

CURRICULUM VITAE:

04/10/2016

Rick Chavez, M.D.

DEA license

BUPRENORPHINE LICENSE

California Medical License

BOARD CERTIFICATION

-  **BOARD CERTIFIED, AMERICAN BOARD OF PAIN MEDICINE**
-  **BOARD CERTIFIED, AMERICAN BOARD OF FAMILY PRACTICE**
-  **BOARD CERTIFIED, AMERICAN BOARD OF ADDICTION MEDICINE**
-  **DIPLOMATE OF AMERICAN ACADEMY OF PAIN MANAGEMENT**
-  **FELLOW & DIPLOMATE, AMERICAN ACADEMY OF PAIN MEDICINE**


POSTGRADUATE TRAINING

-  **HARBOR-UCLA/SPPH JOINT FAMILY PRACTICE RESIDENCY**
1979-1982

MEDICAL SCHOOL

-  **UCLA DAVID GEFFEN SCHOOL OF MEDICINE**
Degree: M.D.
1975-1979






UNDERGRADUATE

-  **STANFORD UNIVERSITY**
Degree: BA- PSYCHOLOGY
1971-1975

CURRENT HOSPITAL APPOINTMENTS

-  **LITTLE COMPANY OF MARY HOSPITAL AND MEDICAL CENTER**
-  **TORRANCE MEMORIAL HOSPITAL**

FACULTY APPOINTMENTS

-  **ASSISTANT CLINICAL PROFESSOR OF FAMILY MEDICINE**
UCLA DAVID GEFFEN SCHOOL OF MEDICINE **1992-7/2012**
-  **CLINICAL FACULTY, USC SCHOOL OF MEDICINE**
DEPARTMENT OF FAMILY MEDICINE **1987-1992**
-  **CLINICAL INSTRUCTOR, USC SCHOOL OF MEDICINE**
PHYSICIAN ASSISTANT TRAINING PROGRAM **1993-1996**
-  **CLINICAL INSTRUCTOR, AHEC/HISMET**
UC DAVIS SCHOOL OF MEDICINE **1989-1991**
-  **CLINICAL INSTRUCTOR, HARBOR-UCLA/SPPH**

MEDICAL DIRECTORSHIPS

- ✚ MEDICAL DIRECTOR, HEALTHCARE RESOURCE GROUP
SOFTWARE DEVELOPMENT AND INFORMATION SYSTEMS
2001-CURRENT
- ✚ MEDICAL DIRECTOR AND FOUNDER, THE PAIN INSTITUTE, MEDICAL
INSTITUTE OF LITTLE COMPANY OF MARY HOSPITAL, TORRANCE CA
2003-2005
- ✚ MEDICAL DIRECTOR, UNIVERSAL INTEGRATED HEALTH MEDICAL
GROUP AND CREST SURGI CENTER, NEWPORT BEACH, CA 2005-2006
- ✚ MEDICAL DIRECTOR, AMBULATORY CARE SERVICES
HEALTHCARE PARTNERS MEDICAL GROUP,
REGION III
2000-FEBRUARY, 2003
- ✚ MEDICAL DIRECTOR, CARSON CARE STATION
MEDICAL ASSOCIATES OF LITTLE COMPANY OF MARY
1998-2002
- ✚ MEDICAL DIRECTOR, CEO AND FOUNDER
COASTAL PHYSICIANS MEDICAL GROUP
1982-1998
- ✚ VICE PRESIDENT AND CO-FOUNDER
ALLIANCE OF PRIVATE PRACTICE PHYSICIANS IPA
1986-1997 (Sold to HEALTHCARE PARTNERS MEDICAL GROUP)
- ✚ MEDICAL DIRECTOR,
CHRONIC MULTIDISCIPLINARY PAIN CENTER
SAN PEDRO AND PENINSULA HOSPITAL 1984-1988
- ✚ MEDICAL DIRECTOR,
CHRONIC MULTIDISCIPLINARY PAIN CENTER
BAY HARBOR HOSPITAL 1988-1989
- ✚ MEDICAL DIRECTOR,
TODD PACIFIC SHIPYARDS OCCUPATIONAL CLINIC 1982-1987

PROFESSIONAL CONSULTANT

DRUG ENFORCEMENT AGENCY: EXPERT WITNESS, CURRENT
MEDICAL BOARD OF CALIFORNIA: EXPERT WITNESS, CURRENT
PREVIOUS CONSULTING:

