

Arizona Medical Board

azmd.gov Printed on 01/13/12 @ 04:27

General Information

William Richardson MD Tucson Women's Center 5240 E Knight Dr Ste 112 Tucson AZ 85712-2122 Phone: (520) 323-9682 License Number: 18829 License Status: Active Licensed Date: 06/09/1989 License Renewed: 03/03/2010 Due to Renew By: 03/30/2012

If not Renewed, License Expires: 07/30/2012

Education and Training

Information up to the date of initial licensure is verified by the Board. Information provided by the physician after this date is not verified by the Board.

Medical School:

UNIV OF MI MED SCH

Ann Arbor, Michigan

Graduation Date:

06/28/1985

Residency:

07/01/1985 - 06/30/1989 (Obstetrics & Gynecology)

HENRY FORD HEALTH SYSTEM

DETROIT, MI

Area of Interest

Obstetrics & Gynecology (ABMS Board Certified)

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at http://www.abms.org to determine if the physician has earned a specialty certification from this private agency.

Board Actions

None

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please click here for information on use of this website.

ARIZONA BOARD OF MEDICAL EXAMINERS



2001 West Camelback Road, Suite 300 Phoenix, Arizona 85015 A C (602) 255-3751

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT



FOR BOARD USE DO NOT USE THIS SPACE MAR 2 2 1989

BOMEX APR 28 1989

ALL FORMS PROVIDED MUST BE COMPLETED BY THE APPROPRIATE AGENCY AND RETURNED DIRECTLY TO THIS BOARD

INFORMATION

All candidates shall provide satisfactory evidence that

- He possesses a good moral and professional reputation
- 2 He is physically and mentally able to engage safely in the practice of medicine
- 3 He has not been found guilty of any act of unprofessional conduct; medical incompetency, or mentally or physically unable to engage safely in the practice of medicine.
- 4 He has not had disciplinary action taken against him by any other state, territory, district or country for reasons relating to his ability to engage safely and skillfully in the practice of medicine.

NOTE: Applications are processed on a first-come first-served basis; the processing of a routine application can take 14 to 18 weeks. Applications not fully complete within one year from date of receipt, including participation in an oral examination, if applicable, are considered withdrawn.

APPLICATION INSTRUCTIONS (Read Carefully)

In addition to the appropriate completion of the applicable sections of this application, the applicant will submit the following

- 1 Evidence of name and date of birth (a) a photocopy of birth certificate; or (b) an original Certificate of Naturalization, or (c) other documentary evidence for consideration (Visa, green card, Passport, etc)
- 2 Certified evidence of any legal name changes other than that shown on certificates filed in accordance with paragraph 1 above, (e.g., marriage certificate)
- 3. Photocopy of M D Degree Diploma, OR M B . B S Degree Diploma for foreign graduates
- 4 Photocopy of the DD 214 Form of release from the U.S. military or public health service. OR, if currently serving, have attached herewith a letter from any Commanding Officer setting forth the dates of active duty, assignments, and anticipated date of release from active duty
- 5 Photocopies of any certificates awarded by any of the American medical specialty boards
- 6 Photocopies of all certificates awarded upon completion of any internship, residency, fellowship or other post-graduate medical education undertaken in United States or Canadian hospitals, OR letters of certification of partial, past, or current training
- 7 The name and address of all of the following
 - (a) The secretary of the county medical society where you practiced for the three years prior to filing this application, and
 - (b) All of your hospital affiliations for the five years prior to filing this application and the Chief of Staff or Chief of Service for each
- 8 A statement of your exact whereabouts and nature of practice from date of graduation from medical school to the present, with specific month and year listed for each location. No period unaccounted for is allowed

- 9 Cashier's Check or Money Order in U.S. Funds (personal checks not accepted), covering the statutory fee of \$450.00. There are no refunds
- 10 Applicants, whose written examination; FLEX examination, National Board of Medical Examiners (NBME) or Licensing Medical Council of Canada (LMCC) certificates, upon which endorsement is sought was received more than fifteen years preceding the filing of this application, are required to submit to oral examination in their specialty field of practice
- 11 Credentials submitted in foreign languages shall have affixed thereto a certified translation into English.
- 12 Separated or Mutilated Applications are not acceptable and will require refiling
- 13 Requests for exemptions or waivers of any portion of this application will be denied and will delay your consideration for licensure
- 14 NOTE: All credentials submitted must remain the property of the Arizona Board of Medical Examiners and NONE will be returned except original Certificates of Naturalization or the applicant's **triplicate** copy of Declaration of Intention.
- 15 Photocopies shall not exceed 8½ inches by 11 inches in size.

UNITED STATES OR CANADIAN MEDICAL SCHOOL GRADUATES

Graduates of medical schools located in the United States or Canada which were approved by the Council on Medical Education of the American Medical Association, the Canadian Medical Council, or the Association of American Medical Colleges, will forward forms numbered I, II, and III to the appropriate agency with the request that they be completed and returned directly to the Arizona Board of Medical Examiners

ALL OTHER MEDICAL SCHOOL GRADUATES

Graduates of medical schools located outside the United States or Canada will forward Forms numbered I, II, III, and IV as may be applicable, to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners

Note Applications will not be processed nor considered until ALL required forms are completed and returned directly to the Arizona address provided.

APPLICATION

(To be completed, signed by applicant and notarized. All questions MUST be answered completely)

1	Present Legal Name	RICHARDSON	WILLIAM	HENRY		
	PRINT OR TYPE	(Last)	(First)	(Middle)	Maiden	1
	(a) Other names used.			Social Security N	о	
2	Address. Residence	(No) (Street)	(City)	(5'4-14)	Charles Carta	
	Office 270	(Street) (No.) (Street) (No.) (Street)		(State) (State)	(Zip Code) 48203	876247
3	City and State of Birth		Month, Day and Y	, ,		(Phone)
4	In what states or provincense not issued, so	inces have you applied for or been	granted license or registr	ation? If more tha	n two, attach sepa	irate listing If
	(a) MICHIL	-AN 11/80	APPROVED	•	406168	
	(Specify State Boar		(Result)		(Certificate No.)	
	2/00/	2/89 CREDEN	JTI ALS			
	(Date Issued)	(Specify if by Written	Examination or on Credentials)		***************************************	
	(b)					
	(Specify State Boar	d) (Date of Application)	(Result)		(Certificate No.)	
	(Date Issued)	(Specify if by Written	Examination or on Credentials)			
5	5 Have you ever had a	in application for a license to pratate/province licensing Board?	ractice medicine denied	or No		
	rejected by another st	tate, province needsing board.	•	7.17.77.77	(Answer)	
-6	6. Have any actions, res	strictions, or limitations ever been	n imposed on you while	participating in a	ny type of trainin	ng program?
			(Answer)			
7		harged with a violation of any stign governmental agency?	atute, rule or regulation	of	NO	
	•				(Answer)	
8	Has there been any ac or association?	ction initiated against you by or t	hrough any medical boa	rd	NO	
					(Answer)	
9	placed on probation;	a medical license revoked; susp voluntarily surrendered or cancel ry action, or entered into a consen	lled during an investigation	on	No	
		- ,			(Answer)	

