

GUAM BOARD OF MEDICAL EXAMINERS

Guam Board of Medical Examiners Regular Board Meeting

Wednesday, July 09, 2025 at 4:00 pm

Join Zoom Meeting:

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Meeting ID: 862 5341 1203

Passcode: 535265

MINUTES

Topic		DECISION(S) / ACTION(S) MADE	Responsible Party	Time	Status
I.	Call to Order	Meeting Chaired by: Dr. Berg	Chair	1624	Called to Order
		A. Roll Call: GBME <u>Present</u> <input checked="" type="checkbox"/> Nathaniel B. Berg, M.D., Chairperson <input checked="" type="checkbox"/> Joleen Aguon, M.D., Vice Chairperson <input type="checkbox"/> Luis G. Cruz, M.D., Secretary <u>Virtually Present</u> <input checked="" type="checkbox"/> Alexander D Wielaard, M.D., Treasurer <input checked="" type="checkbox"/> Ricardo Eusebio, M.D., Member of GMHA	Chair		Quorum Established
		B. Confirmation of Public Notice Dr. Berg reviewed and found it to be in conformance with current laws.	Chair		Confirmed
II.	Adoption of Agenda	<i>Motion to Adopt the Agenda: Dr. Berg.</i>	GBME		Adopted
III.	Review and Approval of Minutes	Draft Minutes dated June 18, 2025 Dr. Berg noted that there were multiple incorrect spellings of Dr. Aguon's name throughout the minutes, particularly on page 16. It was suggested that the errors may have resulted from ambient sound recordings, from Flame Tree. Dr. Berg requested B. Sablan to advise them on verifying local pronunciations, especially through voice transcription, to ensure name accuracy. Aside from the spelling issue, no other errors were identified in the minutes. <i>Motion to Approve as Amended: Dr. Berg.</i>	GBME		Unanimously Approved as Amended
IV.	Treasurer's Report	Dr. Wielaard reported having a constructive meeting with Director Arriola of DPHSS, during which ongoing challenges related to the visibility of actual revenue figures within the financial system were discussed. Despite these difficulties, there was a strong sense of support for the board to assume greater control over its budget in order to better fulfill its responsibilities to the community. Dr. Wielaard expressed optimism about its direction and briefly discussed the	Dr. Wielaard		Noted

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	<p>possibility of adjusting licensing fees in the future, with the goal of improving service to licensees and the public, pending further analysis.</p> <p>At present, the board has an allotment of approximately \$83,000 for the fiscal year. Although nearly 75% of the fiscal year has passed, only about 54% of the allocated funds—roughly \$45,000—has been expended, indicating that the board is generally on track with its budget. However, some concerns remain about reconciling these figures with actual revenue data from DOA. B. Sablan elaborated on the difficulties in accessing the new financial system, which was implemented in February. Although she previously had access, she is now awaiting inclusion in a follow-up training session intended to address this gap. She has reached out to DOA and is actively working with BBMR to clarify expenditures and provide updated financial reports. Additionally, she noted that several payments, including for memberships and board stipends, have not yet been posted to the system, meaning that the current expenditure figures are incomplete and expected to change once those transactions are processed.</p> <p>Dr. Berg requested for B. Sablan and Dr. Wielaardd to assess whether existing funds could be allocated toward attendance at the upcoming IAMRA conference. It was noted that while discussions with Director Arriola and internal budget leads are ongoing, there remains some uncertainty about the board's ability to independently allocate certain portions of its budget. Given the remaining balance and statutory provisions supporting conference participation, the suggestion was made to explore whether travel to IAMRA could be funded, particularly as it would be the board's first time attending.</p> <p>Dr. Berg emphasized the significant value that had come from previous participation in FSMB meetings and suggested that the IAMRA conference would offer similar, if not greater, benefits. It was also highlighted that this engagement aligns with Guam's long-term goal of preparing to license international physicians who have completed U.S. residencies—a shift that is widely expected to become federal policy in the near future. A presentation on this topic had already been shared with the board, outlining how IAMRA, as the international counterpart to FSMB, plays a key role in global regulatory alignment. The purpose of IAMRA membership, it was explained, is to help Guam develop a uniform system for evaluating foreign medical credentials from jurisdictions that can reliably provide verifiable data, in preparation for expected legal changes. Given the strategic importance of these efforts, the board reiterated the importance of attending the IAMRA conference and asked whether available funds could be used in addition to the scholarship application already submitted for one participant.</p> <p>B. Sablan confirmed that although the scholarship deadline had passed, she submitted an application on behalf of one GBME member and reported that \$3,500 remained available for travel. She indicated that she would review the remaining balances in the contractual and miscellaneous expense categories to determine if unused funds could be reallocated through a budget modification to support IAMRA conference attendance.</p> <p>Dr. Berg shifted toward the board's involvement in future budget planning, and raised a question about how the board could play a more active role in developing the GBME budget. In response, B. Sablan explained that the Department of Public Health and Social Services would present its budget to the Guam Legislature on July 11. Once the department's overall funding levels are established, allocations would be made to each division, including the boards</p>			