1. FOREST LABORATORIES, 2009. NOT CURRENTLY
2. ENDO PHARMACUETICALS, 2012, NOT CURRENTLY
3. RECKITT BENCKISER, 2007, NOT CURRENTLY.
4. CEPHALON PHARMACUETICALS, 2008, NOT CURRENT

PREVIOUS EMPLOYMENT AND CONSULTING

- ✚ **CONSULTANT, QC LABORATORIES/April 2002**
- ✚ **MEDICAL CONSULTANT/EXPERT WITNESS**
- ✚ **TUVERSON & HILLYARD LAW FIRM/DOCTORS COMPANY/1996-2000**
- ✚ **INTRACORP UTILIZATION REVIEW:PHYSICIAN CONSULTANT/1984-1992**

PROFESSIONAL SOCIETIES

- ✚ **AMERICAN MEDICAL ASSOCIATION**
- ✚ **LOS ANGELES COUNTY MEDICAL ASSOCIATION**
- ✚ **AMERICAN ACADEMY OF PAIN MANAGEMENT**
- ✚ **THE SOCIETY FOR PAIN MANAGEMENT**
- ✚ **AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS**
- ✚ **AMERICAN PAIN SOCIETY**
- ✚ **AMERICAN ACADEMY OF ADDICTION PSYCHIATRY**

PROFESSIONAL LICENSURE

- ✚ **AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)**
- ✚ **CALIFORNIA STATE PHYSICIANS AND SURGEONS LICENSE**
- ✚ **DRUG ENFORCEMENT AGENCY LICENSE**
- ✚ **CERTIFIED TO USE BUPRENORPHINE IN OPIATE ADDICTED PATIENTS. PHYSICIAN WAIVER #2799 AT SAMHSA STATE OF CA**

AWARDS AND COMMITTEES

- ✚ **“ABUSE, ADDICTION, AND PAIN RELIEF: TIME FOR A CHANGE”: EXPERT FACULTY MEMBER INVITED TO PARTICIPATE IN A ROUND TABLE SUMMIT IN BETHSEDA, MARYLAND; CO-SPONSORED BY NIDA, NATIONAL INSTITUTE OF DRUG ABUSE; AMERICAN PAIN FOUNDATION; AMERICAN PAIN SOCIETY. 2008**
- ✚ **2005 BUPRENORPHINE SUMMIT CONFERENCE, MARYLAND SAMHSA, CSAT & DEPT. OF HEALTH & HUMAN SERVICES**
- ✚ **BOARD MEMBER, MEDICAL ASSOCIATES OF LITTLE COMPANY OF MARY HOSPITAL & MEDICAL CENTER/ 1999-2002**
- ✚ **CHAIRMAN, DEPARTMENT OF FAMILY MEDICINE SAN PEDRO PENINSULA HOSPITAL 1984-1987**
- ✚ **BOARD MEMBER, EXECUTIVE COMMITTEE SAN PEDRO PENINSULA HOSPITAL 1984-1987**
- ✚ **TRUSTEE, SAN PEDRO AND PENINSULA HOSPITAL/ 1982-1983**
- ✚ **CHAIRMAN, HOSPITAL GEOGRAPHIC OUTREACH COMMITTEE SAN PEDRO PENINSULA HOSPITAL / 1995**
- ✚ **MEMBER OF CONGRESSWOMAN JANE HARMON’S HEALTH CARE TASK FORCE / 1994**
- ✚ **PARKE-DAVIS TEACHER DEVELOPMENT AWARD / 1982-1983**

✚ **MEMBER OF UTILIZATION REVIEW, MICU, SURGERY,
NUTRITION, FAMILY PRACTICE RESIDENCY, REHABILITATION,
IPA UTILIZATION, & MARKETING ADVISORY COMMITTEES
SAN PEDRO PENINSULA HOSPITAL / 1982-1994**

**MEMBER OF PHYSICIAN WELLNESS COMMITTEES:
LITTLE COMPANY OF MARY HOSPITAL- 2003-CURRENT
TORRANCE MEMORIAL MEDICAL CNTR- 2003-CURRENT
MEDICAL ADVISOR ON THE BOARD OF PAIN.COM**

