



**Florida Board of Medicine**

**Electrolysis and Dietetics-  
Nutrition Conference Call**

**Meet-Me #: (888) 670-3525  
Participation Code: 125-528-7056**

**January 28, 2013**

**12:30 PM**

Notice of Meeting/Workshop Hearing

DEPARTMENT OF HEALTH  
Board of Medicine

The **Board of Medicine - Electrology/Dietetics & Nutrition Committee** announces a public meeting to which all persons are invited.

**DATE AND TIME:** Monday, January 28, 2013 beginning at 12:30 PM

**PLACE:** Conference Call In Meet-Me #: (888) 670-3525, Participation Code: 125 528 7056

**GENERAL SUBJECT MATTER TO BE CONSIDERED:** General business of the committee.

**A copy of the agenda may be obtained by contacting:** Rebecca Hewett at [Rebecca\\_Hewett@doh.state.fl.us](mailto:Rebecca_Hewett@doh.state.fl.us) or call (850) 245-4131 ext. 3517.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: Rebecca Hewett at [Rebecca\\_Hewett@doh.state.fl.us](mailto:Rebecca_Hewett@doh.state.fl.us) or call (850) 245-4131 ext. 3517. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

**Florida Board of Medicine**  
**Electrolysis and Dietetics-Nutrition**  
**Conference Call**



Meet-Me #: (888) 670-3525  
Conference Code: 125-528-7056

January 28, 2013

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**AGENDA**

Roll Call - 12:30 pm

**Electrolysis Council**

Tab A - Rules - Anna King

Tab 1 - Rules 64B8-51.001, FAC

**Dietetics-Nutrition Council**

Tab A - Rules - Lynette Norr

Tab 1 - Rule 64B8-45.001, FAC

Tab 2 - Rule 64B8-45.002, FAC

Tab 3 - Rule 64B8-45.005, FAC

Tab B – Recommendation for Vacant Consumer Member Appointment

Tab 1 – L Preston Mercer, Ph.D.

**New Business**

# **ELECTROLYSIS COUNCIL**

Tab A - Rules

# **ELECTROLYSIS COUNCIL**

Tab 1 - Rules 64B8-51.001, FAC

## MEMORANDUM

**TO:** Board of Medicine  
**FROM:** Marlene Stern, Assistant Attorney General  
**RE:** Electrolysis Rule 64B8-51.001, F.A.C., Manner of Application.  
**DATE:** November 20, 2012

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### **History:**

Rule 64B8-51.001 adopts and incorporates the Electrologist Application. Changes were made to the application to accommodate changes to Section 465.0635, F.S. as a result of HB 653. *See attached bill language.*

Because of the changes to the law affecting all healthcare professions, the history questions to the application needed to be updated. The updated application is attached.

### **Summary of Proposed Rule Change:**

- The Council wishes to amend the Electrologist Application to change the application history questions to reflect the current licensure restrictions found in Section 456.0635.

### **Consideration of Impact on Small Business:**

The Electrolysis Council has approved the above change to the rule and determined that no SERC is needed because (1) the proposed rule amendments will not have an adverse impact on small business and (2) rule amendments are not likely to directly or indirectly increase regulatory costs to any entity (including government) in

excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule. No ratification is needed.

**Board of Medicine Action:**

- The Council requests that the Board approve rulemaking to update the applicant history questions and instructions and to change the effective date of the application within the rule text.
- The Council requests that the Board consider whether (1) the proposed rule amendments will have an adverse impact on small business and (2) the rule amendments are likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule.

**Attachments:**

- Rule language approved by the Council on October 29, 2012
- Electrologist Application with changes approved by the Council on October 29, 2012
- HB 653

## PROPOSED RULE LANGUAGE

### 64B8-51.001 Manner of Application.

(1) All persons applying for licensure as an electrologist shall submit a signed application to the Executive Director of the Council on forms provided by the Council and approved and incorporated herein by reference by the Board as Form DH-MQA 1164, 10/12, Electrologist Application, which can be accessed through [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa). The initial application must be accompanied by the application fee, as set forth in Rule 64B8-51.007, F.A.C.

(2) All applications must include an official transcript from a school of electrology which identifies the credits taken by home study or correspondence courses and those taken in classroom settings.

(3) All applications for licensure by examination shall be filed with the Executive Director of the Council and shall be completed at least 120 days prior to the examination. Applications filed after the deadline may be considered at the next meeting of the Council.

*Rulemaking Authority 478.43(1), (4) FS. Law Implemented 478.45 FS. History—New 5-31-93, Formerly 21M-76.001, Amended 11-10-93, Formerly 61F6-76.001, Amended 5-29-96, Formerly 59R-51.001, Amended 12-23-97, 5-28-00, 8-9-01, 2-15-04, 10-31-05, 2-11-08, 5-7-09, 5-13-10.*

## STATUTORY LANGUAGE

### 478.45 Requirements for licensure.—

(1) An applicant applying for licensure as an electrologist shall file a written application, accompanied by the application for licensure fee prescribed in s. 478.55, on a form provided by the board, showing to the satisfaction of the board that the applicant:

- (a) Is at least 18 years old.
- (b) Is of good moral character.
- (c) Possesses a high school diploma or a graduate equivalency diploma.
- (d) Has not committed an act in any jurisdiction which would constitute grounds for disciplining an electrologist in this state.
- (e) Has successfully completed the academic requirements of an electrolysis training program, not to exceed 120 hours, and the practical application thereof as approved by the board.

(2) Each applicant for licensure shall successfully pass a written examination developed by the department or a national examination that has been approved by the board. The examinations shall test the applicant's knowledge relating to the practice of electrology, including the applicant's professional skills and judgment in the use of electrolysis techniques and methods, and any other subjects which are useful to determine the applicant's fitness to practice.

(3) The department, upon approval of the board, may adopt a national examination in lieu of any part of the examination required by this section. The board, with the assistance of the council, shall establish standards for acceptable performance.

(4) The department shall issue a license to practice electrology to any applicant who passes the examination, pays the licensure fee as set forth in s. 478.55, and otherwise meets the requirements of this chapter.

(5) The department shall conduct licensure examinations at least two times a year. The department shall give public notice of the time and place of each examination at least 60 days before it is administered and shall mail notice of such examination to each applicant whose application is timely filed, pursuant to board rule.

(6) The department may not issue a license to any applicant who is under investigation in another jurisdiction for an offense which would be a violation of this chapter, until such investigation is complete. Upon completion of such investigation, if the applicant is found guilty of such offense, the board shall apply the applicable provisions of s. 478.52.

History.—s. 6, ch. 92-172; s. 2, ch. 95-221; s. 145, ch. 97-264.

**DEPARTMENT OF HEALTH  
ELECTROLYSIS COUNCIL  
GENERAL BUSINESS MEETING  
October 29, 2012  
9:00 a.m. EST**

**MINUTES EXCERPT**

**CONFERENCE CALL  
1-888-670-3525**

**RULES REVIEW AND DEVELOPMENT**

**6. Rule 64B8-51.001, F.A.C., Manner of Application**

During the August 2012 Council meeting, the Council approved revisions to the Electrologist licensure application incorporating the following:

- Addition of questions pursuant to the passage of HB 653 (2012);
- Revisions to streamline the application for development of the online version of the application; and,
- Clarifying instructions regarding the mailing address, as it was discussed that some new licensees listed their training school address and therefore did not receive important notices such as those for licensure renewal.

During the September 2012 Board of Medicine's Electrolysis Committee conference call, the application was rejected only on the basis of the use of the term "personal" mailing address.

Before the Council for review and approval was updated language to address the Board of Medicine's concern, as well as additional streamlining measures suggested by the online application technical team since the August 2012 meeting.

Noted corrections to be made:

- Page 9, bullet 6: change to 120 days
- Page 16, section 9: expand the "note" section to reveal excluded text.

**MOTION:** Ms. Susan Manwaring moved to accept the proposed rule language with the above mentioned changes. Mr. Jim Scott seconded the motion, which carried 5/0.

**MOTION:** Mr. Jim Scott moved that the proposed new language would not have an adverse impact on small business. Additionally, the proposed rule amendments would not be likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within one year after the implementation of the rule. Ms. Susan Manwaring seconded the motion, which carried 5/0.

*Information Reviewed by Council*

## **RULES REVIEW AND DEVELOPMENT**

### **Rule 64B8-51.001 (1), F.A.C., Manner of Application**

During the August 2012 Council meeting, the Council approved revisions to the Electrologist licensure application incorporating the following:

- Addition of questions pursuant to the passage of HB 653 (2012);
- Revisions to streamline the application for development of the online version of the application; and,
- Clarifying instructions regarding the mailing address, as it was discussed that some new licensees listed their training school address and therefore did not receive important notices such as those for licensure renewal.

During the September 2012 Board of Medicine's Electrolysis Committee conference call, the application was rejected only on the basis of the use of the term "personal" mailing address.

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Minutes Excerpt – September 2012 BOM/DN/EO Meeting	3
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Revised Electrologist Licensure Application	6-17
Previously Reviewed Documents	18-40

August 06, 2012 Minutes Excerpt

**RULES REVIEW AND DEVELOPMENT**

**06. Rule 64B8-51.001 (1), F.A.C., Manner of Application**

HB 653 (2012) modifies s. 456.0635, F.S., revising the grounds under which DOH or corresponding boards and councils are required to refuse to admit a candidate to an examination and refuse to issue or renew a license, certificate, or registration of a health care practitioner. All MQA Boards and Councils are required to update their licensure applications to include revised 456.0635 History questions in accordance with these modifications. The revised initial electrologist licensure application was before the Council for your review.

Several corrections were noted as follows:

1. Ms. Lynette Norr made a technical change to page five, number three; underline the capital A.
2. Ms. Judy Adams made a technical change to page three; hairremovalflorida.com
3. Ms. Sandra Allen made a technical change to page three; CE Broker instructions, CEbroker.com has changed the webpage, therefore, the instructions will need to be modified to reflect the changes.

**MOTION:** Dr. Jolynn Greenhalgn moved to accept the application as proposed. Mr. Jim Scott seconded the motion, which carried 5/0.

**MOTION:** Mr. Jim Scott moved that the proposed new language would not have an adverse impact on small business. Dr. Jolynn Greenhalgn seconded the motion, which carried 5/0. Mr. Jim Scott moved that the proposed rule amendments would not be likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within one year after the implementation of the rule. Dr. Max Wilson seconded the motion, which carried 5/0.

**Electrology Agenda**

**Tab 1 - Rule 64B8-51.001, FAC – Manner of Application**

Mr. Tellechea explained this application was changed as a result of HB 653 (2012 Legislative Session). He said additional changes were made to the application as well which requires the applicant to provide a personal address. He said there is nothing in statute requiring the applicant to provide the personal address.

A motion was made, seconded and carried unanimously to reject the amendments to this rule related to providing the personal address and refer this matter back to the Council to remove that portion.

**Action taken:** Proposal rejected; return to Council to remove portion concerning the personal address.

# ELECTROLOGIST APPLICATION (INSTRUCTIONS)

**PLEASE READ ALL INSTRUCTIONS CAREFULLY AND RETAIN FOR REFERENCE REGARDING THE APPLICATION PROCESS.**

## Licensure Methods:

### 1. LICENSURE BY EXAMINATION

#### ELIGIBILITY REQUIREMENTS

- Is at least 18 years old
- Is of good moral character
- Possesses a high school diploma, a graduate equivalency diploma (GED), college diploma, university diploma, or technical school diploma if such college, university, or technical school required high school or graduate equivalency diploma for admission.
- Has not committed an act in any jurisdiction which would constitute grounds for disciplining an electrologist in this state.
- Has successfully completed the requirements of an electrolysis training program consisting of 120 hours academic training (no home study allowed) and a minimum of 200 hours practical application.
- Is not otherwise disqualified by reason of a violation of chapters 456 or 478, Florida Statutes, or the rules governing the profession.
- Has passed the examination required by section 478.45(2), Florida Statutes.

Please see Page 5 of the instructions for the checklist of items to be submitted for this application method.

#### TEMPORARY PERMITS

- Temporary permits may be requested if you wish to practice electrolysis prior to examination and/or licensure. See section 4 of the application form.
- If you are denied licensure or if you fail the examination, the temporary permit is automatically revoked and you must cease practice immediately. Practicing on a revoked temporary permit can subject you to fines, probation and/or possible denial of licensure. The facility where you have been practicing and the facility owner are also subject to disciplinary action against their licenses by the Board of Medicine.

#### EXAM INFORMATION

To become eligible to sit for the examination, you must submit your application and applicable fees to the Electrolysis Council Office no later than ~~seventy-five (75) days~~ one hundred and twenty (120) days prior to the next available examination date. For a current schedule of upcoming exams, application deadlines, as well as current exam information, please visit the following website:

[http://www.doh.state.fl.us/mqa/electrolysis/eo\\_applicant.html](http://www.doh.state.fl.us/mqa/electrolysis/eo_applicant.html).

Upon completion of the application review process, the Council office will inform accepted candidates, by letter, that the application has been approved. The Council office will submit the names of each approved candidate to the testing vendor.

