



State of California
Edmund G. Brown Jr., Governor

Agenda Item 9
November 8, 2018

Ratification of Approved License Applications

Purpose of the item

The Board will review and ratify the attached list of approved license applications.

Action(s) requested

A motion is needed to ratify the attached list of approved license applications.

Background

Between July 1, 2018 and September 30, 2018, staff reviewed and confirmed that the applicants met all statutory and regulatory requirements.

Recommendation(s)

Staff requests the Board approve the list of approved license applications.

Next Step

N/A

Attachment(s)

- List of formerly approved license applications issued between July 1, 2018 and September 30, 2018.



State of California
Edmund G. Brown Jr., Governor

Name (First, Middle, Last)			Date Issued	DC#
Julie	Alexandra	Stefanski	7/11/2018	34279
Chad	Austin	Eldridge	7/11/2018	34280
Michael	Joseph	Hoffman	7/11/2018	34281
Cynthia	Lysne	Tays	7/11/2018	34282
Farzam		Yazdanfar	7/11/2018	34283
Gonzalo	Martin	Pineiro	7/23/2018	34284
Timothy	Lorne	Haynes	7/25/2018	34285
Tara	Cristin	Adams	8/7/2018	34286
Brandon		Antonissen	8/7/2018	34287
Danielle	Christine	Johnston	8/7/2018	34288
Shane		Alborz	8/7/2018	34289
Chi-Yuan		Cheng	8/7/2018	34290
Kevin	Michael	Brown	8/13/2018	34291
Peter	Andrew	Leopold	8/13/2018	34292
Mykyta		Predtechensky	8/13/2018	34293
Christopher	Russell	Smith	8/13/2018	34294
Hyunsuk		Oh	8/13/2018	34295
Alanamarie		Pearsall	8/13/2018	34296
Zachary	Scott	Cadman	8/20/2018	34297
Loren	C	Davis	8/20/2018	34298
Morgan	Daniel	Hurd	8/20/2018	34299
Austin	James Mackinley	Karp	8/20/2018	34300
Hyun Dong		Lee	8/20/2018	34301
Andrew	Kiyoshi	Stone	8/23/2018	34302
Sarah	Renee	Ward	8/23/2018	34303
Alphonse	Andrew	Simeone	8/23/2018	34304
Mehrbod		Rafia	8/23/2018	34305
Carly	Justine	Broderick	8/23/2018	34306
Hannah	Louise	Durbin-Defebvre	8/23/2018	34307
Erin	Seaton	Heck	8/23/2018	34308
Francis	William	Dooley	8/28/2018	34309
Justin	Dean	Hovarter	8/28/2018	34310
Robert	Scott	Prewitt	8/30/2018	34311
Chen	Yueh	Liu	8/31/2018	34312



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Matthew	Isaiah	Jones	8/31/2018	34313
Alonso		Figuroa-Chavoya	9/6/2018	34314
Kaitlyn	Sae	Shikada	9/10/2018	34315
Nobuaki		Watanabe	9/10/2018	34316
Elizaveta		Krylova	9/12/2018	34317
Valerie	A	Lyon	9/12/2018	34318
Timothy	Alan	Cook	9/13/2018	34319
Jose		Garay	9/13/2018	34320
Joshua	Kenneth Hughes	Grey	9/13/2018	34321
Thomas	Andrew	Lazzari	9/13/2018	34322
Katie	Rose	Susse	9/18/2018	34323
Samantha	Colby	Sagot	9/18/2018	34324
Jessica	Marie	Barchenger	9/21/2018	34325
Arash		Aalem	9/21/2018	34326
Kevin	Charles	Forrest	9/21/2018	34327
Brent	Michael	Musolf	9/21/2018	34328
Harmanjit	Singh	Randhawa	9/25/2018	34329
Nicolas	Joseph	Santos	9/25/2018	34330
Craig	Sian-Keng	Chin	9/27/2018	34331
Ranj		Jaaf	9/27/2018	34332
Meaghan	Ashley	Arabejo	9/27/2018	34333



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**Agenda Item 10
November 8, 2018**

Ratification of Denied License Applications

Purpose of the item

The Board will review and ratify denied license applications in which an applicant did not appeal the Board's decision.

Action(s) requested

No action requested at this time.

Background

The Board of Chiropractic Examiners denies licensure to applicants who do not meet all statutory and regulatory requirements for a chiropractic license in California. Following a denial of licensure, an applicant has 60-days to appeal the Board's decision. If the applicant does not submit an appeal to the Board, the denial is upheld.

Recommendation(s)

During the period of July 1, 2018 to September 30, 2018, staff has reviewed and confirmed that applicants met all statutory and regulatory requirements for licensure. There were no denials or appeals during this time period.

At this time, no ratification is necessary.

Next Step

N/A

Attachment(s)

N/A



State of California
Edmund G. Brown Jr., Governor

**Agenda Item 11
November 8, 2018**

Ratification to Approve Continuing Education Providers

Purpose of the item

The Board will be asked to review and ratify the new continuing education (CE) providers.

Action(s) requested

The Board will be asked to ratify the following new CE providers:

<u>CONTINUING EDUCATION PROVIDERS</u>	<u>DATE</u>
1. <u>Robert Wesley Adams, DC, DABCN</u>	<u>11/08/18</u>
2. <u>Naturopathic CE</u>	<u>11/08/18</u>
3. <u>Lotused, INC</u>	<u>11/08/18</u>
4. <u>Tony Mork, MD</u>	<u>11/08/18</u>
5. <u>Kurt Milo Alexander D.C.</u>	<u>11/08/18</u>
6. <u>Vitality Sciences Institute</u>	<u>11/08/18</u>
7. <u>Jeffry S. Hays, DC</u>	<u>11/08/18</u>

Background

N/A

Recommendation(s)

Staff requests the Board approve the new continuing education providers.