PUBLICATIONS

**“ABUSE, ADDICTION, AND PAIN RELIEF: TIME FOR A CHANGE.”
CLINICIAN CME PROGRAM, September, 2008; content presented in this CME
Newsletter was derived from the roundtable discussion held in Bethesda,
Maryland, February 2008.**

**SOUTHBAY HEALTH PUBLICATION Jan/Feb 2005
Article by David Hunt, Publisher and Editor.
“Revolutionizing the Treatment of Pain”**

TELEVISION & RADIO & VIDEO

**Appeared on “A Las Cuatro” Channel 22 (Televisa/NBC) as
Medical Director of The Pain Institute at Little Company of
Mary -Discussed Opiate Addiction and Chronic Pain. 10/01/03.**

**Appeared on KCAL 9 News at 2 P.M. and 8 P.M. on 10/02/03
And 10/03/03 Health Segments to discuss Buprenorphine
Treatment in Chronic Pain Patients addicted to Opiate
Analgesics.**

**SENIOR LIVING, Program #37, Nov. 30, 2004
“Nutrition Solutions For Seniors”
Community Television Channel
Host: Lynn Brennan**

Previously, Dr. Chavez was Medical Director of The **Chronic Pain Center** at San Pedro & Peninsula Hospital for 5 years; Medical Director of **Todd-Pacific Shipyards Occupational Health Clinic** for 5 years; Chairman of the **Department of Family Medicine at San Pedro Peninsula Hospital** for 3 years; Medical Director, CEO, & Founder of Harbor Family Medical Group & **Coastal Physicians Medical Group**; Co-founder of **Alliance of Private Practice Physicians** IPA; Medical Director of the **Carson Care Station** at Little Company of Mary for 4 years, and Board Member of the Medical Associates of Little Company of Mary Hospital for 2 years.

30 YEARS OF CLINICAL EXPERIENCE

I practiced primary care medicine for the first 20 years of my practice, and in addition I added my expertise in Pain and Addiction medicine to my practice over the last 10 years. I honestly believe that few physicians have had the breadth of experience in medicine that I have achieved. I am quite proud of my level of medical expertise and when I speak to a patient about a hip replacement or a hysterectomy, I have actually first assisted in over 150 hip and knee replacements and 100 hysterectomies over the last 30 years so my knowledge and reassurance about these procedures, the potential complications, and the pre and post op care required is accurate. The same is true in treating painful disorders. I have treated almost every kind of acute and chronic pain disorder during my career and I know when someone is in need of immediate resolution of their pain or other clinical problems, so I make it my priority to be there to comfort and care for them as soon as possible, often saving them a trip to urgent care or the emergency room. Elderly patients, especially those who suffer with dementia need medical expertise and relief of pain and suffering immediately. Their quality of life is of utmost importance, so preventing an unneeded emergency room trip or handling their urgent situation rapidly and accurately can mean so much to the geriatric patient and their families as well as to the staff of the center.

Primary care medicine: newborn care, well child care, geriatric care, internal medicine, gynecology, occupational medicine, orthopedics, neurology, cardiology, urgent care, chemical dependency and chronic pain management.

Experience with Practice Partner Electronic Medical Record System, HealthFusion EMR, extensive experience with Dragon Speak Medical Auto-Dictation System, Meditech, Versyss, and PAX radiology system.

After 30 years of clinical experience in medical practice and teaching young doctors in training there is very little that Dr. CHAVEZ has not experienced or seen. Procedures include: minor trauma and laceration care, excisional biopsies of skin neoplasms, Norplant implantation, sigmoidoscopies, applying casts and splints for uncomplicated fractures and ligamentous injuries, trigger point and joint injections of the hip, knee, wrist, fingers, ankle, elbow, shoulder, cervical spine, scapula, deltoid, Acromio-Clavicular joint, TMJ, toes, groin, facet blocks, culdocentesis, lumbar puncture, plantar wart therapy, ganglion and sebaceous cyst removal and aspiration, abscess Incision and Drainage, Ingrown toenail removal, ear lavage, bladder cath, corneal abrasion recognition and treatment, nasopharyngeal cautery of bleeding, cryotherapy, Nerve blocks include greater and lesser occipital nerves, Femoral Nerve, Abdominal Wall/Rectus Abdominis Nerves, Costochondral, and many more Nerves. Experience with botox injections, Tendon and bursa injections, Schiotz tonometry, venous cutdowns, neonatal circumcision, Synvisc injection to the knee, Blind thoracic, lumbar, and sacral Facet Blocks, Dermabrasion, and indirect laryngoscopy.