Candidates should thereafter expect to receive authorization from the testing vendor to sit for the examination and information regarding the registration process. Candidates will be responsible for paying the required examination fee directly to the testing vendor.

#### Special Testing Accommodations

Candidates requiring special testing accommodations will need to apply directly with the testing vendor. Current contact information for the testing vendor is maintained on the Council's website at the following address:

[http://www.doh.state.fl.us/mqa/electrolysis/eo\\_deadline.html](http://www.doh.state.fl.us/mqa/electrolysis/eo_deadline.html).

## FEES: \$205 TOTAL

(\$100 application processing fee; \$100 licensure fee; \$5 unlicensed activity fee)

- All fees are payable by check or money order made out to: **Department of Health**. (DO NOT SEND CASH.)
- The application fees are non-refundable. If requested, the licensure fee may be refunded to you if you are denied licensure or if you decide to withdraw your application.
- If incomplete, the application and fee may not be used for more than one year from the date of original submission of the application and fee.
- **Examination Fee:** The examination fee is separate from those referenced above and will be paid directly to the testing vendor.

## ADDITIONAL INITIAL LICENSURE EDUCATION REQUIREMENTS

**Prevention of Medical Errors:** Two (2) hours of prevention of medical errors education are required for initial licensure. The course can be completed by home study. Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health, that meet the requirements of section 456.013(7), F.S., are approved by this Council. You may access [www.CEBroker.com](http://www.CEBroker.com) to search for CE Providers authorized by the Council. You may do this by accessing the tab "Florida Healthcare Licensees" and then click on option 4. Licensees are not required to subscribe, however, this is a useful tool in keeping track of your continuing education information. For individual board/profession continuing education information please go to our website: [www.doh.state.fl.us/mqa/electrolysis](http://www.doh.state.fl.us/mqa/electrolysis). You may also contact any of the Electrolysis Council approved continuing education providers which are listed below:

- **Electrolysis Society of Florida (ESF)** —  
[www.hairremovalflorida.com](http://www.hairremovalflorida.com)
- **Electrolysis Association of Florida (EAF)** —  
No web site — Telephone # (305) 362-1988
- **American Electrology Association** —  
[www.electrology.com](http://www.electrology.com)
- **Society of Clinical and Medical Electrologists** —  
[www.scmhr.org](http://www.scmhr.org)
- All offerings from other states which are approved by the states' licensing agency or professional electrology organization which offerings have been approved by the American Electrology Association, or the Society of Clinical and Medical Hair Removal, or any technical school, college or university course taken and successfully completed for the first time by the licensee in a subject area relevant to electrolysis.

## 2. LICENSURE BY ENDORSEMENT

### ELIGIBILITY REQUIREMENTS

Hold an active license or other authority to practice electrology in another jurisdiction whose licensure requirements equal or exceed the licensure requirements in Florida. ~~The current criteria for licensure is outlined below.~~

Please see Page 5 of the instructions for the checklist of items to be submitted for this application method.

- ~~• Is at least 18 years old.~~
- ~~• Is of good moral character.~~
- ~~• Possesses high school diploma, a graduate equivalency diploma (GED), college diploma, university diploma, or technical school diploma if such college, university, or technical school required high school or graduate equivalency diploma for admission.~~
- ~~• Has not committed an act in any jurisdiction which would constitute grounds for disciplining an electrologist in this state.~~
- ~~• Has successfully completed the requirements of an electrolysis training program consisting of 120 hours academic training and a minimum of 200 hours practical application.~~
- ~~• Is not otherwise disqualified by reason of a violation of chapters 456 or 478, Florida Statutes, or the rules governing the profession.~~

### FEES: \$205 TOTAL

(\$100 application fee; \$100 licensure fee; \$5 unlicensed activity fee)

- All fees are payable by check or money order made out to: **Department of Health**. (DO NOT SEND CASH.)
- The application fees are non-refundable. If requested, the licensure fee may be refunded to you if you are denied licensure or if you decide to withdraw your application.
- If incomplete, the application and fee may not be used for more than one year from the date of original submission of the application and fee.

### **ADDITIONAL INITIAL LICENSURE EDUCATION REQUIREMENTS FOR EXAMINATION AND ENDORSEMENT APPLICANTS**

- **Prevention of Medical Errors:** Two (2) hours of prevention of medical errors education are required for initial licensure. The course can be completed by home study. Courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health, that meet the requirements of section 456.013(7), F.S., are approved by this Council. You may access [www.CEBroker.com](http://www.CEBroker.com) to search for CE Providers authorized by the Council. You may do this by accessing the tab "Florida Healthcare Licensees" "Course Search" and then selecting the profession "Electrologist" under "Get Started". Licensees are not required to subscribe; however, this is a useful tool in keeping track of your continuing education information. For individual board/profession continuing education information please go to our website: [www.doh.state.fl.us/mqa/electrolysis](http://www.doh.state.fl.us/mqa/electrolysis). You may also contact any of the Electrolysis Council approved continuing education providers which are listed below:
  - Electrolysis Society of Florida (ESF) – [www.hairremoval.com](http://www.hairremoval.com)
  - Electrolysis Association of Florida (EAF) – No web site – Telephone # (305) 362-1988
  - American Electrology Association – [www.electrology.com](http://www.electrology.com)
  - Society of Clinical and Medical Electrologists – [www.scmhr.org](http://www.scmhr.org)
  - All offerings from other states which are approved by the states' licensing agency or professional electrology organization which offerings have been approved by the American Electrology Association, or the Society of Clinical and Medical Hair Removal, or any technical school, college or university course taken and successfully completed for the first time by the licensee in a subject area relevant to electrolysis.

### 3. REQUIREMENTS FOR LASER HAIR REMOVAL

**Electrologists are allowed to perform laser and light-based hair removal only if they have completed the following requirements:**

1. Completed a 30-hour continuing education course approved by the council pursuant to rule 64B8-52.004, F.A.C.
2. Certified in the use of laser and light-based hair devices for the removal or reduction of hair by a national certification organization approved by the Electrolysis Council and the Board of Medicine, which is the Society of Clinical & Medical Hair Removal, Inc. (SCMHR).
3. Are using only the laser and light-based hair removal or reduction devices upon which they have been trained; and
4. Are operating under the direct supervision and responsibility of a physician properly trained in hair removal and licensed pursuant to the provisions of Chapter 458 (physicians), or 459, F.S. (osteopathic physicians). See section 458.348(3), F.S.

**Additional Requirements:**

1. The supervising physician and the electrologist shall develop jointly written protocols as described in rule 64B8-56.002(4), F.A.C., and furnished to the council office prior to beginning the practice of laser hair removal.
2. The electrologist must make sure they are following rule 64B8-51.006, F.A.C., as it sets forth what is required of a licensed electrology facility where laser and light-based hair removal is performed.

### COMPLETING THE APPLICATION

The following instructions address only those questions that are not self-explanatory.

- On page 1, Question 3, Profile Information, it is important that you provide the mailing address to at which you would like to receive important Department of Health correspondence regarding your application and license r personal mail is typically delivered. This address will be utilized to provide you with pertinent information regarding your application and licensure. If you have a change of mailing address, please promptly notify the Council Office via e-mail to MQA\_Electrolysis@doh.state.fl.us, or, send to the mailing address listed for supporting documents on page 1 of the application.
- All questions **must** be answered. If an item does not apply to you, mark "N/A."
- It is recommended that you keep these instructions and a copy of the completed application, should you need to refer to them during the processing of your application file.
- Any document submitted that is in a language other than English, must be accompanied by a certified translation of that document.
- It is your responsibility to ensure that the council office has received all required documentation and that the application is complete. Any missing items must be supplied before the application is deemed complete.
- Failure to submit a complete application for examination ~~seventy-five (75) days~~ one hundred and twenty (120) days before an exam *may* cause you to miss the examination. As the application is only good for one year, you may or may not be scheduled for the next available examination.
- If any questions arise regarding your eligibility for licensure during the review process, the application, once it is complete, will be referred to the council for review.
- Temporary permits may be withheld prior to the council's review, based upon the questions or problems that arise.
- It is a misdemeanor of the first degree, punishable as provided in ss. 775.082 or 775.0083, Florida Statutes, to obtain or attempt to obtain a license to practice electrolysis by bribery, fraud, or knowing misrepresentation.

**See application checklist next page. Please use this as a tool in completing your application.**

**-- REMEMBER --**

***Electrolysis can only be performed in a licensed electrology facility. Please visit the Council's website at [http://www.doh.state.fl.us/mqa/electrolysis/eo\\_facilities-new.html](http://www.doh.state.fl.us/mqa/electrolysis/eo_facilities-new.html) to obtain information concerning electrology facility licensure.***

# APPLICATION CHECKLISTS

Use the following applicable checklists to help ensure that you send in all necessary documentation for licensure as an electrologist.

## EXAMINATION CANDIDATES:

- \_\_\_\_\_ 1. **APPLICATION FORM:** All questions answered, and all required documentation submitted. If a question is not applicable, mark "N/A." Applicant affirmation completed. Temporary permits will not be issued without completing section 4 of the application.
- \_\_\_\_\_ 2. **FEES:**  **\$205 examination**  
Submit this fee along with your application. Payment should be in the form of a cashier's check or money order made payable to the Florida Electrolysis Council.
- \_\_\_\_\_ 3. **PROOF OF DATE OF BIRTH:** Can use either: 1) copy of driver's license; 2) birth certificate; or 3) current passport.
- \_\_\_\_\_ 4. **PROOF OF HIGH SCHOOL EDUCATION:** If in a language other than English, a translation must be submitted. A copy of the actual diploma or GED or high school transcript that shows the date of graduation are acceptable as proof of high school education.
- \_\_\_\_\_ 5. **PROOF OF ELECTROLYSIS TRAINING:** All applications must include an official transcript from an approved school of electrology which identifies the credits taken by home study or correspondence courses and those taken in classroom settings, pursuant to 64B8-51.001(2), F.A.C. If not approved, a curriculum outline and a letter from the director of the program are required. As a reminder, no home study or correspondence is approved by the Council as an electrolysis training program. If documents are in a language other than English, a translation must be submitted. A listing of approved electrolysis training programs may be viewed at [http://www.doh.state.fl.us/mqa/electrolysis/list\\_appvd\\_tr\\_scha.pdf](http://www.doh.state.fl.us/mqa/electrolysis/list_appvd_tr_scha.pdf).

## ENDORSEMENT CANDIDATES:

- \_\_\_\_\_ 1. **APPLICATION FORM:** All questions answered, and all required documentation submitted. If a question is not applicable, mark "N/A." Applicant affirmation completed. The "Statement of Applicant" section must be signed and dated. Temporary permits will not be issued without completing section 4 of the application.
- \_\_\_\_\_ 2. **FEES:**  **\$205 endorsement**  
Submit this fee along with your application. Payment should be in the form of a cashier's check or money order made payable to the Florida Electrolysis Council.  
NOTE: Endorsement applicants may also be required to sit for the examination. If so, staff will advise you if the additional examination fee will be required to be paid to the examination vendor.
- \_\_\_\_\_ 3. **PROOF OF ACTIVE LICENSE IN STATE OR JURISDICTION OF ENDORSEMENT:** Please provide official verification for the active state or jurisdictional license that you are endorsing. Online verifications may meet this requirement; otherwise, you may be requested to contact the applicable regulatory authority and request that an official verification be sent directly to the Council office. If documents are in a language other than English, a translation must be submitted.
- \_\_\_\_\_ 4. **COPY OF OTHER STATE OR JURISDICTION'S ELECTROLOGIST LICENSURE LAWS AND RULES:** A copy of the laws and rules governing your licensure in another state or jurisdiction must come directly from the governing body. If documents are in a language other than English, a translation must be submitted.
- \_\_\_\_\_ 5. **PROOF OF ELECTROLYSIS TRAINING (OPTIONAL):** To further assist in the Council's review of the requirements for licensure in the state or jurisdiction of endorsement, All applications must include you may provide an official transcript from a school of electrology which identifies the credits taken by home study or correspondence courses and those taken in classroom settings, 64B8-51.001(2), F.A.C. If not an approved Florida Electrolysis training school, you may submit a curriculum outline and a letter from the director of the program are required. As a reminder, no home study or correspondence is approved by the Council as an electrolysis training program. If documents are in a language other than English, a translation must be submitted.

## ALL CANDIDATES:

- \_\_\_\_\_ 1. **ADDRESS:** On page 1, question 3, profile information, list your personal mailing address (the address at which you would like to receive important correspondence regarding your application and license), and as well as your practice location address.  
Reminder: Please notify the council office immediately of any address change for either practice location or mailing address. If you do not currently have a practice location, please inform us as soon as you obtain employment. Licenses are printed with the practice location address but are mailed to your home mailing address. The Internet will display your practice location address only. If none given, your home mailing address will be displayed. You are strongly encouraged to provide this office of any change of address, as it is a violation of section 456.035, F.S. to not do so.
- \_\_\_\_\_ 2. **VERIFICATION OF ADDITIONAL LICENSES OR CERTIFICATES IN ANOTHER STATES OR JURISDICTIONS:** This form Verification must be submitted for each electrologist license and any health related license or certificate, currently or ever held. Online verifications may meet this requirement; otherwise, you may be requested to contact the applicable regulatory authority and request that official verification be sent directly to the Council office. If needed, you may use the form is included in this application packet. All verifications must be sent to the council office directly from each respective state or jurisdiction.
- \_\_\_\_\_ 3. **PROOF OF PREVENTION OF MEDICAL ERRORS EDUCATION:** For all applicants must complete an approved 2-hour prevention of medical errors course approved by the Florida Electrolysis Council. Please refer to the instructions on Page 3 regarding searching for an approved medical errors course.