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		<p>under HPLO. At that point, B. Sablan would work with Dr. Wielaard to identify preferred allocations within object classes so that, once the budget act passes, new accounts for FY26 could be established efficiently.</p> <p>It was further clarified that the certified FY26 budget submitted to BBMR and the Legislature for all boards under HPLO's revolving fund totaled \$300,033,181, which would be divided proportionally across the seven or eight boards, including the medical board. The breakdown would be calculated based on revenue percentages. In response, Dr. Berg suggested that while the board will make the most of current resources, efforts should begin before the end of the year to ensure greater involvement in the development of the FY27 budget.</p>			
V.	HPLO Administrator's Report	<p>A. HPLO Administrator's Position & Pay</p> <p>B. Sablan informed the board that the HPLO Administrator position, currently being filled in a detailed capacity, is under review for reclassification and pay adjustment. It was noted that the position's salary has not been updated since 2006, resulting in significantly outdated compensation. Efforts are actively underway, in collaboration with the Department of Administration and with support from leadership, to update the classification and bring the pay scale in line with current standards.</p>	HPLO		Noted
		<p>B. Resolution 2025-01</p> <p>B. Sablan reported on a prior discussion regarding the delegation of authority to the HPLO Administrator and the Chairperson of the Guam Board of Medical Examiners to review and approve license applications. Members were asked whether they had reviewed the resolution outlining this proposed delegation.</p> <p>Dr. Berg provided context regarding the proposed resolution to delegate authority to the HPLO Administrator and the Chairperson of the Guam Board of Medical Examiners for the review and approval of license applications. This process originated during the COVID-19 pandemic, when emergency powers allowed the Chair to approve licenses independently. However, the Chair at the time opposed a unilateral approach and insisted that any such approvals be jointly conducted with the Administrator, and only under emergency circumstances.</p> <p>Dr. Berg explained that this joint delegation was designed to ensure that only applications meeting all agreed-upon criteria—particularly for temporary licenses—could be approved without full board review, and only when urgency required. In cases where any red flags appeared, such as adverse reports in the National Practitioner Data Bank, the application would be brought before the full board. The delegated authority was intended to prevent operational delays, particularly in situations like expired temporary licenses for healthcare professionals working in emergency settings, especially when a quorum could not be convened in time.</p> <p>Dr. Berg emphasized that this authority would not be abused and that any action taken would be communicated to the full board to ensure transparency. The process was characterized as a safeguard, used only in specific, urgent scenarios with oversight mechanisms in place. He acknowledged the theoretical possibility of misuse but affirmed that the current practice has maintained board integrity and accountability. The proposal was presented as a practical and responsible measure aligned with procedures in many other jurisdictions. Input from other board members was then requested, beginning with Dr. Aguon.</p>	HPLO		Noted

