

**SOUTH CAROLINA PANEL FOR DIETETICS
SPECIAL CALLED MEETING AGENDA**

May 31, 2016 at 2:30 P.M.

**110 Centerview Drive, Kingtree Building, Room 204
Columbia, South Carolina**

Public Notice of this meeting was properly posted at the Dietetic Panel's Office, Synergy Business Park, Kingtree Building, and provided to all requesting persons, organizations, and news media in compliance with the South Carolina Freedom of Information Act, Section 30-4-80.

Call to Order

Approval of Agenda

Application Hearing – Mary Jo Turner

Announcements – September 20, 2016

Adjournment

APPLICATION HEARING BEFORE THE SC PANEL FOR DIETETICS

Re: Mary Jo Turner

1. This hearing is called to order.
2. This is the matter of: Mary Jo Turner
(Does any Member of the Panel have reason to recuse him or herself from consideration of this application?)
3. The purpose of this hearing is to determine whether the *applicant* should be granted a license.
4. Everyone is reminded that these proceedings are being recorded and that all witnesses must be sworn before they testify. All remarks should be directed to the Chair.
5. Mary Jo Turner submitted an application for licensure on May 1, 2016. The applicant answered "Yes" to the question "Have you had a license to practice a regulated profession or occupation in another state or jurisdiction canceled, revoked, suspended or have you been disciplined by a body regulating a profession or occupation?" In 2007, Ms. Turner was disciplined by the Louisiana Board of Examiners in Dietetics and Nutrition. Specifically, she entered into a Consent Agreement with the Louisiana Board on or about July 29, 2008, after she had engaged in a period of unlicensed practice from June 30, 2007 through February 29, 2008 which is in violation of the relevant Louisiana statutes. The Louisiana Board approved the reinstatement of her license upon compliance with the Consent Agreement. Ms. Turner's Louisiana license lapsed on June 30, 2009, but is in good standing. Ms. Turner has an active and in good standing North Carolina license.

Do the Panel Members have any questions at this time?

[alternative A] Your case is submitted and the Panel is ready to make a decision.

[alternative B] Your case is submitted and the Panel will take it under advisement. Is there a motion to go into executive session? Second? All those in favor, say "aye." Will everyone please be excused while the Panel deliberates in executive session?

Is there a motion to come out of executive session? Second? All those in favor, say "aye."

6. Is there a motion as to the disposition of this application?
7. *At the conclusion of the Panel's decision, the following statement should be read into the record:*

The decision we announce today expresses only the basic elements of our ruling in this case. Counsel or Staff for the Panel will prepare a document which more fully expresses our conclusions in the appropriate language and format which the Panel has traditionally used. The final written decision must be approved by and signed by the Chair of the Panel and will be the final order in this matter



Online Applications

Licensed Dietitian: LRD RD Application for Licensure

CONTACT INFORMATION

Name: Mary Jo Turner
SSN/FEIN:
Date of Birth:
Birth City: New Orleans
Birth State: LA
Birth Country: US
Gender:
Race:

(Mailing Address)

Charleston , SC 29414
(UNITED STATES)
Congressional Dist:
Phone:

(Home Address)

Charleston , SC 29414
(UNITED STATES)
Congressional Dist: Out Of State
Phone:

EMAIL ADDRESSES

Email Address
Public: False

COMMISSION ON DIETETIC REGISTRATION

A copy of your current Commission on Dietetic Registration card is required. You may upload this document at the end of the application or mail in to our office.

- | | | |
|----|--|------------|
| 1. | Are you registered with the Commission on Dietetic Registration? | Yes |
| 2. | Provide your Commission on Dietetic Registration Number: | 973915 |
| 3. | When does your registration expire? | 08/31/2016 |

EDUCATION HISTORY

List your College and/or University education history. Contact the institution you graduated from and have an official school transcript showing the degree and date awarded with the Registrar's seal to be submitted directly to the Board office.

