

ARIZONA BOARD OF MEDICAL EXAMINERS

5060 North 19th Avenue, Suite 300
Phoenix, Arizona 85015
A.C. (602) 255-3751

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

Oral Sept



FOR BOARD USE
DO NOT USE THIS SPACE

BOMEX

JUN 15 1981

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

INFORMATION

All candidates will be required to provide satisfactory evidence that:

1. He possesses a good moral and professional reputation.
2. He is physically and mentally able safely to engage in the practice of medicine.
3. He has not been found guilty of any act of unprofessional conduct.
4. He has not had disciplinary action taken against him by any other state, territory, district or country for reasons which relate to his ability to safely and skillfully engage in the practice of medicine.
5. He has been engaged in medical education, post-graduate medical education or the active practice of medicine for at least the three years preceding the filing of this application.

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 any certificate of release from U.S. military or public health service or if applicable, 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.
4. Photocopies of any certificates awarded by any of the American medical specialty boards.
5. Photocopies of all certificates awarded following completion of any residency, fellowship or other post-graduate medical education undertaken in United States or Canadian hospitals; or letters of certification.

6. The name and address of all of the following
 - (a) The secretary of the county medical society wherein you were engaged in practice for the three years preceding filing this application.
 - (b) All of your hospital affiliations for the five years preceding filing this application and the Chief of Staff or Chief of Service for each.
7. A statement of your exact whereabouts from date of graduation from medical school to date of application with specific month and year listed for each.
8. Check or Money Order covering the statutory fee of \$200.00 (Refunds are limited to \$100.00 and are subject to total forfeiture if not claimed within one year). * Other than U.S. checks must state that they are drawn with U.S. funds.
9. Applicants, whose license 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.
10. Credentials submitted in foreign languages shall have affixed thereto a certified translation into English.
11. Separated or Mutilated Applications are not acceptable and will require refileing.
12. Requests for exemptions to any portion of this application will be denied and will delay your consideration for licensure.
13. **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.
14. Photocopies shall not exceed 8-1/2 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, III and IV to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners. Graduates of United States or Canadian schools which were legally chartered but did not enjoy approved status will forward Forms numbered I, II, III, IV, VII and VIII as may be applicable, to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners.

FOREIGN MEDICAL SCHOOL GRADUATES

Graduates of medical schools located outside the United States or Canada will forward Forms numbered I, II, III, IV, V, VI, VII and VIII 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 cannot be processed nor considered until ALL requisite forms are completed and returned direct to the Arizona address provided.

APPLICATION

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

1. Present Legal Name: Bettigole (Last) Joel (First) Benjamin (Middle) _____ (Maiden)

1a. Other names used: NA

2. Address: Residence: _____ (No.) (Street) (City) (State) (Zip Code) (Phone)

Office 110 maple st. Springfield, mass 01103 (No.) (Street) (City) (State) (Zip Code) (Phone) (413) 781-8230

3. City and State of Birth: _____ Month, Day and Year of Birth: _____

4. In what states or provinces have you applied for license or registration? If more than two, attach separate listing. If license not issued, so state.

(a) Mass. (Specify State Board) (Date of Application) (Result) 76760 (Certificate No.)

9/21/61 (Date Issued) Reciprocity with National Board (Specify if by Written Examination or on Credentials)

(b) Conn. (Specify State Board) (Date of Application) (Result) 13582 (Certificate No.)

9/21/61 (Date Issued) 7/17/68 Reciprocity with National Board (Specify if by Written Examination or on Credentials)

5. Has any medical licensing or registering authority ever taken disciplinary action against you or your license or registration?

NO

(Answer)

6. Have you ever been charged with a violation of any statute of any domestic or foreign governmental agency? NO

(Answer)

7. Has there been any complaint filed against you by or through any medical board or association? NO

(Answer)

8. Have you ever been treated for the use of or abuse of any substance or substances?

(Answer)

9. Have you ever been a patient in a mental or other institution of confinement?

(Answer)

10. Are you suffering from any ailment communicable to others?

(Answer)

Note: In the event the response to any of the questions numbered 5 through 10 is YES, the applicant will file with the application a detailed report of the situation including any charge; date of such charge; the complete name and address of all bodies of jurisdiction; the results of any hearings; and the disposition of such charge(s).