Month and Year

Month and Year

STATE OF	MICHIGAN			
	34443.43		ss	
County of	VII.			
The applicant	WILLIAM 1	FRINT OR TYP	HARDSON M.D. E) (Name in Full)	
credentials submapplication, that submitted, were lawful holder the (past, present an or foreign) to relain connection with professional con Medical Examinathis application is additional application is additional credential application is additional credential application is additional credential application is additional credential creden	priction, knows the full col- nitted herewith are true and the same was procured in to procured without fraud or a ereof Further, I hereby auth d future), business and professes to the Arizona Board of oth this application, or any found added or physical or mental ters or its successors to release	correct; that he is the lather regular course of insing misrepresentation or an orize all hospitals, institutes and associates (passed Medical Examiners or further or future investigability to safely engage to the organizations, in I further acknowledge to hold a hearing to result the safely engage to hold a hearing to result to the organizations.		evidence or other prescribed by this all the credentials e applicant is the cians, employers cal, state, federal ed by that Board ical competence, siziona Board of
Signature of Ap	plicant	i runar		
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Subscribed and s	sworn to before me this	1011071	day of APRIL	19 89
Notary Signature	(Notary Public)	,	E USE ONLY	
	the On ion		E USE UNLY	
Application	APR 2 8 198	9 19	Application Processed by	
Application	Completed 5/22		Application Checked by P.A.	
Form No I	Rec'd	19 89	Application Approved May 24 19 £	9
Form No II	Rec'd $\frac{4/7}{}$	19_89	By learal Emminger, mg	
Form No. II	I Rec'd3/3/	1 19 89	License Issued 6-9 192	9
Form No. II	I Rec'd N/A	19	License No. 18829	
Form No II	I Rec'd	19	The state of the s	
Form No IV	'. Rec'd	19		The complete of the complete o
	Completed			
	withdrawn			
		(Date)		
kelund must	be claimed by	(Date)		44444

(Numbers and Dates)

(Date)

(Date)

Warrants issued

Warrants mailed _

Warrants cashed ___

AS REQUESTED:

Ms. Kathleen Maslanka
Associate Executive Director
Wayne County Medical Society
1010 Antietam Road
Detroit, Michigan 48207
(313) 567-1640

FORM I

photo on back

MEDICAL COLLEGE CERTIFICATION

APR 2 4 1989

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the predical school granting the medical degree. This is your authority to release any information in your files of record, favorable or otherwise, PHRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

Name WILLIAM H. DICHARDSON , M.D. (Please Print or Type)	William H Richardson, M.D.
Address:	(Signature) (City and State)
(DO NOT	r Detach)
(This section with a current photograph of the applicant shal granting the medical degree Please indicate to your medical school Medical Examiners This is to certify that WILLIAM HENRY RI	Il be forwarded to and completed by an officer of the medical school of that this completed form must be returned to the Arizona Board of CHAPDSON
	(Pull Name of Student)
whose photograph is attached hereto, was granted the degree of _	DOCTOR OF MEDICINE by
	on June 28, 19 85,
$\frac{4 \text{ yrs. or}}{\text{(Number)}}$ full courses of medical lectures comprising $\frac{8\frac{1}{2}}{\text{(Number)}}$ his/her transcripts	months each as verified by the attached certified copy of NO If YES, which part(s)?
Was applicant ever placed on probation, restricted or limited? Was there any reason not to continue applicant in the training place. Was applicant ever known to use or misuse any chemical substance of the training place.	program? If YES, please attach written explanation.
Was applicant ever known to suffer from any mental health If YES, please attach written explanation.	disorders which required treatment, counseling or medications?
Were applicant's evaluations in every category rated satisfactory of evaluation, together with written explanation.	and/or above? YES If NO, please attach certified photocopy
Carol A. Kauffman, M.D Assistant Dear Dean President Secretary Registrar	1 School (SEAL OF COLLEGE)
Address1301 Catherine Road - Ann Arbor, M	Date

Please return completed form DIRECT to:

Arizona Board of Medical Examiners, 2001 W. Camelback Rd., Suite 300, Phoenix, Arizona 85015



The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Arizona Board of Medical Examiners before any application may be considered.



Richardson, William

POSTGRADUATE TRAINING CERTIFICATION

TO WHOM IT MAY CONCERN:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by each hospital wherein I participated in an approved post-graduate training program in the United States or Canada. This is your authority to release OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

Name: WILLIAM H. RICHARDSON	_ , M.D.	Milliam H Richardson, M.D.
(Please Print or Type)	- , 171.10.	(Signature), M.D.
Address: _		
Date: 3/28/89 (Street)		(City and State)
(D	O NOT DET	ТАСН)
(This section to be completed by the office of the Admi completed a program of approved post-graduate training i	inistrator o	of the institution or program wherein the applicant satisfactorily ted States or Canada.)
		MARDSON , M.D., undertook and
satisfactorily completed a full term approved program of	mont	ths in the HENRY FORD HOSPITAL
2199 M. GRAND BLVD DETRO	IT MI	CH161AN 48202
in the field of DBSTETRICS AND GYNEL	-01061Y	$\frac{7/1/85}{\text{(Date)}}$ to $\frac{6/36/89}{\text{(Date)}}$
Was applicant ever required to repeat any segment	nt of traini	ing? NO If YES, which part(s)?
		ed? NO If YES, please attach written explanation.
		aining program? NO If YES, please attach written
it i Lis, picase attacti will	iien expian	cal substance or substances which required treatment or nation.
5 Was applicant ever known to suffer from any If YES, please attach written explanat	mental he	ealth disorders which required treatment or counselling
6 Were applicant's evaluations in every category rate photocopy of evaluation, together with written ex	ed satisfacto planation.	<u> </u>
Signed Mill Bl		Nun
Title Churmun - Obstite	ies/67	Yn eculesy (SEAL OF HOSPITAL) (So indicate, if none)
Title Churmun - Obstita		Date 3/29/89 ,19

The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Arizona Board of Medical Examiners before any application may be considered.

Kichardson, William

NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104 ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA

milliam H. Richardson, M.D. having satisfied all the requirements and having successfully passed the examinations is hereby

declared a Diplomate of the National Board of Medical Examiners

Attest C. MILLIAM DAESCHNER, JA., M.D. Chairman of the Board

SEAL

CUITHE J. LEVIT, M.D.

