

2013 NOV 19 PM 2:1

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH

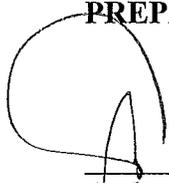
<b>IN THE MATTER OF:</b>	)	<b>BEFORE THE TENNESSEE</b>
	)	<b>BOARD OF MEDICAL EXAMINERS</b>
	)	
<b>SIDI Y. NOOR, M.D.</b>	)	<b>DOCKET NO.: 17.18-123660A</b>
<b>PETITIONER</b>	)	
	)	
<b>CHICAGO, ILLINOIS</b>	)	
<b>TENNESSEE LICENSE NO. 49281</b>	)	
	)	
<b>PETITION FOR DECLARATORY</b>	)	
<b>ORDER</b>	)	

NOTICE OF HEARING

Comes now the Department of Health, Division of Health Related Boards, by and through counsel and gives notice that pursuant to a vote of a majority of a quorum of the Board of Medical Examiners, the Petition for Declaratory Order filed on behalf of Side Y. Noor, M.D. (and attached hereto as Exhibit A) shall be heard on January 29, 2014, at 10:00 a.m. or as soon thereafter as the Board may take this matter up. This case shall determine whether Dr. Noor ("Petitioner") has met his burden of establishing whether or not he is entitled to the lifting of restrictions currently on his Tennessee medical license.

By agreement of Petitioner, the costs of this cause shall be taxed to the Petitioner.

**PREPARED BY:**



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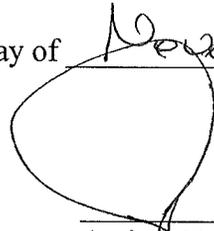
DATE

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a true and correct copy of this document has been served upon the following by delivering same in the United States regular mail and United States mail with sufficient postage thereon to reach its destination.

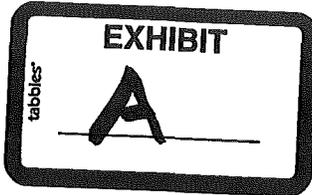
Benjamin C. Mezer, Esq.  
611 Commerce Street, Suite 2712  
Nashville, TN 37203

This 19<sup>th</sup> day of November, 2013.



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Andrea Huddleston  
Deputy General Counsel



## PETITION FOR DECLARATORY ORDER

**Petitioner's Name:** Sidi Noor, M.D.  
**Petitioner's Mailing Address:** 9010 S. Ridgeland Ave., Chicago, IL, 60617  
**Petitioner's E-mail Address:** sidlightnoor@gmail.com  
**Telephone Number:** (423) 277-6816  
**Attorney for Petitioner:** Benjamin C. Mezer  
**Attorney's Mailing Address:** 611 Commerce Street, Suite 2712, Nashville, TN 37203  
**Attorney's E-mail Address:** ben@benmezerlaw.com  
**Telephone Number:** 615-254-6117

- 1) Provide a statement of the facts which led to the filing of this petition. Include all facts you believe necessary for the agency to make a decision in this matter:

The Petitioner entered into an Agreed Order with the Tennessee Board of Medical Examiners that was accepted by the Board on or about January 27, 2010. The Agreed Order called for the Revocation of the Petitioner's license, with leave to re-apply after one (1) year from the effective date of the Order. In the Agreed Order, both the State and the Petitioner agreed that the violations giving rise to the Revocation occurred between 2002 and 2004.

On May 24, 2011, the Board of Medical Examiners met and considered the Petitioner's application for licensure as a medical doctor. The Board voted to deny the Petitioner's application. The Board's stated basis for its conclusion was, "since the revocation of your medical license in January of 2010 for malpractice, inappropriate prescribing and unprofessional conduct, you cited no remedial steps taken by you that show the Board you can practice medicine safely."

On November 27, 2012, the Board of Medical Examiners met and considered the Petitioner's application for licensure as a medical doctor. The Board granted the Petitioner a restricted license to practice medicine in the State of Tennessee. During the discussion, the Board indicated that the Petitioner can come back before the Board to have the restrictions modified and/or lifted at a later

date and time. Since the November meeting, Dr. Noor has completed the three-day Continuing Medical Education course, entitled Prescribing Controlled Drugs: Critical Issues and Common Pitfalls, given at the Center for Professional Health at Vanderbilt University Medical Center.

- 2) Provide a summary of the relief you are requesting including the specific nature of the requested order and the conclusions you would like the agency to reach at the conclusion of the declaratory order process:

Appear before the Board to request an unrestricted medical license.

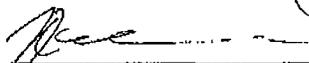
- 3) Citation to the statute, rule or order which is the subject of the petition:

Dr. Sidi Noor's restricted license to practice medicine in the State of Tennessee, issued January 9, 2013.

- 4) State how the statute, rule and/or order cited above specifically and directly produces an effect or result upon you:

Because of the restrictions on Dr. Noor's license, Dr. Noor is unable to obtain employment as a medical doctor. Dr. Noor has applied to over seventy (70) positions and has not been able obtain employment. Many of these entities have indicated that their malpractice insurance will not cover a physician with restrictions on their license. Other entities have indicated that healthcare providers, such as BlueCrossBlueShield of Tennessee, will not allow a physician with restrictions on their license to participate as a provider in their program.

Respectfully submitted this the 5th day of June, 2013.

 (by permission)  
\_\_\_\_\_  
Petitioner's Signature