11. Are you presently in good physical and mental health?

(Answer)

(If NO, applicant shall file with this application, a detailed statement of his health, diagnosis and prognosis, supported by report of his attending physician.)

12. Enter your height here 5-9 Weight 155 color of eyes Brown color of hair Brown

identification marks none

13. List Internships and Residency training -- chronologically showing institution, address and type of program.

Bay State (Springfield Hospital) Medical Center 759 Chatham St Springfield,
Mass 01107 Rotating Internship 1960-61
Boston City Hosp. Boston, Mass OB-GYN Residency 1961-62
Mass Memorial Hosp (B.W. Medical Center) Boston, Mass OB-GYN
Residency 1962-64

14. Are you American Board certified? yes Specialty OB-GYN (recertified)

15. Have you completed the educational requirements for any of the American medical specialty boards? If so, which?

16. Exact whereabouts from date of graduation from medical school to date of application with specific MONTH and YEAR listed for each. No more than a 3 month period unaccounted for is allowed.

At Springfield, Mass from July 1960 to July 1961
City State
At Boston, Mass from July 1961 to July 1964
City State
At Springfield, Mass from July 1964 to present
City State
At _____ from _____ to _____
City State
At _____ from _____ to _____
City State

17. In the event you are successful in obtaining a license to practice medicine by this application, have you selected a location?

yes Where? Phoenix
Solo or in Association with? Arizona Health Plan

18. What is your intended specialty practice? OB-GYN

19. Are you a member of any national or international medical association or organization? If yes, please insert name:

American College of OB-GYN
(a) What state or provincial medical association, if any? Mass Medical Society
(b) What county or district medical society, if any? Tampden District Medical Society

20. What branch of the United States Armed Forces have you served with, if any? USA Army Reserve

Active duty? From none to _____

Month and Year

Month and Year

STATE OF Massachusetts
County of Hampden } ss

The applicant

Joel B. Bettigole
(Name in Full)

being first duly sworn upon his oath deposes and says: that he is the person herein named subscribing to this application; that he has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Medical Examiners or its successors any information, files or records requested by that Board in connection with this application. I further authorize the Arizona Board of Medical Examiners or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I further acknowledge that falsification of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

Signature of Applicant Joel B. Bettigole, M.D.

Subscribed and sworn to before me this 12th day of June 1981

Notary Signature Mary C. McCormick My Commission expires March 1, 1985
(Notary Public)

BDMFX

JUN 15 1981

FOR OFFICE USE ONLY

Application Rec'd _____ 19_____
Application Completed 7-15 1981
Form No. I Rec'd 6-22 1981
Form No. II Rec'd 6-18 1981
Form No. III Rec'd 6-19 1981
Form No. IV Rec'd 6-22 1981
Form No. V Rec'd _____ 19_____
Form No. VI Rec'd _____ 19_____
Form No. VII Rec'd _____ 19_____
Form No. VIII Rec'd _____ 19_____
Investigation Completed _____ 19_____

Application Processed by D. F.
Application Checked by ce
Application Approved July 15 1981
By Carol Eminger
License Issued 10-2- 1981
License No. 13015

Application withdrawn _____

(Date)

Refund must be claimed by _____

(Date)

Warrants issued _____

(Numbers and Dates)

Warrants mailed _____

Warrants cashed _____

Baystate Med. Ctr., Springfield, MA 6/18/81
Mercy Hosp., Springfield, MA 6/22/81
Ludlow Hosp., Ludlow, MA 6/18/81
Wing Mem. Hosp., Palmer, MA 6/22/81

FORM I

MEDICAL COLLEGE CERTIFICATION

(This section with a current photograph of the applicant shall be forwarded to and completed by an officer of the medical school granting the medical degree)

This is to certify that

Joel B. Bettigole

(Full Name of Student)

whose photograph is attached hereto, was granted the degree of Doctor of Medicine by

Albany Medical College

on May 31, 1960,

(Full Name of School or College of Medicine as it appears on the Applicant's Medical degree diploma)

that the date of his matriculation in medical school was September 10, 1956; and that he attended

four

full courses of medical lectures comprising 9-10 months each.*

(Number)

(Number)

*Fourth year comprised of 12 months.