- | | | |
|-----|--|-----------------------------------|
| 1. | Please list the educational institution which you attended most recently. | Louisiana State University |
| 1a. | What was the location of the institution? (Format answer as City, State OR Country Name) | Baton Rouge, Louisiana |
| 1b. | Please provide the dates that you attended. (Format answer as MM/YYYY-MM/YYYY) | 08/01/1995-05/30/1999 |
| 1c. | What degree did you earn? | Bachelors of Science in Dietetics |
| 1d. | What was your major? | Dietetics |
| 2. | Please list any ADDITIONAL educational institution that you may have attended. | University of New Orleans |
| 2a. | What was the location of the institution? (Format answer as City, State OR Country Name) | New Orleans, Louisiana |
| 2b. | What dates did you attend? (Format answer as MM/YYYY- MM/YYYY) | 08/01/1988-07/30/1995 |
| 2c. | What degree did you earn? | No |
| 2d. | What major did you have at the institution? | |

EXAMINATION HISTORY

Complete information for all previous Dietetics related examination attempts and successes. If additional space is needed; please fill out on a supplemental sheet and upload at the end of the application or you may mail in to our office.

- | | | |
|-----|--|--|
| 1. | Name of Examination: | Registration Examination for Registered Dietitians |
| 1a. | State or Country of Examination: | Louisiana |
| 1b. | Date of examination: | 06/20/2007 |
| 1c. | Please indicate whether you "Passed" or "Failed". | Passed |
| 2. | Name of ADDITIONAL Examination: | Certified Nutrition Support Clinician |
| 2a. | State or Country of Examination: | North Carolina |
| 2b. | Date of examination: | 10/24/2013 |
| 2c. | Please indicate whether you "Passed" or "Failed". | Passed |
| 3. | Failure to disclose an examination attempt may result in the denial or revocation of your license. Will you need to provide a supplemental sheet with additional exam information? | Yes |

PERSONAL HISTORY INFORMATION

If you answer "Yes" to any of the questions in this section, you will need to attach a written explanation on a supplemental sheet and upload at the end of the application or mail in to our office.

- | | | |
|----|---|---------------|
| 1. | Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? | Yes |
| 2. | Have you had a license to practice a regulated profession or occupation in another state or jurisdiction canceled, revoked, suspended or have you been disciplined by a body regulating a profession or occupation? | No <i>Yes</i> |
| 3. | To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association or certifying body, or licensed hospital or clinic? | No |
| 4. | Have you ever been convicted of, pled guilty or nolo contendere to a felony or a crime involving drugs or moral turpitude or of the illegal or unauthorized practice of dietetics? (If yes, have a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, as well as a statement from the probation or parole officer sent directly to the Panel from the above mentioned authorities.) | No |
| 5. | Are you currently being treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? | No |
| 6. | Are you currently being treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? | No |
| 7. | Have you developed any disease or conditions, physical, mental or | No |

emotional, that might interfere with your ability to competently and safely perform the essential functions of practice?

EMPLOYMENT HISTORY

List all related employment chronologically for the past two (2) years. Employment history is not required if you have never been employed in the field you are applying for.

- | | | |
|-----|---|--------------------------------|
| 1. | Are you currently or have you previously been employed in the Dietetic field? If yes, continue to enter your employment history. | Yes |
| 2. | Most recent or current employer's name: | Yes |
| 2a. | Employer's Address: | 200 Hawthorne Ave
Dietitian |
| 2b. | What is your job title? | |
| 2c. | List the dates of employment for your current or most recent work place.
(Format answer as: MM/YYYY- MM/YYYY) | 09/2008-042016 |
| 3. | What was the name of your previous employer? | |
| 3a. | List the address of your previous employer. | |
| 3b. | What was your job title? | |
| 3c. | List the dates of employment for your previous workplace. (Format answer as: MM/YYYY- MM/YYYY) | |
| 4. | If you require more space to complete your two (2) year work history, please write out the information for each work place and submit it with this application. There will be a section in which to attach that document at the end of the application. For any employer you list you must provide: name, address, job title, full or part time, dates of employment, abbreviated duties list, and reason for leaving. Please indicate in the following box if you need to attach additional information. | No |

RECORD OF LICENSURE INFORMATION

Complete the requested information below if you have ever been licensed, certified or registered to practice in any profession or occupation within and outside the United States. A Dietetic License Verification from each state where you hold, or have held, a license to practice dietetics is required to be submitted to the Panel office. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