Philadelphia, Pa

President of the Board

07/01/00

Certificate # 513121

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be awarded to the physician named above, who graduated from U MICHIGAN MEDICAL SCHOOL 1935 and whose birth date is This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows

PART I passed 09/63	Standard Score	Scale Score
PART I passed 09/63 Anatomy		
Physiology	420	75
Biochemistry	530	82
Pathology	525	82
Microbiology	425	76
Pharmacology	455	7ช
Behavioral Sciences	535	83
	570	o 5
TOTAL TEST (Minimum Passing Score 380/75	495	80
PART II passed 09/34		
Internal Medicine	430	79
Surgery	345	75
Obstetrics and Gynecology	550	
Public Health and Preventive Medicine	410	85
Pediatrics	400 400	78 73
Psychiatry		77
TOTAL TEST (Minimum Passing Score 290/75	545	34
t washing deore 250/75	430	79
PART III passed 03/66		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75	440	79.9
GENERAL AVERAGE (Parts, 1, 11, and 111 Scale Score)	7:	7.0

^{*}For those individuals who have not yet satisfactorily completed one full year of post-M D training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be

Melane Valente Secretary for Certification 04/05/03

SEAL

Date

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

SATISFACTION OF REQUIREMENTS SUMMARY

APPLICATION	ENDORSEM						`
ATTECATION	Received	April 28,	1989				
NAME IN FULL	RIC	HARDSON		WII	LIAM		HENRY
Current Address		***************************************	(Last)		/Fire	1)	(Middle)
Telephone		(1)		(313) 876-2475		
BIRTHPLACE V	1		(Res	dence)	7 970 2473	(Office)	
CITIZENSHIP /	Check One:	(Cny)	(State)	Naturalized (Country)	Date:	
MANNAGAT	Univ					eclared Intention On	
MEDICAL EDUCATION	M.D. Awar	versity of M		(Full Name	and Location of Me	Ann Arbor, MI	025-01
	1		e 28, 198	5 P	roof Received:	5/1/89	
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2	From Ju	11y 1, 1985					of Institution)
POSTGRADUATE	In			for	months at	Edge ONWITT COM	p 0/30/89)
	From	(Field of Training)		to	(Name	of Institution)
	In			for			
TRAINING	From	(Field of Training))	101	months at	(Name	of Institution)
	In				to		Tristitution)
		(Field of Training))	for	months at		
	From				to	(Name (of Institution)
	In	(Field of Training)		for	months at		
	From	- (* Taning)	***************************************		to	(Name o	f Institution)
AMERICAN V	Of NONE		C	ertisicate No.		Issued	
BOARD	Of	(Specialty)	Co	ertificate No.		Issued	
		(Specialty)				issued	
PRACTICE	Field of	OBG					***************************************
	<i>,</i> .				(Current)		and the state of t
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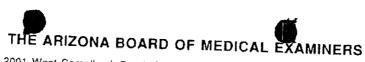
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	AMA Approv		record cle	ar, N/D				
	Michigan	Board Approval	5/22/89, (Cert.#406168,	iss. 12/19/	88, End.,	current,	N/D
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INTENDED LOCATION	f	Ass'n Approval					PMA	
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Governor
Fife Symington
Chauman

Nicholas J Soldo, M D



2001 West Camelback Road, Suite 300 - Phoenix, Arizona 85015

Telephone (602) 255-3751

Executive Director
Douglas N Cerf

Assistant Director for Licensure and Administration Mark R Speicher



Vice Chairman
Barry A Friedman, M D
Secretary
Burton N Drucker

CERTIFIED MAIL /RETURN RECEIPT REQUESTED

March 30, 1993

William Richardson, M.D.

RE: Pima County Health Department (Patient: B.A.D.) vs. William Richardson, M.D. (Complaint) (Inv. #1143)

Dear Doctor Richardson:

During the course of its meeting of January 20, 1993, the Board of Medical Examiners considered the above-referenced matter.

Following a complete and detailed review of all pertinent and available information, the Board concluded in Open Session that this matter should be filed with an advisory Letter of Concern.

Specifically, the Board was concerned that you failed to sign a birth certificate in an appropriate timely manner.

Please be advised that the Board will retain this file for future reference should similar problems arise. The Board determined to take no other formal action at this time.

On behalf of the Board of Medical Examiners, please accept my appreciation for your assistance and cooperation in this matter.

Sincerely,

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

DOUGLAS N. CERF Executive Director

DNC/kjm CLC#11

cc: Pima County Health Department

Arizona Board of Medical Examiners Meeting Minutes Wednesday, January 20, 1993

BOMEX Inquiry (09/15/92) vs. Ray P. Inscore, M.D. (GP-FP - Prescott) (C) CLC#9 (Inv. #3720)

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Friedman, and unanimously carried that this matter be filed with an advisory *Letter of Concern* to Doctor Inscore for excessive prescribing of the schedule IV drug Halcion and inadequate documentation in his office records for the continued use of schedule III drugs for patients J.S. and C.S.

K.L. vs. Ingrid Haas, M.D. (OBG-Scottsdale) (C) (Inv. #1) (Doctor Zonis did not participate or vote in this matter.)

CLC#10

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Holsey, seconded by Doctor DeBenedetti, and unanimously carried that this matter be filed with an advisory *Letter of Concern* to Doctor Haas for leaving the patient unattended in light of the fact she was receiving pitocin and delivery was imminent as well as the patient's blood pressure and fetal heart tracings raised cause for concern.

Pima County Health Department (Patient: B.A.D.) vs. William Richardson, CLC#11 M.D. (OBG-Tucson) (C) (Inv. #1143)

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Friedman, seconded by Doctor Voss, and unanimously carried that this matter be filed with an advisory *Letter of Concern* to Doctor Richardson for failure to sign a birth certificate in an appropriate timely manner.

Informal Interview

R.L.C. (Patient: A.C. (10/10/90) vs. David Ruben, M.D. (C) (Inv. #2350) - Informal Interview

Doctor Ruben was requested to appear at this date and time; did appear and was interviewed by members of the Board relative to allegations of inappropriate care.

Following the Board's review and discussion of this matter, it was moved by Doctor Zonis, seconded by Doctor Shack, and unanimously carried that this matter be dismissed against Doctor Ruben.



November 8, 1995

Board of Medical Examiners State of Arizona 1651 East Morten Avenue, Suite 210 Phoenix, AZ 85020

To Whom It May Concern:

Please be advised that on November 20, 1995, Dr. William Richardson (AZ License #18829) will join Thomas-Davis Medical Centers, P.C.

His office address will be:

Thomas-Davis Medical Center 707 N. Alvernon Way Tucson, AZ 85711

Phone: (520) 881-7100

If you have any questions, please call me at (520) 322-2624.

