BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

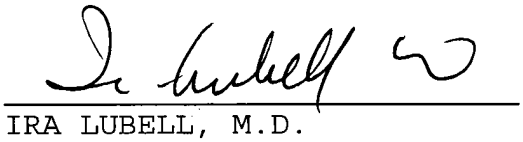
In the Matter of the Accusation Against:	)	
VIRGINIA A. COOKE, M.D. Certificate No. G-71137	)	Case No. 11-95-56245
Respondent.	)	

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Division of Medical Quality as its Decision in the above-entitled matter.

This Decision shall become effective on February 20, 1998.

IT IS SO ORDERED January 21, 1998.

By: 

IRA LUBELL, M.D.
Chairperson, Panel A
Division of Medical Quality

DANIEL E. LUNGREN, Attorney General
of the State of California
RICHARD D. MARINO,
Deputy Attorney General, State Bar No. 90471
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300 South Spring Street
Los Angeles, California 90013
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **VIRGINIA A. COOKE** 33191 Sea Knoll Dana Point, CA 92629 Physician and Surgeon's Certificate No. G71137, Respondent.	Case No. 11-95-56245 OAH No. L-1997090053 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

1. An Accusation in case number 11-95-56245 was filed with the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs (the "Division") on June 19, 1997, and is currently pending against Virginia A. Cooke (the "respondent").

2. The Accusation, together with all statutorily required documents, was duly served on the respondent on or about

July 23, 1997, and respondent filed her Notice of Defense contesting the Accusation on or about July 28. A copy of Accusation No. 11-95-56245 is attached as Exhibit "A" and hereby incorporated by reference as if fully set forth.

3. The Complainant, Ron Joseph, is the Executive Director of the Medical Board of California and brought this action solely in his official capacity. The Complainant is represented by the Attorney General of California, Daniel E. Lungren, by and through Deputy Attorney General Richard D. Marino.

4. The respondent is represented in this matter by Gary W. Patton, Esq., whose address is 500 South Corona Mall, Corona, California 91719.

5. The respondent and her attorney have fully discussed the charges contained in Accusation Number 11-95-56245, and the respondent has been fully advised regarding her legal rights and the effects of this stipulation.

6. At all times relevant herein, respondent has been licensed by the Medical Board of California under Physician and Surgeon's Certificate No. G71137.

7. Respondent understands the nature of the charges alleged in the Accusation and that, if proven at hearing, the charges and allegations would constitute cause for imposing discipline upon her Physician and Surgeon's Certificate. Respondent is fully aware of her right to a hearing on the charges contained in the Accusation, her right to confront and cross-examine witnesses against her, her right to the use of

subpoenas to compel the attendance of witnesses and the production of documents in both defense and mitigation of the charges, her right to reconsideration, appeal and any and all other rights accorded by the California Administrative Procedure Act and other applicable laws. Respondent knowingly, voluntarily and irrevocably waives and give up each of these rights.

8. Respondent agrees that if the matter proceeded to hearing, complainant would be able to present a *prima facie* case that respondent committed gross negligence or repeated negligent acts or both in the care, treatment and management of nine (9) different patients, and respondent agrees that she has thereby subjected her Physician and Surgeon's Certificate to disciplinary action for unprofessional conduct, in violation of Business and Professions Code section 2234, subdivisions (b) and (c), as charged in paragraphs 4 and 5 of Accusation No. 11-9556425. Respondent agrees to be bound by the Division's Disciplinary Order as set forth below.

9. The admissions made by respondent herein are for the purpose of this proceeding and any other proceedings in which the Division of Medical Quality, Medical Board of California, or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceedings.

10. Based on the foregoing admissions and stipulated matters, the parties agree that the Division shall, without further notice or formal proceeding, issue and enter the following order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician and Surgeon's Certificate number G71137 issued to Virginia A. Cooke is revoked. However, the revocation is stayed and respondent is placed on probation for three (3) years on the following terms and conditions.

1. **Education Course** Within 90 days from the effective date of this decision, and on an annual basis thereafter, respondent shall submit to the Division or its designee for its prior approval an educational program or course to be designated by the Division, which shall not be less than 40 hours per year, for each year of probation. This program shall be in addition to the Continuing Medical Education requirements for re-licensure. Following the completion of each course, the Division or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of continuing medical education of which 40 hours were in satisfaction of this condition and were approved in advance by the Division or its designee.