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	<p>Dr. Aguon sought clarification on whether the delegation of authority would apply solely to temporary licenses or to all types of licenses. Dr. Berg confirmed that the intent was to expand the scope beyond temporary licenses, allowing the Administrator and Chair to approve any license application in situations where delays occur due to issues unrelated to the applicant—such as the inability to convene a quorum.</p> <p>Dr. Aguon expressed conditional support for the proposal, emphasizing the need for clear language stipulating that such authority would only be exercised in cases involving applicants in good standing, with no history of disciplinary or criminal issues in any jurisdiction. Dr. Berg agreed, affirming that the intent was to restrict such approvals to only the most qualified, “super clean” applicants and noted that the resolution remained in draft form for discussion purposes.</p> <p>Dr. Aguon further highlighted the importance of ensuring that qualified applicants are not unnecessarily delayed due to procedural obstacles, especially when their services could benefit the community. She acknowledged that while the board has consistently maintained quorum in recent months, this may not always be the case, reinforcing the need for a responsible and limited delegation process. Dr. Aguon voiced full support for the resolution, contingent on the inclusion of strict eligibility criteria and proper oversight. The discussion was then turned to Dr. Wielaard for additional input.</p> <p>Dr. Wielaard agrees with the proposal, emphasizing the importance of having a process to keep things moving when there are quorum issues. However, he suggested that the resolution should explicitly require that any licenses granted under this delegated authority be circulated to the entire board for review. This would allow the board to retrospectively assess and discuss those approvals, ensuring transparency and oversight.</p> <p>Dr. Wielaard pointed out that this review process would help catch any potential disagreements, errors, or even misuse of the delegated authority. It would also provide an opportunity for the board to have a more thorough discussion if needed, maintaining accountability while still allowing the board to function efficiently. He asked if this idea makes sense to the board.</p> <p>Dr. Berg expressed that the resolution should explicitly require that all licenses granted under this delegated authority be promptly forwarded to all board members to ensure transparency and allow for early detection of any potential errors, emphasizing that this practice already exists for temporary licenses. He highlighted the importance of notifying the entire board when such actions occur to maintain oversight and accountability. Dr. Berg also noted a limitation in the current medical practice act, which only allows one temporary license without extension, and proposed allowing a one-month extension of temporary licenses when there is uncertainty about granting a full license, to give the board time for further deliberation. He acknowledged the discomfort in issuing permanent licenses based on the judgment of just one or two individuals, stressing the heavy responsibility and risk involved. To mitigate this, Dr. Berg suggested that extensions could be granted jointly by the administrator and the chair, providing a safeguard while ensuring that temporary licensure can continue without interruption if additional board review is necessary.</p> <p>Dr. Wielaard asked if licenses granted under this delegated authority should be placed on the agenda for the next board meeting to ensure public awareness and transparency.</p>			

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		<p>In response B. Sablan noted that while another board already possesses such authority, a process could be developed for the medical board if the members agree. She offered to amend the resolution's language, having the board's new attorney review it, and presenting it at the August meeting. Additionally, they confirmed that any licenses approved by either the chair or administrator would be published on the board agenda to ensure all members are informed. Dr. Eusebio expressed skepticism, recalling that such delegation of authority might not be permitted under current rules and suggested verification.</p> <p>Dr. Berg emphasized that if legal limitations prevent the delegation of licensing authority, then the resolution should reflect a clear intent that such authority—when granted—must be exercised only under circumstances where it is absolutely necessary and when it is unquestionably evident that no issues require board deliberation. Dr. Berg advocated for caution in drafting the language to prevent misuse and reiterated a preference for extending temporary licenses if feasible. However, acknowledging that such an extension may not be legally permissible, he recommended taking the time to refine the resolution. B. Sablan responded affirmatively, agreeing to revise the language, share it as a public working document with board members for review, and ensure legal counsel, specifically Attorney Tillman, evaluates the proposal, particularly regarding the legality of temporary license extensions.</p>			
VI.	Chairperson's Report	<p>Dr. Berg noted that most agenda items had been covered but took the opportunity to address several outstanding matters. He emphasized the importance of establishing official email addresses for all HPLO board members, such as those ending in @hplo.org, to ensure continuity and ownership of official communications, particularly when board members leave their respective institutions. Dr. Berg expressed concern that, without dedicated government-issued emails, valuable correspondence could be lost. B. Sablan and P.J. Camacho were asked to follow up with the Department, particularly with J. Blaz, to move this initiative forward.</p> <p>Additionally, Dr. Berg referenced the upcoming IAMRA conference in Dublin, Ireland, scheduled for September, which would address international physician licensing—an area of interest for Dr. Eusebio. He also encouraged early planning for the FSMB meeting and requested that B. Sablan, monitor for applicable grants that might support participation. Dr. Berg then addressed the need for full digitization of the licensing application process, noting recurring issues with incomplete submissions that could be eliminated through a properly designed digital platform. B. Sablan was asked to provide an update at the next meeting on the status of the digitization efforts and what steps remain. He concluded the report and invited any questions from board members, to which there were none.</p>	Dr. Berg		Noted
VII.	Old Business	<p>A. Complaint(s):</p> <p>1. GBME-CO-20-005 – Received: 09/18/2020</p> <p>During the discussion of case 2005, it was noted that Dr. Cruz was not present; however, Dr. Berg emphasized that legal counsel had strongly advised the board not to proceed with any actions regarding the case without attorney review, due to its complexity and sensitivity. Attorney Tillman confirmed familiarity with the case, acknowledging its detailed nature and confirmed she had reviewed the materials multiple times. She stated that she was currently coordinating with the Attorney General himself to obtain accurate and appropriate guidance. While no definitive update was provided at the meeting, Attorney Tillman committed to continuing her review</p>	Dr. Berg		
			Dr.. Cruz		On-Going, Waiting for Legal Counsel