- | | | |
|-----|---|--------------------------|
| 1. | Do you, or have you previously, held a license for Dietetics or any other professional license, certification and/or registration in South Carolina or any other state? If yes, continue to the next question to list your credentials. | No |
| 2. | Type of License: (Dietetic, physician, etc) | Dietetic |
| 2a. | Jurisdiction (State or country that issued) of license, certification, or registration. | North Carolina |
| 2b. | What is the license number or name on the license? | L0003294 |
| 2c. | List the method in which the license was obtained. (Endorsement, exam, etc.) | Endorsement |
| 2d. | Date the license, certification or registration was initially issued. | 09/01/2008 |
| 2e. | What is the status of the license, certification or registration? (Active, Inactive, Lapsed, Disciplined, etc.) | Active |
| 3. | Type of License: (Dietetic, physician, etc) | Dietetic |
| 3a. | Jurisdiction (State or country that issued) of license, certification, or registration. | Provosional
Louisiana |
| 3b. | What is the license number or name on the license mentioned? | 1997 |
| 3c. | List the method in which the license was obtained. (Endorsement, exam, etc.) | Endorsement |
| 3d. | Date the license, certification or registration was initially issued. | 08/26/2006 |
| 3e. | What is the status of the license, certification or registration? (Active, Inactive, Lapsed, Disciplined, etc.) | Disciplined
inactive |
| 4. | Type of License: (Dietetic, physician, etc) | Dietetic |
| 4a. | Jurisdiction (State or country that issued) of license, certification, or registration. | Louisiana |
| 4b. | What is the license number or name on the license? | 1997 |
| 4c. | List the method in which the license was obtained. (Endorsement, exam, etc.) | Endorsement |
| 4d. | Date the license, certification or registration was initially issued. | 07/29/2008 |

- 4e. What is the status of the license, certification or registration? (Active, Inactive, Lapsed, Disciplined, etc.) Inactive
5. Do you need to attach a supplemental sheet to list additional licenses, certifications or registrations? Yes
6. If you have or previously held a Dietetic License in a different jurisdiction other than South Carolina, you will need to request that jurisdiction to mail a License Verification directly to our office. Do you understand this requirement? I DO

DOCUMENTS

	DocType	
View	Passport Style Photo Form	N/A
View	Copy of Drivers License, State Issued ID or Passport	N/A
View	Supplemental sheet for Record of Examinations	N/A
View	Verification of Lawful Presence	N/A
View	Additional employment information	N/A
View	Commission on Dietetic Registration Card	N/A
View	Explanation of personal history/disciplinary "Yes" responses	N/A
View	Copy of Social Security Card	N/A

Missy Jones

From: M J Turner
Sent: Wednesday, May 25, 2016 1:34 PM
To: Missy Jones
Subject: Re: South Carolina Panel for Dietetics Application

***** SCDLLR NOTICE ***** This email is from an external email address. Please use caution when deciding whether to open any attachments or when clicking links inside the email.

Yes I was disciplined

Sent from my iPhone

On May 25, 2016, at 1:06 PM, Missy Jones <missy.jones@llr.sc.gov> wrote:

Did you mean to answer the question Have you had a license to practice a regulated profession or occupation in another state or jurisdiction canceled, revoked, suspended or have you been disciplined by a body regulating a profession or occupation?" no or yes?

Please do not hesitate to contact me if you have any further questions or concerns.

Thank you!

Missy D. Jones
Administrative Assistant
Office of Board Services
S.C. Department of Labor, Licensing and Regulation
110 Centerview Drive, Columbia, S.C. 29210
South Carolina Panel for Dietetics 803-896-4651
South Carolina Board of Examiners in Opticianry 803-896-4681
South Carolina Board of Examiners in Optometry 803-896-4679
Mailing Address: PO Box 11329, Columbia, SC 29211
Telephone: 803-896-4660
Fax: 803-896-4719
Email: missy.jones@llr.sc.gov
www.llronline.com

<image003.jpg>

Please complete the Customer Service Satisfaction Survey, it will let my supervisor know if you were satisfied or dissatisfied with the service you received from me. It only takes a minute to complete. Please ensure to include my name in the survey. Your comments are greatly appreciated. Thanks.

Confidentiality Note: This e-mail, including any attachments, contains privileged & confidential info intended only for the use of the individual or entity named above. If the reader of this e-mail is not the intended recipient or the employee/agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this e-mail, including

attachments, is strictly prohibited. If you have received this e-mail message in error, please notify us immediately at 803-896-4660. Thank you.

From: M J Turner
Sent: Wednesday, May 25, 2016 1:00 PM
To: Missy Jones <missy.jones@llr.sc.gov>
Subject: Re: South Carolina Panel for Dietetics Application

***** SCDLLR NOTICE *** This email is from an external email address. Please use caution when deciding whether to open any attachments or when clicking links inside the email.**

I was unable to renew licensure 2007 due to lincensure had lapsed. I was disciplined by the Louisiana licensure board and was reinstated 2008

Let me know if you need anything else.