1a. **Ethics Course** Within 60 days of the effective date of this decision, respondent shall enroll in a course in Ethics approved in advance by the Division or its designee, and shall successfully complete the course during the first year of probation. Completion of the Ethics Course may be applied toward the 65 hours of continuing medical education respondent must complete during her the year of probation.

2. **PACE** Within 90 days from the effective date

of this decision, respondent, at her own expense, shall successfully complete a 40 hour intensive training program specifically designed for respondent by the Physician Assessment and Clinical Education Program, University of California, San Diego (hereinafter "PACE"). Respondent further agrees to cause a Certification Of Successful Completion of this program to be forwarded to the Division.

3. **Obey All Laws** Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders.

4. **Quarterly Reports** Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

5. **Probation Surveillance Program Compliance** Respondent shall comply with the Division's probation surveillance program. Respondent shall, at all times, keep the Division informed of his or her addresses of business and residence which shall both serve as addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record.

Respondent shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

6. **Interview With The Division, Its Designee Or Its Designated Physicians** Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

7. **Tolling For Out-Of-State Practice, Residence Or In-State Non-Practice** In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing medicine in California, respondent shall notify the Division or its designee in writing within ten days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Division or its designee shall be considered as time spent in the practice of medicine. Periods of temporary or permanent residence or practice outside California or of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary period.

8. **Completion Of Probation** Upon successful completion of probation, respondent's certificate shall be fully restored.

9. **Violation Of Probation** If respondent violates probation in any respect, the Division, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an

accusation or petition to revoke probation is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

10. **Cost Recovery** The respondent is hereby ordered to reimburse the Division the amount of $10,000.00 for its investigative and prosecution costs. The amount is payable in eight equal installments of $1,125.00. The first installment is due 90 days from the effective date of this decision and each subsequent installment is due every 90 days thereafter. Failure to reimburse the Division's cost of its investigation and prosecution shall constitute a violation of the probation order, unless the Division agrees in writing to payment by an alternative installment plan because of financial hardship. The filing of bankruptcy by the respondent shall not relieve the respondent of her responsibility to reimburse the Division for its investigative and prosecution costs.

11. **Probation Costs** Respondent shall pay the costs associated with probation monitoring each and every year of probation, which are currently set at $2,304.00 but may be adjusted on an annual basis. Such costs shall be payable to the Division of Medical Quality at the beginning of each calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation of probation.

12. **License Surrender** Following the effective date of this decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the

terms and conditions of probation, respondent may voluntarily tender her certificate to the Board. The Division reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent will no longer be subject to terms and conditions of probation.

CONTINGENCY

This stipulation shall be subject to the approval of the Division. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Division regarding this stipulation and settlement, without notice to or participation by respondent or her counsel. If the Division fails to adopt this stipulation as its Order, the stipulation shall be of no force or effect, it shall be inadmissible in any legal action between the parties, and the Division shall not be disqualified from further action in this matter by virtue of its consideration of this stipulation.

ACCEPTANCE

I have read the above Stipulated Settlement and Disciplinary Order. I have fully discussed the terms and conditions and other matters contained therein with my attorney, Gary W. Patton, Esq. I understand the effect this Stipulated Settlement and Disciplinary Order will have on my Physician and Surgeon's Certificate, and agree to be bound thereby. I enter this stipulation freely, knowingly, intelligently and voluntarily.

DATED: 12/10/97.

Virginia A. Cooke MD

VIRGINIA A. COOKE
Respondent

I have read the above Stipulated Settlement and Disciplinary Order and approve of it as to form and content. I have fully discussed the terms and conditions and other matters therein with respondent Virginia A. Cooke.

DATED: 12/11/97.

GARY W. PATTON, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for the consideration of the Division of Medical Quality, Medical Board of California Department of Consumer Affairs.

DATED: December 11, 1997.

DANIEL E. LUNGREN, Attorney General
of the State of California

RICHARD D. MARINO
Deputy Attorney General

Attorneys for Complainant

EXHIBIT A

DANIEL E. LUNGREN, Attorney General
of the State of California
RICHARD D. MARINO,
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California Department of Justice
300 South Spring Street, Suite 5212
Los Angeles, California 90013-1233
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Attorneys for Complainant

BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	Case No. 11-95-56245
VIRGINIA A. COOKE 33191 Sea Knoll Dana Point, CA 92629 Physician and Surgeon's Certificate No. G71137, Respondent.	**ACCUSATION**

The Complainant alleges:

PARTIES

1. Ron Joseph (hereinafter the "Complainant") brings this accusation solely in his official capacity as the Executive Director of the Medical Board of California (hereinafter the "Board").