Signed

Sara J. Venezia

, M.D.

Dean

Sara J. Venezia, Registrar

President

Secretary

Registrar

of Albany Medical College

BOMEX

JUN 22 1981

(SEAL OF COLLEGE)

Date June 17, 1981

Address:

47 New Scotland Ave., Albany, NY 12208

Please return completed form direct to Arizona Board of Medical Examiners, 5060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015



responsibility for completion of this form and is
completed and forwarded to the Arizona Board
of Education may be considered.

FORM III

INTERNSHIP OR POSTGRADUATE TRAINING CERTIFICATION

(This section must be completed by the office of the Administrator of the hospital located in the United States or Canada wherein the applicant satisfactorily completed an approved internship or residency training program who shall complete the following:)

This is to certify that Joel B. Bettigole, M.D., undertook and
(Name of Applicant in Full)

satisfactorily completed an approved internship in the Baystate Medical Center, Springfield Hospital,
(Full Name and Complete Address of Hospital)

759 Chestnut Street, Springfield, MA. 01107 from July 1, 1960 to June 30, 1961 and that said
(Date) (Date)

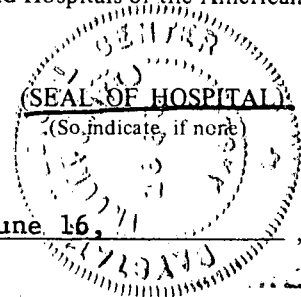
program was approved for such training during that period by the Council on Medical Education and Hospitals of the American Medical Association, or the Canadian Medical Association

Signed Gerald A. Kerrigan, M.D.
Gerald A. Kerrigan, M.D.

Title Vice President for Medical Affairs
Baystate Medical Center

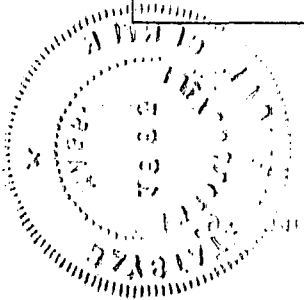
Address 759 Chestnut Street, Springfield, MA 01107

Date June 16, 1981, 19 81.



JUN 18 1981

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.



FORM IV

PRACTICE CERTIFICATION

(This section to be completed by the office of the Secretary of the Medical Society of the jurisdiction wherein the applicant is engaged in practice. In the event the applicant is not a member of the Society, this section shall be completed by a Board of Medical Examiners or the Chief of Service in any institution in which the applicant is stationed or serving.)

I certify that the applicant Joel B. Bettigole, M.D., to my knowledge,
(Full Name of Applicant)

is at this time actively engaged in the practice of medicine; or an approved residency training program; or an approved internship training program; or in obtaining an approved medical education; or post-graduate training deemed equivalent to an approved residency training program; or a combination of any of these, and has been so engaged for a period of at least three years preceding the date of this application. I further certify that he is an ethical practitioner of good moral character, worthy of professional recognition and recommend him to the Board of Medical Examiners of the State of Arizona as a fit and proper person to receive a regular license by reciprocity endorsement to practice medicine in Arizona.

Signature of Endorsing Official William W. Walchep MD

Name of Affiliated Organization Hampden District Medical Society

Address 1414 State Street, Springfield, MA 01109

Date Jun 16, 1981

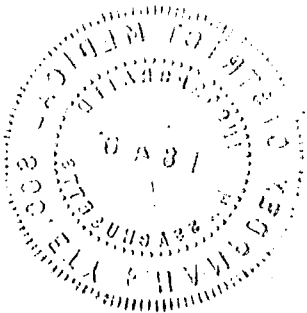
BOMEX

JUN 19 1981

(OFFICIAL SEAL)
(So indicate, if none)

Please return completed form direct to Arizona Board of Medical Examiners, 5060 N. 19th Ave., 3rd Floor West, 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.