### Submit initial application, supporting documents and fees to:

**Materials with fees sent  
regular mail delivery:**  
Department of Health  
Electrolysis Council  
PO Box 6330  
Tallahassee, FL 32314-6330

**Materials with fees sent  
overnight, special delivery, etc.:**  
Department of Health  
Licensure Services  
4052 Bald Cypress Way, BIN C99  
Tallahassee, FL 32399-3299

**Materials without fees:**  
Department of Health  
Electrolysis Council  
4052 Bald Cypress Way, BIN C05  
Tallahassee, FL 32399-3255



# CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE\*

## Florida Department of Health Electrolysis Council

**Name:** \_\_\_\_\_  
Last
First
Middle

**Social Security Number:** \_\_\_\_\_

\* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666(a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.

*NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Electrology Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 478, Florida Statutes, or Rule Chapter 64B8, Florida Administrative Code.*

**1. PERSONAL HISTORY**

A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice Electrology within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice Electrology?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or, if you were previously in such a program, did you suffer a relapse within the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
F. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice electrology within the past five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Mission Statement:**

To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. Our vision is a healthier future for the people of Florida.

4052 Bald Cypress Way, BIN #C-05  
 Tallahassee, FL 32399-3255  
 Phone: (850) 245-4373 Fax: (954) 358-4432  
 Website: [www.doh.state.fl.us/mqa/electrolysis](http://www.doh.state.fl.us/mqa/electrolysis)

# Florida Department of Health

## Electrolysis Council

Client 6501

### Mailing Address for Application and Fees

P.O. Box 6330  
Tallahassee, FL 32314-6330

### Mailing Address for Supporting Documents

4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255  
(850) 245-4373 • Fax: (954) 358-4432

## ELECTROLOGIST APPLICATION

Applications are good for one year from date of original submission of the application and fee; application fees are non-refundable. Failure to complete this entire application, or to attach any required documentation, will result in an incomplete application; your application will not be considered until it is complete. Please type, or print in blue or black ink.

### 2. APPLICATION TYPE... CHECK ONLY ONE

- Examination:** \$205 total (\$100 application fee; \$100 licensure fee; \$5 unlicensed activity fee)  
 **Endorsement:** \$205 total (\$100 application fee; \$100 licensure fee; \$5 unlicensed activity fee)

### 3. PROFILE INFORMATION... LIST YOUR FULL, LEGAL NAME AS IT SHOULD APPEAR ON YOUR LICENSE (NO NICKNAMES)

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ (Apt. #) \_\_\_\_\_

(Please list here the address at which you would like to receive important Department of Health correspondence regarding your application and license typically receive personal mail. Do NOT list your training school's address in this section. Note: Once licensed, the Mailing address will display on the Internet if you have not provided a practice location address.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

#### FACILITY INFORMATION

(Required, if not applicable at time of application, please indicate with "N/A." The practice location will display on the internet and your license.)

FACILITY NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WORK NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ HOME NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

FAX NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ MOBILE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

#### CORRESPONDENCE VIA E-MAIL:

(Please print legibly. By checking "yes" you are agreeing to allow the council office to contact you with information regarding your application via email. If you choose this option please check your email account frequently and notify the council office of any change to your email address.)

YES  NO Email Address: \_\_\_\_\_ @ \_\_\_\_\_

### 4. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Are you a US citizen?  YES  NO If "no," give your alien number: \_\_\_\_\_ SEX:  Male  Female

RACE:  White  Black  Asian/Pacific Islander  Hispanic  Other: \_\_\_\_\_

**5. REQUEST FOR A TEMPORARY PERMIT**

TEMPORARY PERMIT:  YES  NO

If you are applying by examination, and are requesting a temporary permit you must have your supervising electrologist complete the section below.

TO BE COMPLETED BY SUPERVISING ELECTROLOGIST...

I, \_\_\_\_\_, a licensed electrologist in the State of Florida, practicing under license number \_\_\_\_\_, do hereby agree to act as supervisor for this applicant during the tenure of his/her temporary permit. I have read and understand this paragraph and the requirements of section 478.46, Florida Statutes.

Signature of Supervisor: \_\_\_\_\_ Date Signed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**6. APPLICANT BACKGROUND... ATTACH ADDITIONAL SHEETS IF NECESSARY**

A. List all names by which you are currently known or have been known in the past: \_\_\_\_\_

B. What name(s) did you use when you received you electrolysis education? \_\_\_\_\_

C. Do you now hold, or have you ever held, a temporary permit, a license/certification or been authorized in any jurisdiction, including Florida, or country as an electrologist (including, but not limited to active and inactive licenses)?

Yes  No

<u>State/Country</u>	<u>License No.</u>	<u>Date of Licensure</u>	<u>If no longer licensed, state why &amp; when</u>

D. Have you ever applied for electrologist licensure in the state of Florida?  Yes  No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If "yes," did you apply by exam or endorsement?  Exam  Endorsement

E. Are you now or have you ever been licensed in any other health care profession?  Yes  No

Please submit verification of license form from each state you have been licensed as either an electrologist or any health related profession.

<u>State/Country</u>	<u>License No.</u>	<u>Profession</u>	<u>Date of Licensure</u>	<u>If no longer licensed, state why &amp; when</u>

**7. EDUCATION HISTORY**

High School or GED Name: \_\_\_\_\_ Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Electrolysis School of Graduation Name: \_\_\_\_\_

Date of Graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Academic Hours: \_\_\_\_\_ Practical Hours: \_\_\_\_\_

Were any of the hours completed by home study:  Yes  No If "yes," how many hours? \_\_\_\_\_

**8. MANDATORY EDUCATION REQUIREMENTS**

**Prevention of Medical Errors:** Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure in Florida as an electrologist.

- I have completed the prevention of medical errors education required by section 456.013(7), Florida Statutes, I understand the education must be completed prior to licensure. Further, it is my responsibility to submit a copy of the certificate upon completion of the course to the council office.
- I have **not** completed the required course. I understand the education must be complete prior to licensure. Further, it is my responsibility to submit a copy of the certificate upon completion of the course to the council office.

**ALL APPLICANTS**

Answer all the following questions "YES" or "NO" – Do not leave blank. "YES" answers to questions in section 7 thru 9 must be accompanied by a written affidavit explaining in detail the circumstances surrounding the "YES" answer. The explanation must be substantiated by either official documents sent directly to us from the respective state licensing board or official copies of court records from the clerk of the court. Your "YES" answer would not be an automatic cause for denial. See application instructions.

**9. CRIMINAL HISTORY**

**A.** Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question.

 YES NO

If "YES", explain:

---



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**B.** If you were found guilty of a felony, have your civil rights been restored? If "Yes," Date of Restoration:

 N/A YES NO

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** If you have been adjudicated guilty of a felony, attach documentation of restoration of civil rights. The lack of restoration of civil rights does not automatically preclude licensure. You must provide arrest and court records of final disposition for each offense listed. Your application will not be considered complete until these records are received. If the records are no longer available, you must provide certification of their unavailability.

**10. DISCIPLINARY HISTORY**

**A.** Have you ever had a license revoked, suspended, or otherwise acted against, including denial of licensure, by the licensing authority of this state or another state, territory or country?

 YES  NO

**B.** Have you ever been notified to appear before any licensing authority on a complaint of any nature, including, but not limited to, a charge or violation for unprofessional or unethical conduct?

 YES  NO

**C.** Have you ever been disciplined, terminated or allowed to resign, in lieu of termination, from an employment setting where employed as an electrologist or in any capacity in the health care profession?

 YES  NO

**D.** Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction, which directly relates to the practice of Electrolysis?

 YES  NO

**E.** Are you now under investigation in any jurisdiction, including Florida, for an offense which would be a violation of Chapters 456 or 478, Florida Statutes?

 YES  NO

### HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

<p><b>11.</b> Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? <i>(If you responded "no", skip to #2.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>a.</b> If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>b.</b> If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>c.</b> If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>d.</b> If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>12.</b> Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? <i>(If you responded "no", skip to #3.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>a.</b> If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>13.</b> Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If "No", do not answer 3a. and skip to #4.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>a.</b> If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>14.</b> Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If "No", do not answer 4a or 4b. and skip to #5.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>a.</b> Have you been in good standing with a state Medicaid program for the most recent five years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>b.</b> Did the termination occur at least 20 years before the date of this application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>15.</b> Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>16.</b> If "yes" to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? <i>(If "yes", please provide official documentation verifying your enrollment status.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**17. LASER HAIR REMOVAL**

As an applicant for electrologist licensure in Florida I understand that electrologists are allowed to perform laser and light-based hair removal only if they follow the requirements specified in Rule 64B8-56.002, Florida Administrative Code. In addition to the other requirements specified in Rule 64B8-56.002, F.A.C. you must complete a 30-hour continuing education course approved by the Council pursuant to Rule 64B8-52.004, F.A.C.

**18. STATEMENT OF APPLICANT**

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.082, 775.083 and 775.084, Florida Statutes.

I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all government agencies and instrumentalities (local, state, federal or foreign), to release to the Electrolysis Council of Florida any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as an Electrologist in the State of Florida.

I further state that I have read and understand Chapter 478, Florida Statutes, and Chapter 64B8, Florida Administrative Code, pertaining to the Electrology Practice Act. I further state that I will comply with all requirements for licensure renewal including continuing education credits.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Signature of Applicant (required) Date Signed (required)



LICENSE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT- Complete this part and submit a copy to each state where you hold or have ever held a license to practice electrolysis, making copies of this form as necessary.

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ STATE OF \_\_\_\_\_

I hereby authorize release of any information regarding my licensure status to the Electrolysis Council of Florida.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*\*\*

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD/AGENCY - Please complete this part and return this form to the address listed below.

APPLICANT NAME: \_\_\_\_\_ STATE OF: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAME OF PROFESSION APPLICANT WAS LICENSED UNDER: \_\_\_\_\_

LICENSE BASED ON:

STATE EXAM \_\_\_\_\_ NATIONAL EXAM \_\_\_\_\_ CPE: \_\_\_\_\_

RECIPROCITY WITH \_\_\_\_\_ ENDORSEMENT FROM: \_\_\_\_\_ GRANFATHER CLAUSE: \_\_\_\_\_

OTHER: \_\_\_\_\_

IS THE LICENSE IN GOOD STANDING: \_\_\_\_ YES \_\_\_\_ NO If "NO," please explain on back of form.

HAS THE LICENSE EVER BEEN REVOKED, SUSPENDED OR IN ANY WAY ACTED AGAINST (E.G., PROBATION FINES, ETC)? \_\_\_\_ YES \_\_\_\_ NO If "YES," please explain on back of form.

WAS THE LICENSE ORIGINALLY DENIED OR GRANTED UNDER RESTRICTIONS OF ANY KIND? \_\_\_\_ YES \_\_\_\_ NO If "YES," please explain on back of form.

DO YOU HAVE ANY DISCIPLINARY ACTION INFORMATION ON FILE REGARDING THE LICENSEE? \_\_\_\_ YES \_\_\_\_ NO If "YES," please explain on back of form.

REMARKS: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ NAME / SIGNATURE OF OFFICIAL

BOARD SEAL

\_\_\_\_\_  
TITLE DATE

DEPARTMENT OF HEALTH  
ELECTROLYSIS COUNCIL  
4052 BALD CYPRESS WAY, BIN #C05 TALLAHASSEE, FL 32399  
Telephone (850) 245-4373 Fax (954) 358-4432 Web site: www.doh.state.fl.us/mqa

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CS/CS/HB 653

2012 Legislature

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An act relating to health care fraud; amending s. 456.0635, F.S.; revising the grounds under which the Department of Health or corresponding board is required to refuse to admit a candidate to an examination and refuse to issue or renew a license, certificate, or registration of a health care practitioner; providing an exception; amending s. 456.036, F.S.; providing that all persons who were denied renewal of licensure, certification, or registration under s. 456.0635(3), F.S., may regain licensure, certification, or registration only by completing the application process for initial licensure; providing an exception; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 456.0635, Florida Statutes, is amended to read:

456.0635 Health care ~~Medicaid~~ fraud; disqualification for license, certificate, or registration.—

(1) Health care ~~Medicaid~~ fraud in the practice of a health care profession is prohibited.

