COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

IN THE MATTER OF
A HEARING UNDER THE *HEALTH PROFESSIONS ACT*,
RSA 2000, c H-7

AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF DR. ANIKE ATIGARI

DECISION OF THE HEARING TRIBUNAL OF THE COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA REGARDING SANCTION

May 5, 2026

I. INTRODUCTION

1. The Hearing Tribunal of the College of Physicians and Surgeons of Alberta (the "College" or "CPSA") held a hearing on March 24, 2026 to hear submissions on sanction for Dr. Anike Atigari. The members of the Hearing Tribunal were:

   Mr. Glen Buick; (Chair and public member);
   Dr. Don Yee (physician member);
   Dr. Adam Oster (physician member member);
   Ms. Barbara Rocchio (public member).

2. Appearances:

   Mr. Craig Boyer, legal counsel for the Complaints Director;
   Dr. Anike Atigari, Investigated Person;
   Ms. Barbara Stratton, Ms. Helen Ross and Mr. Belal Zaher, legal counsel for Dr. Atigari;
   Ms. Julie Gagnon acted as independent legal counsel for the Hearing Tribunal.

II. PRELIMINARY MATTERS

3. There were no objections to the composition of the Hearing Tribunal or its jurisdiction to proceed with the hearing.

4. Counsel for both parties noted that the hearing on the merits was closed to the public under section 78 of the *Health Professions Act*, RSA 2000, c H-7 (the "HPA") and proposed that the sanction hearing continue to be closed to the public. The Hearing Tribunal considered the submissions and agreed the sanction hearing would be closed to the public on the same basis as the hearing on the merits.

5. Mr. Boyer noted that the merits decision dated September 8, 2025 ("Merits Decision") identified 18 Exhibits, although 19 Exhibits were entered (Exhibit 19 being a recording of the [redacted] visit). Mr. Boyer stated that the Merits Decision identified 16 witnesses and noted that there had only been 15 witnesses at the hearing, with one witness appearing twice.

III. BACKGROUND

6. The Hearing Tribunal found that the following Allegations were factually proven and that the conduct constitutes unprofessional conduct:

   Allegation 13: On April 25, 2022, you did display a lack of knowledge of or lack of skill or judgment in the provision of professional

services to your patient, [redacted], particulars of which include one or more of the following:

a. You failed to undertake an adequate assessment of your patient, [redacted], given the reason for the referral by the patient's family physician, and the patient's presenting history and complaints;

b. Your diagnosis of [redacted] was based on inadequate consideration of relevant information;

c. You dismissed your patient's established diagnosis [redacted] without adequate reason for doing so;

d. You failed to prepare an adequate record of assessment by failing to include documentation of an evaluation of the patient's work history and family history;

e. You provided an inadequate consultation report to the patient's referring family physician.

Allegation 16: On August 16, 2022, you did display a lack of knowledge of or lack of skill or judgment in the provision of professional services by failing to undertake an adequate assessment of your patient, [redacted], given the reason for the referral by the patient's family physician, and the patient's presenting history and complaints.

Allegation 19: On May 12, 2023, you did display a lack of knowledge of or lack of skill or judgment in the provision of professional services by failing to undertake an adequate assessment of your patient, [redacted], given the reason for the referral by the patient's family physician, and the patient's presenting history and complaints.

Allegation 20: On or about May 12, 2023, you did display a lack of knowledge of or lack of skill or judgment in the provision of professional services regarding your patient [redacted] by preparing a consultation report to your patient's family physician that was inadequate and failed to accurately report the history provided by your patient.

IV. EXHIBITS AND WRITTEN SUBMISSIONS

7. The following were entered as Exhibits:

Exhibit 20 - Agreed Exhibit Book:

Tab 1 - CPSA complaint 190187 – Complaint by patient and Response by Dr. Atigari

Tab 2 - CPSA complaint 190223 – Complaint by patient and Response by Dr. Atigari

Tab 3 - CPSA complaint 190536 – Complaint by patient and Response by Dr. Atigari

Tab 4 - CPSA complaint 190546 – Complaint by patient and Response by Dr. Atigari

Tab 5 - CPSA Memorandum of Understanding re complaint 190223

Tab 6 - CPSA Memorandum of Understanding re complaints 190536 and 190546

Tab 7 - CPSA Letter or resolution of complaint 190187

Tab 8 - Saegis Certificate of Attendance – Successful Patient Interactions course