RECEIVED
JUN 1 1981

Question # 6

- a) Secretary of County Medical
Society - Wallace Walthal
Hampden District Medical Society
1414 State St.
Springfield, Mass 01109
- b) Bay State Medical Center
757 Chestnut St
Springfield, Mass 01107
William Jones, MD President
Mercy Hospital
Stafford St
Springfield, Mass 01107
Charles Atamian MD President
- ✓ Lowell Hospital BOMEX
Small St JUN 15 1981
Lowell, Mass. 01056
Harvey Grant, MD. President
- ✓ Wing Hospital
Palmer, Mass
Philip Holm, MD President

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Joel Benjamin Bettigole, 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: Nathan A. Womack
President of the Board

SEAL

JOHN P. HUBBARD
Executive Director of the Board

Philadelphia, Pa.

July 1, 1961

Cert. # 59618

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of Albany Medical College in May, 1960, whose birth date is [REDACTED], following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 06/58</u>		
Anatomy, incl. histology and embryology		83
Physiology		82
Biochemistry		76
Pathology		84
Microbiology, incl. immunology		80
Pharmacology and Materia Medica		78
Behavioral Sciences		--
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**		80.5
<u>Part II passed 04/60</u>		
Internal medicine and the medical specialties		84
Surgery and the surgical specialties		84
Obstetrics and Gynecology		82
Public Health and Preventive Medicine		84
Pediatrics		85
Psychiatry		--
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**		83.8
<u>PART III passed 06/61</u>		
A General Test of Clinical Competence		86.0
(Minimum Passing Grade 290/75) AVERAGE		83.4
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

BOMEX

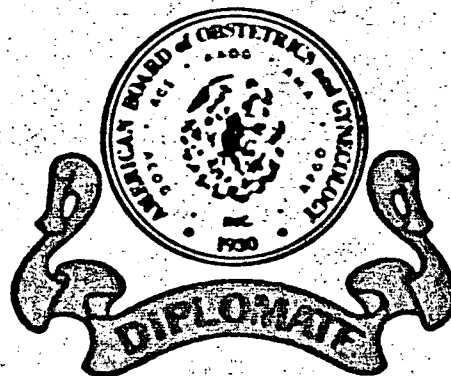
JUN 22 1981

Secretary for Certification

SEAL

June 18, 1981
Date

American Board of Obstetrics and Gynecology



COMPOSED OF MEMBERS NOMINATED BY THE
AMERICAN GYNECOLOGICAL SOCIETY

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS
SECTION ON OBSTETRICS AND GYNECOLOGY, AMERICAN MEDICAL ASSOCIATION
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS
CERTIFIES THAT

BOMEX

JUN 15 1981

JOEL B. BETTIGOLE

IS AN ACKNOWLEDGED DIPLOMATE OF THIS BOARD, AND HAVING BEEN EVALUATED AND FOUND TO HAVE
MAINTAINED CONTINUING SCHOLARSHIP AND CLINICAL COMPETENCE HAS THEREBY DEMONSTRATED
TO THE SATISFACTION OF THIS BOARD CONTINUED POSSESSION OF SPECIAL KNOWLEDGE AND
PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY AND BY THE AWARD OF
THIS DIPLOMA IS RECERTIFIED AS AN ACKNOWLEDGED DIPLOMATE OF THIS BOARD

RECERTIFIED FEBRUARY 3, 1978



Frederick P. Quigley
C. A. Hunter, Jr.
C. Christian
Paul H. Burns
William J. Dignan

PRESIDENT OF THE BOARD

Leo J. Dunn
Albert B. Rubin
J. Jerry Hayashi
Charles H. Wendt
Brian Little

Joseph A. Merrill

SECRETARY AND TREASURER

John Van der Mark
E. J. Zemeligan
Henry A. Thode

THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

INCORPORATED



COMPOSED OF REPRESENTATIVES OF THE
AMERICAN GYNECOLOGICAL SOCIETY

AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS
SECTION ON OBSTETRICS AND GYNECOLOGY, AMERICAN MEDICAL ASSOCIATION
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

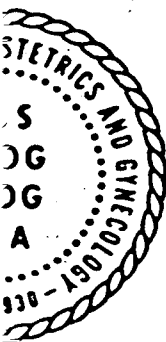
CERTIFIES THAT

JOEL B. BETTIGOLE, M.D.

