

# Idaho State Board of Medicine



DIVISION OF OCCUPATIONAL &  
PROFESSIONAL LICENSES

# THE REPORT

December 2025

**Public Protection  
through fair and  
impartial application  
and enforcement of  
practice acts**



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### ***From the Other Side of the Bed***

***Michele Chadwick***  
***Idaho Board of Medicine—Public Member***

My name is Michele Chadwick, and I am a member of the Idaho Board of Medicine. I have served as a public member since 2014 and am the longest serving member on the Board of Medicine. I love good governance and have served on several committees and commissions focusing on health care. I was fortunate to serve Governor Butch Otter on the Governor's Select Task Force on Health Care and have been the Chair of State Hospital North as well as numerous other local, state, and national committees. I believe in making the system of medicine better.

So, while I have spent a significant amount of time in the governance of health care, none of it compares when the medical records contain a name you are familiar with, especially when that person is your spouse. This was my world last March and April. My husband started feeling "off", which led to surgery, and ultimately he was diagnosed with lung cancer, bone cancer, and brain cancer. And then, he passed away.

I am pretty good at reading through the medical records of strangers, seeing patterns, and understanding the language of the world of medicine; the acronyms, the different members of a medical team, and the variety of tests and results. Until it was my

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husband. Then, the knowledge I had led to more questions than some of our physicians wanted to answer; to disagreements within his treating care team and frustration at being just a number within the system. His anticipated outcome wasn't what I was expecting because *MY* husband was going to beat the odds as he had so many times in his life. Until he didn't.

We were preparing to travel out of the country when he was struggling with pain in his abdomen and leg. Nothing much to be worried about, but I encouraged him to pop into our local urgent care to make sure we were good to go for our trip. Instead, we were directed to head to our local hospital for some tests. He had surgery that night and things were looking up. Our surgeon was optimistic but said he was going to be uncomfortable for a bit. Surgery recovery will do that. Discussions were held about when he was going to be discharged, but I had questions, which resulted in an ultrasound, and then another ultrasound, and then the diagnosis of lung cancer. Darn it, definitely not on our bingo card for the year.

He began treatment for the lung cancer quickly and he was improving. His strength was coming back and he was determined to beat it. The blood clots were far more challenging. But through his medication management he was responding to those as well. We were optimistic, as was his medical team. But then he collapsed and never walked again. His internal medicine doctor focused on one part of his care, his oncology team focused on another, and his hospitalist managed his pain medicine regimen. All of them were working at a high level within their field. Unfortunately, some of their treatments were at cross-purposes and communication with me was garbled and confusing. Each time I met with a medical professional I received information that seemed to contradict the prior treatment direction. The silos of the specialties confused my husband and our family. We believed in each encouraging word and hung onto it. Somehow, we missed discussions of the other potential outcome.

During my husband's hospitalizations, we had fabulous physicians and their teams, as well as overworked and tired physicians, and brand-new physicians. Most seemed to have my husband's best interests in mind while treating him. There were a few members of his medical team who were frustrated by my attention to him, and my questions for them. But the reality for me was that I was receiving conflicting information as to his condition. It was only when his primary care physician

reached out to me to discuss his prognosis, that I understood the severity of his condition and what I was facing. I was and am incredibly grateful for this physician. As a result of that conversation, my husband was able to be placed on hospice, return home, and pass away in our home and



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in my arms.

After he passed, several people asked if some of his medical issues could have been a result of previous medical treatment. I don't know. He had had some incredible medical professionals treating him. We felt that he was treated with kindness, competence, and integrity. We were grateful for each and every person we came in contact with who was kind and helpful. Were there members of his team who were simply going through the motions and treating us like cattle or a checklist on their way to the end of their shift? Yep. Were there administrative paperwork challenges after he passed? Sure there were. But were those resolved quickly when the right person discovered the issue? Fortunately, yes.

What did I learn through the most difficult time of my life? I wish we all felt comfortable talking about death. Not of finality but rather of transition. Each of us is going to pass away, die, graduate to heaven - whatever term is being used. As a society, we need to become comfortable with providing comfort to those who are facing an unknown future. I know that I am only one person in a sea of others, but I would respectfully encourage physicians have those discussions with their patients and their patient's families. Don't let the social workers have those conversations. Because they may not be having the conversations. As a family member, I looked to the professionals for their guidance and direction and would again.

