FILED
JAN 11 2016
KS State Board of Healing Arts

**BEFORE THE BOARD OF HEALING ARTS**
**OF THE STATE OF KANSAS**

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| **In the Matter of** | ) | |
| **TIMOTHY C. SPEARS, D.O.** | ) | |
| | ) | **KSBHA Docket No. 15-HA00096** |
| **Kansas License No. 05-23246** | ) | |
| | ) | |

## JOURNAL ENTRY OF SATISFACTION

COMES NOW the Kansas State Board of Healing Arts ("Board"), by and through its Executive Director, Kathleen Selzler Lippert, a duly authorized representative of the Board, in accordance with the provisions of the Kansas Administrative Procedure Act, K.S.A. 77-501 *et seq.*, as amended, and upon due consideration of the agency record and applicable statutes and regulations, and being otherwise duly advised in the premises, makes the following determinations:

1. On or about January 28, 2015, Timothy C. Spears, D.O. ("Licensee") entered into a Consent Order with the Board for alleged violations of the Kansas Healing Arts Act, K.S.A. 65-2801, *et seq.* The Consent Order required Licensee to successfully complete the continuing medical education programs:

   a. "Controlled Substance Prescribing: Pain, Anxiety, Insomnia" offered by Case Western Reserve University (Case Western);

   b. The ProBE program offered by the Center for Personalized Education for Physicians (CPEP); and

   c. At least eight (8) hours of Board approved continuing education with an emphasis in pain management.

2. On or about December 22, 2015, Licensee submitted to the Board documentation evidencing successful completion of the aforementioned continuing medical education program. Specifically:

a. On or about June 9-11, 2015, Licensee completed the ProBe program offered by CPEP;

b. On or about November 21, 2015, Licensee completed the Pain Management Self-Awareness Module offered by the American Board of Family Medicine; and

c. On or about December 1-4, 2015, Licensee completed the "Controlled Substance Prescribing: Pain, Anxiety, Insomnia" offered by Case Western.

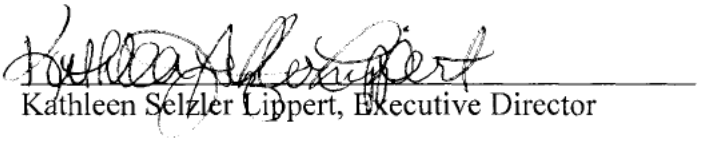
3. Licensee has satisfactorily met all requirements of the Consent Order and has no further obligation for compliance.

**IT IS THEREFORE ORDERED** that Licensee is hereby discharged from all requirements of the Consent Order filed on January 28, 2015.

**IT IS FURTHER ORDERED** that the probation on Licensee's license to practice osteopathic medicine and surgery in the State of Kansas is hereby terminated.

**IT IS SO ORDERED** this 11 day of Jan, 2016.

**KANSAS STATE BOARD OF HEALING ARTS**



Kathleen Selzler Lippert, Executive Director

## CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that I served a true and correct copy of the above and foregoing **Journal Entry of Satisfaction**, by depositing the same in the United States mail, postage prepaid, on this 11th day of January, 2016, addressed to:

Timothy C. Spears, D.O.
Confidential

Iola, Kansas 66749

and a copy hand delivered to:

Compliance Coordinator
Kansas State Board of Healing Arts
800 SW Jackson, Lower Level - Suite A
Topeka, Kansas 66612

and the original was filed with the Board's Executive Director.

Cathy A. Brown