(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue ~~or renew~~ a license, certificate, or registration to any applicant if the

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29 candidate or applicant or any principal, officer, agent,  
 30 managing employee, or affiliated person of the applicant, ~~has~~  
 31 ~~been:~~

32 (a) Has been convicted of, or entered a plea of guilty or  
 33 nolo contendere to, regardless of adjudication, a felony under  
 34 chapter 409, chapter 817, or chapter 893, or a similar felony  
 35 offense committed in another state or jurisdiction, unless the  
 36 candidate or applicant has successfully completed a drug court  
 37 program for that felony and provides proof that the plea has  
 38 been withdrawn or the charges have been dismissed. Any such  
 39 conviction or plea shall exclude the applicant or candidate from  
 40 licensure, examination, certification, or registration 21 U.S.C.  
 41 ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the sentence and  
 42 any subsequent period of probation for such conviction or plea  
 43 pleas ended: more than 15 years prior to the date of the  
 44 application;

45 1. For felonies of the first or second degree, more than  
 46 15 years before the date of application.

47 2. For felonies of the third degree, more than 10 years  
 48 before the date of application, except for felonies of the third  
 49 degree under s. 893.13(6)(a).

50 3. For felonies of the third degree under s. 893.13(6)(a),  
 51 more than 5 years before the date of application;

52 (b) Has been convicted of, or entered a plea of guilty or  
 53 nolo contendere to, regardless of adjudication, a felony under  
 54 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the  
 55 sentence and any subsequent period of probation for such

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56 conviction or plea ended more than 15 years before the date of  
 57 the application;

58 (c) ~~(b)~~ Has been terminated for cause from the Florida  
 59 Medicaid program pursuant to s. 409.913, unless the candidate or  
 60 applicant has been in good standing with the Florida Medicaid  
 61 program for the most recent 5 years;

62 (d) ~~(e)~~ Has been terminated for cause, pursuant to the  
 63 appeals procedures established by the state ~~or Federal~~  
 64 Government, from any other state Medicaid program ~~or the federal~~  
 65 Medicare program, unless the candidate or applicant has been in  
 66 good standing with a state Medicaid program ~~or the federal~~  
 67 Medicare program for the most recent 5 years and the termination  
 68 occurred at least 20 years before ~~prior to~~ the date of the  
 69 application; ~~or~~.

70 (e) Is currently listed on the United States Department of  
 71 Health and Human Services Office of Inspector General's List of  
 72 Excluded Individuals and Entities.

73  
 74 This subsection does not apply to candidates or applicants for  
 75 initial licensure or certification who were enrolled in an  
 76 educational or training program on or before July 1, 2009, which  
 77 was recognized by a board or, if there is no board, recognized  
 78 by the department, and who applied for licensure after July 1,  
 79 2012.

80 (3) The department shall refuse to renew a license,  
 81 certificate, or registration of any applicant if the applicant  
 82 or any principal, officer, agent, managing employee, or  
 83 affiliated person of the applicant:

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84        (a) Has been convicted of, or entered a plea of guilty or  
 85 nolo contendere to, regardless of adjudication, a felony under  
 86 chapter 409, chapter 817, or chapter 893, or a similar felony  
 87 offense committed in another state or jurisdiction, unless the  
 88 applicant is currently enrolled in a drug court program that  
 89 allows the withdrawal of the plea for that felony upon  
 90 successful completion of that program. Any such conviction or  
 91 plea excludes the applicant from licensure renewal unless the  
 92 sentence and any subsequent period of probation for such  
 93 conviction or plea ended:

94            1. For felonies of the first or second degree, more than  
 95 15 years before the date of application.

96            2. For felonies of the third degree, more than 10 years  
 97 before the date of application, except for felonies of the third  
 98 degree under s. 893.13(6)(a).

99            3. For felonies of the third degree under s. 893.13(6)(a),  
 100 more than 5 years before the date of application.

101        (b) Has been convicted of, or entered a plea of guilty or  
 102 nolo contendere to, regardless of adjudication, a felony under  
 103 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396 since July 1,  
 104 2009, unless the sentence and any subsequent period of probation  
 105 for such conviction or plea ended more than 15 years before the  
 106 date of the application.

107        (c) Has been terminated for cause from the Florida  
 108 Medicaid program pursuant to s. 409.913, unless the applicant  
 109 has been in good standing with the Florida Medicaid program for  
 110 the most recent 5 years.

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111 (d) Has been terminated for cause, pursuant to the appeals  
 112 procedures established by the state, from any other state  
 113 Medicaid program, unless the applicant has been in good standing  
 114 with a state Medicaid program for the most recent 5 years and  
 115 the termination occurred at least 20 years before the date of  
 116 the application.

117 (e) Is currently listed on the United States Department of  
 118 Health and Human Services Office of Inspector General's List of  
 119 Excluded Individuals and Entities.

120 ~~(4)~~<sup>(3)</sup> Licensed health care practitioners shall report  
 121 allegations of health care Medicaid fraud to the department,  
 122 regardless of the practice setting in which the alleged health  
 123 care Medicaid fraud occurred.

124 ~~(5)~~<sup>(4)</sup> The acceptance by a licensing authority of a  
 125 licensee's ~~candidate's~~ relinquishment of a license which is  
 126 offered in response to or anticipation of the filing of  
 127 administrative charges alleging health care Medicaid fraud or  
 128 similar charges constitutes the permanent revocation of the  
 129 license.

130 Section 2. Present subsections (14) and (15) of section  
 131 456.036, Florida Statutes, are renumbered as subsections (15)  
 132 and (16), respectively, and a new subsection (14) is added to  
 133 that section, to read:

134 456.036 Licenses; active and inactive status;  
 135 delinquency.—

136 (14) A person who has been denied renewal of licensure,  
 137 certification, or registration under s. 456.0635(3) may regain  
 138 licensure, certification, or registration only by meeting the

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139 qualifications and completing the application process for  
 140 initial licensure as defined by the board, or the department if  
 141 there is no board. However, a person who was denied renewal of  
 142 licensure, certification, or registration under s. 24 of chapter  
 143 2009-223, Laws of Florida, between July 1, 2009, and June 30,  
 144 2012, is not required to retake and pass examinations applicable  
 145 for initial licensure, certification, or registration.

146 Section 3. This act shall take effect July 1, 2012.

# **DIETETICS - NUTRITION COUNCIL**

Tab A - Rules

Tab B – Recommendation for Vacant  
Consumer Member Appointment

# **DIETETICS - NUTRITION COUNCIL**

Tab 1 - Rule 64B8-45.001, FAC

**MEMORANDUM**

**TO: Board of Medicine**

**FROM: Lynette Norr, Assistant Attorney General** *L.N.*

**RE: Dietetics and Nutrition Rule 64B8-45.001  
General Requirements (Continuing Education)**

**DATE: January 15, 2013**

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**History:**

At its January 14, 2013, general business meeting, the Council voted to propose updates to Dietetics/Nutrition Rule 64B8-45.001 by deleting the last sentence in Subsection (4): ~~The Council will audit at random a number of licensees as is necessary to assure that the continuing education requirements are met.~~ Due to changes in licensure renewal and reporting continuing education credits, the Council no longer conducts audits.

The Council also proposes two technical changes. The first is the insertion of a missing word into the first sentence of Subsection (4): The licensee shall retain for 4 years certificates of attendance or other records to document the completion of the continuing education requirement. The second is to consistently indicate numerical values in parentheses following the word of a number in

Subsection (1). The rule current indicates numerical values in parentheses for three numbers in the rule text, and not for two numbers in the same sentences.

The Council voted unanimously to propose these changes to the Board of Medicine for its approval.

**Consideration of Impact on Small Business:**

The Dietetics and Nutrition Practice Council voted unanimously that no SERC is needed because (1) the proposed rule amendments will not have an adverse impact on small business and (2) rule amendments are not likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule. No ratification is needed.

**Board of Medicine Action:**

The Council requests that the Board consider the proposed changes to the rule.

The Council requests that the Board consider whether (1) the proposed rule amendments will have an adverse impact on small business and (2) rule amendments are likely to directly or indirectly increase regulatory costs to any

entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule.

### **Proposed Rule Changes:**

#### **64B8-45.001 General Requirements.**

(1) As a condition of biennial licensure renewal all licensees shall complete a minimum of thirty (30) hours of continuing education in dietetics and nutrition practice within the twenty-four (24) month period prior to the expiration date of the license, of which no more than ten (10) hours may be in management, risk management, personal growth, and educational techniques. Up to twenty (20) hours of credit shall be accepted per biennium for approved home study courses. Those persons certified for licensure in the second half of the biennium are exempt from the continuing education requirements for that biennium. One hour of continuing education equals a minimum of fifty (50) minutes of instruction.

(2) Home study education is independent study and requires a certificate of completion and an examination. Web based, satellite transmitted, video or audio transmitted or on line instruction programs that allow or require the licensee to interact or communicate back and forth with the instructor during the presentation of the program are not considered home study education, but can be counted as continuing education.

(3) By renewing the license, the licensee is stating that he or she has completed the required hours.

(4) The licensee shall retain for 4 years certificates of attendance or other records to document the completion of the continuing education requirement. ~~The Council will audit at random a number of licensees as is necessary to assure that the continuing education requirements are met.~~

(5) Failure to document compliance with the continuing education requirements or the furnishing of false or misleading information regarding compliance shall be grounds for disciplinary action.

(6) If prior to biennial renewal a licensee has any extenuating circumstance such as catastrophic illness or extreme situations beyond the control of the licensee, the Council shall consider the situation on an individual basis.

(7) Two (2) hours of the required thirty contact hours per biennium shall relate to prevention of medical errors, including a study of root-cause analysis, error reduction and prevention, and patient safety. If the course is being offered by a facility licensed pursuant to Chapter 395, F.S., for its employees, up to one hour of the two-hour course may be specifically related to error reduction and prevention methods used in that facility.

*Rulemaking Authority 456.013(7), (8), (9), 468.507 FS. Law Implemented 456.013(7), (8), (9), 468.514, 468.515 FS. History—New 12-5-90, Amended 1-1-92, 9-24-92, 5-6-93, Formerly 21M-51.001, Amended 9-28-93, Formerly 61F6-51.001, Amended 1-2-95, 11-12-95, Formerly 59R-45.001, Amended 9-26-01, 3-4-02, 3-24-03, 4-30-06, 7-8-09, 2-3-10, \_\_\_\_\_.*

# **DIETETICS - NUTRITION COUNCIL**

Tab 2 - Rule 64B8-45.002, FAC

**MEMORANDUM**

**TO: Board of Medicine**

**FROM: Lynette Norr, Assistant Attorney General** *L.N.*

**RE: Dietetics and Nutrition Rule 64B8-45.002**  
**Continuing Education Approval**

**DATE: January 15, 2013**

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**History:**

At its January 14, 2013, general business meeting, the Council voted to propose updates to Dietetics/Nutrition Rule 64B8-45.002. The updates include adding the option for preceptors to receive continuing education credits. The Council recognizes a continuously increasing demand in the profession for preceptors who provide supervised practice experience. To encourage licensees to volunteer their time and expertise as preceptors, the Council proposes to allow a primary preceptor to earn 2 hours of continuing education credit for each 100 hours of supervised practice experience, up to a maximum of 8 hours per biennium.

The proposed language has been added to the rule as Subsection (3).

**Consideration of Impact on Small Business:**

The Dietetics and Nutrition Practice Council voted unanimously that no SERC is needed because (1) the proposed rule amendments will not have an adverse impact on small business and (2) rule amendments are not likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule. No ratification is needed.

**Board of Medicine Action:**

The Council requests that the Board consider the proposed changes to the rule.

The Council requests that the Board consider whether (1) the proposed rule amendments will have an adverse impact on small business and (2) rule amendments are likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule.

**Proposed Rule Changes:**

**Rule 64B8-45.002, F.A.C., Continuing Education Approval.**

(1) Continuing education credit shall be awarded for educational experiences received through the following methods:

(a) By participating in one of the following dietetics or nutrition practice courses:

1. Organized courses of post graduate study offered by or approved by the American Medical Association's Liaison Committee for Medical Education;

2. Organized courses sponsored by the Public Health Service, state or territorial health services, or a branch of the United States Armed Services;

3. College courses from an approved graduate or undergraduate program which is accredited by an accrediting agency approved by the United States Department of Education or courses approved by any Board within the Division of Medical Quality Assurance of the Florida Department of Health and which course clearly relates to maintaining skills necessary for the safe and competent practice of dietetics and nutrition services, the licensee shall receive 15 continuing education credits for each semester hour of the course.

4. Organized courses offered by or approved by the Commission on Dietetic Registration.

(b) Attendance of a minimum of two hours at a scheduled public meeting of the Dietetics and Nutrition Practice Council, up to a maximum of 2 hours per biennium.

(c) In addition to the continuing education credits authorized above, any volunteer expert witness who is providing expert witness opinions for cases being reviewed pursuant to Chapter 468, Part X, F.S., shall receive 2.5 hours of credit per case for performing a literature survey of at least two articles in conjunction with the review of cases for the Board up to a total of 5 hours per biennium.

(2) A lecturer or author presenting or authoring for the initial presentation a Board approved continuing education program that meets the requirements of subsection (1) shall receive three hours continuing education credit for every one hour of program up to a maximum of fifteen hours of credit per biennium.

(3) A preceptor may earn 2 hours of continuing education credit for each 100 hours of supervised practice experience, up to a maximum of 8 hours per biennium. To be eligible for the credit, the preceptor must participate as the primary preceptor for a potential licensee. The primary preceptor shall maintain documentation of the persons trained, number of hours supervised, subject matter, and dates of training pursuant to rule 64B8-45.001(4).

