

IN THE MATTER OF  
VERNON REESE, O.D.  
RESPONDENT  
LICENSE NO.: 00584

\* BEFORE THE  
\* MARYLAND STATE BOARD  
\* OF EXAMINERS IN OPTOMETRY  
\* Case Number: 2002-015

\* \* \* \* \*

**CONSENT ORDER**

The Maryland State Board of Examiners in Optometry (the "Board") hereby charged Vernon Reese, O.D., D.O.B. 08/23/37, License Number: 00584, (the "Respondent"), with violating certain provisions of the Maryland Optometry Act, ("the Act") Md. Health Occ. Code Ann. ("H.O.") §§ 11-101 et seq. (Rep. Vol. 2000 & 2004 Supp.) Specifically, the Board charged the Respondent with violating the following provisions of the Act:

**H.O. §11-313. Denial reprimands probation, suspensions, and revocations – Grounds.**

Subject to the hearing provisions of § 11-315 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny a license to any applicant, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

- (2) Fraudulently or deceptively uses a license;
- (7) Willfully makes or files a false report or record in the practice of optometry;
- (21) Has violated any provisions of this title; and
- (23) Commits an act of unprofessional conduct in the practice of optometry.

**H.O. § 11- 404. Administration of drugs, medicine, etc.**

*(a) Administration of topical ocular diagnostic pharmaceutical agents.* -- Unless certified under this section, a licensed optometrist may not administer a topical ocular diagnostic pharmaceutical agent to a patient; and

(b) *Certification-Requirements generally* -The Board shall certify a licensed optometrist as qualified to administer topical ocular diagnostic pharmaceutical agents if the licensed optometrist submits to the Board evidence satisfactory to the Board that the licensed optometrist:

- (1) Meets the educational requirements that the Board establishes for certification of qualification to administer topical ocular diagnostic pharmaceutical agents; and
- (2) Has within 7 years before certification completed a course in pharmacology that meets the requirements of subsection (c) of this section.

(c) *Same-Pharmacology Courses.* - The course in pharmacology required by subsection (b) of this section shall:

- (1) Be of at least the length that the Board establishes but not less than 70 course hours;
- (2) Place emphasis on:
  - (i) Topical application of ocular diagnostic pharmaceutical agents for the purpose of examining and analyzing ocular functions; and
  - (ii) Allergic reactions to ocular diagnostic pharmaceutical agents; and
- (3) Be given by an institution that is:
  - (i) Accredited by a regional or professional accrediting organization that is recognized or approved by the United States Commissioner of Education; and
  - (ii) Approved by the Board.

(d) *Same – Revocation.* - The Board shall revoke the certification of qualification to administer topical ocular diagnostic pharmaceutical agents of any licensed optometrist who does not annually take a course of study, approved by the Board, that relates to the use of those agents.

(e) *Same – Authorized activities.* - Certification of qualification under this section authorizes the licensed optometrist who is certified under this section to administer a topical ocular diagnostic pharmaceutical agent to a patient for diagnostic purposes but not for purposes of treatment.

(f) *Administration of drugs or medicine generally.* -- Except as expressly authorized under this section for diagnostic purposes or under § 11-404.1 of this subtitle for therapeutic purposes, an optometrist may not administer drugs or medicine to any patient.

**H.O. § 11-404.1 Therapeutically certified optometrist - Certification.**

(a) *Conduct requiring certification.* - Unless certified under this section, a licensed optometrist may not administer or prescribe any therapeutic pharmaceutical agents or remove superficial foreign bodies from a human eye, adnexa, or lacrimal system.

(b) *Requirements for certification.* - (1) Except as provided in paragraph (2) of this subsection, the Board shall certify a licensed optometrist as a therapeutically certified optometrist if the licensed optometrist submits to the Board evidence satisfactory to the Board that the licensed optometrist:

(i) Has successfully completed at least 110 hours of a therapeutic pharmaceutical agents course approved by the Board;

(ii) Has successfully passed a pharmacology examination relating to the treatment and management of ocular disease, which is prepared, administered, and graded by the National Board of Examiners in Optometry or any other nationally recognized optometric organization as approved by the Secretary; and

(iii) Is currently certified by the Board to administer topical ocular diagnostic pharmaceutical agents under § 11-404 of this subtitle.