Sincerely,

Donna M. Bergman

Medical Staff Coordinator

655 N Alvernon, Suite 218 P.O Box 12650 Tucson, AZ 85732 (602) 322-2513

Fax (602) 322-2574

RECEIVED B.O.M.E.X.
NOV 13 95

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback Road, Suite 300, Phoenix, Arizona 85015

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Date: June 9, 1989

Re: License through Endorsement

William Henry Richardson, M.D.

Dear Doctor:

Congratulations! Your certificate to practice medicine in Arizona, License No. 18829 issued on JUNE 9, 1989 is enclosed with your pocket registration card for the current year.

Please be advised that annual reregistration is mandatory on a calendar-year basis, with notices generally being mailed to your address of record on or about November 1 of each year. Failure to reregister will result in statutory expiration of your license. It is your responsibility to keep us informed of address changes. Please note that Arizona Revised Statutes §32-1435(B) provides that:

"Each person holding a current license to practice medicine in this state shall promptly and in writing inform the board of his current residence and office address and of each change in his residence and office address that may later occur."

It is also the responsibility of all licentiates in practice in Arizona to report directly to the Board of Medical Examiners any misconduct, unprofessional conduct or medical incompetence on the part of your colleagues which may come to your attention. Failure to do so is actionable against your license to practice. (A.R.S. §32-1451(A).

You will receive a copy of the Arizona State Medical Directory published yearly by the Board which contains the Arizona Medical Practice Act. We suggest that you familiarize yourself with such prior to establishing your practice in Arizona.

Enclosed for your information is that part of the Arizona Medical Practice Act which relates to Unprofessional Conduct, together with Continuing Medical Education information for annual reregistration and Prescription Form requirements.

Please feel free to contact this office at any time should you have any questions.

Cordially,

BOARD OF MEDICAL EXAMINERS OF THEOSTATE OF ARIZONA-

DOUGLAS N. CERF Executive Director

DNC/ce

Enclosures: 6

DATE: May 26, 1989

William Henry Richardson, M.D.

Re: License through _____Endorsement

Dear Doctor:

The Board of Medical Examiners, State of Arizona, is pleased to inform you that your application and credentials for a license to practice medicine in the State of Arizona has been approved.

Arizona Statutes provide for an initial registration of each licentiate and the certificate of license may not be issued until this is in hand.

Please complete the enclosed card and return it to the Arizona Board of Medical Examiners, 2001 West Camelback Road, Suite 300, Phoenix, Arizona 85015. The card must be in hand by Thursday of each week in order for your license to be issued the following day. DO NOT COMMENCE PRACTICE IN ARIZONA UNTIL A LICENSE NUMBER HAS BEEN ASSIGNED.

The Board publishes an annual directory of all its licentiates, which is distributed about October of each year. Information for this publication is taken from the registration card which you complete. Home addresses and telephone numbers are not published, UNLESS THIS IS THE ONLY ADDRESS WHICH YOU PROVIDE. The cut-off date for address changes for the directory is July 31 of each year. If you anticipate a move before that date, please indicate your new address(es) with the effective date as well as your current address(es).

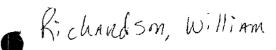
Thank you for your cooperation.

Cordially,

BOARD OF MEDICAL EXAMINERS STATE OF ARIZONA

Licensing Department Encs. 3

STATE OF MICHIGAN





JAMES J BLANCHARD, Governor

DEPARTMENT OF LICENSING AND REGULATION

RAYMOND W HOOD, SR, Director P O Box 30018 Lansing, Michigan 48909 Telephone (517) 373-1870

May 16, 1989

Board of Medical Examiners State of Arizona 2001 West Camelback Road, Suite 300 Phoenix, AZ 85015

TO WHOM IT MAY CONCERN:

I hereby certify that a standard search of the available records of the Michigan Department of Licensing and Regulation, Bureau of Health Services indicates the following:

WILLIAM H. RICHARDSON, M.D.

WAS ISSUED LICENSE NO.

406168

ON:

December 19, 1988

TO PRACTICE AS A:

Medical Doctor

DATE OF BIRTH:

LICENSURE STATUS IS:

Active until 1-31-90

ISSUED ON THE BASIS OF:

National Boards

REGULATORY INFORMATION:

None

The above format is the standard format prepared for all the professions regulated by this Bureau. If other information is needed, please contact this office at (517) 373-7902.

(SEAL)

Singerely,

Susan Henderson, Clerk

MICHIGAN BOARD OF MEDICINE

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MAD 22 1000



MAY 2 2 1989



Executive Director
Douglas N Cerf

Assoc Executive Director
David O Landrith

Manager, Licensuse Depi
Carol Emminger

Telephone
(602) 255-3751





THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 west camelback road, suite 300

phoenix, arlzona 85015

May 1, 1989

William Henry Richardson, M.D.

Re: License through Endorsement

Dear Doctor:

This will acknowledge receipt of your application for a license to practice medicine in Arizona through endorsement.

Our receipt number A 029552 covering your fee deposit of \$450.00 is enclosed, with a schedule of examination dates and filing deadlines, if applicable.

To complete our processing of your application, we need to receive the following:

Form I Medical College Certification.

Verification of License from Michigan, enclosed find correspondence from Michigan that was inadvertently sent to this office.

William H. Richardson, M.D. THE ARIZONA BOARD OF MEDICAL EXAMINERS

- 2 -

Continued:

NOTE: FINAL ACTION ON YOUR APPLICATION CANNOT BE TAKEN UNTIL ALD THESE RESPONSES ARE IN YOUR FILE OF RECORD, WHICH IS YOUR RESPONSIBLE TOY.

PLEASE BE ADVISED THAT APPLICATIONS NOT FULLY COMPLETED WITHIN ONE YEAR FROM THIS DATE, INCLUDING PARTICIPATION IN WRITTEN EXAMINATIONS, IF APPLICABLE, ARE CONSIDERED WITHDRAWN.

Your application is being processed routinely and you will be advised in due course as to the Board's decision relative to the granting of an Arizona license.

Cordially,

BOARD OF MEDICAL EXAMINERS STATE OF ARIZONA

(Mrs.) Carol Emminger Manager, Licensure Department

CE: ct

Encs. 4

Richardson, William

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

KINDLY COMPLETE AND SEND TO THE FEDERATION OF STATE MEDICAL BOARDS AT THE ADDRESS BELOW.