Tab 9 - CMPA Certificate of Completion of Documentation online session dated January 14, 2026

Tab 10 - Reddit.com posts regarding Dr. Atigari and CPSA Hearing Tribunal decision printed on January 26, 2026

Tab 11 - Letter from Recovery Alberta dated March 18, 2026

Exhibit 21 – CPSA email dated December 1, 2025

Exhibit 22 – reference letter for Dr. Atigari

Exhibit 23 – Combined Summaries of Costs for all seven complaints

8. The following were provided to the Hearing Tribunal during the March 24, 2026 hearing:

CPSA v. Dr. Cavanagh, 2025 Can Lii 91455

CPSA v. Dr. Halse, 2020 Can Lii 45161

CPSA v. Dr. Tlhape, 2016 Can Lii 74172

CPSA v. Dr. Tse, 2021 Can Lii 59468

Jaswal v. Newfoundland Medical Board, 1996 CanLII 11630 (NL SC)

Walsh v. Council for Licensed Practical Nurses, 2010 NLCA 11

Alberta College of Physical Therapists v. Fitzpatrick, 2015 ABCA 95

Al-Ghamdi v. CPSA, 2020 ABCA 71

Alsaadi v. Alberta College of Pharmacy, 2021 ABCA 313

Charkhandeh v. College of Dental Surgeons of Alberta, 2025 ABCA 258

CPSA v. Ali, 2017 ABCA 442

Tan v. Alberta Veterinary Medical Assn, 2022 ABCA 221

Atigari Powerpoint for Oral Argument on Sanction and Costs - March 24, 2026

9. The parties also provided written submissions on sanction following the hearing on March 24, 2026 at the request from Ms. Stratton:

Written Submissions from Dr. Atigari:

1. *Health Professions Act,* RSA 2000, c H-7
2. James T Casey*, Regulation of professions in Canada* (Scarborough, Ont: Carswell, 2026)
3. *Charkhandeh v College of Dental Surgeons of Alberta,* 2025 ABCA 258
4. *Jaswal v Medical Board (Nfld),* 1996 CanLII 11630 (NL SC), 138 Nfld & PEIR 181
5. *Visconti v College of Physicians & Surgeons (Alberta),* 2010 ABCA 250
6. *Hunter (Re),* 2013 CarswellAlta 3029, aff'd 2014 ABCA 262
7. *College of Physicians and Surgeons of Ontario v Boodoosingh (HCJ),* 1990 CanLII 6686 (ON SC)
8. *KC v College of Physical Therapists of Alberta,* 1999 ABCA 253
9. *Tse (Re)*, 2021 CarswellAlta 3453
10. *Ratsoy v Architectural Institute of British Columbia*, 1980 CanLII 662 (BC SC), 113 DLR (3d) 439
11. *Lauzon v Ontario (Justices of the Peace Review Council)*, 2023 ONCA 425
12. *Zakhary v College of Physicians and Surgeons of Alberta,* 2013 ABCA 336
13. *Tan v Alberta Veterinary Medical Association,* 2022 ABCA 413
14. *Afridi (Re),* 2024 CarswellAlta 3507
15. *Henning (Re)*, 2017 CarswellAlta 3029
16. *Jabbari-Zadeh (Re)*, 2022 CarswellAlta 3784
17. *Kherani v Alberta Dental Association,* 2025 ABCA 2
18. *Alsaadi v Alberta College of Pharmacy*, 2021 ABCA 313
19. *Wessels (Re)*, 2021 CarswellAlta 3457
20. *Atigari (Re)*, 2025 CarswellAlta 3010
21. *Orukpe (Re)*, 2026 CarswellAlta 522

Written Submissions from the Complaints Director:

1. *Health Professions Act,* RSA 2000, C H-7
2. *Green v. The Law Society of Manitoba,* 2017 SCC 20
3. *Pharmascience Inc. v. Binet,* 2006 SCC 48
4. *Risseeuw v. Saskatchewan College of Psychologists,* 2017 SKQB 8
5. *1048547 Ontario Inc. v. Dairy Farmers of Ontario,* 2023 ONSC 3160
6. *Sorochan (Re),* 2021 NSSC 200
7. *Law Society of Alberta v. Schuldhaus,* 2021 ABLS 15

V. SUBMISSIONS

Objection Regarding Summary of Costs

10. Mr. Boyer sought to enter a Summary of Costs as an Exhibit, noting that it tracked costs for each complaint.

11. Ms. Stratton objected to the document as an Exhibit. Ms. Stratton took the position that the costs of the dismissed allegations should not be before the Hearing Tribunal as that information was irrelevant.