(2) (i) Except as provided in subparagraph (ii) of this paragraph, an optometrist who has graduated on or after July 1, 1992 from an accredited school of optometry recognized by the Board is not subject to the requirements of paragraph (1) of this subsection.

(ii) If an optometrist who has graduated on or after July 1, 1992 from an accredited school of optometry recognized by the Board is not certified under this section within 3 years of graduation, the optometrist shall successfully complete a therapeutic pharmaceutical agents course and successfully pass a

pharmacology exam under paragraph (1) of this subsection before the Board may certify the optometrist.

**Code Md. Regs. tit. 10, § 28.11**

**.03 Certification.**

A. The Board will certify an optometrist licensed to practice in Maryland as qualified to administer diagnostic pharmaceutical agents if the licensed optometrist meets one of the following criteria:

- (1) Graduation from an accredited school of optometry within 7 years before applying for certification in Maryland.
- (2) Certification to use diagnostic pharmaceutical agents in another state which included completion of not less than 70 credit hours in diagnostic pharmaceutical agents if the optometrist:
  - (a) Submits to the Board proof of certification to use diagnostic pharmaceutical agents in the other state.
  - (b) Submits to the Board documentation that the original certification included at least 70 credit hours in diagnostic pharmaceutical agents. This documentation may be from either:
    - (i) The state board that granted the original certification;
    - (ii) The college, university, association, or other sponsors of the 70 credit hours in diagnostic pharmaceutical agents; or
    - (iii) Any other organization approved by the Board.
- (3) Successful completion of a course in diagnostic pharmaceutical agents of at least 70 credit hours given by an accredited college or faculty approved by the Board within 7 years before applying for certification in Maryland.

B. The credit hours taken for initial certification in diagnostic pharmaceutical agents may be included as part of the hours of continuing education required for biennial license renewal.

C. To complete the certification process, the optometrist shall submit proof of current certification in cardiopulmonary resuscitation to the Board.

**Code Md. Regs. tit. 10, § 28.12.**

**.02 Requirements for Certification.**

A. Except for an optometrist who qualifies under §B of this regulation, the Board shall certify an optometrist licensed to practice in Maryland as qualified to use TPAs if the licensed optometrist submits to the Board evidence satisfactory to the Board that the optometrist:

- (1) Has successfully completed at least 110 hours of Board-approved TPA continuing education within 3 years before applying for certification to use TPAs;
- (2) Has successfully passed the National Board of Examiners in Optometry's (NBEO) Treatment and Management of Ocular Disease (TMOD) Examination; and
- (3) Is currently certified by the Board to administer topical ocular DPAs.

B. The Board shall certify an optometrist who has graduated from an accredited school of optometry within 3 years before applying for certification to use TPAs if the optometrist:

- (1) Submits proof of current certification in cardiopulmonary resuscitation (CPR) to the Board; and
- (2) Completes the process to become certified to use TPAs within 3 years of the date of graduation from an accredited school of optometry.

C. The credit hours taken for initial certification in TPAs may be included as part of the hours of continuing education required for biennial license renewal.

**FINDINGS OF FACT**

The Board finds that:

1. At all times relevant to the charges herein, the Respondent was licensed to practice optometry in the State of Maryland. The Respondent was originally issued his license to practice optometry in the State of Maryland on September 7, 1966.

2. The Respondent owns and operates an optometry practice located at 6600 Belair Road, Baltimore, Maryland.

3. In or around February 28, 2002, the Board obtained information alleging that the Respondent performed and charged for certain procedures involving the use of topical ocular diagnostic pharmaceutical agents and the use and/or prescribing of therapeutic pharmaceutical agents.

4. The Respondent's patients' records reveal that the Respondent performed Goldmann Tonometry, Schiotz Tonometry, Gonioscopy, and Dilated Funduscopy Examinations. Each of these procedures requires the use of topical ocular diagnostic pharmaceutical agents.