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		and offered to send a summary to board members via official email once more information could be shared. Dr. Berg reiterated the importance of resolving the matter but agreed that all actions must remain guided by legal counsel due to the nature of the case.			
		<p>2. GBME-CO-2022-010 – Received: 06/21/2022</p> <p>Dr. Aguon confirmed that she had recently been assigned to review case CO 22-010 at the prior meeting. She reported having already begun their review and expressed a desire to consult further with Dr. Berg to clarify the appropriate steps for proceeding. Dr. Aguon stated she planned to revisit them and would receive additional physical documentation from B. Hattori to ensure a comprehensive understanding. Dr. Berg acknowledged the importance of progressing with this case, noting that it, along with case 20-005, represents one of the board’s two remaining long-standing cases. Although the board aims to resolve all new cases within 45 days, these two cases had been delayed due to legal complexity. The assigned reviewer expressed confidence that case CO 22-010 may reach resolution sooner than case 20-005.</p>	Dr. Aguon		On-Going, Delayed due to Legal Complexities
		<p>3. GBME-CO-2025-002 – Received: 04/15/2025</p> <p>Dr. Berg announced that he would recuse himself from the matter and physically left the room to ensure impartiality. In his absence, Dr. Wielaard, who had been reassigned to the case, assumed responsibility for leading its review. Dr. Aguon, serving as acting chair for this portion of the meeting, confirmed that Dr. Wielaard would be reporting on the case and deferred to him for any updates or developments.</p> <p>Dr. Wielaard noted that both the complaint and the licensee’s response are extensive, totaling nearly 100 pages and involving significant technical and clinical detail. After reviewing all submitted materials, Dr. Wielaard affirmed that the board does have jurisdiction to proceed with an investigation. However, due to the complexity and the need to ensure both fairness and thoroughness, he recommended that the board engage an external reviewer to conduct a full investigation. He mentioned that a qualified individual has already been identified and has expressed willingness to assist but is currently off-island. Dr. Wielaard plans to meet with this individual in the coming week to discuss the case further. He assured the board that he would keep them updated on all developments, while maintaining confidentiality and impartiality. He also advised the board to be patient, emphasizing that due to the case’s complexity, the investigation may require more time than usual to complete.</p>	Dr. Wielaard		On-Going
		<p>B. Hearing: GBME-DPA-2025-01</p> <p>The board discussed the need to enter an executive session to review sensitive information pertaining to an applicant. Dr. Berg stated that he had confirmed with the Attorney General that an executive session could be held for this purpose, provided that no voting occurs and the discussion remains limited to the confidential matter. However, it was brought to the Chair’s attention by board staff and legal counsel that executive sessions require advance public notice, which had not been given for this meeting. As a result, the board agreed to defer the discussion to a future meeting and include proper public notice for an executive session.</p> <p>During the conversation, there was a suggestion to also include another sensitive case—identified as 2022-0162—for discussion in the upcoming executive session. Board members agreed that a special meeting could be</p>	GBME		Noted

