

1 terminated with or without cause at the Board's discretion at any time after the issuance of
2 this Order.

3 i. Respondent shall submit quarterly declarations under penalty of
4 perjury stating whether there has been compliance with all conditions
5 of MAP. The declarations shall be submitted to the contractor retained
6 by the Board to administer the MAP program ("Contractor") on or
7 before the 15th of March, June, September and December of each
8 year, beginning on or before June, 2010.

9 **2. Relapse Prevention Group.** Respondent shall attend MAP's relapse
10 prevention group therapy sessions one time per week for the duration of this Order, unless
11 excused by the MAP relapse prevention group facilitator for good cause such as illness or
12 vacation. Respondent shall instruct the MAP relapse prevention group facilitators to
13 release to the MAP Contractor, upon request, all records relating to Respondent's
14 treatment, and to submit monthly reports to the MAP Contractor regarding attendance and
15 progress. The reports shall be submitted on or before the 10th day of each month.

16 **3. 12 Step or Self-Help Group Meetings.** Respondent shall attend
17 ninety 12-step meetings or other self-help group meetings appropriate for substance
18 abuse and approved by the MAP Contractor, for a period of ninety days beginning no later
19 than either (a) the first day following Respondent's discharge from chemical dependency
20 treatment or (b) the date of this Order.

21 **4.** Following completion of the ninety meetings in ninety days,
22 Respondent shall participate in a 12-step recovery program or other self-help program
23 appropriate for substance abuse as recommended by the MAP Contractor. Respondent
24 shall attend a minimum of three 12-step or other self-help program meetings per week for
25 a total of twelve per month. Two of the twelve meetings must be Caduceus meetings.

1 Respondent must maintain a log of all self-help meetings. The MAP Contractor will provide
2 the log to Respondent.

3 **5. Approved Primary Care Physician.** Respondent shall promptly
4 obtain a primary care physician and shall submit the name of the physician to the MAP
5 Contractor in writing for approval. The approved primary care physician (“PCP”) shall be
6 in charge of providing and coordinating Respondent’s medical care and treatment. Except
7 in an *Emergency*, Respondent shall obtain medical care and treatment only from the PCP
8 and from health care providers to whom the PCP refers Respondent. Respondent shall
9 request that the PCP document all referrals in the medical record. Respondent shall
10 promptly inform the PCP of Respondent’s rehabilitation efforts and provide a copy of this
11 Order to the PCP. Respondent shall also inform all other health care providers who
12 provide medical care or treatment that Respondent is participating in MAP.

13 a. “*Emergency*” means a serious accident or sudden illness that, if not
14 treated immediately, may result in a long-term medical problem or loss
15 of life.

16 **6. Medication.** Except in an *Emergency*, Respondent shall take no
17 *Medication* unless the PCP or other health care provider to whom the PCP refers
18 Respondent prescribes the *Medication*. Respondent shall not self-prescribe any
19 *Medication*.

20 a. “*Medication*” means a prescription-only drug, controlled substance,
21 and over-the counter preparation, other than plain aspirin, plain
22 ibuprofen, and plain acetaminophen.

23 7. If a controlled substance is prescribed, dispensed, or administered to
24 Respondent by any person other than PCP, Respondent shall notify the PCP in writing
25 within 48 hours and notify the MAP Contractor immediately. The notification shall contain

1 all information required for the medication log entry specified in paragraph 8. Respondent
2 shall request that the notification be made a part of the medical record. This paragraph
3 does not authorize Respondent to take any *Medication* other than in accordance with
4 paragraph 6.

5 **8. Medication Log.** Respondent shall maintain a current legible log of
6 all *Medication* taken by or administered to Respondent, and shall make the log available to
7 the MAP Contractor upon request. For *Medication* (other than controlled substances)
8 taken on an on-going basis, Respondent may comply with this paragraph by logging the
9 first and last administration of the *Medication* and all changes in dosage or frequency.
10 The log, at a minimum, shall include the following:

- 11 a. Name and dosage of *Medication* taken or administered;
- 12 b. Date taken or administered;
- 13 c. Name of prescribing or administering physician;
- 14 d. Reason *Medication* was prescribed or administered.

15 This paragraph does not authorize Respondent to take any *Medication* other
16 than in accordance with paragraph 6.

17 **9. No Alcohol or Poppy Seeds.** Respondent shall not consume
18 alcohol, any food, or other substance containing poppy seeds or alcohol.