Extensive Experience reading routine X-rays and Electrocardiograms. Experience with Auricular Acupuncture.

Hospital care includes: Unrestricted Admission privileges to all medical and surgical floors, telemetry, nursery, intensive care units, Pediatrics, Psychiatry, Chemical Dependency Units, Step Down Units, SNF, and Rehabilitation at Torrance Memorial Medical Center and Little Company of Mary Medical Center.

SURGICAL ASSISTING EXPERIENCE

Extensive surgical assisting experience: First Assistant in the following procedures: Appendectomy, Open Cholecystectomy, Herniorraphy, Total Abdominal and Partial Vaginal Hysterectomy, Pelvic Laparoscopy, Radical Prostatectomy, Mastectomy, Partial Colon and Small Intestine Resections, Partial Gastrectomies, Vagotomy and Pyloroplasty, Hiatal Hernia Repair, Aortic Aneurysm Resection, Aorto-Bifem Bypass, Splenectomy, Nephrectomy, Bladder Suspension and Repair, Adrenal Gland Resection, Thyroidectomy, Parathyroidectomy, Radical Neck Dissection, Elbow/Shoulder/Wrist Fracture Repair and Nerve Decompression, Total Knee replacement, Shoulder and Hip Replacement and Arthroplasty, AC Joint Repair, Knee Arthroscopy, Lumbar Laminectomy and Discectomy, Bunion and Hammertoe Repair, AV Shunt Creation, Vein stripping, Hemorrhoidectomy, Extremity Amputation, Carotid Artery Endarterectomy, Cesarean Section, Laparoscopic Cholecystectomy, Tubal Ligation, Breast Prosthesis Implants, Penile Implants, Orchiectomy, Skin Grafting, Acute Trauma Surgery, and Vasectomy, Newborn circumcision. Wound and Burn care.

Previous Obstetrical experience, during his residency, includes over 250+ normal vaginal deliveries and experience with use of vacuum and forceps. Also, 37 cesarean sections while serving as supervising resident on OB for 3 months at Harbor General/UCLA Medical Center. In addition, he has served as Clinical Faculty at various times with the USC School of Medicine and UC Davis School of Medicine.

ABSTRACTS:

Buprenorphine Treatment as an Alternative to Orthopedic Surgery in Patients on Prescription Opiates with Lumbosacral or Cervical Spine Disc Disease

R Chavez, W. Dillin and L. Amass

The P.A.I.N. Institute, Inc., Redondo Beach, CA and Kerlan-Jobe and Friends Research Institute, Inc. Los Angeles, CA, 2006

Presented at the 67th Annual Conference of College on Problems of Drug Dependency, Scottsdale, Arizona, 2006

INSTITUTIONS

-  The P.A.I.N. Institute, Inc., Redondo Beach, CA, USA.
-  Kerlan-Jobe, Los Angeles, CA, USA.
-  Friends Research Institute, Inc., Los Angeles, CA, USA.

ABSTRACT BODY: Buprenorphine's analgesic properties are well known, but using the sublingual tablet (Subutex/Suboxone) pre-operatively to stabilize pain in opiate dependent

chronic pain patients awaiting orthopedic surgery is unique and novel. Worsening pain in these patients may be due to opioid induced hyper-algesia and mistaken as a signal to proceed with surgery. Buprenorphine's anti-hyper-algesic effects may benefit these patients by reducing pain and enabling surgery to be postponed or cancelled. This report describes results with 18 opioid tolerant patients taking prescription opiates for severe pain due to lumbosacral (n=16) or cervical spine (n=2) disc disease. All patients were preoperative and referred before scheduling surgery by orthopedic and neuro surgeons to The P.A.I.N. Institute for buprenorphine treatment. Patients (11 male; 7 female) averaged 48 years old (range 33-69) and were mostly white (89%), insured (83%), working (95%) and college educated (95%). Patients had been maintained on prescription opiates for a mean of 4.9 years (range 1-15), 12 had none and 6 had between 1 and 5 prior surgeries. After treatment with Subutex (n=13) or Suboxone (n=5), 89% (16/18) no longer required surgery. Surgery is being considered for 1 patient after 13 months on Subutex and another had surgery and has since returned to Subutex. To date, 89% (16/18) have continued buprenorphine maintenance at a mean daily dose of 19.1 mg (range 1-32) for a mean of 16.7 months (range 2-31). No patient has become tolerant to buprenorphine, nor has there been any medication misuse, diversion or safety issues. Pain ratings on a 10-pt scale averaged 6.9 before and decreased to 2.7 during treatment. These clinical findings support using Subutex/Suboxone for pain reduction in preoperative, opiate dependent chronic pain patients. The potential medical and economic benefits of buprenorphine treatment for avoiding surgical complications, time and work lost, and monetary costs to society are tremendous