12. Mr. Boyer submitted that the full costs information should be before the Hearing Tribunal and noted that the courts have consistently looked at the totality of the costs in determining if costs are reasonable.

13. The Summary of Costs was initially marked as an Exhibit for Identification, so that Mr. Boyer could make his submissions on the document as part of his submissions on costs. At the conclusion of the oral submissions, the Hearing Tribunal determined that it would allow the Summary of Costs to be marked as Exhibit 23 and that it would determine the weight to place on the information in the Summary of Costs in its deliberations.

Submissions of the Complaints Director

14. Mr. Boyer noted that the allegations in the Amended Notice of Hearing can be characterized as three categories of complaints: 1) being rude and dismissive to a number of patients; 2) billing units of health service codes that were not justified; and 3) lack of knowledge, skill or judgment in the provision of professional services. The complaints in the first two categories were dismissed. Mr. Boyer noted that billing information was in the Agreed Exhibit Book, but not a lot of hearing time was spent on those matters. The category of being rude and dismissive had some hearing time spent on it, but that evidence was also relevant to the patient experience. The fact that these allegations were not proven does not mean that the hearing time spent on those allegations was irrelevant.

15. Mr. Boyer advised that the Complaints Director was seeking a reprimand, a direction that Dr. Atigari enroll and participate in a patient assessment, practice improvement process and that a significant portion of the costs relating to the proven allegations should be paid by Dr. Atigari.

16. Mr. Boyer submitted that Dr. Atigari should be ordered to undertake at her own expense an Individual Practice Review under the Continuing Competence Program of the CPSA, which is a process to assess shortcomings in clinical skills and knowledge, and to develop a remediation plan to address those deficiencies. It is a remedial approach that will benefit Dr. Atigari and her future patients as well.

17. Mr. Boyer noted that the sanction sought was heavily focused on remediation. In reviewing the factors in *Jaswal*, Mr. Boyer noted four prior complaints from 2019 which were resolved using informal memoranda of understanding. Dr. Atigari completed a one-day Patient Interactions course in October 2019. There are other certificates of courses completed by Dr. Atigari in Exhibit 20, and Mr. Boyer submitted that the educational approach has not worked. Mr. Boyer noted the importance of protecting and serving the public interest under the HPA and of ensuring that public confidence in the integrity of the profession is maintained.

18. Mr. Boyer referenced various decisions in support of the sanction sought.

19. In terms of costs, Mr. Boyer referenced *Charkhandeh* and noted that an order of $40,000 in costs would be appropriate, stating that costs of the hearing are approximately $189,000. The costs relating to the three patients for which there are findings is approximately $66,750. If the costs of the Hearing Tribunal per diems and independent legal counsel are removed, the costs for the three patients are about $41,000 including costs for legal expenses for the Complaints Director's counsel, court reporters and experts. These costs do not include the costs of preparing for and attending the sanction hearing. An order of $40,000 would be proportionate to the findings made and the number of witnesses called that were relevant to the findings made. The Court of Appeal in *Charkhandeh* noted that you do not do a percentage of total findings but rather, you look at the total costs picture and determine what is a reasonable amount of costs.

<u>Submissions of Dr. Atigari</u>

20. Ms. Stratton submitted that a reasonable sanction should be a caution, a completion of the University of Toronto's Medical Record-Keeping course and that no costs be ordered.

21. Ms. Stratton noted that there were five days of hearings on the merits and that only 4 of 19 charges were proven. Ms. Stratton referenced the *Jaswal* factors, noting that the proven charges are on the lower end of the spectrum of gravity of unprofessional conduct. Ms. Stratton also noted that the purpose of sanction

is the need for deterrence, protection of the public, and confidence in the integrity of the profession.

22. The work that Dr. Atigari has completed, along with a record-keeping course would satisfy the College's mandate of protecting the public. From the outset, Dr. Atigari has treated each concern as a learning opportunity. She did not wait for a finding before taking steps to improve her assessments, her communication and her documentation. She engaged her own internal audit. Ms. Stratton spoke to Dr. Atigari's character as reflected in her testimony and in letters of support in the record. Although there were prior complaints, this is Dr. Atigari's first finding of unprofessional conduct. Prior complaints should be approached with caution as they are not proven conduct. All were addressed by consensual resolution agreements. In addition, the earlier issues related to communication issues and predate the extensive remediation undertaken by Dr. Atigari. [redacted].