19 **10. Biological Fluid Collection.** During all times that Respondent is
20 physically present in the State of Arizona and such other times as the MAP Contractor
21 may direct, Respondent shall promptly comply with requests to submit to witnessed
22 biological fluid collection. If Respondent is directed to contact an automated telephone
23 message system to determine when to provide a specimen, Respondent shall do so within
24 the hours specified. For the purposes of this paragraph, in the case of an in-person
25 request, "promptly comply" means "immediately." In the case of a telephonic request,

1 "promptly comply" means that, except for good cause shown, Respondent shall appear
2 and submit to specimen collection no later than two hours after telephonic notice to appear
3 is given. The MAP Contractor in its sole discretion shall determine good cause.

4 **11.** Respondent shall provide the MAP Contractor in writing with one
5 telephone number that shall be used to contact Respondent on a 24 hour per day/seven
6 day per week basis to submit to biological fluid collection. For the purposes of this section,
7 telephonic notice shall be deemed given at the time a message to appear is left at the
8 contact telephone number provided by Respondent. Respondent authorizes any person
9 or organization conducting tests on the collected samples to provide testing results to the
10 MAP Contractor.

11 **12.** Respondent shall cooperate with collection site personnel regarding
12 biological fluid collection. Repeated complaints from collection site personnel regarding
13 Respondent's lack of cooperation regarding collection may be grounds for termination
14 from MAP.

15 **13. Out of State Travel and/or Unavailability at Home or Office**
16 **Telephone Number.** Respondent shall provide the MAP Contractor with at least three
17 business days advance written notice of any plans to be away from office or home when
18 such absence would prohibit Respondent from responding to an order to provide a
19 biological fluid specimen or from responding to communications from the MAP Contractor.
20 The notice shall state the reason for the intended absence from home or office, and shall
21 provide a telephone number that may be used to contact Respondent.

22 **14. Payment for Services.** Respondent shall pay for all costs,
23 including personnel and contractor costs, associated with participating in MAP at
24 time service is rendered, or within 30 days of each invoice sent to Respondent.

25 **15. Examination.** Respondent shall submit to mental, physical, and

1 medical competency examinations at such times and under such conditions as directed by
2 the MAP Contractor to assist in monitoring Respondent's ability to safely perform as a
3 physician and Respondent's compliance with the terms of this Order.

4 **16. Treatment.** Respondent shall submit to all medical, substance
5 abuse, and mental health care and treatment ordered by the MAP Contractor.

6 **17. Obey All Laws.** Respondent shall obey all federal, state and local
7 laws, and all rules governing the practice of medicine in the State of Arizona.

8 **18. Interviews.** Respondent shall appear in person before the Board and
9 its Staff and MAP Contractor for interviews upon request, upon reasonable notice.

10 **19. Address and Phone Changes, Notice.** Respondent shall
11 immediately notify the MAP Contractor in writing of any change in office or home
12 addresses and telephone numbers.

13 **20. Relapse, Violation.** In the event of chemical dependency relapse by
14 Respondent or Respondent's use of drugs or alcohol in violation of the Order, Respondent
15 shall promptly enter into an Interim Order for Practice Restriction and Consent to the
16 Same that requires, among other things, that Respondent not practice medicine until such
17 time as Respondent successfully completes long-term inpatient for chemical dependency
18 designated by the MAP Contractor and obtains affirmative approval from the Board or the
19 Executive Director to return to the practice of medicine. Prior to approving Respondent's
20 request to return to the practice of medicine, Respondent may be required to submit to
21 witnessed biological fluid collection, undergo any combination of physical examination,
22 psychiatric or psychological evaluation and/or successfully pass the special purpose
23 licensing examination or the Board may conduct interviews for the purpose of assisting it
24 in determining the ability of Respondent to safely return to the practice of medicine. **In no
25 respect shall the terms of this paragraph restrict the Board's authority to initiate and**

1 take disciplinary action for violation of this Order.

2 **21. Notice Requirements.**

3 (A) Respondent shall immediately provide a copy of this Order to all employers
4 and all hospitals and free standing surgery centers where Respondent currently has
5 privileges. Within 30 days of the date of this Order, Respondent shall provide the MAP
6 Contractor with a signed statement of compliance with this notification requirement. Upon
7 any change in employer or upon the granting of privileges at additional hospitals and free
8 standing surgery centers, Respondent shall provide the employer, hospital or free standing
9 surgery center with a copy of this Order. Within 30 days of a change in employer or upon
10 the granting of privileges at additional hospitals and free standing surgery centers,
11 Respondent shall provide the MAP Contractor with a signed statement of compliance with
12 this notification requirement.

13 (B) Respondent is further required to notify, in writing, all employers, hospitals
14 and free standing surgery centers where Respondent currently has or in the future gains
15 employment or privileges, of a chemical dependency relapse, use of drugs or alcohol in
16 violation of this Order and/or entry into a treatment program. Within seven days of any of
17 these events Respondent shall provide the MAP Contractor written confirmation of
18 compliance with this notification requirement.