BOMEX

JUN 15 1981

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. HE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT HE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HIS PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS THEREFORE RECOGNIZED THIS TWENTY-FOURTH DAY OF FEBRUARY, NINETEEN HUNDRED AND SIXTY-SEVEN



Andrew A. Marchetti, M.D.

E. Stewart Taylor

L. E. McGinnis

Ralph C. Benson, M.D.

William C. Kettel

John J. Hurd

Robert T. Parker

Carl P. Huber

Gordon W. Douglas

Clyde L. Randall

W. Norman Hamaker, Jr.

J. Robert Willson

Donald W. Campbell

S. Leon Israel

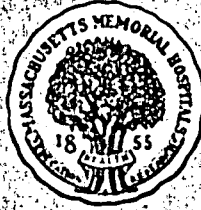
C. M. Randall

SECRETARY AND TREASURER

CHAIRMAN OF THE BOARD



NO D67-1-39



Massachusetts Memorial Hospitals Boston

Know all men by these presents, that

Joel H. Bettigole, M.D.

has faithfully completed the prescribed program of experience and study as
Assistant Resident in Obstetrics and Gynecology July 1, 1961 - June 30, 1963
Resident in Obstetrics and Gynecology July 1, 1963 - June 30, 1964
and in testimony thereof we have subscribed our names on this Diploma

BOMEX

James Preston
President

Linda Carson
JUN 15 1981
Chief of Service

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA
SATISFACTION OF REQUIREMENTS SUMMARY

ORAL EXAMINATION

APPLICATION	Received June 15, 1981	Completed
NAME IN FULL	BETTIGOLE (Last)	JOEL BENJAMIN (First) (Middle)
Current Address		
Telephone	(413) 781-8230 (Office)	
BIRTHPLACE	Date:	
CITIZENSHIP	Check One: <input checked="" type="checkbox"/> Native <input type="checkbox"/> Naturalized	Declared Intention On
Form I	Albany Med. College, Albany, NY 035-03 (Full Name and Location of Medical School)	
MEDICAL EDUCATION	M.D. Awarded: May 31, 1960	Proof Received: 6/22/81 <input checked="" type="checkbox"/> Approved
	ECFMG Certificate No.	Dated: Proof Received:
Form III	In Baystate Med. Ctr., & Springfield Hosp., Springfield, MA (Full Name and Location of Hospital, City and State)	
INTERNSHIP	From: July 1, 1960	to June 30, 1961 Total: 12 Months
	Hospital Accredited from: 19 60 to: 19 61	Proof Received: 6/18/81
Photo	In GS (Field of Training)	for 12 months at Boston City Hosp., Boston, MA (Name of Institution)
RESIDENCY	From July 1, 1961	to June 30, 1962
Photo	In OBG (Field of Training)	for 36 months at Massachusetts Mem. Hosps., Boston, MA (Name of Institution)
	From July 1, 1961	to June 30, 1964
AMERICAN BOARD	Of OBG Photos (Specialty)	Certificate No. D 67-1-39 Issued 2/24/67 recertified 2/3/78
PRACTICE	Field of OBG (Current)	
U.S. MILITARY OR PUBLIC HEALTH SERVICE	Served in NONE (Branch)	From to
	Honorable Discharge Received	Discharge Rank
Form II	Reciprocating through National Boards	No. 59618 Issued 7/1/61 W/E (Certificate) (Date)
LICENSES	In Massachusetts #26760 9/21/61 ; [] W/E <input checked="" type="checkbox"/> Reciprocity With National Boards	
	In Connecticut #13582 7/17/68 ; [] W/E <input checked="" type="checkbox"/> Reciprocity With National Boards	
	In ; [] W/E [] Reciprocity With	
	In ; [] W/E [] Reciprocity With	
PREVIOUS PRACTICE	In Springfield (internship) MA	From July 1 1960 to June 30 19 61
	In Boston (residency) MA	From July 1 1961 to June 30 19 64
	In Springfield, MA	From July 1964 to Date 19 81
	In	From 19 to 19
	In	From 19 to 19
FEES	Temporary \$ Receipt #	Examination \$ Receipt #
	Limited \$ Receipt #	Endorsement \$ 200.00 Receipt # A 013671
INVESTIGATION	AMA Approval 6/15/81, Record Clear, N/D	
	Massachusetts Board Approval 7/6/81, cert. #26760, iss. 9/21/61, End. current, N/D	
	Connecticut Board Approval 6/22/81, cert. #13582, iss. 7/17/68, End. (dropped) not current, N/D	
	Fed State Board Approval 6/24/81, Record Clear, N/D	
	Board Approval	
	Board Approval	
Form IV	Massachusetts Ass'n Approval 6/22/81, mem. gd. stdg., N/D	
	Hampden District Ass'n Approval 6/19/81, mem. gd. stdg., N/D	
	Ass'n Approval	
	Ass'n Approval	
	Ass'n Approval	
INTENDED LOCATION	Phoenix (Arizona Health Plan) AZ	