Date: 3/20/89

Coordinator, Disciplinary Data Bank Federation of State Medical Boards 2630 West Freeway, Suite 138 Fort Worth, Texas 76102-7999

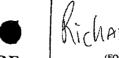
The ARIZONA BOARD OF MEDICAL EXAMINERS requests a disciplinary search concerning the following individual:

RIC	HARDSON	MILLIAM	11 m
Name:	(Last)	(First)	HENRY
		(11130)	(Midâle)
Address			
			I'm Guin ca
City, Stat	te and Zip		THE PAYE NO UNFAVORABLE INFORMATION
			REGARDING THE ABOVE NAMED PHYSICH
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Social Sec	ruity Number		BRYANT L. CALUSHA US
UNIVERS	HOLL OF MICHIGA	4 ANN ARI	EXECUTIVE AIRST AUGS TO SELECT
Medical Sc	hool of Graduation as	od Branch Isaat	BUE CHI)
6/30/8	35	w pranch pocat;	tou
Date of Gr	aduation		

Please mail the response to the following:

Arizona Board of Medical Examiners 2001 West Camelback Road, Suite 300 Phoenix, Arizona 85015

FÉB 1 6 1989



Kichandson, William (FOR OFFICE USE ONLY)

PRELIMINARY QUESTIONNAIRE

THIS IS NOT AN APPLICATION FOR LICENSE

To respond accurately to your recent inquiry, we will need the answers to all of the following questions to determine your eligibility for Arizona licensure Unless this Preliminary Form is completed in full and all questions answered, it cannot be evaluated, nor an application sent to you Return the completed form as soon as possible to . ARIZONA BOARD OF MEDICAL EXAMINERS, 2001 West Camelback Road, Suite 300, Phoenix, Arizona 85015. PLEASE PRINT ALL INFORMATION.

Full Legal Name: WILLIFM	HENRY	
Current Office Address: 2799 WEST GIZ	AND BLVD	KICHARDSON
City. DETROTT State: MI Current Residence Address.	Zıp Code. <u>4 8</u>	Area Code: _313 203 _ Phone: 8762600
MEDICAL SCHOOL: Name UNINERSCITY City and State: ANN ARBOR MICHILA If transferred from other medical school, please indicate name	OF MICHIGANI ANI me:	0K 025-01 Date of Degree: 1985
Name of any medical school attended but did not graduate	or transfer from:	
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Term: Started.	ity'	State:
INTERNSHIP: (List U.S. & Canadian only) HOSPITAL	HENRY FORD I	15< DITAI
Term Started: JULY 1 1985 (MONTH AND YEAR)	ROIT Completed JUNE	State: MICHIGAN OK 30 1986 Lyrur.
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Term: Started: City: Specialty Field:	_ Completed :	State:
Current Office Address: \$799 WEST GRAND BLVD Area Code: 3:3 City. DETROIT State: MI Zip Code. 48203 Phone: 8762600 Current Residence Address. Area Code: 3:3 Area Code: 3:3 Area Code: 3:3 Area Code: 8762600 City State: Zip Code. Phone: 8762600 City Area Code: Phone: 9762600 MEDICAL SCHOOL: Name UNINGRESTY OF MICHIGAN OF 62501 City and State: ANN ARBOR MICHIGAN Date of Degree: 1985 If transferred from other medical school, please indicate name: Name of any medical school attended but did not graduate or transfer from: STH PATHWAY PROGRAM: U.S. Medical School: HOSPITAL: City: State: MICHIGAN OF TRANSPORTAL City DETROIT State: MICHIGAN OF TRANSPORTAL City DETROIT Form: Started: JULY 1 1985 COMPleted: JUNE 30 1989 COMPLETED TO THE STATE OF THE OFF TRANSPORTAN City DETROIT Form: Started: JULY 1 1985 Completed: JUNE 30 1989 MONTH AND YEAR! Completed: State: NICHIGAN State: NICHIGAN Specialty Field: GYNE COLOGY AND DESTEVRICES RESIDENCY: (List U.S. & Canadian only) HOSPITAL: City: State: State: State: NICHIGAN City: State: Completed: State: NICHIGAN City: State: Completed: State: Completed: State: NICHIGAN City: Completed: State: Completed: State: NICHIGAN City: Completed: Completed: State: Completed: State: NICHIGAN City: Completed: Completed: State: Completed: State: NICHIGAN City: Completed: Completed: State: Completed: State: Completed: State: Completed: Complet		
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National Board Exam? YES	CLINCAL WRITTEN EXAMINATION . Pofor	
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Are you a Diplomate of any of the American Medical Specialty Boards? Yes		Chairmation was taken:
Have you completed the educational requirements for any of the American Medical Specialty Boards? Yes No If "Yes," which Board(s)? DBBCTTRICS DYNE COLOGY LICENSES: List all States or Provinces in which you have ever held licensure. (1) Michigad (2) (3) (4) (5) (6) (7) (8) (9) (10) LIST all hospital affiliations and locations for the past five (5) years (Other than Postgraduate Training Hospitals): Please stall hospital affiliations (including moonlighting) and medical agencies of employment, e.g., physician placement group; mergency medical group; radiology group, etc.: NOTE Attach separate list for additional hospital affiliations/medical agencies) RACTICE: City & State Where You Now Practice DETROIP MICHIGAN Date Above Practice Was Established FIZENSHIP: () Burth () Hold Permanent Immigrant Status () Awaiting Quota Assignment () Declaration of Intention	Are you a Diplometry 6	cent (75%)?
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denial of my	/ eligibilit	y to apply f	or licensu	re as an allopat	thic physician in the St	tate of Arizon	
SIGNATUR	E: 🔿	neu	am	14 Ruch	land, N	1.D. DATE:	3/11/89
SOCIAL SE		7 NO.:					

REGULAR LICENSURE. Regular licenses to practice medicine in the State of Arizona may be offered through Written Examination or Endorsement with SPEX Examination; the Applicant being qualified for the method of entrance by education, postgraduate education, experience or practice to the extent required by Arizona Revised Statutes.

WRITTEN EXAMINATION. Arizona offers the FLEX Examination to qualified candidates. (NOTE: Arizona accepts the results of the FLEX Examination taken in these United States for endorsement purposes; however, we cannot present the FLEX Examination for other jurisdictions, nor permit Arizona candidates to partake of the FLEX Examination elsewhere.)

An Applicant must obtain a grade of seventy percent (70%) or more on each day of the Examination and a weighted average of seventy-five percent (75%) or more on the complete FLEX Examination taken prior to January 1, 1985.

The successful passage of a FLEX Examination prior to January 1, 1985 must be achieved at one sitting.

An Applicant must obtain a score of seventy-five percent (75%) in each Component I and Component II on the FLEX Examination taken after January 1, 1985. The successful passage of both Components must be achieved within a three-year period

ENDORSEMENT and/or SPEX EXAMINATION. Endorsement is offered to otherwise eligible Applicants upon successful passage of a written examination administered by another State, Territory or District of the United States, the Medical Council of Canada, or the Applicant is certified by the National Board of Medical Examiners. An Applicant seeking licensure based upon another jurisdiction's examination, shall establish to the satisfaction of the Arizona Board of Medical Examiners that the examination is substantially equivalent to the examination required by the Arizona Board of Medical Examiners, and that the Applicant's score on the examination was equal to the score required by the State of Arizona for licensure by examination.