5. An optometrist licensed in the State of Maryland must be certified by the Board in order to administer topical ocular diagnostic pharmaceutical agents ("DPA")<sup>1</sup> and to administer and/or prescribe a therapeutic pharmaceutical agents ("TPA")<sup>2</sup>.

6. The Respondent is not certified by the Board to administer DPA or TPA agents to patients.

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<sup>1</sup> DPA means a medication that directly or indirectly affects the pupil of the eye or the sensitivity of the cornea, as specified in H.O. §11-404.

<sup>2</sup> TPA means a medication used for the treatment of a disease or a condition of the eye as specified in H.O. § 11-404.2.

## SPECIFIC PATIENT FINDINGS

### PATIENT A<sup>3</sup>

7. Patient A, a 72 year old male, initially presented to the Respondent for a routine optometric evaluation on or about May 17, 1999. During Patient A's initial visit the Respondent performed Goldmann Tonometry.<sup>4</sup>

8. The Respondent diagnosed Patient A with open angle glaucoma.

9. Following his initial evaluation, Patient A was evaluated and/or treated by the Respondent on at least eleven (11) separate occasions from May 24, 1999 to February 14, 2003.

10. The Respondent performed Goldmann Tonometry on May 17, 1999, May 24, 1999, June 25, 1999, September 17, 1999, January 19, 2000, May 4, 2000, August 8, 2000, April 3, 2001, September 18, 2001, December 10, 2001, April 15, 2002, and October 19, 2002.

11. The Respondent performed Gonioscopy<sup>5</sup> on December 12, 2000.

### Patient B

12. Patient B, a 71 year old male suffering from diabetes, initially presented to the Respondent for a routine optometric evaluation on or about May 18, 1971. Following Patient B's initial evaluation, Patient B was evaluated and/or treated by the Respondent on thirteen (13) occasions from December 17, 1981 to August 15, 2003.

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<sup>3</sup> To ensure confidentiality, the identity of the patients is not disclosed in this Consent Order.

<sup>4</sup> Goldmann Tonometry is a diagnostic procedure that measures intraocular pressure by determining the force necessary to flatten a corneal surface of constant size.

<sup>5</sup> Gonioscopy is the examination of the angle of the anterior chamber of the eye with the gonioscope.

13. The Respondent performed Goldmann Tonometry on February 22, 1999, September 21, 1999, March 21, 2000, March 21, 2000, September 21, 2000, March 13, 2001, March 12, 2002, October 22, 2002, and August 15, 2003.

14. The Respondent performed Schiottz Tonometry<sup>6</sup> on September 14, 2001.

15. The Respondent performed Dilated Fundusoscopic Examinations<sup>7</sup> on February 22, 1999, September 21, 1999, March 21, 2000, September 21, 2000, March 13, 2001, October 22, 2002, and August 15, 2003.

16. The Respondent submitted a health insurance claim form to Patient B's insurance company for Extended Ophthalmoscopy<sup>8</sup> he performed on October 22, 2002. Patient B's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient B on October 22, 2002. The Respondent specifically denies the Board's finding that Patient B's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient B on October 22, 2002.

### **Patient C**

17. Patient C, a 73 year old male, initially presented to the Respondent for a routine optometric evaluation on or about November 14, 1978. Following his initial evaluation, Patient C was evaluated and/or treated by the Respondent on at least sixteen (16) occasions from December 19, 1979 to August 15, 2003.

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<sup>6</sup> Schiottz Tonometry was formerly used in the operating room or with people who are unable to sit upright. Like Goldman Tonometry, Schiottz Tonometry measures the pressure within the eye.

<sup>7</sup> Dilated Fundusoscopic Examinations detects retinal hemorrhages.

<sup>8</sup> Extended Ophthalmoscopy is a method to examine the posterior of the eye.

18. The Respondent performed Goldmann Tonometry on November 23, 1992, August 13, 1994, August 28, 1996, September 1, 1998, October 12, 1998, September 7, 1999, April 14, 2000 and May 17, 2002.