Sent from my iPhone

On May 25, 2016, at 11:37 AM, Missy Jones <missy.jones@llr.sc.gov> wrote:

Ms. Turner,

Upon reviewing your application it appears you answered "No" the question "Have you had a license to practice a regulated profession or occupation in another state or jurisdiction canceled, revokes, suspended or have you been disciplined by a body regulating a profession or occupation?" Since you have disclosed to our office that you were disciplined by the Louisiana Board, would you please send me an email correcting this answer.

Please do not hesitate to contact me if you have any further questions or concerns.

Thank you!

Missy D. Jones
Administrative Assistant
Office of Board Services
S.C. Department of Labor, Licensing and Regulation
110 Centerview Drive, Columbia, S.C. 29210
South Carolina Panel for Dietetics 803-896-4651
South Carolina Board of Examiners in Opticianry 803-896-4681
South Carolina Board of Examiners in Optometry 803-896-4679
Mailing Address: PO Box 11329, Columbia, SC 29211
Telephone: 803-896-4660
Fax: 803-896-4719
Email: missy.jones@llr.sc.gov
www.llronline.com

<image003.jpg>

Please complete the Customer Service Satisfaction Survey, it will let my supervisor know if you were satisfied or dissatisfied with the service you received from me. It only takes a minute to complete. Please ensure to include my name in the survey. Your comments are greatly appreciated. Thanks.

Confidentiality Note: This e-mail, including any attachments, contains privileged & confidential info intended only for the use of the individual or entity named above. If the reader of this e-mail is not the intended recipient or the employee/agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this e-mail, including attachments, is strictly prohibited. If you have received this e-mail message in error, please notify us immediately at 803-896-4660. Thank you.

Explanation of disciplinary action with Louisiana license. License was not renewed at at renewal date year of 2007 and was not discovered until 2/2008. Disciplinary action in which I took a test to review licensure pamphlet, wrote an short article re: importance of licensure for newsletter and spoke with board re: issue and was reinstated in 07/2008. At which time I moved to North Carolina in 09/2008 with no other issues with licensing

Louisiana Board of Examiners in Dietetics and Nutrition

Towne Park Centre
37283 Swamp Road, Suite 3B
Prairieville, LA 70769
Phone: (225) 313-6590
Verification of License
May 11, 2016

MAY 17 2016

This verification outlines our current license information for the individual named below

Name: MARY JO TURNER
SSN:
Address:
City, State, Zip: METAIRIE, LA 70005
Telephone:
Fax: 0000000000
Email:
License No.: 1997
Profession: Licensed Dietitian/Nutritionist

Requirements Met:

<u>X</u>	Bachelor's Degree
<u>X</u>	CDR Registration
<u>X</u>	Supervised Pre-Professional Experience
Effective Date:	August 25, 2006
Expiration Date:	June 30, 2009

Has license ever been revoked, cancelled, suspended or otherwise disciplined?

Has any application, initial or reinstatement, ever been denied?

Is this licensee in good standing at this time?

Yes See attached
Yes
Lapsed but was in good
standing at
time of lapse.

Tracy L. Jeanmarie, Admin. Specialist

Name of person completing verification

Tracy L. Jeanmarie
Signature

05/11/2016

Date





North Carolina Board of Dietetics/Nutrition

140 Preston Executive Drive, Suite 205-C • Cary, North Carolina 27513
(919) 388-1931 • Fax (919) 882-1776 • www.ncbdn.org • info@ncbdn.org

May 2, 2016

SC Board of Dietetics/Nutrition
Synergy Business Park, Kingstree Building
110 Centerview Dr.
Columbia, SC 29210

To Whom it May Concern:

Mary Jo Turner, RD, LDN was licensed with the North Carolina Board of Dietetics/Nutrition on **10/07/2008**. Her license number is **L003294**. Ms. Turner's license expires **3/31/2017**. She has no disciplinary action on her record. Her current status is **ACTIVE**.

As always, active licensees can be verified on our website, in real-time. Our online verification system is considered primary-source verification.

If you have any questions regarding the above-named individual, please contact the Board office.