7/14/81

ok 7/15/81
cc



Governor
Fife Symington

Chairman
Nicholas J. Soldo, M.D.

Vice Chairman
Barry A. Friedman, M.D.

Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

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



CERTIFIED MAIL/RETURN RECEIPT REQUESTED

March 12, 1992

Joel B. Bettigole, M.D.
[REDACTED]

Re: *BOMEX Inquiry (08-29-91) - Joel B. Bettigole, M.D.*

Dear Doctor Bettigole:

During the course of its meeting of Friday, January 24, 1992, 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 during your employment with the A-Z Women's Clinic you failed to file fetal death certificates in accordance with A.R.S. §36-329(A) and A.A.C. R9-19-302.


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.

The Letter of Concern sent to you on March 5, 1992 in this matter was in error and is superceded by this letter.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA


Douglas N. Cerf
Executive Director

DNC/bnm

Arizona Board of Medical Examiners Meeting Minutes
Friday, January 24, 1992

Following the Board's review and discussion of the matter as it related to Doctor McCabe's inappropriate treatment and care for breast cancer in this patient, it was moved by Doctor Voss, seconded by Doctor Keen, and carried via majority vote with Doctors Holsey and Vigil voting in opposition to the motion, that the matter be filed with a Letter of Concern to Doctor McCabe for his inappropriate care of breast cancer in this patient. The Board further instructed staff to advise Doctor McCabe that the above action was taken following its review of all information presented and in his absence when he failed to appear as requested by the Board.

(a) BOMEX Inquiry (10-17-89) (A-Z Women's Center) - Moshe Hachamovitch, M.D.

(b) BOMEX Inquiry (06-04-90) (Good Samaritan Medical Center) - Moshe Hachamovitch, M.D.

(c) Attorney General's Office (06-28-90) vs. Moshe Hachamovitch, M.D. - Informal Interview

On motion by Doctor Keen, seconded by Doctor Friedman and unanimously carried, the Board moved to reopen for discussion at this time the interview with Doctor Hachamovitch as it relates to Doctors Joel Bettigole.

On motion by Doctor McClurg, seconded by Doctor Keen, and unanimously carried that the Board refer the actions of the Nurse Practitioner in this matter to the Nursing Board for their investigation.

It was further moved by Doctor Zonis, seconded by Doctor Voss, and unanimously carried that the matter as it related to Doctor Bettigole's participation in the A-Z Women's Clinic, be filed with a Letter of Concern for failure to file fetal death certificates in accordance with A.R.S. §36-329(A).

On further motion by Doctor Vigil, seconded by Doctor Keen, and unanimously carried the Board initiated an investigation into Biskind and Afan's participation and whether they have filed appropriate fetal death certificates, and that staff conduct a practice survey in six (6) months to determine whether the clinic's medical records are in compliance with the statutes as it relates to filing of fetal death certificates.