(34) Acceptable subject matter for continuing education programs include:

(a) Updates of knowledge and skills in dietetics and nutrition practice for competent performance beyond the minimum requirements for licensure;

(b) Food preparation that focuses on nutritional value;

(c) Nutrition with specialized populations;

(d) Assessment and treatment of various dietary and nutritional disorders;

(e) Innovative marketing strategies in dietetics and nutrition practice;

(f) Food service systems management.

(45) Nonacceptable subject matter for continuing education programs include:

(a) Professional association business meetings or delegate reports;

(b) Menu planning;

(c) Food service sanitation;

(d) Cooking demonstrations;

(e) Sales presentation on a company's new product;

(f) Programs intended for or by the lay public.

*Rulemaking Authority 468.507 FS. Law Implemented 468.514, 468.515 FS. History—New 12-*

5-90, Amended 1-1-92, 9-24-92, Formerly 21M-51.002, Amended 11-4-93, Formerly 61F6-51.002, Amended 12-28-94, 11-12-95, Formerly 59R-45.002, Amended 9-26-01, 5-22-06, 7-8-09,  
\_\_\_\_\_.

# **DIETETICS - NUTRITION COUNCIL**

Tab 3 - Rule 64B8-45.005, FAC

**MEMORANDUM**

**TO:** Board of Medicine

**FROM:** Lynette Norr, Assistant Attorney General *L.N.*

**RE:** Dietetics and Nutrition Rule 64B8-45.005

**DATE:** December 28, 2012

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**History:**

The Council proposes to increase the allowable CE credit for the performance of pro bono services. The Rule currently allows 4 hours of CE credit per biennium. Florida Statutes allows up to 25% of the minimum biennium requirement to be credited based on pro bono services. The current minimum CE credits per biennium for dietetics and nutrition is 30 hours. The proposed increase to 6 hours is still less than 25% and is consistent with the statute:

(9) Any board that currently requires continuing education for renewal of a license, or the department if there is no board, shall adopt rules to establish the criteria for continuing education courses. The rules may provide that up to a maximum of 25 percent of the required continuing education hours can be fulfilled by the performance of pro bono services to the indigent or to underserved populations or in areas of critical need within the state where the licensee practices. . . . § 456.013 F.S.

**Consideration of Impact on Small Business:**

The Dietetics and Nutrition Council has approved the proposed changes to the rule and voted that no SERC is needed because (1) the proposed rule

amendments will not have an adverse impact on small business and (2) rule amendments are not likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule. No ratification is needed.

**Board of Medicine Action:**

The Council requests that the Board consider the changes to the rule.

The Council requests that the Board consider whether (1) the proposed rule amendments will have an adverse impact on small business and (2) rule amendments are likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within 1 year after the implementation of the rule.

**Proposed Rule Language:**

**64B8-45.005 Performance of Pro Bono Services.**

(1) Up to ~~four~~ six (6) hours per biennium of continuing education credit may be fulfilled by the performance of pro bono services to the indigent as provided in Section 456.013(9), F.S., or to underserved populations, or in areas of critical need within the state where the licensee practices.

(2) In order to receive credit under this rule, licensees must make application to the Council and receive approval in advance. One hour credit shall be given for each two hours worked. In the application for approval, licensees shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be serviced, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts.

*Specific Authority 456.013(9), 468.507 FS. Law Implemented 468.514, 456.013(9) FS. History—New 9-28-93, Amended 2-8-94, Formerly 61F6-51.005, 59R-45.005, Amended 9-26-01, 12-23-01, \_\_\_\_\_.*

# **DIETETICS - NUTRITION COUNCIL**

Tab B – Recommendation for Vacant  
Consumer Member Appointment

# **DIETETICS - NUTRITION COUNCIL**

Tab 1 – L Preston Mercer, Ph.D.

**MEMORANDUM**

TO: EO/ND Committee of the Board of Medicine

FROM: Ivy Shivers, Regulatory Supervisor/Consultant, Dietetic and Nutrition Practice  
Council Medical Therapies/Psychology Unit

SUBJECT: Recommendations for Appointment to the Dietetic and Nutrition Practice Council  
L. Preston Mercer, Ph.D. for Consumer Member Position

DATE: January 15, 2013

The Dietetic and Nutrition Practice Council has a consumer member vacancy. Chapter 468.506, Florida Statutes, requires the consumer member of the Council be 60 years of age or older.

At its January 14, 2013 meeting, the Dietetic and Nutrition Practice Council considered the application of Dr. Preston Mercer. Dr. Mercer meets the statutory criteria of being over 60 years of age. He is the only applicant for the position. The Council voted to recommend appointment of Dr. Mercer to the Dietetic and Nutrition Practice Council.

The consumer member position has been vacant since October 1, 2012. The Council requests approval of the appointment for the term ending September 30, 2014.

Dr. Mercer's application is attached for your review and consideration.

/is



MQA/MEDICAL THERAPIES/  
PSYCHOLOGY

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## **QUESTIONNAIRE**

*for the*

**FLORIDA DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE  
COUNCIL MEMBER APPOINTMENTS**

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Division of  
Medical Quality Assurance

**MQA**

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For the Florida Department of Health's Appointment Office, Division of Medical Quality Assurance, 4052 Bald Cypress Way, Bin C00, Tallahassee, Florida 32399-3255, Telephone: (850) 245-4224 [www.doh.state.fl.us](http://www.doh.state.fl.us)

(The information from this page has been requested and will be used exclusively by the Florida Department of Health).

- 1. Council of Interest: DIETETICS & NUTRITION
- 2. Position:  Professional Member  Consumer Member
- 3. Profession: COLLEGE PROFESSOR
- 4. Area of Specialty: NUTRITIONAL BIOCHEMISTRY
- 5. Occupation (exact title): PROFESSOR - COLLEGE OF PUBLIC HEALTH

MOA/MEDICAL THERAPIES/  
PSYCHOLOGY

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The following information is requested for the purpose of demographic statistics and is not requested for the purpose of discrimination on any basis.

- 6. Do you require special accommodations?  Yes  No

If yes, please explain:

- 7. Sex:  Male  Female
- 8. Race:  White  African-American  Hispanic  
 American Indian/Alaskan Indian  Asian/Pacific Islander  Other

- 9. Do you now, or have you within the last three (3) years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or had restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s) relevant policies and practices, and state whether you intend to continue as a member if you are appointed by the State Surgeon General, Department of Health.  Yes  No

If yes, please explain:

L. P. [Signature] 10/25/12  
Applicant's Signature and Date

Qualifying Information

Name:

MERCER	LEONARD	PRESTON
Last	First	Middle

Residence Address:

9204 34th Ct, E.		
Street		
PARRISH	FL	34219
City	State	Zip Code

Business Address:

13201 BRUCE B. DOWNS BLVD		
Street		
TAMPA	FL	33612
City	State	Zip Code

Preferred Mailing Address:  Residence  Business

Telephone:

863 255 1541	813 974 9981
Residence	Business
863 604 7066	863 255 1541
Mobile	Preferred Contact Number

Email:

Personal:	WESLPM@AOL.COM
Business:	PMERCER@USF.EDU

Preferred Email Address:  Personal  Business

Education:

Highest level of education attained: Ph.D.

Military Service:

Are you or have you ever been a member of the armed forces of the United States?

Yes  No (If "Yes," please provide):

Dates of service: \_\_\_\_\_

Branch or component: \_\_\_\_\_

Date and type of discharge: \_\_\_\_\_

MOA/MEDICAL THERAPIES/  
PSYCHOLOGY

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**Citizenship Information:**

Social Security Number (Required):

[REDACTED]

Are you a United States citizen?

Yes  No (If "No," please explain):

[REDACTED]

Are you a naturalized citizen:

Yes  No (If "Yes," please provide):

Date of naturalization:

[REDACTED]

Since what year have you been a continuous resident of Florida?

1999

Are you a registered Florida voter?

Yes  No (If "Yes," please provide):

County of registration:

MANATEE

Current party affiliation:

REPUBLICAN

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MDDA/MEDICAL THERAPIES/  
PSYCHOLOGY

**Council Membership:**

If required by law or administrative rule, will you file financial disclosure statements?

Yes  No (If "No," please explain):

[REDACTED]

**Do you fully understand the scope and commitment of council membership?**

Yes  No (If "No," please explain):

[REDACTED]

**Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed?**

Yes  No (If "Yes," please explain):

[REDACTED]

**Questions and Information**

**Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid).**

Yes  No (If "Yes," please explain):

**Have you ever been employed by any state, district, or local governmental agency in Florida?**

Yes  No (If "Yes," please identify):

Employing Agency:	<u>UNIVERSITY OF SOUTH FLORIDA</u>
Your Position:	<u>PROFESSOR</u>
Period of Employment:	<u>1999 - PRESENT</u>
Employing Agency:	<u>-</u>
Your Position:	<u>-</u>
Period of Employment:	<u>-</u>

NOA/MEDICAL THERAPIES/  
PSYCHOLOGY

**State your experiences and interests or elements of your personal history that qualify you for this appointment.**

TEACHING / RESEARCH IN NUTRITION

COLLEGE PROFESSOR - HEALTH PROFESSIONS

CHAIR - NUTRITION & DIETETICS - UNIV. OF KENTUCKY

1990-1999

CV ATTACHED

**Identify all association memberships and association offices held by you that relate to this appointment.**

AMERICAN SOCIETY OF NUTRITION

AMERICAN INST. OF BIOCHEMISTRY & MOLECULAR BIOLOGY

FELLOW - AMERICAN COLLEGE OF NUTRITION

**Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government?**

Yes  No (If "Yes," please explain):

[Empty box for explanation]

**Have you ever been elected or appointed to any public office in this state?**

Yes  No (If "Yes," please provide):

Level of Government: [Empty box]

Office Title: [Empty box]

Date of Election: [Empty box]

Term of Office: [Empty box]

**If your service was on a board(s), commission(s), or council(s):**

How frequently were meetings held? [Empty box]

**If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reason(s) for your absence(s):**

Meetings Attended: [Empty box]

Meetings Missed: [Empty box]

Reason for Absence: [Empty box]

**Has probable cause ever been found that you were in violation of Part III, Chapter 112, Florida Statutes, the Code of Ethics for Public Officers and Employees?**

Yes  No (If "Yes," please provide):

Date: [Empty box]

Nature of Violation: [Empty box]

Disposition: [Empty box]

**Have you ever been suspended from any office by the Governor of the State of Florida?**

Yes  No (If "Yes," please provide):

Title of Office: [Empty box]

Reason for Suspension: [Empty box]

Date of Suspension: [Empty box]

Result:  Reinstated  Removed  Resigned

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HQA/MEDICAL THERAPIES/  
PSYCHOLOGY

Have you previously been appointed to any office that required confirmation by the Florida Senate?

Yes  No (If "Yes," please provide):

Title of Office:

Term of Appointment:

Confirmation Results:  Confirmed  Not Confirmed  Withdrawn

Have you held or do you hold an occupational or professional license or certificate in the State of Florida?

Yes  No (If "Yes," please provide):

Title:

Number:

Issue Date:

If any disciplinary action, including but not limited to, a fine, probation, suspension, revocation, disbarment has ever been taken against you by the issuing authority, please describe:

Type:

Date:

Action Taken:

Have you, or business(es) of which you have been an owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment?

Yes  No (If "Yes," please provide):

Name of Business:

Your Relationship to the Business:

Business Relationship to the Agency:

Have you been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years?

Yes  No

Did you receive any compensation other than reimbursement for expenses?

Yes  No

Name the agency or entity you lobbied for and the principal(s) you represented?

Agency Lobbied:

Principal Represented:

Agency Lobbied:

Principal Represented:

NOVA MEDICAL THERAPIES/  
PSYCHOLOGY

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Have you ever represented any client in any action against the Department of Health or any of its subdivisions within the last five (5) years?

Yes  No (If "Yes," please explain):

List three (3) persons who have known you well within the past five (5) years. Include a current, complete address and telephone number:

Name: GENE ENGLE  
Mailing Address: 432 EUNICE DR  
LAKELAND FL 33803  
Telephone Number: 863 688 3809

Name: DAVID RUDISILL  
Mailing Address: 15414 MULHOLLAND DR  
PARRISH FL 34219  
Telephone Number: 941 705 2183

Name: DR TIMOTHY MERCER  
Mailing Address: PO BOX 154 20 ISLAND CT  
TERRA CEIA FL 34250  
Telephone Number: 941 922 1818 941 685 4322 (MOBILE)

**CERTIFICATION**

STATE OF FLORIDA, COUNTY OF Hillsborough

Before me, the undersigned Notary Public of Florida, personally appeared  
L. Preston Mercer

who, after being duly sworn, says:

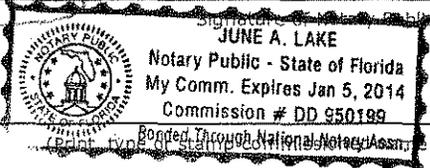
- (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions;
- (2) that the information contained in said answers is complete and true; and
- (3) that he/she will, as an appointee, fully support the Constitution of the United States and the State of Florida.