19 **22. Public Record.** This Order is a public record.

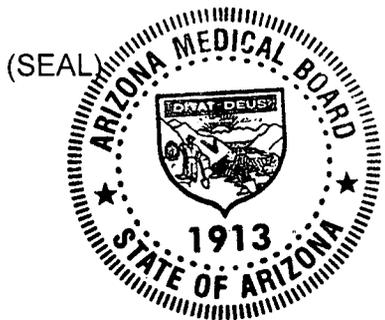
20 **23. Out-of-State.** In the event Respondent resides or practices as a
21 physician in a state other than Arizona, Respondent shall participate in the rehabilitation
22 program sponsored by that state's medical licensing authority or medical society.
23 Respondent shall cause the monitoring state's program to provide written reports to the
24 MAP Contractor regarding Respondent's attendance, participation, and monitoring. The
25 reports shall be due quarterly on or before the 15th day of March, June, September, and

1 December of each year, until the Board terminates this requirement in writing. The
2 monitoring state's program and Respondent shall immediately notify the MAP Contractor if
3 Respondent: a) is non-compliant with any aspect of the monitoring requirements; b)
4 relapses; c) tests positive for controlled substances; d) has low specific gravity urine drug
5 test(s), missed and/or late urine drug tests, or otherwise rejected urine drug tests; and e) is
6 required to undergo any additional treatment.

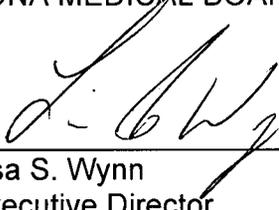
7 24. This Order supersedes all previous consent agreements and
8 stipulations between the Board and/or the Executive Director and Respondent.

9 25. The Board retains jurisdiction and may initiate new action based upon
10 any violation of this Order.

11 DATED AND EFFECTIVE this 14TH day of APRIL, 2010.



ARIZONA MEDICAL BOARD

15
16 By 
17 Lisa S. Wynn
18 Executive Director

19 **CONSENT TO ENTRY OF ORDER**

20 1. Respondent has read and understands this Consent Agreement and the
21 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
22 acknowledges he has the right to consult with legal counsel regarding this matter.

23 2. Respondent acknowledges and agrees that this Order is entered into freely
24 and voluntarily and that no promise was made or coercion used to induce such entry.

25 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
a hearing or judicial review in state or federal court on the matters alleged, or to challenge

1 this Order in its entirety as issued by the Board, and waives any other cause of action
2 related thereto or arising from said Order.

3 4. The Order is not effective until approved by the Board and signed by its
4 Executive Director.

5 5. All admissions made by Respondent are solely for final disposition of this
6 matter and any subsequent related administrative proceedings or civil litigation involving
7 the Board and Respondent. Therefore, said admissions by Respondent are not intended
8 or made for any other use, such as in the context of another state or federal government
9 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
10 any other state or federal court.

11 6. Upon signing this agreement, and returning this document (or a copy thereof)
12 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
13 the Order. Respondent may not make any modifications to the document. Any
14 modifications to this original document are ineffective and void unless mutually approved
15 by the parties.

16 7. This Order is a public record that will be publicly disseminated as a formal
17 disciplinary action of the Board and will be reported to the National Practitioner's Data
18 Bank and on the Board's web site as a disciplinary action.

19 8. If any part of the Order is later declared void or otherwise unenforceable, the
20 remainder of the Order in its entirety shall remain in force and effect.

21 9. If the Board does not adopt this Order, Respondent will not assert as a
22 defense that the Board's consideration of the Order constitutes bias, prejudice,
23 prejudgment or other similar defense.

24 10. Any violation of this Order constitutes unprofessional conduct and may result
25 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,

1 consent agreement or stipulation issued or entered into by the board or its executive
2 director under this chapter”) and 32-1451.

3 11. **Respondent has read and understands the conditions of probation.**

4
5 

6 MARTIN B. LANGFORD, M.D.

DATED: 3-7-10

7 EXECUTED COPY of the foregoing mailed
8 this 5th day of April, 2010 to:

9 Thomas Bakker
10 Olson, Jantsch & Bakker
11 7243 N. 16th Street
12 Phoenix, Arizona 85020-5203

13 Sucher & Greenberg, P.C.
14 Address on file

15 ORIGINAL of the foregoing filed
16 this 5th day of April, 2010 with:

17 Arizona Medical Board
18 9545 E. Doubletree Ranch Road
19 Scottsdale, AZ 85258

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Arizona Medical Board Staff