IMPROVEMENT IN PAIN LEVELS AFTER TREATING OPIOID DEPENDENT CHRONIC PAIN PATIENTS WITH BUPRENORPHINE.

Rick Chavez, M.D.^{1,2}, Leslie Amass, Ph.D.³, Jonathan B. Kamien, Ph.D.³ and Lynette Prucha²

¹UCLA School of Medicine, Los Angeles, CA, ²The Pain Institute at Little Company of Mary, Redondo Beach, CA, and ³Friends Research Institute, Inc., Los Angeles, CA

**Presented at 3rd World Congress, World Institute of Pain, September 21-25, 2004
"Pain Advances in Research and Clinical Practice," Barcelona, Spain.**

AIM OF INVESTIGATION: Managing opioid dependent patients with chronic pain is challenging and hampered by limited treatments. We explored buprenorphine sublingual tablets (BUP) for treating 65 opioid-dependent patients (34 male) with chronic severe pain at a multidisciplinary pain management center in Redondo Beach, CA.

METHODS: Patients received medical and psychological assessment at entry. Open-label treatment included maintenance or medically-supervised withdrawal using BUP over varying periods of time, urine drug screening, on-going pain assessment using a 0-10 rating scale, monitoring of adverse events and centralized case management. Concomitant medications were prescribed according to medical and psychiatric disorders. Patients averaged 47 years old (range 18-87), 6.4 years of opioid dependence (range 0.25-30) and prior treatment attempts for opioid dependence had been unsuccessful. To control pain, all patients used prescription Opioids (legally and illegally) and 5 also used heroin. Pain ratings at initial evaluation averaged 6.5 ± 0.2 (SEM). Common co morbid disorders included depression, anxiety, and musculo-skeletal maladies. All patients had stopped using Opioids before starting BUP 2 mg and BUP 8 mg tablets, two to four times per day, were prescribed

according to patient need. Maintenance doses averaged 14.7 ± 1.1 (SEM) mg/day and maintenance are ongoing in 81% of patients.

RESULTS: Average pain ratings declined to 2.9 ± 0.3 (SEM) on maintenance BUP, and ongoing medical and non-substance abuse-related psychiatric problems were stabilized.

CONCLUSIONS: BUP therapy safely and effectively managed opioid-dependent Pain patients with co morbid chronic severe pain and reduced their pain ratings. Additional controlled research is needed to evaluate BUP for treating these opioid addicted patients.

Buprenorphine Tablet Treatment for Opioid Dependence in Patients With Co morbid Chronic Severe Pain

Rick Chavez, M.D. 1,2, Leslie Amass, Ph.D. 3, Jonathan B. Kamien, Ph.D. 3, and Lynette Prucha, MA 2

1UCLA School of Medicine, Los Angeles, CA, 2The Pain Institute at Little Company of Mary, Redondo Beach, CA, 3Friends Research Institute, Inc., Los Angeles, CA

Oral Presentation at The 66th Annual Meeting of The Conference on Problems in Drug Dependence (CPDD), San Juan, PR 6/04

AIM OF INVESTIGATION: Managing opioid dependent patients with chronic pain is challenging and hampered by limited treatments. We explored buprenorphine sublingual tablets (BUP) for treating 65 opioid-dependent patients (34 male) with chronic severe pain at a multidisciplinary pain management center in Redondo Beach, CA.