19. The Respondent performed Schiottz Tonometry on May 4, 2001, and August 15, 2003.

20. The Respondent performed a Dilated Fundusopic Examination on May 4, 2001.

21. The Respondent submitted a health insurance claim form to Patient C's insurance company for Extended Ophthalmoscopy performed on May 17, 2002. Patient C's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient C on May 17, 2002. The Respondent specifically denies the Board's finding that Patient C's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient C on May 17, 2002.

#### **Patient D**

22. Patient D, a 74 year old male, initially presented to the Respondent for a routine optometric evaluation on January 23, 1973. Following his initial evaluation, Patient D was evaluated and/or treated by the Respondent on at least nine (9) occasions from September 29, 1979 and December 15, 1999.

23. The Respondent performed Goldmann Tonometry on January 14, 1997.

24. The Respondent performed Schiottz Tonometry on March 19, 1999.

25. The Respondent performed Goldmann Tonometry on December 15, 1999, and December 29, 1999.

26. The Respondent submitted a health insurance claim form to Patient D's insurance company for Extended Ophthalmoscopy performed on March 19, 1999. Patient D's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient D on March 19, 1999. The Respondent specifically denies the Board's finding that Patient D's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient D on March 19, 1999.

**PATIENT E**

27. Patient E, a ninety-two year old female, initially presented to the Respondent on December 28, 1973. Following her initial evaluation, Patient E was evaluated and/or treated by the Respondent on at least twenty-three (23) occasions from June 24 1975 to April 23, 2001.

28. The Respondent performed Goldmann Tonometry on November 24, 1993, May 26, 1994, December 1, 1994, May 1, 1995, November 6, 1995, March 11, 1996, September 16, 1996, March 24, 1997, September 29, 1997, March 30, 1998, October 26, 1998, April 19, 1999, October 25, 1999, April 10, 2000, October 9, 2000, and April 23, 2001.

29. The Respondent performed Dilated Funduscopy Examinations on March 24, 1997 and April 10, 2000.

**PATIENT F**

30. Patient F, an eighty year old male, initially presented to the Respondent for a routine optometric evaluation, on or about July 26, 1988. Following his initial evaluation, Patient F was evaluated and/or treated by the Respondent on at least twenty-nine (29) occasions from August 11, 1989 to August 25, 2003.

31. The Respondent performed Goldmann Tonometry on December 21, 1993, April 5, 1994, October 4, 1994, April 3, 1995, October 2, 1995, February 5, 1996, July 30, 1996, July 8, 1997, January 6, 1998, December 7, 1998, June 21, 1999, December 14, 1999, June 20, 2000, December 5, 2000, December 18, 2001, June 18, 2002, December 10, 2002, February 24, 2003 and August 25, 2003.

32. The Respondent performed Schiottz Tonometry on February 5, 1993, October 1, 1993, and December 3, 1993.

33. The Respondent performed Dilated Funduscopy Examinations on December 7, 1998, June 21, 1999, December 14, 1999, June 20, 2002, June 18, 2000, and February 24, 2003.

34. The Respondent submitted a health insurance claim form to Patient F's insurance company for a Dilated Funduscopy Examination performed on December 5, 2002. Patient F's records do not indicate that the Respondent performed a Dilated Funduscopy Examination on Patient F on December 5, 2000. The Respondent specifically denies the Board's finding that Patient F's records do not indicate that the Respondent performed a Dilated Funduscopy Examination on Patient F on December 5, 2000.

#### **PATIENT G**

35. Patient G, a 70 year old female, initially presented to the Respondent for a routine optometric evaluation on or about April 10, 1978. Following her initial evaluation, Patient G was re-evaluated and/or treated by the Respondent on at least fourteen (14) occasions from October 2, 1981 to November 30, 2001.

36. The Respondent performed Goldmann Tonometry on November 16, 1992, August 10, 1994, May 17, 1995, October 16, 1995, April 24, 1996, October 21, 1996, March 1, 1999, September 13, 1999, and November 17, 2000.