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		<p>scheduled as early as possible to avoid delaying case reviews by a full month. The feasibility of scheduling such a session was discussed in detail, factoring in the Guam Daily Post's seven-day publication requirement. It was concluded that a special remote meeting could tentatively be held on July 22, assuming quorum could be confirmed and the notice could be published in time.</p> <p>Br. Berg asked that B. Hattori coordinate with all board members, particularly Dr. Eusebio, Dr. Wielaard, and Dr. Cruz, to confirm availability and quorum for the proposed date. Dr. Berg also acknowledged his unfamiliarity with the public notice requirements for executive sessions, explaining that this was the board's first time attempting one.</p>			
		<p>C. Physicians in Graduate Training and Site Approval</p> <p>During the discussion, it was noted that official training programs must be approved by the ACGME, which contrasts with some current practices where institutions like the University of Hawaii send students to non-ACGME-approved sites such as Palau for rural healthcare experience. It was clarified that while schools may approve off-island or out-of-state training locations, the local board of the training site must ensure the safety and appropriateness of the training environment, as stipulated by law and regulations, possibly under GBME responsibility. Although the board routinely grants training licenses for certain institutions like SDA and GMH, these are not formal ACGME programs, and the regulation of medical students and residents rotating through local sites remains underdeveloped. Dr. Aguon emphasized that proper rules and patient consent protocols should be established for students training in local clinics or hospitals. Dr. Berg suggested forming a committee to develop regulatory guidelines for such training to ensure patient safety and maintain healthcare standards, while also encouraging student participation as a strategy to retain healthcare professionals locally. Input from the GMH perspective was sought regarding the board's role in regulating non-ACGME training licenses and defining supervision and evaluation requirements for residents at GMH, which, along with other facilities, is considered a suitable training site. Dr. Eusebio clarified that it is not within the board's purview to accredit or evaluate clinical training sites for medical students or residents. That responsibility lies with the medical schools or residency programs themselves. He noted that, in his experience, medical schools typically conduct their own evaluations of training sites, including visits and assessments of facilities and staff. Dr. Eusebio emphasized that the board's role is to determine whether physicians are safe and competent to practice medicine, not to judge the safety or accreditation status of the institutions where they may train or practice. Decisions regarding physician privileges within hospitals are made by the hospitals, and the safety or accreditation of those facilities is overseen by external entities such as the Joint Commission or Medicare, not by the board. Dr. Berg clarified that the topic arose from broader regulatory conversations about the implications of granting temporary licenses under the designation of training, especially when the board is not directly involved in approving the training sites themselves. He acknowledged Dr. Eusebio's point, noting that if a program is ACGME-approved, the responsibility to ensure the appropriateness and quality of the training</p>	GBME		Noted

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	<p>site lies with that program, not with the board. He then sought confirmation from Dr. Wielaard, asking whether he agreed with this understanding.</p> <p>Dr. Wielaard provided a nuanced perspective, distinguishing between residents and medical students in the context of training oversight. He explained that residents typically need to obtain a license—often a training license—in the jurisdiction where they practice, including Guam. Because of this, residents fall under the board’s jurisdiction as licensed individuals practicing under supervision. He noted that the licensing process for residents likely involves some review of the sponsoring institution and the conditions of supervision, although he did not recall the exact requirements offhand.</p> <p>In contrast, he emphasized that medical students do not hold licenses, which complicates the board’s oversight role. He acknowledged the concern that medical students could be placed in clinical settings where they might engage in activities beyond the scope of what is appropriate for their level of training. Since the expectations for student responsibilities can vary significantly between institutions, this becomes a gray area. Ultimately, Dr. Wielaard suggested that oversight of medical students' activities in training settings is likely the responsibility of the sponsoring institution, aligning with earlier comments made by R. Eusebio.</p> <p>Dr. Aguon proposed seeking clarification from legal counsel regarding GBME responsibilities concerning graduate medical training. The question arose from a discussion in a recent bylaws meeting, focusing on whether the GBME’s authority extends to both medical students and residents or is limited solely to interns and residents who receive licenses through the GBME. She emphasized the need for a clear interpretation, particularly since the term “graduate medical training” could reasonably be interpreted to include medical students as well.</p> <p>In response, Dr. Berg clarified that the intent was not to initiate any regulatory changes, but rather to explore whether the Board should establish a regulatory framework for medical students who practice on Guam, particularly during short-term visits such as summer programs, given that the island does not have a medical school. He acknowledged that the Board may ultimately have no jurisdiction over medical students since they are not licensees, aligning with comments made by both Dr. Eusebio and Dr. Wielaard. However, for individuals who are licensed physicians practicing under a limited license in a training capacity, Dr. Berg requested that copies of the current limited license application be provided for review. It was noted that although such licenses are referred to differently in other jurisdictions, they are known locally as limited licenses and always involve supervision by fully licensed physicians. To ensure clarity moving forward, legal counsel, specifically Attorney Tillman, was asked to review existing rules and regulations and provide any recommendations. This legal review would help the Board respond appropriately to inquiries from GMH and potentially extend guidance where applicable.</p> <p>Dr. Eusebio shared his personal experience to illustrate the varying licensing requirements during medical training. He explained that during his time at George Washington University, students were given the option to take either the federal licensure exam or the national board exams. Dr. Eusebio chose to take only one exam, completing the first part but opting not to take the second part. Despite completing medical school and training across multiple institutions—including an internship at St. Louis University, general surgery residency at Portsmouth Naval</p>			