METHODS: Patients received medical and psychological assessment at entry. Open-label treatment included maintenance or medically-supervised withdrawal using BUP over varying periods of time, urine drug screening, on-going pain assessment using a 0-10 rating scale, monitoring of adverse events and centralized case management. Concomitant medications were prescribed according to medical and psychiatric disorders. Patients averaged 47 years old (range 18-87), 6.4 years of opioid dependence (range 0.25-30) and prior treatment attempts for opioid dependence had been unsuccessful. To control pain, all patients used prescription Opioids (legally and illegally) and 5 also used heroin. Pain ratings at initial evaluation averaged 6.5 ± 0.2 (SEM). Common co morbid disorders included depression, anxiety, and musculo-skeletal maladies. All patients had stopped using Opioids before starting BUP 2 mg and BUP 8 mg tablets, two to four times per day, were prescribed according to patient need. Maintenance doses averaged 14.7 ± 1.1 (SEM) mg/day and maintenance are ongoing in 81% of patients.

RESULTS: Average pain ratings declined to 2.9 ± 0.3 (SEM) on maintenance BUP, and ongoing medical and non-substance abuse-related psychiatric problems were stabilized.

CONCLUSIONS: BUP therapy safely and effectively managed opioid-dependent Pain patients with co morbid chronic severe pain and reduced their pain ratings. Additional controlled research is needed to evaluate BUP for treating these opioid addicted patients.

Buprenorphine Treatment for Opioid Dependence in Patients

With Co morbid Chronic Severe Pain: An Open-Label Case Study Analysis

R Chavez and L Amass. UCLA School of Medicine, Los Angeles, CA and The Pain Institute at Little Company of Mary, Redondo Beach, CA; and Friends Research Institute, Inc., Los Angeles, CA

Poster presentation at “6th Annual Conference on Pain and Chemical Dependency in New York City, February 13-15, 2004”

Buprenorphine-only and buprenorphine-naloxone sublingual tablets became available for treating opioid dependence in the US in March 2003. Managing opioid dependent patients with multiple chronic pain issues is challenging and has been hampered by limited or non-existent effective treatments.

Objectives/aim: We explored using buprenorphine tablets for treating 13 opioid-dependent patients (8 male, 5 female) with chronic severe pain seeking treatment at a multidisciplinary pain management center in Redondo Beach, CA.

Methods: Patients received medical and psychological assessment at treatment entry. Open-label treatment included either maintenance or medically-supervised withdrawal using buprenorphine-only tablets over varying periods of time, urine drug screening, and ongoing pain assessment using a 0-10 rating scale, monitoring of adverse events and centralized case management. Concomitant medications were prescribed according to medical and psychiatric needs.

Results: Patients averaged 44 years old (range 34-68); 5 years of opioid dependence (range 2-10) and prior treatment attempts had been unsuccessful. To control pain, all patients used prescription Opioids (legally and illegally) and one patient also used heroin. Twelve patients requested addiction treatment; one patient became aware of her addiction after physician counseling. Pain ratings at initial evaluation averaged 7.4 (range 5-9). Common co morbid disorders included depression, anxiety, non-opioid substance dependence, and muscular-skeletal maladies. Two and 8 mg buprenorphine-only tablets, two to four times per day, were prescribed according to patient need. All patients were offered, but declined, once per day dosing. Maintenance averaging 12.7 mg/day (range 4-24) is ongoing in all but one patient who has since discontinued buprenorphine. All patients successfully withdrew from prescription Opioids within 5 days of starting buprenorphine, average pain ratings declined to 2.8 (range 0.5-7), and ongoing medical and non-substance use disorder psychiatric problems became stable. The most common side effects were extreme sleepiness, fatigue, migraine headaches, dizziness, disorientation and nausea, but reports were few, appeared dose dependent and eventually resolved.

Conclusions: Buprenorphine-only tablet therapy safely and effectively managed opioid-dependent patients with co morbid chronic severe pain and reduced their pain ratings. Additional controlled research to evaluate buprenorphine's role in treating this sub-population of opioid addicted patients and examine the role of other factors on their treatment outcome is needed.

RICK CHAVEZ, M.D.

Medical Director

THE P.A.I.N. INSTITUTE

Pain & Addiction Integrated Network, Inc.

Board Certified, American Board of Pain Medicine (ABPM)

Board Certified, American Board of Family Medicine (ABFP)

Board Certified, American Board of Addiction Medicine (ABAM formerly ASAM)

Former Assistant Clinical Professor of Family Medicine, UCLA Geffen School of Medicine

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