## LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
Mailing Address: Post Office Box 30250, New Orleans, LA 70190-0250
www.lsbme.la.gov



Department of Investigations Telephone: (504) 568-6820 FAX: (504) 568-5754

## IN THE MATTER OF:

DEBRA D. LOCKWOOD, CLP-PHL
Applicant

No. 14-I-852

CONSENT ORDER
FOR ISSUANCE OF LICENSE WITH
REPRIMAND

This matter is before the Louisiana State Board of Medical Examiners (the "Board") on the application of Debra D. Lockwood ("Ms. Lockwood") for a certificate to practice as a Clinical Laboratory Personnel-Phlebotomist ("CLP-PHL") in this state. While a review of the materials submitted in support of her application indicate that she satisfies the educational and other requirements necessary for certificate consideration, Ms. Lockwood reports that she has been working as a phlebotomist in Louisiana without licensure.

On her own behalf, Ms. Lockwood advised the Board that she was under the belief that her education and prior experience as a certified medical assistant and phlebotomist were sufficient for employment in Louisiana. She also stated that her employer had not notified her of the need for state certification. Ms. Lockwood now takes full responsibility for the unintentional error and accepts her responsibility to understand and comply with all rules and regulations regarding certification in this state.

As evidenced by her subscription to this Order, Ms. Lockwood acknowledges the substantial accuracy of the foregoing information and that proof of such information upon administrative evidentiary hearing could establish sufficient cause for the rejection or denial of her application for certification in this state or such other action as the Board may deem appropriate, pursuant to the Law and/or the Board's rules respecting clinical laboratory personnel.

Investigation of the captioned matter was assigned to the Director of Investigations ("I/O") for the Board. While it appears to the I/O that Ms. Lockwood is a conscientious and well-trained phlebotomist, the I/O's review and analysis of the matter confirms to her satisfaction that sufficient cause exists to charge Ms. Lockwood with one or more violations of the Louisiana Clinical Laboratory Personnel Law (the "Law"), La. Rev. Stat. §37:1318, 1326 and/or the

<sup>&</sup>lt;sup>1</sup>La. Rev. Stat. §37:1318, 1326; La. Adm. C. §§46XLV:3505.

Board's rules respecting clinical laboratory personnel, La. Adm. C. 46XLV.3505.

Recognizing her right to have administrative adjudication of the above charges, at which time she would be entitled to be represented by legal counsel, to call witnesses and to present evidence on her own behalf in defense or in mitigation of the charges made and to a decision thereon by the Board based upon written findings of fact and conclusions of law, pursuant to La. Rev. Stat. §§49:951, et seq., Ms. Lockwood, nonetheless, hereby waives her right to notice of charges, formal adjudication and written decision and, pursuant to La. Rev. Stat. §49:955(D), consents to entry of the Order set forth hereinafter. Moreover, by her subscription hereto, Ms. Lockwood also waives any right to which she may be entitled pursuant to the Louisiana Administrative Procedure Act<sup>2</sup> or which otherwise may be afforded to her by law, to contest her agreement to or the force and effect of this document in any court or before any judicial or administrative agency or body, relating to the matters referred to herein. By her subscription hereto, Ms. Lockwood also hereby authorizes the Investigating Officer designated by the Board with respect hereto to present this Consent Order to the Board for its consideration and to fully disclose to and discuss with the Board the nature and results of the investigation, and she waives any objection to such disclosures under La. Rev. Stat. §49:960. Furthermore, Ms. Lockwood expressly acknowledges that the disclosure of information to the Board by the Investigating Officer shall be without prejudice to the Investigating Officer's authority to pursue any Administrative Complaint filed against her or to the Board's capacity to adjudicate such Complaint, should the Board decline to approve this Consent Order. Accordingly, in consideration of the foregoing, and pursuant to the authority vested in the Board by La. Rev. Stat. §37:1326 and La. Rev. Stat. §49:955D;

**IT IS ORDERED** that Debra D. Lockwood is hereby **OFFICIALLY REPRIMANDED** for the conduct asserted hereinabove.

IT IS FURTHER ORDERED that a certificate to practice as a Phlebotomist in the state of Louisiana shall be issued to Debra D. Lockwood.

IT IS FURTHER ORDERED that within nine (9) months of the date of this Order, Ms. Lockwood shall pay the Board a fine in the amount of Three Hundred Twenty (\$320.00) Dollars, which represents the certification fees for four years, plus a penalty of an equal amount.

IT IS FURTHER ORDERED that any violation or failure of strict compliance with this Order by Ms. Lockwood shall be deemed adequate and sufficient cause, upon proof of such violation or failure, for such disciplinary action as the Board deems appropriate, as if such violations were enumerated among the causes provided in La. Rev. Stat. §37:1326.

IT IS FURTHER ORDERED that this Consent Order shall be, and shall be deemed to be, a public record.

<sup>&</sup>lt;sup>2</sup> La. Rev. Stat. §49:951, et seq.

Signed at New Orleans, Louisiana, and effective this 12th day of 12th 2015.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

BY: MARK H. DAWSON, M.D.

President

Acknowledgment and Consent follows this page

STATE OF	_
PARISH OF	
ACKNOWLEDGMENT AND CONSENT	
I, DEBRA D. LOCKWOOD, CLP-PHL AN and consent to entry of the above and foregoin	PPLICANT, hereby acknowledge, approve, accept g Order, this 17th day of Describer 2014.
$\overline{\overline{\mathbb{D}}}$	DEBRA D. LOCKWOOD, CLP-PHL
V	VITNESSES:
hos Mr	
Signature	Signature
MATHELY MCGILC Printed Name	Printed Name
4105 ESHFERS OIR	4650 Lukëshorë Dr.
Address  BENTON LA 7100 6	Address Shreveport, LA, 71109
BENJOW, LA 7160 6 City, State, Zip Code	City, State, Zip Code
Sworn to and subscribed before me this 17th day of Oesember . 2014, in	
the presence of the two stated witnesses.	
Notary Public (Signature and Seal)	
Printed Name/Notary or Bar Number	