37. The Respondent performed Schiottz Tonometry on November 17, 2000, May 18, 2001, and November 30, 2001.

38. The Respondent performed a Dilated Funduscopy Examination on March 1, 1999, and May 18, 2001.

39. The Respondent submitted a health insurance claim form for Extended Ophthalmoscopy that he performed on May 18, 2001. Patient G's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient G on May 18, 2001. The Respondent specifically denies the Board's finding that Patient G's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient G on May 18, 2001.

#### **PATIENT H**

40. Patient H, a 76 year old male, initially presented to the Respondent for a routine optometric evaluation on or about December 17, 1990. Following his initial evaluation, Patient H was re-evaluated and/or treated by the Respondent on at least sixteen occasions from December 30, 1991 to March 12, 2001.

41. The Respondent performed Goldmann Tonometry on December 23, 1992, February 8, 1994, August 8, 1994, February 6, 1995, August 7, 1995, February 5, 1996, August 5, 1996, February 3, 1997, August 4, 1997, February 9, 1998, September 14, 1998,

March 15, 1999, September 15, 1999, March 20, 2000, October 19, 2000, and March 12, 2001, the Respondent performed Goldmann Tonometry.

42. The Respondent performed Schiottz Tonometry on July 9, 1999.

43. The Respondent performed a Dilated Fundusopic Examination on March 15, 1999, October 19, 2000, and March 12, 2001.

44. The Respondent submitted a health insurance claim form for Extended Ophthalmoscopy performed on October 19, 2000. Patient H's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient H on October 19, 2000. The Respondent specifically denies the Board's finding that Patient H's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient H on October 19, 2000.

#### **PATIENT I**

45. Patient I, an 89 year old female, initially presented to the Respondent for a routine optometric evaluation on or about February 19, 1982. Following her initial evaluation, Patient I was re-evaluated and/or treated by the Respondent on at least six (6) occasions from December 2, 1999 to September 18, 2000.

46. The Respondent performed Goldmann Tonometry on March 1, 1998, July 30, 1999, November 9 1999, March 8, 2000, and September 18, 2000.

47. The Respondent performed Schiottz Tonometry on July 9, 1999.

48. The Respondent performed a Dilated Fundusopic Examination on September 18, 2000.

**PATIENT J**

49. Patient J, a 79 year old female, initially presented to the Respondent for a routine optometric evaluation on or about August 1, 1980. Following her initial evaluation, Patient J was re-evaluated and/or treated by the Respondent on at least thirteen occasions from October 18, 1993 to October 1, 2002.

50. The Respondent performed Goldmann Tonometry on October 13, 1992, October 4, 1996, April 8, 1997, October 7, 1997, April 7, 1998, April 20, 1999, October 2, 2001, April 2, 2002, and October 1, 2002.

51. The Respondent performed a Dilated Fundusoscopic Examination on April 2, 2002.

52. The Respondent submitted a health insurance claim form for Extended Ophthalmoscopy performed on April 2, 2002. Patient J's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient J on April 2, 2002. The Respondent specifically denies the Board's finding that Patient J's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient J on April 2, 2002.

**PATIENT K**

53. Patient K, a 77 year old female, initially presented to the Respondent for a routine optometric evaluation on or about January 31, 1978. Following her initial evaluation, Patient K was re-evaluated and/or treated by the Respondent on at least thirty-one occasions from November 16, 1981 to March 11, 2003.

54. The Respondent performed Goldmann Tonometry on October 6, 1992, April 13, 1993, October 12, 1993, April 19, 1994, November 15, 1994, May 16, 1995, November 27, 1995, May 20, 1996, December 3, 1996, June 10, 1997, February 23, 1998, August 17,

1998, September 14, 1998, February 15, 1999, August 17, 1999, February 22, 2000, August 22, 2000, November 22, 2000, December 11, 2000, March 19, 2001, September 17, 2001, March 19, 2002, September 17, 2002, and March 11, 2003.

55. The Respondent performed Dilated Fundoscopic Examinations on December 3, 1996, February 15, 1999, August 17, 1999, February 22, 2000, August 22, 2000, March 19, 2001, August 17, 2001, and March 11, 2003.