L. Preston Mercer

Signature of Applicant-Affiant

Sworn to and subscribed before me this 26<sup>th</sup> day of October, 2012

[Signature]



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MDA/MEDICAL THERAPIES/  
PSYCHOLOGY

My commission expires: Jan 5, 2014

Personally Known  Produced Identification

Type of Identification Produced:  
Florida Drivers License

(Seal)

## CURRICULUM VITAE

**NAME:** L. PRESTON MERCER, Ph.D., FACN

**CURRENT POSITION** L. Preston Mercer, Ph.D., F.A.C.N.  
Professor  
Department of Community and Family Health  
College of Public Health  
University of South Florida  
13201 Bruce B. Downs Blvd.  
Tampa, FL 33612  
[pmercerc@usf.edu](mailto:pmercerc@usf.edu)

**EDUCATION:** 1968 B.S. Chemistry, University of Texas, Austin, Texas  
1971 Ph.D. Biochemistry, Louisiana State University, Baton Rouge, Louisiana  
1973 National Institutes of Health Postdoctoral Fellow, Nutritional  
Biochemistry, University of Alabama - Birmingham, College of Medicine,  
Birmingham, Alabama

### POSITIONS:

1968-70 Teaching Assistant, Louisiana State University, Baton Rouge, Louisiana  
1970-71 National Science Foundation, Pre-doctoral Trainee, Louisiana State University, Baton Rouge, Louisiana  
1971-73 National Institute of Health Postdoctoral Fellow, Biochemical Nutrition, University of Alabama in Birmingham College of Medicine, Birmingham, Alabama  
1973-74 Instructor, Department of Biochemistry, University of South Alabama College of Medicine, Mobile Alabama  
1974-77 Assistant Professor, Department of Biochemistry, University of South Alabama College of Medicine  
1977-80 Assistant Professor, Department of Biochemistry, Schools of Medicine and Dentistry, City of Faith Hospital/Oral Roberts University, Tulsa, Oklahoma  
1980-84 Associate Professor, Department of Biochemistry, Schools of Medicine and Dentistry, COF/ORU  
1981-90 Chair, Department of Biochemistry, Schools of Medicine and Dentistry, COF/ORU  
1984-90 Professor, Department of Biochemistry, School of Medicine, COF/ORU  
1984 Tenure awarded  
1988-89 Chair, Department of Chemistry, ORU  
1988-89 President, Medical Faculty Assembly, School of Medicine, COF/ORU  
1989-90 Associate Dean, Biomedical Sciences, School of Medicine, COF/ORU  
1990-99 Professor, Department of Nutrition and Food Science, University of Kentucky  
1990-96 Chair, Department of Nutrition and Food Science, University of Kentucky  
1996-99 Chair, Department of Nutrition and Food Science, University of Kentucky (second term)  
1990-99 Professor, Graduate Faculty, University of Kentucky

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- 1990-99 Professor, Multidisciplinary Ph.D. Program in Nutritional Sciences, University of Kentucky
- 1990-99 Professor, Agricultural Experiment Station, College of Agriculture, University of Kentucky
- 1991-93 Director of Graduate Studies, University of Kentucky
- 1996-99 Human Nutrition Advisory Committee, Southern Association, Agricultural Experiment Station Directors, United States Department of Agriculture
- 1996-01 United Nations Educational, Scientific and Cultural Organization/Third World Academy of Science Visiting Professor in Science and Sustainable Development, Department of Nutrition, National Research Center, Giza, Dokki, Egypt
- 1996-01 Board Member - Certification Board for Nutrition Specialists, The American College of Nutrition
- 1997-99 Faculty Member, Lucille P Markey Cancer Center
- 1999- Dean, University of South Florida at Lakeland
- 1999- Professor, Department of Chemistry, University of South Florida
- 2001-06 Campus Executive Officer, University of South Florida at Lakeland
- 2001-06 Vice President of Academic Affairs, University of South Florida
- 2002-05 Vice President, Board of Directors – Central Florida Development Council
- 2005-7 American Heart Association leadership Circle
- 2010-13 Courtesy Professor, Department of Community and Family Health, College of Public Health, University of South Florida
- 2011 Program Director – Allied Health Sciences
- 2012 Transfer to College of Public Health, USF

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 PSYCHOLOGY

**Certifications:** Certified Nutrition Specialist  
 Certificate #00067, The Certification Board for Nutrition Specialists

- HONORS & AWARDS:**
- National Science Foundation, Pre-doctoral Trainee, Louisiana State University, Baton Rouge, Louisiana
  - National Institute of Health Post-doctoral Fellow, University of Alabama-Birmingham, School of Medicine, Birmingham, Alabama
  - Listed in "American Men and Women of Science"
  - Listed in "Who's Who in the Southwest"
  - Listed in "Who's Who"
  - Listed in "Who's Who in Science and Engineering"
  - Fellow of the American College of Nutrition
  - President - Medical Faculty Assembly, COF/ORU School of Medicine and Dentistry, Tulsa, OK
  - Grand Finals Judge - International Science Fair
  - United Nations Educational, Scientific and Cultural Organization/Third World Academy of Science Visiting Professor in Science and Sustainable Development
  - Interfraternity Council's Outstanding Professor Award nominee
  - Distinguished Lecturer, College of Medicine, University of South Alabama
  - "Power of Education Award", Central Florida Area Agency on Aging
  - Distinguished Lecturer, College of Allied Health, California Baptist University

## PROFESSIONAL SOCIETIES - ELECTED MEMBERSHIP

American Society for Biochemistry and Molecular Biology  
American Society for Nutritional Sciences  
American College of Nutrition (Fellow)

## EDITORIAL BOARDS, MANUSCRIPT, GRANT, PROGRAM, GRADUATE STUDENT, FACULTY REVIEW

### Editorial Boards

Journal of Nutritional Biochemistry – 2001 – current  
Asian Network for Scientific Information  
Asian Journal of Clinical Nutrition  
Beni-Suef University Journal of Applied Sciences (BUJAS), International Advisory board  
Special Edition, L Preston Mercer, Rita Debate, Editors, Journal of Pediatric Biochemistry  
United States Department of Agriculture  
National Science Foundation  
Journal of Nutrition  
Journal of Radiation Biology  
Brain Research  
Experimental Neurology  
Journal of Laboratory and Clinical Medicine  
American Journal of Clinical Nutrition  
American Association of Cancer Research  
Comparative Biochemistry and Physiology  
Journal of the American College of Nutrition  
The Journal of Consumer Affairs  
Journal of Clinical Investigation  
Journal of Nutritional Neuroscience  
Journal of Cerebral Blood Flow and Metabolism  
Journal for Neuroscience Research  
Metabolism  
Molecular Brain Research  
Journal of Chromatography  
Journal of Toxicological Sciences  
Regulatory Peptides  
Current Nutrition & Food Science  
Environmental Health Perspectives  
Toxicology and Applied Pharmacology  
JOURNAL OF PEDIATRIC BIOCHEMISTRY  
Outside reviewer, Department of Nutrition, National Research Center, Giza, Dokki, Egypt  
Nutrition/Biochemistry/Nutrition/Animal Science departments - review of manuscripts, review of faculty  
promotion and tenure dossiers

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MOA/MEDICAL THERAPIES/  
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United States Department of Agriculture, Cooperative State Research Service Program Review Team -  
South Dakota State University, 1994  
Kentucky Unit Review Team, Maysville Community College, Maysville, KY, 1996  
Nutrition Research Expert – Iodine Nutrient Information Pages of the American Society of Nutritional  
Sciences  
Philip Morris Research Program

#### CONSULTING

Seed Restaurant Group (Fazoli's Italian Restaurant, Belle Note Italian Restaurant)  
Kenny Rogers Roasters  
Clark, Ward and Cave, Attorneys (Expert witness)  
Poco Foods, Inc.  
Bagel Bay (Freshman's, Inc.)  
SDG Foods, Inc.  
Integrated Communications Corp.  
Middleton and Reutlinger, Attorneys (Expert witness)  
King Saud University, Riyadh, Kingdom of Saudi Arabia

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## SERVICE

### UNIVERSITY SERVICE:

#### **The University of South Alabama, School of Medicine**

Medical Curriculum 1973-1977  
Graduate Education 1976-1977  
Computer Use 1974-1977  
**Chair** - Curriculum Evaluation 1976-1977

#### **Schools of Medicine and Dentistry, COF/ORU**

Medical curriculum 1977-1985  
**Chair**, Medical curriculum 1981-84  
Dental curriculum 1977-1979  
Faculty handbook 1978  
Library 1978  
Dental School Accreditation 1979  
Animal Experimentation and Welfare 1978-1981  
Dental Academic Affairs 1981  
Faculty Development 1981-1984  
Institutional Self Study 1980, 1984  
Graduate Program 1981-1983  
Toxic Waste Disposal 1982  
Dental Curriculum Evaluation 1980  
Student Progress, Evaluation, Promotion, and Grading 1978-1980  
**Chair** - Basic Science Subcommittee, Student Progress, Evaluation, Promotion, and Grading  
1981-1982, 1984  
Special Student Affairs 1981  
University Nutrition Committee 1983  
Executive Committee 1981-90  
**Chair**, Nutrition Task Force 1985  
Promotion & Tenure Task Force 1985  
University Wellness Committee 1985  
Computer Use Task Force 1985  
Curriculum Review Task Force 1985  
Tenure and Promotions 1984-88  
**Chair** - Tenure and Promotions 1987-88  
Research Task Force 1986  
North Central Accreditation Task Force 1986  
**Chair** - Search Committee, Chair, Department of Anatomy 1987  
**Chair** - Search Committee, Chair, Department of Physiology 1987  
**Chair**- Medical Faculty Steering Committee 1988  
Search Committee - Dean, School of Medicine 1989  
Institutional Review Board, *ex officio*  
Institutional Animal Care, *ex officio*  
Research Council, *ex officio*

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## University of Kentucky

Administrative Council 1990-  
Mass Spectroscopy Oversight 1991-1993  
Mass Spectroscopy Oversight Subcommittee 1991-1993  
1991 Leadership Development Conference  
Status of Women and Minorities (*ad hoc*) 1991  
Chair - Safety Committee, Research Facility 1991-1993  
University Research Professorship 1992  
Undergraduate Council 1992-1995  
Research and Graduate Studies Focus Group 1992  
College of Human Environmental Sciences Advisory Board for Development 1993  
Academic Area Advisory Committee for Biological Sciences 1993  
Merchandising, Textiles and Design Chair search committee 1993  
Healthy Kentuckians 2000 – Agricultural Extension Task Force 1993-95  
Program Development Committee - Community College System 1993-95  
Kentucky Community College Council 1993-95  
Kentucky Community College Program Development 1993-95  
Women's Health Issues - Inservice Training 1994  
Chair CHES APR appeal committee 1995  
Chair - Chancellor's APR merit review appeal committee 1995  
Internet Committee - College of Human Environmental Sciences 1996  
Search committee, chair of Family Studies  
Y2K Committee

## University of South Florida

President's Staff  
Council of Deans  
Leadership Council  
Leadership Council Workgroup on Computers and Technology  
Deans' Advisory Group on Academic Computing  
Provost Search Committee  
Chair – Dean of the Library Search Committee  
Chair – Regional Deans' Inauguration Committee  
University Culture Committee  
Provost Search Committee  
SACS Reaffirmation Executive Committee  
Polytechnic Constitution Committee  
Chair, Polytechnic Tenure and Promotion Guidelines Committee  
Tenure and Promotions Committee  
Faculty Constitution and Bylaws  
Division Guidelines Committee  
Maternal and Child Health Leadership Training Program National Advisory Committee, USF  
College of Public Health  
Polk County School Board Wellness Steering Committee (WSC).