Next Step

N/A

Attachment(s)

N/A



BOARD OF CHIROPRACTIC EXAMINERS



State of California
Edmund G. Brown Jr., Governor

2018 JUL 30 PM 4:39

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Robert Wesley Adams, DC DABCN

Street Address 101 Andrieux Street		
City Sonoma	State CA	Zip Code 95476
CE Oversight Contact Person: Jill Sullivan	Telephone Numbers: Residence: (707) 935-3667 Business: (707) 996-4535	Email Address Robert@theneurotechnologies.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)
Robert Wesley Adams

Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered <u>AUG 03 2018</u> \$75

(Rev. 02/10)

T (916) 263-5335	Board of Chiropractic Examiners
F (916) 327-0039	991 P Street, Suite 142A
TT/TDD (800) 735-2029	Sacramento, California 95814
Consumer Complaint Hotline	www.chiro.ca.gov
(866) 543-1311	

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2018 JUL 18 PM 1:20

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. New CE Provider Applications - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Naturopathic CE			
Street Address PO Box 480			
City Lockport		State NY	Zip Code 14095
CE Oversight Contact Person: Timothy Miller, ND, LAc, MAc, RA	Telephone Numbers: Residence: (716) 946-2371 Business: (716) 514-9312	Email Address tim@naturopathicce.com	
Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Timothy Miller ND, MAc, LAc, RA			
Provider Status			
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
Receipt No. _____	Date cashiered JUL 18 2018 \$75

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2010 AUG -7 PM 3:16

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: **LOTUSED, INC**

Street Address **1620 SOUTH OCEAN BLVD #10 - A**

City **POMPANO BEACH** State **FL** Zip Code **33062**

CE Oversight Contact Person: **EDEN GOLDMAN, DC** Telephone Numbers: Residence: **(305) 336 - 3129** Business: **()** Email Address **EGOLDMAN@LOTUSED.COM**

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)
EDEN GOLDMAN, DC (CA LICENSE # 31532)

Provider Status

Individual Corporation Health Facility University/College
 Partnership Professional Association Government Agency

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Receipt No. _____ Date cashiered **AUG 07 2010** **\$75**

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(866) 543-1311

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CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Tony Mork, MD		
Street Address 1300 Bristol Street No Ste 124		
City Newport Beach	State Ca	Zip Code 92660
CE Oversight Contact Person: Tony Mork	Telephone Numbers: Residence: (850) 830-1331 Business: (949) 640-6675	Email Address drtmork@gmail.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Dr. Tony Mork

Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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Receipt No. _____	Date cashiered <u>AUG 15 2018</u> \$75

(Rev. 02/10)

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2018 SEP 17 PM 4:30

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Kurt Milo Alexander D.C.
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Street Address 523 S Doubleday St		
City Mapleton	State Utah	Zip Code 84664
CE Oversight Contact Person: Kurt Alexander	Telephone Numbers: Residence: (925) 337-6526 Business: (925) 449-3356	Email Address Alexanderchiroceu@gmail.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Kurt Alexander
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Provider Status

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

Office Use Only	
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2525 Natomas Park Drive, Suite 260
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www.chiro.ca.gov

901 P St. Suite 142A
Sacramento, CA 95814

000390708



BOARD OF
CHIROPRACTIC EXAMINERS
2018 SEP 21 PM 5: 15



State of California
Edmund G. Brown Jr., Governor

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name: Vitality Sciences Institute

Street Address 407 N San Mateo Dr.		
City San Mateo	State CA	Zip Code 94401
CE Oversight Contact Person: Aaron Ulysses Parnell	Telephone Numbers: Residence: (415) 5164358 Business: (650) 3474565	Email Address info@reposturing.com

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion) Aaron Ulysses Parnell

Provider Status

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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State of California
Edmund G. Brown, Jr. Governor
BOARD OF CHIROPRACTIC EXAMINERS

2018 OCT -8 PM 4:42

CONTINUING EDUCATION PROVIDER APPLICATION

ALL questions on this application must be answered. **New CE Provider Applications** - Submit a complete application package including one original application with the application fee of \$75.00. **CE Provider Biennial Renewal Reapplication** - Submit a complete application package including one original application with the application fee of \$50.00. Please type or print neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications nor applications that do not include the correct application fee. Provider approval shall expire two years following the approval date.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING COURSE APPROVAL

Please check the appropriate box:

New CE Provider Application - \$75 **CE Provider Biennial Renewal Reapplication - \$50**

Provider's Name:	Jeffry S. Hays, DC
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Street Address			5252 Balboa Ave. Suite 1002			
City		San Diego	State	CA	Zip Code	92117
CE Oversight Contact Person:		Telephone Numbers:		Email Address		
Jeffry Hays		Residence: (858) 335-1577		jorijay@cox.net		
		Business: (958) 278-2181				
		→ 858 335-1577				

Name of Provider's Designated Representative: (Individual responsible for signing certificates of course completion)	Jeffry S. Hays
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Provider Status

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Health Facility	<input type="checkbox"/> University/College
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Government Agency	

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