2. On or about April 22, 1991, Physician and Surgeon's Certificate No. G71137 was issued by the Board to Virginia A. Cooke (hereinafter the "respondent"). At all times relevant to the charges brought herein, this license has been in full force and

effect. Unless renewed, it will expire on January 31, 1999.

JURISDICTION

3. This accusation is brought before the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs (hereinafter the "Division"), under the authority of the following sections of the Business and Professions Code (hereinafter "Code"):

A. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have her license revoked, be suspended for a period not to exceed one year, be placed on probation and required to pay the costs of probation monitoring, or have such other action taken in relation to discipline as the Division deems proper.

B. Section 2234 of the Code provides that unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have

warranted the denial of a certificate.

C. Section 2261 of the Code provides:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

D. Section 2262 of the Code provides:

"Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

". . . ."

E. Section 2266 of the Code provides:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

F. Section 125.3 which provides, in part, that the Board may request the administrative law judge to direct any licentiate found to have committed a violation or violations of the licensing act, to pay the Board a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

G. Section 16.01 of the 1996/1997 Budget Act of the State of California provides, in pertinent part, that:

"(a) No funds appropriated by this act may be

expended to pay any Medi-Cal claim for any service performed by a physician while that physician's license is under suspension or revocation due to disciplinary action of the Medical Board of California.

"(b) No funds appropriated by this act may be expended to pay any Medi-Cal claim for any surgical services or other invasive procedure performed on any Medi-Cal beneficiary by a physician if that physician has been placed on probation due to a disciplinary action of the Medical Board of California related to the performance of that specific service or procedure on any patient, except in any case where the board makes a determination during its disciplinary process that there exist compelling circumstances that warrant continued Medi-Cal reimbursement during the probationary period.

". . . ."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

4. Respondent Virginia A. Cooke is subject to disciplinary action under section 2234, subdivision (b) of the Code in that between 1993 and 1994 while a staff member of St. Mary's Medical Center, located in Long Beach, California, respondent committed acts of gross negligence during the care and treatment of patients T.R., M.S., B.W., R.E., P.D., H.D., D.O., R.D., and P.D.[1/]

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1. All patient references in this pleading shall be by initials only. The true names of the patients shall be disclosed to respondent upon his written request for discovery pursuant to Government Code section 11507.6.

The circumstances are as follows:

(Patient T.R.)

A. On or about March 15, 1993, T.R., then 69 years old, was admitted at St. Mary's Medical Center for arteriosclerotic occlusion of multiple arteries resulting in claudication (lameness due to improper blood flow to the legs). T.R. was placed under the care and treatment of respondent. Respondent did not take, or caused to be taken, a patient history. Respondent did not include or record the patient's history in the patient's medical records.

B. While caring for and treating T.R., respondent did not obtain an ultrasound or CAT scan to evaluate the patient's aorta for possible abdominal aortic aneurysm. Indeed, T.R. had an abdominal aorta aneurysm at or about the time of his admission.

C. While caring for and treating T.R., respondent devised a surgical plan which included an extremely complex reconstruction despite the fact that T.R. had only claudication. Respondent did not confer with anyone else prior to surgery. Respondent's surgical plan that was carried out consisted of a resection and repair with an aorta-bifemoral bypass graph, ligation bilateral iliac artery aneurysms and repair umbilical hernia.

D. Respondent's failure to obtain an ultrasound or CAT scan to evaluate the patient's aorta for abdominal aortic aneurysm and her plan to perform an extremely complex reconstruction for a patient with only claudication are both

extreme departures from the standard of care.

E. Respondent's failure to take or record the patient's history and physical or preoperative consultation is a simple departure from the standard of care.

(Patient M.S.)

F. On or about June 8, 1993, MS. , then 31 years old, was admitted at St. Mary's Medical Center for removal of an abdominal mass. M.S. was placed under the care and treatment of respondent.

G. On or about June 9, 1993, respondent performed an exploratory laparotomy, left oophorectomy and retroperitoneal dissection with periaortic lymph node dissection and biopsy. The aforementioned surgical procedures are gynecological and were carried out by respondent notwithstanding her lack of gynecological surgical privileges at the time.