56. The Respondent submitted a health insurance claim form to Patient K's insurance company for Extended Ophthalmoscopy performed on September 17, 2002. Patient K's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient K on September 17, 2002. The Respondent specifically denies the Board's finding that Patient K's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient K on September 17, 2002.

#### **PATIENT L**

57. Patient L, an 86 sixty year old female, suffering from diabetes, initially presented to the Respondent for a routine optometric examination on or about November 18, 1997. Following her initial evaluation, Patient L was re-evaluated and/or treated by the Respondent on at least five occasions from May 15, 1998 to November 15, 2001.

58. On November 18, 1997, May 25, 1998, November 10, 1998, May 11, 1999, November 9, 1999, June 6, 2000, November 15, 2001, the Respondent performed Goldmann Tonometry on Patient L.

59. The Respondent performed Dilated Fundoscopic Examination on May 11, 1999, and November 9, 1999. The Respondent submitted a health insurance claim forms

to Patient L's insurance company for an Extended Ophthalmoscopy performed on May 11, 1999, November 9, 1999, June 6, 2000, and November 15, 2001.

60. Patient L's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient L on May 11, 1999, November 9, 1999, June 6, 2000, and November 15, 2001. The Respondent specifically denies the Board's finding that Patient L's records do not indicate that the Respondent performed Extended Ophthalmoscopy on Patient L on May 11, 1999, November 9, 1999, June 6, 2000, and November 15, 2001.

### **CONCLUSIONS OF LAW**

The Board finds that the Respondent violated H.O. §11 –313 (2), (7), (21) and (23), § 11-404 (a), (b), (c), (d), (e), and (f) of the Act, and Code Md. Regs. tit. 10, § 28.11.03.

### **ORDER**

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 27<sup>th</sup> day of January 2005, the Board, by a majority of the quorum of the Board, hereby

**ORDERED** that the Respondent be and is hereby **SUSPENDED** for a period of **SIX (6) MONTHS**, and said suspension shall begin as of the date of this Consent Order; and be it further

**ORDERED** that the Respondent shall return his wallet and display licenses to the Board, within ten (10) days of the date of this Order; and be it further

**ORDERED** that the Respondent shall provide the Board with a list of all his active patients for the past five years within thirty (30) days of the date of this Order; and be it further

**ORDERED** that the Respondent shall provide the Board with documentation satisfactory to the Board that he has referred his active patients to an ophthalmologist (M.D.) or a therapeutically certified optometrist within thirty (30) days of the date of this Order; and be it further

**ORDERED** that during the period of suspension the Respondent shall comply with the following conditions:

- A. The Respondent shall take and successfully complete ten (10) hours of a one-on-one Board pre-approved ethics tutorial;
  - B. The Respondent shall take and pass six (6) hours of Board pre-approved continuing education credits that focus on record keeping and insurance coding. The required continuing education credits herein, shall not be counted towards the continuing education requirements for biennial renewal;
  - C. The Respondent shall take and pass the Maryland law examination;
- and be it further

**ORDERED** that upon completion of terms of suspension, the Respondent must petition the Board to lift the suspension or the suspension will continue indefinitely; and be it further

**ORDERED** that following the period of suspension, the Respondent shall be placed on **PROBATION** for a period of **THREE (3) YEARS**; and be it further

**ORDERED** that following reinstatement of the Respondent's license to practice optometry, the Respondent shall allow his practice to be monitored by a Board approved consultant. The consultant must provide the Board with quarterly written reports addressing

the Respondent's practice, including but not limited to patient and billing records; and be it further

**ORDERED** that following reinstatement of the Respondent's license to practice optometry, the Respondent shall submit to random review by the Board of his practice, including but not limited to, on-site reviews and review of patient and billing records; and be it further

**ORDERED** that following reinstatement of the Respondent's license to practice optometry, the Respondent shall not administer pharmaceutical DPA and/or TPA unless he has met the certification requirements; and be it further

**ORDERED** that after serving one (1) year of probation, the Respondent may petition the Board for early termination of his probationary period. If early termination is not granted, the Respondent must petition the Board for termination of probation after serving the entire three (3) years of probationary period. In order to terminate his probationary period, the Respondent shall file a written request with the Board for termination of his probation or the probationary period will continue indefinitely. The determination to grant early probation period is completely within the discretion of the Board and may not be appealed; and be it further

