

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**

630 Camp Street, New Orleans, LA 70130

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**BEFORE THE  
LOUISIANA STATE BOARD  
OF MEDICAL EXAMINERS**

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**No. 2020-I-879**

**IN THE MATTER OF:**

**MADELYN H. CORKERN, D.O.,**  
*Respondent-Applicant*

**CONSENT ORDER  
FOR ISSUANCE OF  
LICENSE ON PROBATION**

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This matter is before the Louisiana State Board of Medical Examiners (the "Board") on the application of Madelyn H. Corkern, D.O. ("Dr. Corkern") for a license to practice medicine in the State of Louisiana. Dr. Corkern presently holds a training certificate in Ohio (No. 58.029901), which became effective on February 1, 2018. The State Medical Board of Ohio has reported no action against Dr. Corkern since the issuance of her training certificate.

In connection with her verified application for licensure as a physician in Louisiana, Dr. Corkern admits that she failed to disclose an arrest and conviction for theft and forgery that occurred in 2003.<sup>1</sup> Upon request, Dr. Corkern provided the Board with supplemental information on the underlying circumstances of her 2003 conviction, and took full responsibility for her failure to disclose these facts. Dr. Corkern stated that she initially failed to disclose these facts based on a belief that her criminal history had been expunged and this information had been erased; however, the Board's licensing application clearly requests information on all arrests and criminal charges, even those "that may have been expunged or judicially removed for any reason." In her supplemental response, Dr. Corkern reported the difficult personal circumstances she faced in 2003, and the positive changes in her life and career since that time, including the positive changes she experienced after seeking and receiving treatment for depression. Upon consideration of the full facts and evidence presented in Dr. Corkern's application, and in the light of the remoteness of these offenses, the Board finds that Dr. Corkern should be issued a license to practice medicine in this state, subject to the restrictions set forth in this Consent Order.

Dr. Corkern acknowledges the foregoing information and that such information would provide the Investigating Officer for the Board with probable cause to pursue formal administrative proceedings against her for violations of the Louisiana Medical Practice Act (the "Act"), La. R.S. 37:1285(A)(3); (4), and further that proof of such information upon administrative evidentiary

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<sup>1</sup> Under La. R.S. 37:1285(A)(3)–(4), the Board may refuse to issue or impose probationary or other restrictions on any license or permit issued for "[f]raud, deceit, or perjury in obtaining any diploma, license, or permit pertaining to this Part" and/or "[p]roviding false testimony before the board or providing false sworn information to the board."

hearing could establish grounds under the Act for the Board to refuse to issue, or upon issuance, to impose such other terms, conditions or restrictions on her license to practice medicine in the state of Louisiana as the Board may determine appropriate.

Recognizing her right to have notice and administrative adjudication of any charges that may be filed in this matter, 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. R.S. 49:951 *et seq.*, Dr. Corkern nonetheless, hereby waives her right to notice and formal adjudication and, pursuant to La. R.S. 49:955(D), consents to the entry of the Consent Order set forth hereinafter. By her subscription hereto, Dr. Corkern also acknowledges that she waives any right to which she may be entitled under the Louisiana Administrative Procedure Act, La. R.S. 49:951 *et seq.*, 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 other forum relating to the matters referred to herein. By her subscription hereto, Dr. Corkern 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 and to discuss with the Board the nature and result of the investigation and waives any objection to such disclosures under La. R.S. 49:960. Dr. Corkern 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 formal administrative charges against her or to the Board's capacity to adjudicate such charges should the Board decline to approve this Consent Order.

Based upon the information provided, and upon the recommendation of the Investigating Officer, the Board hereby concludes that, consistent with its mandate under La. R.S. 37:1261, the interests of public health, safety, and welfare will be effectively served by entry of the Order set forth hereinafter, by consent. Accordingly, in consideration of the foregoing and pursuant to the authority vested in the Board by La. R.S. 37:1285 and La. R.S. 49:955(D);

**IT IS ORDERED** that Madelyn H. Corkern, D.O., shall be issued a license to practice medicine in the State of Louisiana, but that said license shall be placed ***ON PROBATION*** for a period one (1) year from the effective date of this Consent Order (the "probationary period"). Dr. Corkern's license to practice medicine and her continuing exercise of the rights and privileges granted to her thereby, shall be conditioned upon and subject to her acceptance of and strict compliance with the following terms, conditions, and restrictions:

- (1) Practice Monitoring and Quarterly Reports.** Within sixty (60) days of the effective date of this Order, Dr. Corkern shall enter into a contract with a Board-approved practice monitor program to monitor and review Dr. Corkern's medical practice during the probationary period. The program will work in conjunction with the Board or its designee to develop parameters for monitoring Dr. Corkern's practice, including a review of Dr. Corkern's patient records and charts. The practice monitor shall review no less than ten (10) records a quarter. The practice monitoring program will provide quarterly reports to the Board or its designee. Dr. Corkern shall bear all costs associated with the practice monitor program.

- (2) Course on Ethics/Professionalism.** Within twelve (12) months of the effective date of this Order, Dr. Corkern shall attend and successfully complete a course (or courses) on Ethics/Professionalism. The course shall be approved in advance by the Board or its designee. On or before the expiration of twelve (12) months from the effective date of this Order, Dr. Corkern shall cause to be submitted to the Board or its designee written certification of satisfaction of the requirements of this provision.
- (3) Evaluation at Board-Approved Facility.** Within six (6) months of the effective date of this Order, Dr. Corkern shall submit to a psychiatric evaluation at a Board-approved facility and shall provide the Board or its designee with a copy of the evaluation. Dr. Corkern shall make herself available to discuss any treatment recommendations that may result from this evaluation with the Board's Probation and Compliance Officer and shall comply with all recommendations that the Board or its designee may determine are necessary to her continued practice. Should any subsequent evaluation or testing be deemed necessary by the board-approved evaluation facility, Dr. Corkern agrees to submit to such testing and also agrees that she shall remain on probation until certified by a board-approved evaluation facility as safe to practice without restriction upon her license.
- (4) Board Access to Treatment Records and Reports.** Dr. Corkern shall and does by her subscription hereto authorize any physician, healthcare professional or any institution at which she undergoes treatment, as well as any physician under whose care she may come at such an institution, who has or may hereafter evaluate, diagnose, treat or monitor her, to provide the Board with copies of all medical reports relating to Dr. Corkern's history, examination, evaluation, diagnosis, treatment and prognosis and to provide the Board with written and verbal reports relative thereto. Dr. Corkern expressly waives any privilege that may otherwise be afforded the disclosure of such records pursuant to state or federal law and acknowledges that she shall immediately provide the Board with written authorization to obtain such records upon request.
- (5) Notification of Order and Authorization.** Dr. Corkern shall provide a copy of this Consent Order to each hospital, clinic, facility or other employer or prospective employer at which or for whom she provides services as a physician in this state, and upon request of the Board's Probation and Compliance Officer Dr. Corkern shall immediately execute and provide, as may be necessary, authorization to obtain any and all peer review records or other employment records pertaining to Dr. Corkern from any hospital, institution or other health care entity where Dr. Corkern has or has had privileges.
- (6) Board-Approved Practice.** Dr. Corkern shall not engage in the practice of medicine other than at and within the course and scope of a practice setting approved in writing by the Board or its designee.