At the end of the day, I am grateful for the medical care we have in Idaho. Do we have enough providers? No, and I will continue advocating for more capacity within our system. But when I needed the system, the individual providers were there for my husband doing all they could to save his life. They cared about him and us, and represented their profession, and for that I am grateful.





## 2025 Overview of Board of Medicine Discipline

A provision of the [Medical Practice Act](#) is the establishment of the Board of Medicine. The Board of Medicine (BOM) shall have the power of adjudication of discipline or exoneration. The Board shall make a determination of the merits of all proceedings, studies, and investigations and, if grounds therefore are found to exist, may issue an order.

The BOM meets quarterly. Each meeting generally includes an executive session where discipline cases are reviewed. Disciplinary actions can range from a confidential letter of concern to a license revocation.

In 2025, disciplinary cases brought before the Board included physician assistants working without a collaborative physician, poor/lack of record keeping, inappropriate prescribing of controlled substances, working outside of community standard of care, working outside of a physician's education, training and practice experience.

How does a licensee avoid these negative situations?

- Check the Prescriber Drug Monitoring Program (PDMP)— For those with prescriptive authority, as required by law ([Uniform Controlled Substances Act](#)), prior to prescribing opiates or benzodiazepines, check the PDMP.
- Maintain adequate records for all patients— Requirements specific to each licensee can be found in the subsequent Statute and/or Rules that regulate their profession (see Page 5).



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- Collaborate with a physician—A physician assistant practicing at a licensed health care facility, a facility with a credentialing and privileging system, a physician-owned facility or practice, or another facility or practice allowed by Title 54, Chapter 18 ([The Medical Practice Act](#)) shall collaborate with, consult with, or refer to the appropriate member of the facility health care team as indicated by: the condition of the patient; the education, experience, and competence of the physician assistant; and the community standard of care.

For a physician assistant or a group of physician assistants who independently own a medical practice, each physician assistant shall have a collaborative practice agreement in place with a physician licensed under the Medical Practice Act.

- Provide Standard of Care - BOM licensees shall provide health care that meets the standard of health care provided by similarly qualified licensees in the same community or similar communities, taking into account their training, experience, and the degree of expertise to which they hold themselves out to the public.
- Be knowledgeable of the statutes that regulate the profession—Statutes: [Physician and Physician Assistants](#), [Dietitians](#), [Naturopathic Medicine](#), [Respiratory Care](#), and [Athletic Trainers](#). Rules: [Practice of Medicine and Osteopathic Medicine](#), [Physician Assistants](#), [Dietitians](#), [Naturopathic Medical Doctors](#), [Respiratory Therapists](#) and [Permitting of Polysomnographers](#), and [Athletic Trainers](#).

## Changes Coming to Licensure Renewal

The Division is transitioning all Boards, Committees, and Commissions to a standardized biennial renewal cycle based on birthdate. The Board of Medicine has been selected to make this transition in the Spring of 2026.

Once a licensee moves to a 2-year renewal, fees will adjust accordingly to reflect the extended renewal period. The one year option will no longer be available. Additional guidance will be sent to licensees via email and will also be available on the Board of Medicine's website in the first quarter of 2026. Now is a good time for licensees to ensure their email address is current in the [eservices system](#).

Compact license renewals will also shift to two year renewal. DOPL licensing staff is currently working with the Interstate Medical Licensure Compact on this process.



# Changes Coming to the Fingerprinting Process



The Board of Medicine will no longer mail fingerprint cards to applicants beginning the first quarter of 2026. Fingerprints will be collected on an FD-258 card provided by a law enforcement agency or processed at a Livescan location. You MUST make sure that the correct originating agency identifier "(ORI)" and "Reason Fingerprinted" are entered into the "ORI" and "Reason Fingerprinted" fields on the fingerprint card.