23. Ms. Stratton noted that none of the three complainants in the proven allegations had any particular vulnerability that would warrant an increased sanction. Further, Dr. Atigari has demonstrated a clear acknowledgement of responsibility. Dr. Atigari has suffered other serious consequences as a result of these proceedings. She has been subjected to an online harassment campaign that was systematic, coordinated and racialized.

24. In looking at other cases, Dr. Atigari's conduct was described by Ms. Stratton as minor breaches of the standard of care regarding assessment and record-keeping. Ms. Stratton pointed to other cases with similar findings where a reprimand and a fine or course was imposed, with one imposing Individual Practice Review. Dr. Atigari's conduct is less serious than the conduct in that case and she has taken many steps towards remediation, with one additional course proposed to ensure all areas requiring remediation are addressed.

25. Ms. Stratton noted that Dr. Atigari now primarily practices in a hospital setting, including the emergency department, adult psychosis program and the Women's Health Clinic, dealing with acute patients. [redacted]

26. Ms. Stratton submitted that a caution, remedial course and the public announcement of the hearing and the decision signal to the medical community that the College will uphold its standards.

27. In terms of costs, Ms. Stratton relied on *Charkhandeh*, noting the Court of Appeal's comment that (paragraph 131): "The jeopardy of costs was never intended by the Legislature to overwhelm the disciplinary framework or impede the ability of a regulated member to mount a defense to allegations of unprofessional conduct." The Court of Appeal noted that the granting of costs is not presumptive, mandatory or automatic and recognized that costs are

skewed in favour of the College, as costs cannot be awarded to the professional. At paragraph 137, the Court stated: "The member who successfully defends some of the charges should not be overburdened with costs. A member who is substantially successful should not expect to pay any costs."

28. Ms. Stratton submitted that Dr. Atigari tried to seek a resolution on sanction but the date of the sanction hearing was the first time they were advised that costs of $40,000 were being sought.

29. Ms. Stratton submitted that there is substantial success in this case. For [redacted], only one of three charges was proven; for [redacted], only one of three charges was proven; and for [redacted] two out of four charges were proven. Ms. Stratton noted the case of *Fotheringham v Fotheringham*, 2001 BCSC 1321 in support of how to interpret "substantial success", in that case the court noted that "substantial success is about 75% or better" (para. 45). Dr. Atigari surpassed that mark with approximately 80% success. It would be an error for the Hearing Tribunal to consider costs that the Complaints Director spent in pursuing unfounded allegations.

30. Ms. Stratton questioned the expenses, including the need for three separate experts in relation to the proven allegations. She noted that there was insufficient detail for the Hearing Tribunal to assess the costs, noting that there were only high-level ledgers and no invoices provided, no description of the hours worked, the hourly rate, the number of lawyers who worked to prepare for the hearing. There is no way to verify the costs were properly applied. Ms. Stratton submitted that the costs of the investigator and court reporter should not be passed onto Dr. Atigari.

<u>Reply Submissions of the Complaints Director</u>

31. Mr. Boyer noted that while Dr. Atigari has taken steps to improve her practice, the Hearing Tribunal should "trust but verify". An Individual Practice Review is a verification process.

32. Mr. Boyer noted that publication is about transparency and not about sanction.

33. Mr. Boyer noted the submission from Ms. Stratton that Dr. Atigari is now in a hospital-based practice and noted that the Individual Practice Review could be restricted to a private practice clinic and not the hospital setting.

34. With respect to having different experts, this was done to ensure objectivity. If different experts express similar comments, that provides objectivity to the Complaints Director in assessing the matter.

VI. DECISION OF THE HEARING TRIUBNAL ON SANCTION

35. The Hearing Tribunal considered the oral submissions of the parties from the March 24, 2026 sanction hearing, the additional written submissions of the parties, and the Exhibits.

