

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
www.lsbme.la.gov



Telephone: (504) 568-6820
FAX: (504) 568-8893
Writer's Direct Dial:

(504) _____

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	:	No. 20-I-478
In The Matter Of	:	
AMANDA J. STRAWBRIDGE	:	CONSENT ORDER
<i>(Applicant),</i>	:	FOR ISSUANCE OF CLINICAL
	:	LABORATORY PERSONNEL
	:	LICENSE ON PROBATION

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The above-entitled proceeding was docketed for investigation by the Louisiana State Board of Medical Examiners (the "Board") upon application by Amanda J. Strawbridge ("Ms. Strawbridge") for a license to practice as Clinical Laboratory Personnel in this state. As part of her application, Ms. Strawbridge acknowledged that she had a prior history of some criminal and substance abuse issues. Ms. Strawbridge further attested that she has remained sober since June, 2018. Furthermore, she has signed a monitoring agreement with the Board to undergo random drug screens. Her application was reviewed by the CLP Advisory Committee and it recommended granting Ms. Strawbridge a license with a three year probationary term and other conditions, including periodic random drug screens.

Recognizing her right to have notice of any allegation or charge asserted against her, to administrative adjudication of such allegation or charge pursuant to La. Rev. Stat. §§49:951 *et. seq.* and to a subsequent final decision rendered upon written findings of fact and conclusions of law Ms. Strawbridge, nonetheless, hereby waives her right to formal charges and formal adjudication and pursuant to La. Rev. Stat. §49:955(D), consents to entry of the Order set forth hereinafter. By her subscription hereto Ms. Strawbridge acknowledges that she hereby waives any right to which she may be entitled pursuant to the Louisiana Administrative Practice Act, La. Rev. Stat. §§49:951 *et. seq.* or otherwise may be afforded to her by law to contest her agreement to or the force and effect of the Board's investigation or this document in any court. Ms. Strawbridge, furthermore, 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. Ms. Strawbridge expressly acknowledges that the disclosure of the information to the Board by the Investigating Officer shall be without prejudice to the Investigating Officer's authority to file a formal Administrative Complaint against her or to the Board's capacity to adjudicate such Complaint should the Board decline to approve this Consent Order. Based upon the information provided, accordingly, and on the recommendation of the Investigating Officer and CLP Advisory Committee the Board has concluded that its responsibility to

insure the health, safety and welfare of the citizens of this state, pursuant to La. Rev. Stat. §37:1261, 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. Rev. Stat. §37:1326 and La. Rev. Stat. §49:955(D);

IT IS ORDERED that the license of Amanda J. Strawbridge to practice as Clinical Laboratory Personnel in the state of Louisiana, is hereby **ISSUED**, and placed **ON PROBATION**, for three (3) years, on the effective date of this Order, provided, however, that such license and Ms. Strawbridge's continuing exercise of rights and privileges thereunder shall be conditioned upon her acceptance of and strict compliance with the following terms, conditions and restrictions:

(1) Maintenance of Complete Abstinence. Ms. Strawbridge shall maintain complete and total abstinence from the use of alcohol, controlled and any other mood-altering substances for as long as she holds a license to as a CLP in this state, except as may be prescribed by a treating physician for a *bona fide* medical condition. In the event that Ms. Strawbridge should be diagnosed with a medical condition which necessitates the use of controlled or mood altering substances, Ms. Strawbridge hereby acknowledges that she shall voluntarily withdraw from practice until and unless permitted to resume in that capacity following the evaluation and determination of a physician designated by the Board that she is then capable of practicing with reasonable skill and safety to patients.

(2) Participation in the Board's Allied Professionals Health Program. Ms. Strawbridge shall sign an agreement with the Board's Allied Professionals Health Program for a minimum of three (3) years and shall fully comply with all terms, monitoring conditions and restrictions of the program. Ms. Strawbridge shall authorize and cause to have submitted to the Board monthly reports of full compliance with all monitoring requirements of the Program.

(3) Drug Screens. Ms. Strawbridge shall submit to periodic, unannounced blood, urine, saliva, hair collection or other screens, including EtG and Peth levels, for testing for the presence of alcohol and/or controlled and other mood-altering substances. Such screenings shall be random and shall occur at such intervals as may be directed by the Board's Probation and Compliance Officer or designee. Ms. Strawbridge shall authorize and cause all reports of the results of such drug screens to be promptly submitted to the Board.