## Where to Get Fingerprinted:

- Contact your local law enforcement office to ask about fingerprinting services (FD- 258 card) or
- Visit a [Livescan location](#) near you (FD-258 card also available)

For further instructions including the Board of Medicine ORI code, reason fingerprinted, mailing address, and how to complete an FD-258 card go to the Idaho Board of Medicine [website](#), select Resources/Forms, and finally click on the [Fingerprint Processing Instructions](#) pdf.

APPLICANT <small>Each Person Not Known as a Suspect</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME FIRST NAME MIDDLE NAME		FBI		LEAVE BLANK		
FD-258 (REV. 12-10-67)		ADDRESS AREA		C D N						
SIGNATURE OF PERSON FINGERPRINTED								DATE OF BIRTH DOB Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED										
DATE SIGNATURE OF OFFICIAL LEAVING FINGERPRINTS		CITIZENSHIP: <b>CTZ</b>		SEX	RACE	HT	WT	EYES	HAIR	PLACE OF BIRTH POB
		YOUTH: <b>OCIA</b>								LEAVE BLANK
EMPLOYER AND ADDRESS		PER NO: <b>FBI</b>								CLASS: _____
		ARMED FORCES NO: <b>MNNU</b>								PER: _____
RESIDENCE OF PERSON FINGERPRINTED		SOCIAL SECURITY NO: <b>ISCHD</b>								
		MISCELLANEOUS NO: <b>MNNU</b>								
L. R. THUMB		L. P. WOOD		S. R. NELSON		A. R. FORD		S. H. LYTLE		
R. L. THUMB		R. L. WOOD		S. L. NELSON		R. L. FORD		S. L. LYTLE		
LEFT FOUR FINGERPRINTS TAKEN SIMULTANEOUSLY										
RIGHT FOUR FINGERPRINTS TAKEN SIMULTANEOUSLY										

(FD-258 card)



### Struggling in Silence? You're Not Alone—Help Is Here for Health Professionals

You entered your profession to care for others. But who's caring for you?

If you're a health professional silently battling substance use or mental health challenges—or if someone you love is—it's time to take the first step toward healing. The **Health Professionals Recovery Program (HPRP)** is here to support you with compassion, not judgment.

Addiction and mental health struggles don't discriminate. They can affect anyone—even the most dedicated and high-achieving professionals. Research shows that punishment doesn't stop addiction. But individualized, caring support does. That's exactly what this program offers: a confidential path forward that protects your well-being, your career, and your future.

**You don't have to wait for things to get worse. You don't have to face it alone.**

Ask yourself:

- Are you feeling overwhelmed, burned out, or unlike yourself?
- Is someone you care about in the medical field showing signs of struggle?
- Do you want to regain a sense of peace, purpose, and control?

You don't have to hit rock bottom to get help. You just have to take the first step.

You are not broken. You are not alone. You are human—and help is available.

Many have walked this path before you and found a better, healthier life on the other side. If you're unsure about reaching out, consider attending a virtual or in-person meeting through [International Doctors in Alcoholics Anonymous \(IDAA\)](#)—a non-judgmental, confidential community of peers who understand exactly what you're going through.

Take back your direction. Reclaim your strength. We're here when you're ready.

**Contact:** Tabitha Edwards  (208) 817-6189  [Tabitha.Edwards@dopl.idaho.gov](mailto:Tabitha.Edwards@dopl.idaho.gov)

 [dopl.idaho.gov/health-professionals-recovery-program](http://dopl.idaho.gov/health-professionals-recovery-program)

# 2026 Board Meeting Schedules

## Board of Medicine

- February 26
- May 21
- August 27
- November 19

## Physician Assistant Advisory Committee

- January 21
- April 15
- July 22
- October 14

## Allied Health Advisory Board

- March 04
- June 03
- September 02
- December 09

## Committee on Professional Discipline

- January 16
- April 23
- July 16
- October 08

## Maternal Mortality Review Committee

- January 09
- May 01
- August 14
- November 13

All Meetings will be held at:

**11341 W Chinden Blvd.**

**Building 4**

**Boise, ID 83714**

**Room: TBD**

For meeting updates visit:

[Home - DOPL \(idaho.gov\)](http://Home - DOPL (idaho.gov))



# Idaho State Board of Medicine

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