36. The Hearing Tribunal has the authority under section 82 to make orders following one or more findings of unprofessional conduct. The Hearing Tribunal finds that an appropriate order in this case is:

    a. A reprimand, with this written Sanction Decision serving as the reprimand;

    b. Dr. Atigari shall, at her own cost and within one month of the date of receipt of this Sanction Decision, or such other time frame acceptable to the Complaints Director, enroll and fully participate in an Individual Practice Review with respect to her private practice clinic, as directed by the Continuing Competence Department of the College with knowledge of the contents of the Merits Decision, this Sanction Decision and exhibits entered during the hearing. The Complaints Director shall be provided with an interim and final report from the Continuing Competence Department confirming the progress and completion of the Individual Practice Review by Dr. Atigari.

    c. Dr. Atigari shall pay $15,000 in costs of the investigation and hearing, which shall be paid in twelve equal monthly installments commencing one month from the date of receipt by Dr. Atigari of this Sanction Decision payable on terms acceptable to the Complaints Director.

VII. REASONS OF THE HEARING TRIBUNAL

37. Where findings of unprofessional conduct have been made, the Hearing Tribunal must next consider an appropriate sanction. The Hearing Tribunal was guided by the principles of sanction, including remediation and rehabilitation, protection of the public, deterrence and that the sanction should serve to maintain the public's confidence in the profession's ability to self-regulate.

38. The Hearing Tribunal considered the submissions of the parties regarding whether a caution or reprimand should be issued. The Hearing Tribunal disagreed with the submissions on behalf of Dr. Atigari that the conduct in the proven Allegations were minor breaches. While Dr. Atigari's conduct was not at the most severe end of the spectrum of unprofessional conduct, the Hearing Tribunal noted in its Merits Decision that the failures were material and constituted significant and material departures from the expected standard of care. The failures were more than minor breaches.

39. The proven Allegations involve three patients and conduct that spanned a period of time with the proven Allegations being between April 2022 to May

2023. This was more than a one-time issue. The conduct in the proven Allegations raises concerns regarding inadequate assessment of patients, which is core to clinical practice. The findings of the Hearing Tribunal reflected significant deviations from what would be considered acceptable care. The Hearing Tribunal considered that a caution was not sufficient to reflect the nature of the conduct. A reprimand is appropriate to reflect the significant nature of the findings of the Hearing Tribunal on the proven Allegations and will act as a deterrent, both specific to Dr. Atigari and generally to the profession. The reprimand also confirms that the College takes such breaches seriously. This Sanction Decision shall serve as the reprimand.

40. The Hearing Tribunal considered the importance of remediation and rehabilitation. Dr. Atigari proposes that the courses she has taken to date have addressed issues of rehabilitation and that these, along with a record-keeping course will sufficiently address the findings in the Allegations. The continuing education courses taken by Dr. Atigari are at Exhibits 16 and 20 and were reviewed during the hearing on sanction. These include courses on patient interactions and communication, [redacted], as well as pharmacological interventions and non-pharmacological approaches.

41. The Complaints Director takes the position that an Individual Practice Review is appropriate to ensure that the issues identified are appropriately addressed. Mr. Boyer noted the "trust but verify" approach. The Individual Practice Review will serve to provide verification that Dr. Atigari is meeting the expected standard.

42. The Hearing Tribunal commends Dr. Atigari for her proactive approach in taking courses and for working with the College on resolution of complaints. This was assessed as a mitigating factor in terms of Dr. Atigari accepting responsibly and taking accountability. However, the Hearing Tribunal considered that the proven Allegations involve conduct that occurred after some of the courses were taken. [redacted] The Hearing Tribunal accepted the submissions on behalf of the Complaints Director that there should be a verification that Dr. Atigari's clinical practice meets the standards expected of a physician.

43. The Hearing Tribunal considered the submissions that Dr. Atigari's practice is now heavily focused on hospital care. However, she continues to have a private practice with two days per week in her clinic. The Hearing Tribunal considered the evidence from the hearing on the merits regarding the number of patients she sees in a day and found that Dr. Atigari may well see a high volume of patients in two days per week in her private practice clinic. The Hearing Tribunal found that an Individual Practice Review is appropriate, considering the nature of the proven Allegations and that the conduct involved deficiencies in clinical skills regarding assessment and preparation of consultation reports in that practice context specifically.

44. The reprimand and Individual Practice Review are balanced and proportionate to the conduct in the proven Allegations. These strike the appropriate balance between an approach reflecting remediation and rehabilitation as well as consideration of specific and general deterrence. The sanction serves to protect the public and maintains the public's confidence in the ability of the College to self-regulate.