H. In carrying out the above-described surgical plan, respondent did not first consider a percutaneous needle biopsy of the retroperitoneal mass. Her failure to do so is an extreme departure from the standard of care.

I. Respondent's failure to obtain a gynecological consultation or to record the fact that respondent referred the patient to a gynecology or similar specialist is an extreme departure from the standard of care.

J. Respondent's failure to obtain gynecological operative assistance and respondent's carrying out of the gynecological surgical procedures in the absence of her

privileges to perform such procedures, singularly and collectively, is an extreme departure from the standard of care.

(Patient B.W.)

K. On or about May 25, 1994, B.W. , then 56 years old, was admitted at St. Mary's Medical Center for a partial mastectomy. B.W. signed a surgical consent for a lumpectomy. B.W. had a history of breast carcinoma and had had an excisional biopsy performed two years previously.

L. Respondent performed a modified radical mastectomy and axillary lymph node dissection without first obtaining a tissue diagnosis.

M. Respondent's preoperative diagnosis for the patient was right breast carcinoma. The pathology report prepared following surgery revealed a benign breast carcinoma. Respondent's failure to obtain a tissue diagnosis to determine whether the tumor was malignant prior to performing a modified radical mastectomy and axillary lymph node dissection or to record that a tissue diagnosis was obtained is an extreme departure from the standard of care.

(Patient R.E.)

N. On or about August 10, 1993, R.E., then 61 years old, was admitted at St. Mary's Medical Center for staphyloccal septicemia.

O. According to the patient's record, respondent consulted on the patient, on August 12, 1993, for the placement of a venous line. R.E. initially refused to have

the line placed; however, the patient later agreed and respondent placed a triple lumen CV catheter.

P. Following respondent's placement of the catheter, a chest x-ray was taken. Although the x-ray revealed a pneumothorax, respondent did not recognize it as such and, for that reason, did not correct the problem by installing a chest tube.

Q. Respondent's failure to recognize a pneumothorax on the patient's chest x-ray is a simple departure from the standard of care.

R. Respondent's failure to correct the pneumothorax by installing a chest tube is a simple departure from the standard of care.

(Patient P.D.)

S. On or about November 5, 1993, P.D., then 49 years old, was admitted at St. Mary's Medical Center for a Groshong catheter malfunction. P.D. was placed under the care and treatment of respondent.

T. Respondent placed a right internal jugular dual lumen Groshong catheter with intraoperative image. A chest x-ray was taken showing evidence of a pneumothorax was taken in the operating room. The x-ray showed an identifiable pneumothorax which respondent did not observe or did not record its existence in the patient's chart. Respondent did not install a chest tube. Fifteen minutes later, after P.D. began experiencing severe chest pain in the recovery room, another chest x-ray was taken which showed a pneumothorax that

respondent was able to identify as such and treat by installing a chest tube.

U. Respondent's failure to recognize a pneumothorax on the patient's chest x-ray is a simple departure from the standard of care.

(Patient H.D.)

V. On or about August 24, 1993, H.D., then 74 years old, was admitted at St. Mary's Medical Center. H.D. had a left axillary mass and a history of malignant lymphoma.

W. Respondent performed a biopsy of the lymphoma but did not wait for the results of the tissue biopsy examination before proceeding with an extensive dissection of the tumor. H.D. lost approximately 600 cubic centimeters of blood during the biopsy and dissection.

X. A blood loss in the amount of 600 cubic centimeters during an excisional biopsy for lymphoma is excessive and a simple departure from the standard of care.

Y. Respondent's preoperative and postoperative documentation of the patient was lacking and below the standard of care.

(Patient D.O.)

Z. On or about April 28, 1994, D.O., then 52 years old and obese, was admitted at St. Mary's Medical Center. D.O. had a ventral incisional hernia.

AA. Although respondent labeled the surgery as a "ventral hernia repair" in the patient's chart, respondent, instead and in fact, performed an abdominoplasty (a procedure

more commonly known as a "tummy tuck").

AB. At the time of the surgery, respondent lacked the necessary privileges and credentials to perform cosmetic surgical procedures at the facility.

AC. Performing a cosmetic surgical procedure such as an abdominoplasty without correctly documenting the procedure is an extreme departure from the standard of care.