If said examination or certificate was more than **ten (10)** years preceding the application, the Applicant *must* submit to a SPEX Examination NOTE: Arizona accepts the results of the SPEX Examination taken in these United States for licensure pursuant to ARS §32-1426(C). SPEX score must be 75% or better.

FIFTH PATHWAY PROGRAM. If a Fifth Pathway Program was completed as part of postgraduate training, the Arizona Board of Medical Examiners requires completion of one academic year of supervised clinical training under the direction of an approved school of medicane in the United States.

NOTE: The above FLEX/SPEX grade requirements are set statutorily and cannot be waived by the Board. Certification of scores must be sent directly to this office from the Federation of State Medical Boards of the United States, 2630 West Freeway, Suite 138, Fort Worth, TX 76102. The Federation charges \$35.00 for this service; vouchers must be a Cashier's Check. To expedite the review of your qualifications to receive an application, you may wish to contact the Federation to send grades/test results to this Board at the time you complete this questionnaire.

Revised 1/89

Janet Napolitano Governor

Timothy C. Miller, J.D. Executive Director

Amanda J. Diehl, M.P.A., C.P.M. Deputy Executive Director

Bernadette E. Phelan, Ph.D. Assistant Director



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514 Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704 Website: www.azmd.gov • Email: questions@azmd.gov Tim B. Hunter, M.D. Chair

William R. Martin, III, M.D. Vice-Chair

> Douglas D. Lee, M.D. Secretary

September 21, 2005

PERSONAL and CONFIDENTIAL

William H. Richardson, M.D. 5240 E. Knight Drive Suite 112 Tucson, Arizona 85712

Re: T.B. vs. William H. Richardson, M.D.

Investigation No. MD-05-0139A

Dear Dr. Richardson:

The Arizona Medical Board has thoroughly investigated this case and found no violation of the Medical Practice Act. Therefore, this case has been dismissed.

The complainant may appeal this dismissal within 35 days of the date of this letter. If this should occur, you will be notified by mail.

Sincerely,

Timothy C. Miller, J.D. Executive Director

TCM/cl

Enclosures

Cc: Investigative File

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

**	Pleas	THE AND A	NNUAL REMEMAN	
PHYSICIAN NAME: William Henry Richardson, N	1 1542	e Type or Print **	NNUAL RENEWAL FORM	
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ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704 Home Page: http://www.azmdboard.org

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM ** Please Type or Print ** PHYSICIAN NAME: William Richardson, MD LICENSE #: 18829 SPECIALTY: OBIGYN CHECK ONE: Initial Registration (\$200) Renewal Registration (\$100 Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location. Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. PLEASE NOTE ! separate BEA license must be submitted for EACH location where controlled substances will be dispensed and houst be kept current dufing the registration period PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address 3240 KNIGHT City/State/Zip Code # 112 Phone Number 520 Fax Number E Mail 323-9684 Schedule II Drugs X Schedule III Drugs Prescription-Only Drugs Nubain Schedule IV Drugs Schedule V Drugs Prescription Devices ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address City/State/Zip Code Phone Number Fax Number E Mail Schedule II Drugs Schedule III Drugs Prescription-Only Drugs Nubain Schedule IV Drugs Schedule V Drugs **Prescription Devices** Listany additional locations on the reverse side of this form and place a checkmark here Physician's Signature:

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

非色是 录 for your convenience, we accept payments by Visator Mastercard 易益言語

If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM

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9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM ** Please Type or Print ** PHYSICIAN NAME: William Richardson, MD LICENSE #: 18829 MAY 1 8 2006 SPECIALTY OB/GYN ARIZONA MEDICAL BOARD CHECK ONE: Initial Registration (\$200) Renewal Registration (\$650) ESS OPERATIONS Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location. Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. PLEASE NOTE A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period PRIMARY PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address City/State/Zip Code 15+1T DR. TUCSON Phone Number 85712 Fax Number (520) 323 -963 E Mail Schedule II Drugs Schedule III.Drugs Prescription-Only Drugs Schedule IV Drugs Nubain Schedule V Drugs Prescription Devices ADDITIONAL PRACTICE LOCATION: DEA # FOR THIS LOCATION: Street Address City/State/Zip Code Phone Number Fax Number E Mail Schedule II Drugs Schedule III Drugs Prescription-Only Drugs Schedule IV Drugs Nubain Schedule V Drugs **Prescription Devices** List any additional locations on the reverse side of this form and place a check mark here: Physician's Signature:

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$150.00 per physician

Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM.

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2701 Flome Page: http://www.azmd.gov

AFIIZONA MELMAN DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME:	William Richardson, MD			
LICENSE #: 18829	•	SP	ECIALTY: OB/G	YN
CHECK ONE:	Initial Registration (\$200)		Renewal Registra	
 Please list below A For each location, p Include a copy of you 	LL locations where you will be dispended a check mark next to the description DEA license if you are requesting	ensing p criptions ng dispe	rescription drugs, devices and	Controlled
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A separate DEA licen	ise must be submitted for EACH	l locatio	n where controlled substan	ces will be dispensed and must be
	Kept current c	during t	he registration period	des will be dispensed and must be
PRIMARY PRACTICE	LOCATION:			
}	Stroot Add	<u>'</u>	DEA # FOR THIS LOCATION	
5240 E Kn	ght Drive #112		Tueson A	late/Zip Code
520-32	Phone Number		Fax Number	
Schedule II Drugs			520-323-968	9
	Schedule III Drugs	1	Prescription-Only Drugs	Nubain
Schedule IV Drugs	Schedule V Drugs	1 1	Prescription Devices	
ADDITIONAL PRACTI	CE LOCATION		Agoniphon Devices	J-only,
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Schedule IV Drugs	Schedule V Drugs	l l	rescription-Only Drugs	Nubain
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	ional locations on the reverse	Janua U	it this form and place a ch	leck mark here:
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Make checks or money orders payable to ARIZONA MEDICAL BOARD

For your convenience, we accept payments by Visa or MasterCard

If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM



ARIZONA MEDICAL BOARD
9345 E. Udubietree Ranch Road . Scottsdale, Arizona 85258 Telephone: (ARI) Est 2754 F. (ARI) Est 2754
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DISPENSING PHYSICIAN ANNUAL RENEWAL FORM ** Please Type or Print **
PHYSICIAN NAME: WILLIAM RICHARDSON , MD TO THE TOTAL OF THE PHYSICIAN NAME: WILLIAM RICHARDSON , MD TO THE PHYSICIAN NAME , WD TO THE PHYSICIAN NAME , W
LICENSE # 1980 9
MAY 23 2000
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A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period
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locations. (Certificate will be Issued only for Items that are checked)
Schedule II Drugs
Schedule IV Drugs V Schedule VP Program V Nubein
Your certificate will be issued for Prescription-Only Drugs and Devices If a DEA registration is
5240 E. KNIBHT # 112 7200 100
Street Address City, State, Zip Code Phone # City State, Zip Code Phone # Street Address City State Code
Phone #
SEA # 10f this location (Attach Copy of DEA) Select Date
ADDITIONAL PRACTICE LOCATION:
Street Address City Street
City, State, Zip Code Phone #
Octation (Attach Copy of DEA)
Issued Date Expiration Date
/1 /8
Physician's Signature:
Renewal region 5 / 19 / 200 c
Renewal registration fee: \$150.00 per physician Make checks
Make of the state
for your money.
H you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM
PAYMENT CARD AUTHORIZATION FORM
TON FORM attached
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9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2761 . Fax (480) 551-2704

Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM ** Please Type or Print ** MAY 1 1 2009

PHYSICIAN NAME:	William H. Diobassas			WH: IIZUU	9
	William Ft. Richardson			AZ MEDICA, A	iaoi
LICENSE #: 18629		:	SPECIALTY: ob/gyn		
CHECK ONE:	Initial Registration (\$200	D)	Renewal Regis	tration (\$150)	X
Please list below AFor each location, place include a copy of year	LL locations where you will be dis place a check mark next to the de pur DEA license if you are reques	pensing scription ting disp	prescription drugs, devices ar	id controlled experiences	ation.
A separate DEA lice	PRO must be and an	PLEA	SE NOTE		
	thise must be submitted for EA be kept curre	<i>ICH</i> loc ent durir	ation where controlled subs ng the registration period	stances will be dispensed and	must
PRIMARY PRACTICE			o		
5240 E. Knight Drive Suite 1	Stroot Address		DEA # FOR THIS LOCA		4/30
	12 Phone Number		Tucsoff, AZ 65712	/State/Zip Code	
520-323-9682			Fax Number .520-323-9689	E Mail	
Schedule II Drugs	Schedule III Drugs		Prescription-Only Drugs	Nubain	
Schedule IV Drugs	Schedule V Drugs	1	Prescription Devices	Nubain	L
ADDITIONAL PRACTI	CE LOCATION:				
S	treet Address		DEA # FOR THIS LOCAT	ION: State/Zip Code	
P	hone Number		Fax Number		
Sahadada II II			i ax ivumber	E Mail	
chedule II Drugs	Schedule III Drugs	-	Prescription-Only Drugs	Nubain	
chedule IV Drugs	Schedule V Drugs		Prescription Devices		
***** List any addit	tional locations on the rever	se side	of this form and place a	check mark here:]
hysician's Signature:	-M	N	Dat	6 : 05/07/2009	
Initial registration fe	ee: \$200.00 per physician		Renewal registration for	ee: \$150.00 per physician	
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	our convenience, we ac				
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If you wish to pay by payment card, please complete the attached PAYMENT CARD AUTHORIZATION FORM

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85268 Telephone: (480) 551-2761 . Fax (480) 551-2704 Home Page: http://www.azmd.gov

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

SPECIALTY: OB/GYN

AZ MELICHE BOARD

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location. Blank form attached to add additional locations



5240 E KNIGHT DR #112 TUCSON, AZ 85712

Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs Prescription Devices

^ ^ ^ ^ ^ ^ .	Dispensing location info	mation correct	Ø	Copy of DEA attached	☐ Remove t	this location	
Physician's Signature: 5/11/2010	Physician's Signature: _	\mathcal{M}	$ \wedge $		Date:	5/11	2010

RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000-000

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	04-30-2013	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010
RICHARDSON, 5240 E. KNIGH SUITE 112 TUCSON, AZ 8		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Atlorney General may revoke or suspend a repistration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	04-30-2013	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010

RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000

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Form DEA-223 (4/07)

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2704 Website: www.azmd.gov

AZ MEDICAL BUARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: William Henry Richardson, MD

MD LICENSE #: 18829

Renewal Registration (\$150) (Renewal & fee must come together postmarked or faxed by 6/30)

- Confirm ALL locations below where you will be dispensing prescription drugs, devices and controlled substances. (For each location, place a check mark to verify address and schedule of drugs dispensed from each location are correct)
- Include a copy of your DEA license if you are requesting dispensing of controlled substances at any location.
- Blank form attached to add additional locations

PLEASE NOTE

A separate DEA license must be submitted for EACH location where controlled substances will be dispensed and must be kept current during the registration period

5240 E KNIGHT DR #112 TUCSON, AZ 85712

Schedule II Drugs Schedule III Drugs Schedule IV Drugs Schedule V Drugs Prescription Only Drugs Prescription Devices

Dispensing location information correct Copy of DEA attached Remove this location

Physician's Signature:

RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000-000

DÉA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FÉE PAID
	04-30-2013	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010
RICHARDSON, \ 5240 E. KNIGHT SUITE 112 TUCSON, AZ 85	DR.	

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
	04-30-2013	FEE PAID
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	03-04-2010

RICHARDSON, WILLIAM H MD 5240 E. KNIGHT DR. SUITE 112 TUCSON, AZ 85712-0000

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (4/07)

ARIZONA STATE BOARD OF MEDICAL EXAMINERS 2002 BIENNIAL MD LICENSE RENEWAL APPLICATION

	: 18829 William		$f = \{i, j\} f$	/ Renew			d d
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OFFICE ADDR	ESS/PRINCIPAL PL	corrections as nece	ssary →			CORRECTIONS	
5240 E Knight (Or Ste 112	ACE OF BUSINESS		OFFIC	ADDRESS/PRI	NCIPAL PLACE OF BUS	TNECC
Tucson AZ 857	12-2122						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Die							
Phone #: (520	0) 323-9682	Fax #:		Phone			* * * * * * * * * * * * * * * * * * * *
E-Mail:	5.5.5.			E-Mail:		Fax#: 323	3-4689
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-Mail:	, 323 3002 F2	ax #: (520) 323-9689		Phone #		Fax #: N	r fi
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MERICAN BO	ARD CERTIFICATIO	NS AND FIELDS OF P		Cell Pho			(Optional)
	Certified?		'RACTICE:	Select from	n the attached list of	Self-Designated "Field of	Practice" Codes
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NOTE: PLEASE SUBMIT CME DOCUMENTATION WITH THE ENCLOSED CME AUDIT FORM

ARIZONA MEDICAL BOARD 2004 BIENNIAL MD LICENSE RENEWAL APPLICATION

Pd cc

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I herapy certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2004 and 2005, I have completed a minimum of 40 credit hours of consuming medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM IS INCLUDED WITH YOUR RENEWAL PACKET

reported, please include: a copy of the complaint and settlement agreement/judgment.