PUBLIC SERVICE PRESENTATIONS (representative)

- "A Mathematical Model for Nutritional Responses", Mobile District Dietetic Association, Mobile, Alabama, 1976
- "Current Concepts in Dieting and Weight Control", Tulsa County Dental Hygienists Soc., Tulsa, Oklahoma, 1979
- "Dieting Strategies", Rotary Club, Tulsa Oklahoma, 1986.
- "Nutritional Support for Arthritis." Tulsa Arthritis Foundation, Tulsa, OK, 1989.
- "Food Fads.", Kentucky Home Economics Association, Lexington, KY, 1991.
- "Nutritional concerns of adolescents", Kentucky Association of Vocational Home Economics Teachers, Lexington, KY, 1991.
- "Antioxidant Vitamins", Food and Nutrition Workshop, Inservice Training for Cooperative Extension Agents, 1993.
- "Diet Aids", Food and Nutrition Workshop, Inservice Training for Cooperative Extension Agents, 1994.
- University of Kentucky Press release - "Eating Disorders" 1994
- Interview, Channel 18 TV, "Eating Disorders" 1994
- Interview, Channel 36 TV, "Eating Disorders" 1994
- Interview, National Public Radio, "Eating Disorders" 1994
- "Pharmacologic properties of herbs", Food and Nutrition Workshop, Inservice for Cooperative Extension Agents, 1995.
- "Weight control", Food and Nutrition Workshop, Inservice for Cooperative Extension Agents, 1996.
- "Nutrition and dieting"-- Lexington Lion's Club, 1997
- Interview with Wheat Foods Council, Englewood, Colorado, "American attitudes about nutrition, food consumption and high-protein/low-carbohydrate diets."
- Interview - Odyssey Magazine, 14:28-31 - Obesity in Kentucky
- USF-Lakeland will influence Central Florida (Op-Ed) The Lakeland Ledger, Sept 8, 2003, p A9
- Mothers Against Methamphetamines, 2004

The Value of Regional Education, (Op-Ed) The Lakeland Ledger, 8/8/04

American heart Association, 2005

Building Values, Making Choices

<http://www.theledger.com/apps/pbcs.dll/article?AID=/20050125/MAGAZINE/501210327/1249>

The Lakeland Magazine, Winter 2005

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## ADMINISTRATIVE

Vice President and Campus Executive Officer – 2001 -2006

Campus Dean– 1999 -2002

Department Chair - 1981-1999

Associate Dean of Basic Sciences - Biochemistry, Pharmacology, Anatomy, Microbiology, Physiology,  
Pathology - 1989-1990

### **Academic Program responsibilities (as departmental chair):**

Biochemistry

Dietetics - Didactic, Coordinated Program, AP4

Food Science

Human Nutrition

Hospitality Management

Cooperative Extension

Graduate Education

Agricultural Experiment Station

### **PROGRAMS DEVELOPED/SUPERVISED**

BIOCHEMISTRY, MEDICINE, DENTISTRY, ALLIED HEALTH, HUMAN NUTRITION, FOOD  
SCIENCE, HOSPITALITY AND TOURISM MANAGEMENT

**Founding faculty:** two medical schools, two graduate programs and one dental school:

The University of South Alabama - Mobile, Alabama - School of Medicine (1973)

COF Hospital/ORU - Tulsa, Oklahoma - Colleges of Medicine and Dentistry (1977)

Development of medical Biochemistry departments, graduate schools, nutrition programs and physical  
plants. Extensive experience with:

- strategic planning
- outcomes assessment, evaluation
- college/program accreditation
- site visits
- program development
- faculty development
- grantsmanship
- fund raising
- diversity

### **Chemistry**

Chaired and developed a program for undergraduate/graduate Chemistry Department, ORU.

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**Dietetics**

Chaired and developed approved/accredited dietetics program through the American Dietetics Association - undergraduate Plan IV and Plan V, Coordinated Program, AP4 Supervised Practice.

**Food Science**

Chaired and developed IFT-approved undergraduate and graduate Food Science program.

**Nutrition**

Chaired and developed undergraduate and graduate Biochemical Nutrition and Community Nutrition program

**Hospitality Management/ Tourism**

Chaired and developed undergraduate Hospitality Management program. Worked for accreditation by the Council on Hotel, Restaurant and Institutional Education (CHRIE).

**Cooperative Extension Service**

Chaired Extension Nutrition Specialists. Trained extension agents. Involved with EFNEP, WIC, etc.

**Associate Dean** - Administrated \$3,500,000 budget for Basic Sciences and Central Facilities as Associate Dean for COF/ORU School of Medicine. Administrative responsibility for the departments of Biochemistry, Anatomy, Immunology and Cell Biology, Physiology, Pharmacology, Microbiology and Pathology and Laboratory Medicine.

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**Academic Documents written**

- Faculty handbook
- Tenure and promotion guidelines
- Student evaluation guidelines
- Graduate program
- Curricula
- Budget
- Statement on scientific ethics
- Faculty assignment/evaluation
- Accreditation – program, department, college, university
- Distance education
- Administrative philosophy
- Strategic Planning

**Certificate** – Institute on Social Justice Education

**Certificate** – Certified Nutrition Specialist

**ACCREDITATION EXPERIENCE:**

- Southern Association of Colleges and Schools
- North Central association of Colleges and Schools
- University of Kentucky Department Evaluation
- Liaison Committee on Medical Education
- American Dental Association
- United States Department of Agriculture
- American Dietetics Association
- Institute of Food Technology
- Council on Hotel and Restaurant Education
- American Association of Family and Consumer Sciences.

**DEVELOPMENT/BUILDING GRANTS**

\$10.8 Million – joint use facility – PCC/USF campus 2003

\$15 million land donation from Williams Company for new USF-Lakeland campus

\$600,000 Endowed Professorship

New primary USF Lakeland Campus (projected \$220,000,000) First phase begins fall, 2005

• **INSTRUCTIONAL ACTIVITIES AND CURRICULUM DESIGN**

**Medical Biochemistry, 1973-1990**

Carbohydrate metabolism  
Thermodynamics  
Nitrogen Metabolism  
Biochemistry of disease  
Acid/base balance

**Dental Biochemistry, 1978-1985**

Same as Medical Biochemistry

**Graduate Biochemistry, 1978-1990**

Graduate level Biochemistry courses

**Human Nutrition for Medical Students, 1978-1990**

Basic Principles  
Carbohydrates  
Nitrogen metabolism  
Faddism  
Senior medical elective

**Undergraduate and Nursing Biochemistry, 1973-1990**

Same as Medical Biochemistry

**Human Nutrition/Dietetics, Undergraduate and Graduate 1990-**

Basic Principles  
Carbohydrates  
Nitrogen metabolism  
Faddism  
Senior elective  
Nutrition and neurosciences  
*Determination of nutrient requirements*  
Mathematical modeling of physiological response

**Curriculum**

Courses design, syllabi written and course director for all academic levels: undergraduate, graduate, professional.

Member of Medical/Dental Curriculum Committees, 1973-1985.

Chair, Medical School Curriculum Committee, 1981-1984

Wrote School of Medicine curriculum evaluation document.

Wrote Department of Biochemistry course evaluation document.

Received highest ratings for teaching by medical, dental, graduate and undergraduate students.

Worked towards an American Chemical Society approved undergraduate chemistry curriculum

Revised curriculum and programs, Department of Nutrition and Food Science

Internet course – NFS 212

Internet course – HUN 3432

Certificate Program – College of Public Health, University of South Florida

## RESEARCH

### INTERESTS

- 1.) Effects of histidine/histamine in regulation of appetite - eating disorders.
- 2.) Chronobiological rhythms
- 3.) Effects of dietary manipulation of protein and/or amino acids on serum and brain levels of amino acids, particularly precursors of neurotransmitters.
- 4.) Gender differences in metabolic adaptation to protein deficiency.
- 5.) Mathematical modeling of physiological responses, particularly in the area of responses to nutrients.
- 6.) Determination of nutritional requirements using mathematical modeling. Optimization of dietary mixtures.
- 7.) Development of a diet which will enhance recovery from protein-energy malnutrition and/or food restriction.
- 8.) Nutritional requirements of cells growing in culture.
- 9.) Effects of dietary neurotransmitter precursors on hypotensive mechanisms.
- 10.) Histidine/methionine metabolic relationships.
- 11.) Iodine deficiency
- 12.) Philosophy of Education

**RESEARCH TRAINING IN MY LABORATORY: UNDERGRADUATE, MASTERS,  
DOCTORAL, MEDICAL, DENTAL AND POSTDOCTORAL (CURRENT DEGREE);  
COMMITTEE CHAIRMANSHIPS AND/OR MEMBERSHIPS**

Albert Domm - "Prediction of Food Intakes and Growth Rates in Weanling Rats by the Four Parameter Model." (M.D.)

J. M. Epps - "Prediction of Serum Albumin Levels in Rats by the Four Parameter Model." (M.D.)

Sue Behr - "The Four-Parameter Model - A New Mathematical Approach to Drug Dose-Response Curves." (M.S.)

David Lundahl - "The Effects of Thiamine in Megadose Quantities and the Prediction of Organ Weights by the Four-Parameter Model for Nutritional Responses." (D.M.D.)

Barbara Hadley - "The Four-Parameter Model and its Effectiveness in Predicting Rat Vitamin A Responses." (M.D.)

Susan Ayres - "Effects of a Threonine Diet in Rats as Predicted by the Four-Parameter Model." (M.D.)

C. E. Geno - "A Quantitative Study of the Effects of Graded Dietary Fiber in Rats." (M.D.)

Julia Kelly - "Response of Growth Rate and Nonprotein Sulfhydryl Groups to Varied Levels of Methionine." (M.D.)

Jacqueline Rudquist - "Effects of Lysine Deficiency in the Rat." (M.S.)

Douglas Ray - "Calcium Metabolism in the Rat." (M.D.)

Greg Frye - "The Physiological Responses of Rats Fed Varied Levels of Leucine as Predicted by the Four-Parameter Model." (M.D.)

Peter L. Dornhofer - "The Physiological Responses of Rats to Varied Isoleucine Diets as Predicted by the Four-Parameter Model." (M.D.)

Sheri Dove - "Influence of Dietary Histidine Levels on Food Intake and Brain and Plasma Histidine Levels in the Weanling Rat." (B.S., D.O.)

J. M. Gustafson - "Protein Nutritional Quality: A Modeling Approach." (M.D.)

Paul T. Higbee - "Nutritional Requirements and Physiological Responses of Rats to Pyridoxine (vitamin B6)." (M.D.)

Roberts A. Hromas - "Immunosuppression Induced by a Murine RNA Tumor Virus Extracted from a Lymphosarcoma." (M.S., M.D.)

Judith M. Gifford - "Brain Growth and Free Amino Acid Patterns in Rats Fed Graded Levels of Protein." (M.S., Ph.D.)

E. Edward Geno - "Effect of Maternal Ingestion of Dietary Cholesterol on the Mineral Status of the Dam and the Offspring." (M.S., M.D.)

Robert A. Paulsen - "The Pharmacokinetics of Acute Low Dose Ethanol in Oryctolagus cuniculus Rabbit." (M.D.)

Cameron Gifford - "Effects of Varying Amino Acid and Protein Diets on Histidine Metabolism and levels in serum and brain." (M.D.)

Bryan B. Berg - "Mercury Toxicity in the Dental Lab." (D.M.D.)

Kathy Mirzabozorg Anderson - "The Physiological Responses of Rats Fed Varied Levels of Valine as Predicted by the Four-Parameter Model." (M.D.)

Leanna Johnson - "Effects of Low Protein and Supplemental Histidine on the Serum and Brain Levels of Amino Acids Over Time." (M.D.)

Paul Mabe - "Influence of Roger's and Harper's Amino Acid Mix on Weight Gain and Food Intake as Predicted by the Four-Parameter Model." (M.D.)

Ray Studer - "The Physiological Responses of Rats to Varied Phenylalanine and Tyrosine Diets as Predicted by the Four-Parameter Model." (B.S.)

Mame Starke - "Amino Acid Analysis of Ventromedial and Lateral Hypothalamus in Meal-fed Rats Using Precolumn Ortho-phthalaldehyde Derivatization and High Performance Liquid Chromatography." (M.S., M.D.)

S. Dodds - "Determination of Nutritional Requirements - A Modeling Approach." (M.D., Ph.D.)

Arthur Sieb - "Nutritional Requirements of Cells Growing in Culture." (B.S.)

R. Bret Shillingstad - "Nutritional Requirements of Cells Growing in Culture." (M.D.)

David A. Perry - "Changes in Glucose Transport in Transformed Cells." (M.S., Ph.D.)

Mark Mazzare - "Histidine and the Neuroregulation of Food Intake." (M.D.)

Reena Varghese - "Histidine and the Neuroregulation of Food Intake." (M.D.)

Michael Clark - "Metabolic effects of protein-calorie malnutrition." (M.D.)

Eva Lazarus - "Histidine and the Neuroregulation of Food Intake." (B.S.)

Timothy Yi - "Mathematical Modeling of Nutritional Responses." (M.S.)

David Olsen - "Distribution of aluminum in rats fed varying levels of calcium." (M.D.)

Steve Brubaker - "Distribution of aluminum in rats fed varying levels of calcium." (B.S.)

Hala Hijazi - "Chronobiological aspects of growth and feeding in rats." (M.S.)

D.S. Kelley - "Effects of the Histaminergic System in Eating Disorders" (Ph.D.)

Holly Bundrant - "Effects of the Histaminergic System in Eating Disorders" (Ph.D.)

Ari Padmanabhan - "Effects of the Histaminergic System in Eating Disorders" (M.S.)

Akram-ul Haq, Ph.D. - "Effects of the Histaminergic System in Eating Disorders" (post-doctoral fellow)

Amy Tiu - "Effects of the Histaminergic System in Eating Disorders", undergraduate Howard Hughes Medical research fellowship (M.D.)

Timothy Mercer - "Effects of Nicotine on the Histaminergic System", (D.M.D.)

Jennifer Lewin - "Effects of the Histaminergic System in Weight Gain", (M.S.)

Jennifer Miller - "Effects of the Histaminergic System in Weight Gain", (B.S.)

Joe Bowman – "Effects of the Histaminergic System in Weight Gain", (M.S.)