(4) Board Access to Treatment Records and Reports. Ms. Strawbridge shall, and does by her subscription hereto, authorize any physician or any institution at which she undergoes treatment for alcohol or other chemical abuse or dependency from which she may suffer or be diagnosed, 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 Ms. Strawbridge's history, examination, evaluation, diagnosis, treatment and prognosis and to provide the Board with written and verbal reports relative thereto. Ms. Strawbridge expressly waives any privilege that may otherwise be afforded the disclosure of such records pursuant to state or federal law and shall immediately execute any authorization or release that may be necessary to permit the Board access to such records.

(5) **Notification to Employers.** Ms. Strawbridge shall provide a complete copy of this Consent Order to each hospital, institution, or other clinical setting at which or for whom she provides services as a CLP in this state.

(6) **Probation Monitoring Fee.** Ms. Strawbridge shall pay the Board a probation monitoring fee of **Three Hundred Dollars And No/100 (\$300.00)** for each year of her probationary term. Payment of the initial fee shall be due not later than thirty (30) days after this Order is signed.

(7) **Cooperation with Board's Probation and Compliance Officer.** Ms. Strawbridge shall immediately notify the Board's Probation and Compliance Officer of any change in her current home and professional addresses and telephone numbers. She shall direct all matters required by this Order to the attention of the Probation and Compliance Officer, with whom she shall cooperate on all inquiries and requests pertaining to her compliance with the terms, conditions and restrictions of this Consent Order.

(8) **Absence from State/Practice/Effect on Probation.** Should Ms. Strawbridge at any time during the period of probation ordered herein be absent from being employed in the state of Louisiana, or discontinue practicing as a CLP for a period of thirty (30) days or more, or fail to renew her license to practice in this state, 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 to run until Ms. Strawbridge notifies the Board in writing that she has resumed practicing as a CLP in the state of Louisiana, or renewed her Louisiana license. In such instance, Ms. Strawbridge shall not receive credit toward completion of the probationary period for the time during which she was not engaged in or licensed to practice as a CLP in this state.

(9) **Sanction.** By her subscription hereto, Ms. Strawbridge acknowledges that her receipt of written notification from the Board that it has received any report or other apparently reliable information which indicates her failure to comply with the requirements set forth by this Order in any respect shall, without need for formal hearing or providing her with any right to which she may otherwise be entitled pursuant to the Louisiana Administrative Procedure Act, La. Rev. Stat. §§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 as a CLP in this state pending issuance of a decision and final resolution by the Board of administrative proceedings resulting from such report or information; alternatively, by the Board's approval of a Consent Order or other disposition respecting such report or information.

IT IS FURTHER ORDERED that any violation or failure of strict compliance with any of the terms, conditions or restrictions set forth by this Order by Ms. Strawbridge shall be deemed adequate and sufficient cause, upon proof of such violation or failure, for such other action against Ms. Strawbridge's license to practice as a CLP in the state of Louisiana as the Board may deem 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.

Signed at New Orleans, Louisiana, and effective on this 29th day March, 2021

LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS

BY: 

Roderick V. Clark, M.D., MBA
President

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*Acknowledgement and Consent
on the following page*

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STATE OF Louisiana
COUNTY/PARISH OF Lincoln

ACKNOWLEDGMENT
AND CONSENT

I, AMANDA J. STRAWBRIDGE, 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 15 day of March, 2021.

Amanda J. Strawbridge
AMANDA J. STRAWBRIDGE

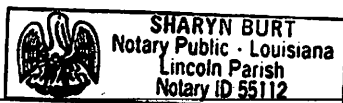
WITNESSES:

Andrew McCoy
Signature
Andrew McCoy
Typed Name
203 N Service Rd E
Address
Ruston, LA 71270
City/State/Zip Code

David J. Wingard
Signature
David Wingard
Typed Name
203 N Service Rd E
Address
Ruston, LA 71270
City/State/Zip Code

Sworn to and subscribed before me this 15 day of March, 2021, in the presence of the two stated witnesses.

Sharyn Burt
Notary Public



Printed Name/Notary or Bar Number