- (7) **Absence from Practice/Effect on Probation.** Should Dr. Corkern at any time during the probationary period ordered herein discontinue practicing medicine for a period of thirty (30) days or more, she shall advise the Board in writing. In such instance, the probationary period ordered herein and all terms, conditions and restrictions thereof shall be deemed interrupted and extended and shall not commence again until Dr. Corkern notifies the Board in writing that she has resumed the practice of medicine.
- (8) **Cooperation with Board's Probation and Compliance Officer.** Dr. Corkern shall immediately notify the Board's Probation and Compliance Officer of any change in her current home and professional addresses and telephone numbers and she shall direct all matters required pursuant to this Consent Order to the attention of the Probation and Compliance Officer, with whom she shall cooperate on all matters and inquiries pertaining to compliance with the terms, conditions and restrictions of this Order.
- (9) **Probation Monitoring Fee.** For each year of the probation, Dr. Corkern shall pay the Board an annual probation monitoring fee of Three Hundred (\$300.00) Dollars. Payment of the initial fee shall be due not later than sixty (60) days from the effective date of this Order. All subsequent annual payments shall be due on or before the anniversary date of the initial fee payment.
- (10) **Effect of Violation/Sanction.** By her subscription hereto, Dr. Corkern acknowledges that upon her receipt of written notification that the Board has received reliable information indicating her failure to comply with the requirements set forth by this Consent Order in any respect shall, without the need for formal hearing or for providing her with any right to which she may otherwise be entitled pursuant to the Louisiana Administrative Procedure Act, La. R.S. 49:951, *et seq.*, or which otherwise may be afforded to her by law, constitute her irrevocable consent to the immediate suspension of her license to practice medicine in this state pending a hearing before the Board and the conclusion of the administrative proceeding by issuance of a final decision following administrative adjudication of such charges.
- (11) **Certification of Compliance with Probationary Terms.** At least sixty (60) days prior to the conclusion of the probationary period imposed herein, Dr. Corkern shall file a written request for termination of probation in accordance with this paragraph. As a precondition to her request for termination of probation, Dr. Corkern shall provide the Board with an executed affidavit certifying that she has complied with each of the terms of probation imposed upon her by this Consent Order. The probationary period and all of its terms and conditions shall be, and shall be deemed to be, extended and continued in full force and effect pending Dr. Corkern's compliance with the requirements of this provision.
- (12) **Effective Date.** This Consent Order shall be effective as of the date it is approved and accepted by the Board as shown by the signature of the Board's representative below.

**IT IS FURTHER ORDERED** that any violation of or failure to strictly comply with this Order by Dr. Corkern shall be deemed adequate and sufficient cause, upon proof of such violation or failure, for such action against Dr. Corkern's license to practice medicine in this state as the Board may deem appropriate, as if such violation were enumerated among the causes provided in La. R.S. 37:1285.

**IT IS FURTHER ORDERED** that Dr. Corkern shall, within one hundred (120) days of the date of this Order, pay to the Board a fine in the amount of One Thousand Dollars and No/100 (\$1,000.00).

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

New Orleans, Louisiana, this 22<sup>nd</sup> day of February, 2021.

LOUISIANA STATE BOARD  
OF MEDICAL EXAMINERS

By: \_\_\_\_\_

  
RODERICK V. CLARK, M.D.,

M.B.A.

*President*

*Acknowledgment and Consent on Following Page*

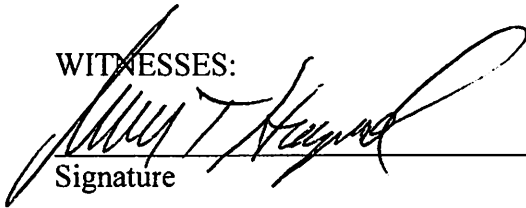
**ACKNOWLEDGMENT  
AND CONSENT**

STATE OF LOUISIANA  
COUNTY/PARISH OF OUACHITA

I, MADELYN H. CORKERN, D.O., hereby acknowledge that I have had the opportunity to seek the advice and guidance of legal counsel with respect to this Consent Order and that all of its terms and conditions have been fully explained to me and/or that I fully understand them. I further acknowledge that I approve, accept, and consent to entry of the above and foregoing Order without duress and of my own free will and accord, this 5th day of February, 2021.

  
MADELYN H. CORKERN, D.O.

WITNESSES:

  
Signature

Michael T. Hayward


Typed Name

1301 Hudson Lane

Street Address

Monroe, LA 71201

City/State/Zip Code

  
Signature

Stuart Melton

Typed Name

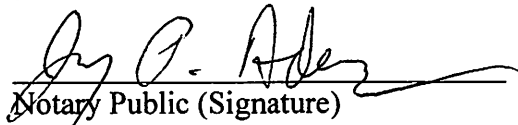
1301 Hudson Lane

Street Address

Monroe, LA 71201

City/State/Zip Code

Sworn to and subscribed before me this  
5th day of February, 2021, in the  
presence of the two stated witnesses.

  
Notary Public (Signature)

Name: Jay P. Adams

Notary/Bar No.: 18755

Commission expires: @ death

