of birth of the licensee. The board may reduce the initial license fee by up to 50 percent of the amount of the fee for any applicant who is enrolled in a postgraduate training program approved by the board or who has completed a postgraduate training program approved by the board within six months prior to the payment of the initial license fee.

(c) The biennial renewal fee shall be one thousand nine hundred dollars ($1,900). Any licensee enrolled in an approved residency program shall be required to pay only 50 percent of the biennial renewal fee at the time of their first renewal.

(d) The delinquency fee shall be one hundred fifty dollars ($150).

(e) The duplicate certificate fee shall be one hundred dollars ($100).

(f) The letter of good standing fee or for loan deferment shall be one hundred dollars ($100).

(g) There shall be a fee of one hundred dollars ($100) for the issuance of a resident's license under Section 2475.

(h) The fee for approval of a continuing education course or program shall be two hundred fifty dollars ($250).

SEC. 9. Section 3502.35 is added to the Business and Professions Code, to read:

3502.35. (a) It is the intent of the Legislature that, in recognition of the vital role physician assistants play in delivering safe, effective, and accessible health care across California, a comprehensive review of practice agreement structures be undertaken in consultation with relevant stakeholders. This review should consider how practice agreements are utilized in other states and evaluate their potential benefits or detriments to patient care, workforce efficiency, and regulatory oversight.

(b) This section shall not be construed to impose any additional regulatory responsibilities or workload on the board. The board may collaborate, as appropriate, with the Legislature and other stakeholders to inform future policy discussions through existing processes and expertise.

SEC. 10. Section 3504 of the Business and Professions Code is amended to read:

3504. (a) There is established a Physician Assistant Board. The board consists of nine members.

(b) This section shall remain in effect only until January 1, 2030, and as of that date is repealed.

SEC. 11. Section 3504.2 is added to the Business and Professions Code, to read:

3504.2. Notwithstanding any other law, the repeal of Section 3504 renders the board subject to review by the appropriate policy committee of the Legislature.

SEC. 12. Section 3509 of the Business and Professions Code is amended to read:

3509. It shall be the duty of the board to:

(a) Establish standards for, and issue licenses to, applicants qualifying for licensure under this chapter as a physician assistant.

(b) Require the examination of applicants for licensure as a physician assistant who meet the requirements of this chapter.

SEC. 13. Section 3513 of the Business and Professions Code is amended to read:

3513. The board shall recognize the approval of training programs for physician assistants approved by a national accrediting organization. Physician assistant training programs accredited by a national accrediting agency approved by the board shall be deemed approved by the board under this section.

SEC. 14. Section 3514.1 of the Business and Professions Code is amended to read:

3514.1. The board shall formulate by regulation guidelines for the consideration of applications for licensure as a physician assistant.

SEC. 15. Section 3516 of the Business and Professions Code is amended to read:

3516. (a) Notwithstanding any other law, a physician assistant licensed by the board shall be eligible for employment or supervision by a physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that employment or supervision.

(b) Except as provided in Section 3502.5, a physician and surgeon shall not supervise more than eight physician assistants at any one time.

(c) The Medical Board of California may restrict a physician and surgeon to supervising specific types of physician assistants including, but not limited to, restricting a physician and surgeon from supervising physician assistants outside of the field of specialty of the physician and surgeon.

SEC. 16. Section 3521.1 of the Business and Professions Code is amended to read:

3521.1. The fees to be paid by physician assistants are to be set by the board as follows:

(a) An application fee charged to each physician assistant applicant shall be sixty dollars ($60) and may be increased to not more than eighty dollars ($80).

(b) An initial license fee charged to each physician assistant to whom a license is issued shall be two hundred fifty dollars ($250) and may be increased to not more than five hundred dollars ($500).

(c) A biennial license renewal fee charged to each physician assistant who holds a license shall be three hundred dollars ($300) and may be increased to not more than five hundred dollars ($500).

(d) The delinquency fee is seventy-five dollars ($75).

(e) The duplicate license fee is ten dollars ($10).