45. The Hearing Tribunal then considered the submissions regarding costs. Dr. Atigari takes the position that no costs should be ordered. The Complaints Director submits that $40,000 should be awarded.

46. The Hearing Tribunal carefully considered the decision of the Court of Appeal in *Charkhandeh*. The first question is whether costs should be ordered. The Court of Appeal noted that costs should not be payable where a member has had substantial success. In the present case, there were 22 Allegations, with three withdrawn prior to the commencement of the hearing. Dr. Atigari had findings on 4 of the remaining 19 Allegations referred to hearing. The Hearing Tribunal noted that the Court of Appeal has not defined substantial success in the professional disciplinary context. In the Hearing Tribunal's view an order of costs is appropriate in this case, although it must be balanced with Dr. Atigari's success in defending several allegations.

47. The Hearing Tribunal considered the information in Exhibit 23. For the three patients involved in Allegations 13, 16, 19 and 22, the costs including investigation costs, expert costs, court reporter fees and legal fees for counsel for the Complaints Director total approximately $49,000. These do not include Hearing Tribunal per diems or independent legal counsel fees.

48. The Hearing Tribunal found that it was appropriate to reduce these costs, considering there were unproven allegations for all three patients. There was one proven Allegation out of a total of three involving both Patient [redacted] and Patient [redacted]; and two proven Allegations out of a total of four for Patient [redacted]. A proportionate reduction in the total cost for each of these Patients reduces costs to approximately $20,000. While a precise mathematical calculation is not possible in terms of determining how much of the costs are actually attributable to the proven Allegations, the Hearing Tribunal considered that a reduction to reflect only the proven Allegations was appropriate in this case.

49. The Hearing Tribunal considered that the Complaints Director put forward several allegations that had little to no evidence in support, being mainly the allegations related to billing. This lengthened the hearing somewhat and Dr. Atigari should not be responsible for costs related to the unproven allegations. The Hearing Tribunal found that a further reduction of costs was appropriate to reflect the number of unproven allegations.

50. The costs provided by the Complaints Director do not include the costs of the sanction hearing. The Complaints Director incurred legal costs related to

preparation and attendance of the sanction hearing on March 24, 2026. These are not included in the amounts provided in Exhibit 23. A portion of the costs for the sanction phase would be appropriate. This was considered in the amount of overall costs reduction applied by the Hearing Tribunal noted below.

51. The Hearing Tribunal considered the conduct of Dr. Atigari in the hearing. Dr. Atigari was cooperative throughout the hearing process and did not unduly delay the hearing. The Hearing Tribunal noted that, in addition to the sanction hearing held March 24, 2026, Ms. Stratton requested and was provided the opportunity to provide additional written submissions. Dr. Atigari has the right to request to provide written submissions in addition to oral submissions, but this contributed to increased legal costs by counsel for the Complaints Director.

52. Having considered all of the above factors, the Hearing Tribunal found that costs of $15,000 were appropriate in this case. This represents a payment of a small portion of the total costs of the investigation and hearing.

53. Having considered *Charkhandeh*, the Hearing Tribunal found that the overall costs burden should be borne by the College in this case, with a small portion of costs payable by Dr. Atigari, having consideration to the proven Allegations. The costs are reasonable and the quantum is fair and appropriate. The costs are proportionate to the issues involved in the hearing, and do not represent a crushing financial burden on Dr. Atigari.

VIII. ORDERS

54. The Hearing Tribunal Orders as follows:

    a. A reprimand, with this written Sanction Decision serving as the reprimand;

    b. Dr. Atigari shall, at her own cost and within one month of the date of receipt of this Sanction Decision, or such other time frame acceptable to the Complaints Director, enroll and fully participate in an Individual Practice Review with respect to her private practice clinic, as directed by the Continuing Competence Department of the College with knowledge of the contents of the Merits Decision, this Sanction Decision and exhibits entered during the hearing. The Complaints Director shall be provided with an interim and final report from the Continuing Competence Department confirming the progress and completion of the Individual Practice Review by Dr. Atigari.

    c. Dr. Atigari shall pay $15,000 in costs of the investigation and hearing, which shall be paid in twelve equal monthly installments commencing one month from the date of receipt by Dr. Atigari of this Sanction Decision payable on terms acceptable to the Complaints Director.

Signed on behalf of the Hearing Tribunal by the Chair:

Glen Buick

Dated this 5th day of May, 2026.