AD. Performing a surgical procedure such as abdominoplasty tuck without having obtained the necessary surgical privileges from the facility is an extreme departure from the standard of care.

(Patient R.D.)

AE. On or about April 28, 1994, R.D., then 62 years old and obese, was admitted at St. Mary's Medical Center for the repair of an incarcerated inguinal hernia and a ventral hernia.

AF. Although respondent labeled the surgery as a "ventral hernia repair" in the patient's chart, respondent, instead and in fact, performed an abdominoplasty.

AG. At the time she performed the surgical procedure, respondent lacked the necessary privileges to perform such a procedure at the facility.

AH. Performing a cosmetic surgical procedure such as an abdominoplasty without correctly documenting the procedure in the patient and the hospital's medical records and charts is an extreme departure from the standard of care.

AI. Performing a surgical procedure such as an

abdominoplasty tuck without having obtained the necessary surgical privileges from the facility is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

5. Respondent Virginia A. Cooke is subject to disciplinary action under section 2234, subdivision (c) of the Code in that between 1993 and 1994, while a staff member of the St. Mary's Medical Center, located in Long Beach, California, respondent committed repeated acts of negligence during the care and treatment of patients. The circumstances are as follows:

A. Complainant refers to and, by this reference, incorporates herein, paragraph 4, subparagraphs A through AJ, inclusive, above, as though fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

6. Respondent Virginia A. Cooke is subject to disciplinary action under section 2234, subdivision (d) of the Code in that between 1993 and 1994, while a staff member of the St. Mary's Medical Center, located in Long Beach, California, respondent demonstrated incompetence during the care and treatment of patients and the inability to discharge the responsibilities of her profession. The circumstances are as follows:

A. Complainant refers to and, by this reference, incorporates herein, paragraph 4, subparagraphs A through AJ, inclusive, above, as though fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Dishonest Acts)

7. Respondent Virginia A. Cooke is subject to disciplinary action under section 2234, subdivision (e) of the Code in that on or about and during April 1994, while a staff member of the St. Mary's Medical Center, located in Long Beach, California, respondent committed dishonest acts during the care and treatment of two patients, D.O. and R.D. The circumstances are as follows:

A. Complainant refers to and, by this reference, incorporates herein, paragraph 4, subparagraphs AA through AJ, inclusive, above, as though fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(Signing False Documents)

8. Respondent Virginia A. Cooke is subject to disciplinary action under section 2261 of the Code in that on or about and during April 1994, while a staff member of the St. Mary's Medical Center, located in Long Beach, California, respondent knowingly made or signed a certificate or other document directly or indirectly related to the practice of medicine which falsely represented the existence or nonexistence of a state of facts, as follows:

A. Complainant refers to and, by this reference, incorporates herein, paragraph 4, subparagraphs AA through AJ, inclusive, above, as though fully set forth.

SIXTH CAUSE FOR DISCIPLINE

(False Medical Records)

9. Respondent Virginia A. Cooke is subject to

disciplinary action under section 2262 of the Code in that on or about and during April 1994, while a staff member of the St. Mary's Medical Center, located in Long Beach, California, respondent altered or modified or created false medical records, with fraudulent intent, as follows:

A. Complainant refers to and, by this reference, incorporates herein, paragraph 4, subparagraphs AA through AJ, inclusive, above, as though fully set forth.

SEVENTH CAUSE FOR DISCIPLINE

(Failure To Maintain Adequate Records)

10. Respondent Virginia A. Cooke is subject to disciplinary action under section 2266 of the Code in that, on or about and during April 1994, while a staff member of the St. Mary's Medical Center, located in Long Beach, California, respondent failed to maintain adequate and accurate records relating to the provision of services rendered by her to patients, as follows:

A. Complainant refers to and, by this reference, incorporates herein, paragraph 4, subparagraphs AA through AJ, inclusive, above, as though fully set forth.

PRAYER

WHEREFORE, the complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division issue a decision:

1. Revoking or suspending Physician and Surgeon's Certificate Number G71137, heretofore issued to respondent Virginia A. Cooke;

2. Revoking, suspending or denying approval of respondent's authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering respondent to pay the Division the reasonable costs of the investigation and enforcement of this case and, if placed on probation, the costs of probation monitoring;

4. Taking such other and further action as the Division deems necessary and proper.

DATED: June 19, 1997.

Ron Joseph
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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