(f) The fee for a letter of endorsement, letter of good standing, or letter of verification of licensure shall be fifty dollars ($50).

SEC. 17. Section 3521.2 of the Business and Professions Code is repealed.

SEC. 18. Section 3523 of the Business and Professions Code is amended to read:

3523. All physician assistant licenses shall expire at 12 midnight of the last day of the birth month of the licensee during the second year of a two-year term if not renewed.

The board shall establish by regulation procedures for the administration of a birthdate renewal program, including, but not limited to, the establishment of a system of staggered license expiration dates and a pro rata formula for the payment of renewal fees by physician assistants affected by the implementation of the program.

To renew an unexpired license, the licensee shall, on or before the date of expiration of the license, apply for renewal on an electronic form, or other form, provided by the board, accompanied by the prescribed renewal fee. Each application form shall contain a legal verification by the applicant certifying under penalty of perjury that the information provided by the applicant is true and correct.

SEC. 19. Section 3537.45 of the Business and Professions Code is amended to read:

3537.45. The program established pursuant to this article shall not be funded, directly or indirectly, from an increase in the fees charged to physician assistants pursuant to Section 3521.1. This article does not excuse physician assistants trained pursuant to this article from paying the fees established pursuant to Section 3521.1.

SEC. 20. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime

within the meaning of Section 6 of Article XIII B of the California Constitution.

PODIATRIC MEDICAL BOARD OF CALIFORNIA

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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
November 7, 2025

VD 1-2

SUBJECT: PUBLIC EDUCATION PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

Committee Members:
Samantha Chang, Chair
Darlene Trujillo Elliot

DISCUSSION AND POSSIBLE ACTION

1. Footnotes: PMBC's Newsletter, 2025 Submissions

The Board's newsletter, "Footnotes," is looking for article submissions from staff, board members, licensees, and stakeholders. We are looking for testimonials of how the career decision was made to study and practice podiatry, and how has this profession been rewarding and satisfying.

Additionally, we would like any articles or thoughts on the diabetes epidemic and how the podiatric practice can help save limbs. We are also looking for any interesting articles that are relevant and timely. Please feel free to contact Kathleen Cooper at kathleen.cooper@dca.ca.gov and feel free to make a submission or ask any questions that might help you get to covering the topic of your choice.

The next deadline for articles is October 31, 2025.

Please provide any new ideas for articles or for coverage of newsworthy events to PMBC and its stakeholders.

2. Social Media: PMBC Website and Social Media Accounts

PMBC continues to update its website and also hopes that most questions from licensees, stakeholders, and members of the public could be answered by visiting www.pmbc.ca.gov.

We also invite any interested individuals or entities to join our listserve at PMBC at www.pmbc.ca.gov.

PMBC also continues to update content for Facebook and Twitter.

Prepared by:

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Kathleen Cooper, Administrative Analyst

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Brian Naslund, Executive Officer

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PODIATRIC MEDICAL BOARD OF CALIFORNIA
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PODIATRIC MEDICAL BOARD OF CALIFORNIA
BOARD MEETING
November 7, 2025

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SUBJECT: EXECUTIVE MANAGEMENT BOARD MEETING

ACTION: SELECTING DATES FOR BOARD MEETINGS AND COMMITTEE MEETINGS IN 2026

Committee Members:
Daniel Lee, DPM, PhD, President
Devon Glazer, DPM, Vice President

DISCUSSION:

Discussion and Action on Setting the 2026 Dates for Committee Meetings and Full Board Meetings

ATTACHMENTS:

A. 2026 PMBC Meeting Calendar

Prepared by: Brian Naslund

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Brian Naslund
Executive Officer

Podiatric Medical Board of California

2026 Board Meetings

January						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

June						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	23/31	25	26	27	28	29

September						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

PMBC Committee Meetings

- ENF - 10:00 am
- PUB ED - 11:00 am
- LEG – 12:00 pm
- LIC - 1:00 pm
- EXEC MGT - 2:00 pm

- State Holidays
- PMBC Board Meetings

ATTACHMENT A