

STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION

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DEPARTMENT OF
PROFESSIONAL REGULATION
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ADJUDICATIVE SERVICES

IN RE:)
)
THE PETITION FOR RESTORATION OF:)
)
Christ Pete Koulis, M.D.)
(Name of Petitioner))
)
36-087150)
(License Number))

DPR Case No.: 2001-07551-1

PETITION FOR RESTORATION

Please provide the full name, current address and telephone number of Petitioner:

Christ Pete Koulis, M.D.
400 Hibbard Road
Wilmette, Illinois 60091
(312) 371-2140

Please provide the date your discipline Order was signed: July 2, 2002

Please provide information whether probationary terms, which may have been imposed, have been complied with.

N/A

Did you appeal the above Order in Circuit Court? YES (if yes, please attach copy of final court disposition) NO

Please provide all dates and types of employment held since the discipline was imposed:
(Attach additional sheet if necessary)

See attachment 1

Please provide all continuing or remedial education completed since the discipline was ordered: *(attach additional sheet if necessary)*

See attachment 2

If the Petitioner has sought medical treatment, psychotherapy or counseling since the discipline was ordered, and if rehabilitation is relied upon as a basis for petitioning that the license be restored, provide the name and address of the treating professional, and whether Petitioner consents to disclosure by the professional of matters which are relevant to whether the Petitioner is fit to resume practice.

See attachment 3

Please provide any other information evidencing rehabilitation, which would bear upon the request for relief or restoration of a license.

See attachment 4 and exhibits A-C.

Please provide information regarding any arrests or convictions since the discipline was ordered:

None.

Please provide a statement regarding the future plans of the Petitioner.

See attachment 5.

Please provide information regarding the date and disposition of any other petitions for restoration filed since the discipline was ordered.

None.

Was or should restitution to the injured party be made by Petitioner?

N/A

Dated: 7/15/03



(Petitioner's Name)
(Signature must be notarized)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS 15th DAY OF
July, 2003.

Lydia Mercado
NOTARY PUBLIC



Petitioner has presented proof, both documentary and testamentary, in support of his petition for Restoration. Petitioner has presented documents proving that he has engaged in an extensive course of both inpatient and out patient therapeutic treatment for substance abuse/addiction and boundary issues. Petitioner has signed an aftercare agreement with the IPHP, including individual psychotherapy and random urine screens, and is currently compliant with all aspects of his aftercare agreement.

It is stipulated that the Department of Professional Regulation of the State of Illinois has jurisdiction over the subject matter and of the parties in this case.

It is further stipulated that the Petitioner has demonstrated that Restoration of Christ Pete Koulis's license to practice as a Physician and Surgeon is within the public interest.

RECOMMENDATION

The Department, through Heather M. Ast, its attorney, and the Medical Disciplinary Board of the Department of Professional Regulation of the State of Illinois, recommends to Fernando E. Grillo, Director of the Department of Professional Regulation, that the Certificate of Registration, license No. 036-087150 of Christ Pete Koulis, be restored to active status under the following terms and conditions:

CONDITIONS

- A. Petitioner's Physician and Surgeon's License, No.036-087150, shall be placed on Indefinite Probation for a minimum period of five (5) years. During the period of Probation, Petitioner shall adhere to the following:

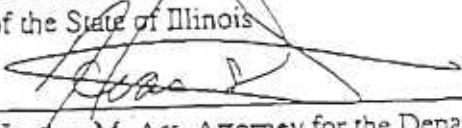
1. Petitioner shall comply with all conditions of the Aftercare Agreement entered into with the Illinois Professionals Health Program;
2. Petitioner shall request that his Aftercare Program Director and/or Case Manager, Employer and Psychologist submit quarterly reports to the Medical Coordinator. The Quarterly reports should document his compliance with all terms of his Aftercare Agreement, and report as to the Petitioner's well-being;
3. Petitioner shall abstain from the consumption of alcohol and/or use of mood altering and/or psychoactive drugs except those prescribed by a primary care and/or treating physician;
4. Petitioner shall not treat himself, nor prescribe any Controlled Substances for himself;
5. Petitioner shall secure a primary care physician and request that he/she submit quarterly reports to the Department regarding the Petitioner's condition, prognosis, and any medication prescribed;
6. Petitioner shall submit to monitored random urine screens in accordance with his Aftercare Agreement. Petitioner shall sign all necessary releases authorizing the Illinois Professionals Health Program to immediately report to the Department any positive test results; Any positive screen shall act as a violation of this order.
7. Petitioner shall submit a personal statement on a quarterly basis regarding his compliance with the terms of this agreement and with the terms of his Aftercare Agreement with the Illinois Professionals Health Program;

8. During the term of Probation, Petitioner is prohibited from working in a solo practice and is prohibited from seeing patients without another physician present in the office.
- B. Petitioner agrees that any violation of paragraphs A 1, 3, or 6 of this Consent Order permits the Director of the Department of Professional Regulation to issue an Order forthwith mandating the automatic, indefinite and immediate suspension of Petitioner's Physician and Surgeon's License for a minimum period of six (6) months. This suspension shall not preclude the Department from taking any other disciplinary or other action it deems appropriate. In the event Petitioner contests in writing (by the filing of an appropriate motion with the Department) the factual basis underlying said suspension then Petitioner shall be afforded a hearing on the merits within thirty (30) days from the imposition thereof:
- C. The Petitioner shall file a Petition for Restoration and appear before the Medical Disciplinary Board before this agreement can be terminated, and;
- D. All reports required to be submitted to the Department pursuant to this Consent Order shall be sent to the Department of Professional Regulation, Attn: Chief of Probation Investigations, 100 West Randolph Street, Suite 9-300, Chicago Illinois 60601;
- E. Any violation by Petitioner of the terms and conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke the Petitioner's license to practice as Physician and Surgeon in the State of Illinois;


F. This Consent Order shall become effective upon the signing and approval of the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

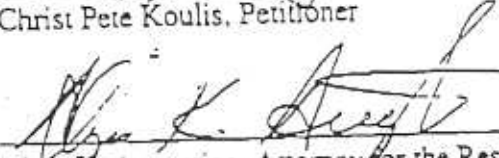
11/13/03
DATE


Heather M. Ast, Attorney for the Department


11/13/03
DATE


Christ Pete Koulis, Petitioner

11/13/03
DATE


Algis K. Augustine, Attorney for the Respondent

11/19/03
DATE


Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 11th day of December, 2003.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois



Fernando E. Grillo
DIRECTOR

FEG:hma

REF: Lics No. 036-087150
Case No. 2001-075511