CURRENT INFORMATION	Renewal Fee: \$560 \$850 (if postmerized after 04/30/2008)
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AMERICAN BOARD OF MEDICAL SPECIALTY CERTIFICATIONS AND FIELDS OF PRACTICE:

Daily cartifications from ABMS will be shown in your profile on the mobile. Please indicate societion date or lifetime certificate

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REQUEST FOR CHANGE IN LICENSE STATUS:

- INACTIVE STATUS (I have read and meet the requirements for Inactive status as listed in the instructions)
- CANCELLATION (I have read and meet the requirements to cancel my license as listed in the instructions)

I hereby cartify, under penalty of perjury by my signature below that all information on this form is currently accurate and:

- I have completed a minimum of 40 credit hours of continuing medical education during calendar years 2006 and 2007
- . I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should

Signature of troensee (Signature 18829 William Richardson, MD	stamp will not be accepted)	2.2.00 Date
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PAGE 1

SEE REVERSE SIDE

(Optional)



Since your last renewal have you had any application for any profession license refused or denied by any licensing authority?		
TOTAL PROPERTY AND THE PROPERTY OF THE PROPERT	YES [ŅO
taking an examination required for any professional licensure? 3. Since your last renewal have you voluntarily surrendered any healthcar license?	YES []	NO
and your last renewal have you had not been	100 11	NO
5. Since your last renewal, have you been the subject of disciplinary action or are you currently under investigation with recent	YES D	. NO
sanctioned by any healthcare licensing authority, healthcare	YES	NO j
voluntarily or involuntarily resigned or withdrawn by any healthcare ilcensing authority, healthcare association, licensed healthcare facility? 7. Since way last	YES 🗆	NOE
7. Since your last renewal, has disciplinary action been taken against you by any licensing agency (other than the Arizona Medical Board) with regard to any professional license? "Disciplinary Action" includes, but is not limited to, restriction, termination, voluntary or involuntary resignation or	YES D	NO pa
substance authority (State or Pederal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or please up in New 4 action?	YES D	NO Ø
P. Since your last renewal have you been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral barpitude? (see explanation below) A "yes" answer is program.	YES D	NO [
Since your last renewal have you been charged with or convicted (including a noise contenders plea or guitty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was since your last teness.	YES []	NO Z
Since your last renewal have you been court martialed or discharged other than honorably from the armed service? Since your last renewal have you been terminated from a healthcare position with a city, county, or state communication.	YES D	NO Ø
Since were land	YES D	NO A
Since your last renewal have you been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?	YES []	NOD

Mote: In the event the response to any of the eventions numbered 1 through 13 is "YES", you must file with the renewal a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.

Moral Turpitude Includes but is not limited to the following: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Fabricating and Presenting False Public Claim, False Reporting to Law Enforcement Agency, False Exposure, Kidnapping, Larceny, Fraud, Hit & Run, Tilegal Sale & Trafficking in Controlled Substances, Indepent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with Transfer of Real Property, Perjury, Possession of Heroin for Sale/University Sale of Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

18829 William Richardson, MD

INITIALS REQUIRED

PAGE 2

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∠ License	Fee: \$500 (If postmarke	d by due date)		RECEIVE	D HOLL
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nail:			+1 (520) 323-9682	State: AZ Zip Office Fax: +1 (520) 323-9689
ailing Address:	5240 E. Knight Drive Suite 112	Cit	y: Tucson	State: AZ Zip:	85712
me Address:		City			
me Phone:		Mobile Phone:		State: Zip:	

PLEASE NOTE: You are required to notify the Board in writing within 30 days of any change in office or home address and telephone number, A.R.S. §32-1435(B) & (D). There is a fine of \$100 for failure to report change of address.

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QUESTIONNAIRE

1. Since your	ast renewal, have	you had any	/ applicatio	n for any pro-	fessional license r			/
2. Since your la	st renewal have	and the state of t		and pro	ressional license n	efused or	☐ Yes	□No
required for any 3. Since your last	professional licens	you been refu ure?	sed or deni	ed the privileg	e of taking an exa	mination	☐ Yes	□ N6
4. Since your last	renewal, have yo	u voluntarily si	urrendered	any healthcare	license?			
,		I Bad sov book	41				☐ Yes	MO
investigation with you been sanction facility or healthcome. 6. Since your last	renewal, have your had by any health are staff of such farenessed by any health	u been the su lealthcare licer licare licensing cility?	bject of disc use (other t authority, l	iplinary action han by the Ari nealthcare asso	or are you current zona Medical Boat ociation, license he	rd), have ealthcare	Yes Yes	□No ⊡No
meanticate tacillty	or nealthcare staf	f of such facilities			voluntarily or invo	licensed	☐ Yes	□ 100
 Since your las (other than the Al includes, but is a withdrawn. 	t renewal, has di izona Medical Bo not limited to re	sciplinary action ard) with regards with regards striction, term	n been tak rd to any pi nination, v	pluntary or in	u by any licensing nse? "Disciplinary voluntary resigna	Action"	☐ Yes	□w6
(State or Federal) or given up in lieu o	renewal, have yerevoked, suspendent of action?	ou had a regised, limited, res	tration issu tricted, mo	ed by a contro dified, denied,	olled substance au or have you surre	uthority	Yes	□w6
9. Since your last expunged or vacate "yes" answer is req	uired even if you e	ntered a diver	ion man	m. rai bitade1 (see explanation be	elow) A	Yes	□W6
or guilty plea) of a was imposed or exp	renewal, have you violation of any fe unged?	been charged deral or state	with or cor drug law(s)	victed (includi or rule(s) whe	ther or not the sei	ntence] Yes [J-NO
11. Since your last the armed service?	renewal, have you	ı been court m	artialed or	discharged oth	Per than honorall	MILE 201] Yes 🏻 🏗	740
or state government	enewal, have you	been termina	ed from a l	realthcare posi	tion with a all-		Yes [140
13. Since your last including restriction: government?	renewal, have y s, suspension or i	ou been conversel from	licted of in practice, in	surance fraud Iposed by any	or received sanc agency of the Fe	tions,	Yes [140
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First Name:	William		Initial: H					
License Number:	18829			-ast Name	Richardson	<u> </u>		

CONFIDENTIAL QUESTIONNAIRE

addiction or	now being treated or since your last renewal have you been treated for a drug or alcohol participated in a rehabilitation program? *If in a confidential program in another state see
	sciow.
or other subsyour ability to Ability t 1. 2.	chronic by the medical community, i.e. (1) behavioral health illness or condition; (2) alcoholocompetently and chronic by the medical community, i.e. (1) behavioral health illness or condition; (2) alcoholocompetently and safely perform the essential functions involved in your usual practice? to practice medicine is to be construed to include all of the following: The cognitive capacity to make appropriate clinical diagnoses and exercise reason medical judgments and to learn and keep abreast of medical developments; The ability to communicate those judgments and medical information to patients and other healthcare providers, with or without the use of aids or devices, such as a voice amplifier; and without the use of aids or devices, such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids
V	without the use of aids or devices, such as corrective lenses or hearing aids.
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