Sincerely,

Marnie B. Jones
Administrative Specialist
North Carolina Board of Dietetics/Nutrition

RECEIVED
JUL 25 2008

**Consent Agreement and Order
Between
The Louisiana Board of Examiners
in Dietetics and Nutrition
and
Mary Jo Turner**

This matter came before the Louisiana Board of Examiners in Dietetics and Nutrition (hereinafter referred to as "Board") pursuant to an application for a license to practice as a Licensed Dietitian/Nutritionist filed by Mary Jo Turner, hereinafter referred to as "Applicant").

The application was received by the Board on February 29, 2008.

Information received in the application process reflects that Applicant practiced as a Licensed Dietitian/Nutritionist without a license issued by this Board from **June 30, 2007 through February, 2008**, in violation of Louisiana Revised Statute 37:3085 and 3090 and LA R.S. 49:955(D). The Board has submitted this Consent Agreement and Order to Applicant and Applicant has signed the Agreement duly acknowledging the following:

1. By submitting the application, Applicant accepts the Board's jurisdiction;
2. Applicant has by his/her subscription hereto acknowledged the substantial accuracy of the foregoing information and that such information could provide the Board with probable cause to deny a license to Applicant because a violation of La. R.S. 37:3090 (A), La. R.S. 37:3091 and the *Rules and Regulations* of this Board;
3. Applicant has been provided an opportunity for a compliance hearing before the Board pursuant to Rule 501 of the Board's *Rules and Regulations*, which right as well as any legal or administrative rights Applicant formally waives by the execution of this agreement.
4. Applicant has executed this agreement as a free and voluntary act and with full knowledge and with the terms and conditions of the Order set out herein.

Considering the foregoing information and acknowledgments and waivers by the Applicant, the Board is persuaded that it is in the best interest of the public to enter into this Consent Agreement and Order and therefore, pursuant to the authority vested in the Board,

IT IS HEREBY ORDERED that **Mary Jo Turner**, is granted a license to practice as a Licensed Dietitian/Nutritionist, subject to the following terms and conditions:

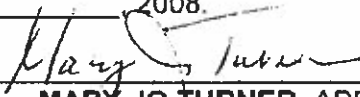
1. Within thirty (30) days from the date that all parties sign this Consent Agreement and Order, Licensee must write an article for the LBEDN Newsletter regarding the importance of licensure and renewal. Applicant must be approved by the Board.
2. The Louisiana Board of Examiners in Dietetics and Nutrition will notify the personnel office and Chief Dietitian of your previous employer, West Jefferson Medical Center, that you practiced with an expired license from June 30, 2007 through February 29, 2008. Medical records were inaccurately signed and may need to be changed.
3. Within thirty (30) days from the date that all parties sign this Consent Agreement and Order, Applicant must notify West Jefferson Medical Center that she practiced with an expired license from June 30, 2007 through February 29, 2008. Letter should state that medical records were signed incorrectly and the facility may need to make changes. Applicant must carbon copy the Board with this letter.
4. If Applicant fails to successfully and timely complete all requirements set forth within 30 days of signing this Consent Agreement and Order, the Applicant's license shall be **SUSPENDED** without further notice until such time as the Board received and accepts documentation of applicant's completion of the requirements set forth above.
5. Publication of the Consent Order by LBEDN.

IN WITNESS HEREOF, The Louisiana Board of Examiners in Dietetics and Nutrition has entered into this Consent Agreement and Order and has executed same through the Board's Chairperson, at Lake Charles Louisiana on this 29th day of July, 2008.

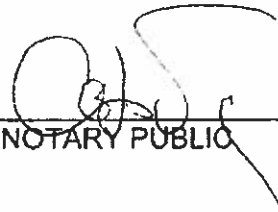
The Louisiana Board of Examiners in
Dietetics and Nutrition

By: Debra Hollingsworth
Chairperson

IN WITNESS HEREOF, Mary Jo Turner, Applicant, has entered into this Consent Agreement and Order and executed same at Metairie, Louisiana, on this 24 day of July, 2008.



MARY JO TURNER, APPLICANT



NOTARY PUBLIC ID#

A. SCOTT TILLERY
NOTARY PUBLIC
PARISH OF ST. BERNARD, LOUISIANA
NO. 12788 COMMISSION IS FOR LIFE

CALL TO ORDER

This meeting is being held in accordance with the Freedom of Information Act by notice emailed to The State Newspaper, Associated Press, WIS-TV and all other requested organizations or news media. In addition, the notice was posted on the Board's website and on the bulletin board at the main entrance of the Kingstree Building.