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		<p>Hospital, and final residency training at the University of Connecticut—he did not obtain a medical license until after completing his chief residency year. He noted that at no point during his residency was he required to hold a license, and only sought licensure when transitioning to independent practice. This experience was offered to contextualize current discussions about licensing requirements for residents and medical students.</p> <p>Dr. Berg acknowledged differing practices regarding licensure during medical training, sharing that he was required to hold a training license during his residency. He offered to consult the FSMB to compile data on how various states manage training licensure, noting that this information is readily accessible and could assist Attorney Tillman in clarifying Guam’s position. Dr. Berg also pointed out that the term "graduate medical education" typically refers to residents, not medical students, when used by CMS, suggesting that the term may not legally encompass medical students. The overall intention behind the discussion was not to propose immediate regulatory changes but to determine whether the board has or should have a defined role in overseeing medical student and resident training within Guam. Dr. Berg emphasized the need for regulatory clarity—whether oversight responsibilities fall to the board or remain within the purview of the training institutions themselves. He concluded by reiterating the variability in licensing requirements across jurisdictions, noting his own experience of not needing a license in California but requiring one upon moving to Washington, D.C.</p>			
VIII.	New Business	A. Complaints:			
		1. GBME-CO-2025-003 – Received: 06/12/2025 B. Hattori briefly reported that the complainant was required to resubmit certain materials. It was confirmed that the matter had been reviewed and would be assigned a case number. An update on this particular issue is expected to be provided at the next board meeting.	GBME		On-Going, Update next Meeting
		2. GBME-CO-2025-004 – Received: 06/12/2025 B. Hattori discussed this case, which concerns an individual reported to be practicing as an unlicensed cosmetologist. The case involves medical or scientific procedures potentially outside the scope of cosmetology. While the matter is not under the jurisdiction of the board as the individual is not a licensee, the board agreed to wait for input from the cosmetology board to determine whether the procedures in question fall within their scope of practice. If deemed outside their jurisdiction, the case may be referred back to the board for further consideration. The board will also wait for additional information or records before proceeding further.			On-Going, Awaiting Additional Information
		B. Application(s) for Full Licensure:			
		1. Veronica Y. Ruvo <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>	GBME		Unanimously Approved
		2. James D. Pecsok <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		3. Le Yu Chiu <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved

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		4. Adham B. Shoujaa <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		5. Travis J. Petree <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		6. Rico G. Aragon <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		7. Leah A. Aragon A motion was made to allow Dr. Aragon additional time to complete her CME requirements. It was proposed that her license approval be contingent upon submission of her updated curriculum vitae and a written statement affirming that she will no longer list the USMLE on her credentials unless indicating it as failed. <i>Motion to Conditionally Approve Pending CME and Submission of Aforesaid Documents: Dr. Aguon; 2nd: Dr. Berg.</i>			Conditionally Approved
		8. Andrew J. Ormond <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon.</i>			Unanimously Approved
		9. Sean S. Tamir <i>Motion to Approve: Dr. Aguon; 2nd: Dr. Wielaard.</i>			Unanimously Approved
		10. Joel J. Paulino <i>Motion to Approve: Dr. Berg; 2nd: Dr. Aguon</i>			Unanimously Approved
IX.	Announcement	Next meeting is tentatively scheduled for Wednesday, August 06, 2025 at 4:00 pm	GBME	1818	Set Date
X.	Adjournment	<i>Motion to Adjourn: Dr. Berg.</i>	GBME		Adjourned

Minutes Drafted by: FLAME TREE Freedom Center, Inc.

Date Submitted:

Submitted by the GBME Secretary:

Date:

Approved by the GBME with or without changes:

Date: 9/10/2025

Certified by or Attested by the Chairperson:

Date: 9/10/2025