**ORDERED** that if the Respondent violates any of the terms or conditions of this Consent Order, including conditions as set forth herein, then the Board, after a determination of violation and notice, and an opportunity for a hearing, may impose any other disciplinary sanctions it deems appropriate, including suspension or revocation, said violation being proved by a preponderance of evidence; and be it further

**ORDERED** that the Respondent shall practice optometry in accordance with the Maryland Optometry Act, and in a competent manner; and be it further

**ORDERED** that in the event the Board finds that the Respondent has violated any provision of Title 11 of the Health Occupations Article, Annotated Code of Maryland or the regulations therein, the Board, after notification to the Respondent, and an opportunity for a hearing, may take immediate action and may impose any lawful disciplinary sanctions it deems appropriate, including but not limited to revocation or suspension of the Respondent's optometry license; and be it further

**ORDERED** that for purposes of public disclosure and as permitted by Md. State Govt. Code Ann. § 10-617(h) (2004 Repl. Vol.), this document consists of the contents of the foregoing Findings of Fact, Conclusions of Law and Order, and that the Board may also disclose this Consent Order to any national reporting bank to whom the Board is mandated to report; and be it further

**ORDERED** that the conditions of this Consent Order be, and the same is hereby, effective as of the date of this Order; and be it further

**ORDERED** that this is a **FINAL ORDER** and, as such, is a public document pursuant to Md. State Govt. Code Ann. §§ 10-611 et seq. (2004 Repl. Vol.); and be it further

**ORDERED** that the Respondent shall be responsible for all costs incurred under this  
Consent Order.

IT IS SO ORDERED THIS 24<sup>th</sup> DAY OF January, 2005.

1/24/05  
Date

  
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Anthony Glasser, O.D. President  
Board of Optometry

**CONSENT OF VERNON REESE, O.D.**

I, **Vernon Reese, O.D., License Number 00584**, by affixing my signature hereto, acknowledge that:

1. I have had the opportunity to consult with counsel before signing this document.
2. I am aware that I am entitled to a formal evidentiary hearing before the Board, pursuant to Md. Health Occ. Code Ann. § 11-315 (2000 Repl. Vol.) and Md. State Govt. Code Ann. §§10-201 et seq. (2004 Repl. Vol.) and Code Md. Regs. tit. 10, § 28.04.
3. I acknowledge the validity of this Consent Order as if entered after a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law.
4. I voluntarily enter into and consent to the foregoing Findings of Fact, Conclusions of Law and Order, provided that the Board adopts the foregoing Consent Order in its entirety. I waive any right to contest the Findings of Fact and Conclusions of Law, and I waive my right to a fully evidentiary hearing, as set forth above, and any right to appeal this Consent Order or as set forth in § 11-318 of the Act Md. State Govt. Code Ann. §§10-201 et seq. (2004 Repl. Vol.) and Code Md. Regs. tit. 10, 28.04.
5. By signing this Consent Order. I am not agreeing to, acknowledging, or otherwise admitting to any violation of any criminal statute.
6. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, and, following proper procedures, I may suffer disciplinary action, which may include revocation of my license to practice optometry in the State of Maryland.

7. I sign this Consent Order without reservation as my voluntary act and deed. I acknowledge that I fully understand and comprehend the language, meaning, and terms of this Consent Order.

1/24/05  
Date

Vernon Reese, O.D.  
Vernon Reese, O.D.

**NOTARY**

STATE OF Maryland

CITY/COUNTY OF Harford

I HEREBY CERTIFY THAT on this 24<sup>th</sup> day of January, 2005, before me, a Notary Public for the State of Maryland and the City/County aforesaid, personally appeared **Vernon Reese, O.D.**, license number: 00584, and made oath in due form of law that the foregoing Consent Order was his voluntary act and deed.

**AS WITNESS** my hand and Notarial Seal.

My Commission Expires: 02/01/09

Debra Ann Childs  
Notary Public