Dale Faughn - "Effects of the Histaminergic System in Weight Gain", Kentucky high school teacher

Emily Brinkmoeller - "Effects of the Histaminergic System in Weight Gain", (B.S. candidate)

Mary Ann Cheatham – "Development of a Computer Tutorial on Nutritional Assessment and Use by Three Different Groups of Health Profession Students", (Ph.D.)

Mary Mize - "Effects of the Histaminergic System in Weight Gain", (B.S.)

Grace Darmawan - "Effects of the Histaminergic System in Weight Gain", (M.S.)

Osama Mohamed Ahmed Mohamed – "Studies on the Biochemical Effect of Some Traditional Plants on Streptozotocin diabetic Albino Rats" (Cairo University, Ph.D.)

Mahmoud Ali Mohammad – "Taurine Profiles in the Plasma of the Neonates in Relation to Gestational Age and Feeding Regimen" (Cairo University, M. Sc.)

Linda S. Gorman – “Influence of Sulfur-Amino Acids on the Ability of Endothelial Cells to Withstand Free Fatty-Acid Mediated Oxidative Stress” (Ph.D.)

Mahmoud A. Shebl Al-Badry – “Neurotoxicity of Aflatoxin in the Albino Rat” (University of Cairo, M.Sc.)

Ibrahim Al\_Mohsen – “Effect of Gender on Nutritional Requirements of Nile Tilapia *Oreochromis Niloticus*” (Michigan State University, M. Sc.)

Lauri Wright – “Evaluation of Distance Learning Models for Dietetics Internship”, (Ph.D., USF)

Ayman Moawad Mahmoud – “Evaluation of the Antidiabetic Effects of Hesperidin and Naringin in Type 2 Diabetic Rats” (Beni-Suef University, Egypt)

## RESEARCH SUPPORT:

- 1970-71 National Science Foundation Pre-doctoral Research Fellowship \$5000/year.
- 1971-73 National Institute of Health Post-doctoral Research Fellowship, \$14,000/year.
- 1973-75 The Biosynthesis of Riboflavin, coinvestigator with C.M. Baugh, Ph.D., National Institute of Health Grant, \$54,000/year.
- 1975-77 A Mathematical Model for Nutritional Responses, University of South Alabama School of Medicine, \$6500/year.

*At the Schools of Medicine and Dentistry at COF/ORU, most research was supported through private foundation funds.*

- 1977 Equipment grant, ORU School of Medicine Biomedical Research Foundation, \$75,000.
- 1977-79 Determination of Nutritional Requirements, ORU School of Medicine Biomedical Research Foundation, \$37,000/year.
- 1979-81 Control of Food Intake in the Rat, ORU School of Medicine Biomedical Research Foundation, \$36,000/year.
- 1981-83 Optimization of a Dietary Amino Acid Mix, ORU School of Medicine Biomedical Research Foundation, \$36,000/year.
- 1983-85 Prediction of Serum/Brain Amino Acid Relationships in the Rat, ORU School of Medicine Biomedical Research Foundation, \$39,000/year.
- 1985-87 Methionine/Histidine Metabolic Relationships, ORU School of Medicine Biomedical Research Foundation, \$39,000/year.
- 1987-88 Changes in Cellular Nutritional Requirements during Transformation, ORU School of Medicine Biomedical Research Foundation, \$20,000.
- 1988-90 Determination of Nutritional Requirements: A Mathematical Modeling Approach, ORU School of Medicine Biomedical Research Foundation, \$37,000/year.
- 1989 Equipment grant, ORU School of Medicine Biomedical Research Foundation, \$50,000.
- 1990 Setup grant, University of Kentucky, \$25,500.
- 1991 Histamine and the Neuroregulation of Food Intake, Biomedical Research Support Grant, University of Kentucky, \$1950.

- 1991 Histaminergic System and Regulation of Food Intake, Graduate School, University of Kentucky, \$2450.
- 1991 Nutritional aspects of soy bean products, Co-principal Investigator with Claudia Peck, Soy Council, \$10,271.
- 1992-96 Studies of Diets and Lipoproteins in Humans, Co-principal Investigator with James Anderson, \$2,027,179.00, NIH, Approved but not funded
- 1992-97 Histaminergic System and Regulation of Food Intake, Agricultural Experiment Station, University of Kentucky, \$237,500. SAES Project KY00524
- 1993 Development of a Model System for Evaluating Methionine Requirements for Endothelial Cells, with Bernhard Hennig, Graduate School, University of Kentucky, \$2000
- 1994-97 Histamine and the Neuroregulation of Food Intake, Principal Investigator, NIH, \$267,437, Approved, not funded.
- 1994-1996 Histamine, Diet and Food Intake, Principal Investigator. United States Department of Agriculture, National Research Initiative Competitive Grants Program, #9400531, \$110,000.
- 1995 Histamine and the Neuroregulation of Food Intake, Howard Hughes Summer Research Fellowship, \$2500 Amy Tiu
- 1995 Received 2 used Beckman liquid scintillation counters from USDA - value new - \$50,000. Received \$5000 from Vice Chancellor for service and setup funds.
- 1995 Renovation of labs, Department of Nutrition and Food Science, \$35,000
- 1996 Histamine and the Neuroregulation of Food Intake, UK Summer Research Fellowship, \$2500 Amy Tiu
- 1996-01 Fellowship, United Nations Educational, Scientific and Cultural Organization/Third World Academy of Science Visiting Professor in Science and Sustainable Development, Department of Nutrition, National Research Center, Dokki, Egypt, International Council on Scientific Unions.
- 1998 Histamine and the Neuroregulation of Food Intake, Howard Hughes Summer Research Fellowship for High School Teachers, \$3500 (Dale Faugn – Princeton, KY)
- 1998-03 Histamine and the Neuroregulation of Food Intake, USDA, SAES, Agricultural Experiment Station, University of Kentucky, \$164,500. Hatch Project KY01003
- 1998 University of Kentucky equipment grant, \$100,000.

2002 United Way – Quality of Life – Polk County \$25,000

2002 Quality School Leadership Symposium – Polk Business for World Class Education \$150,000

INVITED LECTURES/PRESENTATIONS (representative):

- "Affinity Chromatography for Enzyme Purification", Southern Research Institute, Birmingham, Alabama, 1972
- "The Biosynthesis of Riboflavin: Affinity Chromatography Purification of GTP Ring-opening Enzyme," 25th Southeastern Regional Meeting of the American Chemical Society, Charleston, South Carolina, 1973.
- "Mathematical Modeling in Nutrition", American Chemical Society, Mobile Chapter, Mobile, Alabama, 1976.
- "Is There a Conflict between Science and the Bible?", Christian Medical Society, Mobile, Alabama, 1977.
- "Methods of Dietary Evaluation", ORU Dental Workshop, Tulsa, Oklahoma, 1979.
- "Carbohydrates and Dental Disease", ORU Dental Workshop, Tulsa, Oklahoma, 1979.
- "Vitamins and Minerals - Biochemical and Nutritional Aspects", ORU Dental Workshop, Tulsa, Oklahoma, 1979
- "Appetite Control", Department of Physiology Seminar, ORU, Tulsa, Oklahoma, 1980.
- "The Bible and Science", Tri Beta Honor Society, ORU, Tulsa, Oklahoma, 1980.
- "Dieting, Exercise, and Weight Control", Pre-med Honor Society, ORU, Tulsa, Oklahoma, 1981.
- "A New Mathematical Model for Dose-Response Relationship", Department of Pharmacology Seminar, ORU, Tulsa, Oklahoma, 1981.
- "New Concepts in the Control of Obesity", Department of Family Practice Seminar, ORU, Tulsa, Oklahoma, 1982.
- "Scripture, Science, and Evolution", Tri Beta Honor Society, ORU, Tulsa, Oklahoma, 1982.
- "Protein Nutritional Quality: A Modeling Approach", International Association of Cereal Chemists, Budapest, Hungary, 1983.
- "Nutrition Counseling for the Dental Patient--Food Fads", Cardone School of Dentistry Continuing Education Seminar, Tulsa, Oklahoma, 1983.
- "The Physiologic and Nutritional Significance of Plasma-Free Amino Acid Levels", ORU Basic Science Seminar, Tulsa, Oklahoma, 1984.

- "Mathematical Models in Experimental Nutrition," University of Georgia, Symposium on Mathematical Modeling and Nutrition, Athens, Georgia, 1985.
- "Determination of Nutritional Requirements," University of South Alabama School of Medicine, Mobile, Alabama, 1985.
- "Nutrition Faddism: An Epidemic of the 1980's", City of Faith Continuing Medical Education Symposium, Tulsa, Oklahoma, 1986.
- "Effect of Dietary Supplementation with Methionine, Serine and Glycine on Serum and Brain Histidine Concentrations in Protein-Deficient Rats", Symposium on Advances in Clinical Nutrition, American College of Nutrition, Washington, DC, 1986.
- "The Determination of Nutritional Requirements: A Mathematical Modeling Approach", Sixth International Conference on Mathematical Modeling, St. Louis, Missouri, 1987.
- "The Relationship between Brain Histidine Concentrations and Food Intake in Rats Fed Single Amino Acid-deficient Diets." Symposium on Nutrition and CNS Function, Federated American Societies of Experimental Biology, Las Vegas, Nevada, 1988.
- "MathCAD Used for Physiological Response Tracking." *MathSoft User's Journal*, 3:4-5, 1989.
- "Saturation Kinetics: A Mathematical Model for Physiological Responses." Oklahoma Society of Physiologists, Tulsa, OK, 1989.
- "Protein Energy Malnutrition and Amino Acid Deficiencies Result in Thr, His, and Trp Imbalances; Reviewed in Relation to Cell Stress Signals, Translation and Brain and Serum Amino Acid Levels." S. J. Dodds, and L. Preston Mercer, M.S.T.P., M.D./Ph.D., Student Conference, Aspen, Co, 1989.
- "Histamine and the Neuroregulation of Food Intake.", The University of Kentucky, Department of Nutrition and Food Science, 1990.
- "Mathematical Modeling of Physiological Responses", The University of Kentucky, Center for Toxicology, 1990.
- "Food for the Ninety's", 47th Annual Meeting, Kentucky Feed and Grain Association, Louisville, KY, 1991.
- "Application of Models to the Determination of Nutrient Requirements.", FASEB Symposium, Atlanta, Georgia, 1991. (Co-chair and speaker)
- "Determination of Nutrient Requirements" College of Agriculture, The University of Kentucky, 1992.

- "Nutrition Research in the Quick Service Segment", Council on Hotel, Restaurant and Institutional Education, 1993.
- "Chronobiological Rhythms in the Central Nervous System", Mathematical Modeling in Experimental Nutrition V, Indiana University, Purdue University, 1994
- "Is There a Conflict between Science and the Bible?", Christian Medical and Dental Society, University of Kentucky, 1994
- Invited participant and panel moderator in "Food Systems for Consumer Health - An Invited Workshop". Washington, D.C., 1994, NASULGC/AESOP
- "Analysis of Bioperiodicity in Physiological Responses", The University of Kentucky, Nutritional Sciences Seminar, 1995.
- "Neuroregulation of Appetite", Texas A&M University, Nutritional Sciences Seminar, 1995
- "The Future of Allied Health Sciences Education", Texas Woman's University, College of Health Sciences, 1997
- "Mathematical Modeling of Physiological Responses", National Research Center, Dokki, Egypt
- "Neuroregulation of Appetite", University of South Alabama College of Medicine Distinguished Lecture Series, 1999
- "Neuroregulation of Appetite", University of Georgia, 1999
- "Educational Administration in the 21<sup>st</sup> Century", Georgia State University, 1999
- "Neuroregulation of Appetite", University of South Florida, Department of Chemistry, 2001
- "Nutrition in Aging", Journey through Aging Conference, Rath Senior Connections Center, 2005
- "International Iodine Deficiency", Oxford University, 2006
- "Advances in Global Education – Competition for Brain Power", Oxford University, 2011
- "Neuroregulation of Appetite: Alarming Increase in pediatric Obesity", California Baptist Distinguished Lecture Series, 2012

## PUBLICATIONS

(**Bold** indicates students trained in my laboratory)

- L. Preston Mercer, A reagent for sequence analysis: The reaction of 2-chloromethyl-benzimidazole with amino acids and peptides, Dissertation (1971).
- M.G. Nair, L. Preston Mercer and Charles M. Baugh, The synthesis and antifolate activity of isoaminopterin. J. Med.Chem. 17:1268-1272 (1974).
- Paul H. Morgan, L. Preston Mercer and N. W. Flodin, A general model for the nutrition responses of higher organisms. Proc. Natl. Acad. Sci., U.S. 42:4327-4331 (1975).
- N.W. Flodin, P. H. Morgan and L. Preston Mercer, The problem of human protein requirements: Kinetic considerations. Medical Hypotheses 3:94-110 (1977).
- N.W. Flodin, L. Preston Mercer and P. H. Morgan, Protein quality assay by rat growth, based on a saturation kinetics model. Nutr. Rept. Intl. 16:1-9 (1977).
- L. Preston Mercer, K.E. Farnell, P.H. Morgan, H.E. Longenecker and J.R. Lewis, Mathematical analysis of nutrient response data. Nutr. Rept. Intl. 15:1-7 (1977).
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