New Business (continued)

4) HIV/HBV Transmission to Patients - RE: Policy Statement Related to the Prevention of HIV/HBV Transmission to Patients

Mister Cerf presented information to the members of the Board as it related to the policy statements of the Center for Disease Control Board of Directors of the Federation of State Medical Boards and how this has been incorporated into legislative amendments contained in H.B. 2024, which if passed, will prescribe standards for deterring the spread of the HIV/HBV by health care providers that conform with all

Arizona Board of Medical Examiners Agenda
Tuesday, July 14, 1992

with A.R.S. §36-329(A)," should have included the following language in conclusion of paragraph six, line 38, "...and A.A.C. R9-19-302."

Amendment to the January 24, 1992 Minute Entry, page 90, captioned as "(a) BOMEX Inquiry (10-17-89)(A-Z Women's Center) - Moshe Hachamovitch, M.D.; (b) BOMEX Inquiry (06-04-90)(Good Samaritan Medical Center) - Moshe Hachamovitch, M.D.; and (c) Attorney General's Office (06-28-90) vs. Moshe Hachamovitch, M.D. - Informal Interview," line 13, should have properly reflected the following caption line "BOMEX Inquiry (08-29-91) - Joel B. Bettigole, M.D.," and should have included the following language in conclusion of the third paragraph on line 25, " *and A.A.C. R9-19-302.*"

It is recommended that the Board approve the above-noted Minutes as printed and circulated among the members.

Board Orientation

Mssrs. Cerf and Speicher

Complaints & Malpractice Reviews for Discussion and Board Action

(The Board, upon a majority vote of a quorum of the members, may hold an ***Executive Session*** for the purpose of discussion or consultation for legal advice with the Board's attorney(s) per A.R.S. §38-431.03(A)(3) and (A)(4), as amended, or for the purpose of discussion or consideration of records exempt by law from public inspection per A.R.S. §38-431.03(A)(2) and A.R.S. §32-1451.03(C), (D), (E).)

(As time allows, discussion of the complaint and malpractice reviews will be interwoven throughout today's meeting and, if necessary, will be interwoven throughout the remainder of the Board's meetings through Saturday, July 18, 1992.)

"A" - Complaint Reviews for Discussion and Board Action

1. BOMEX Inquiry (05-28-91) - Harvey Bigelsen, M.D.
2. BOMEX Inquiry (11-04-91) - Ranjit S. Bisla, M.D.
3. BOMEX Inquiry (12-26-91) - William M. Fosdick, M.D.
4. BOMEX Inquiry (01-23-92) - Ranjit S. Bisla, M.D. & Willard S. Hunter, M.D.
5. BOMEX Inquiry (12-02-91) - Ross D. Henderson, M.D.
6. BOMEX Inquiry (10-28-91) - John H. Crothers, M.D.
7. BOMEX Inquiry (07-22-91) - George E. Stavros, M.D. and Michelle Mango, M.D.
8. BOMEX Inquiry (01-22-92) - Willard S. Hunter, M.D.
9. BOMEX Inquiry (12-27-89) - Joseph W. Patterson, M.D.
10. BOMEX Inquiry (02-21-91)(Patient: V.S.C.) - Willard S. Hunter, M.D.
11. BOMEX Inquiry (11-19-91) - Patti J. Perry, M.D.
12. BOMEX Inquiry (08-23-90) - Jogeswar Rath, M.D. & Jon E. Mazursky, M.D.



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Barry A. Friedman, M.D.

Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

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

Telephone (602) 255-3751

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Douglas N. Cerf

Assistant Director for
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Administration
Mark R. Speicher



CERTIFIED MAIL/RETURN RECEIPT REQUESTED

March 5, 1992

Joel B. Bettigole, M.D.
[REDACTED]

*SUPERCEDED BY LETTER OF
CONCERN DATED MARCH 12, 1992*

RE: BOMEX Inquiry (08-29-91) - Joel B. Bettigole, M.D.

Dear Doctor Bettigole:

During the course of its meeting of Friday, January 24, 1992, 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 during your employment with the A-Z Women's Clinic you failed to file fetal death certificates in accordance with A.R.S. §36-329(A).

Please be advised that the Board will retain this file for future reference should similar problems arise.

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
STATE OF ARIZONA

Douglas N. Cerf
Executive Director

DNC/vj



Governor
Fife Symington

Chairman
Richard L. Dexter, M.D.

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CERTIFIED MAIL - RETURN RECEIPT REQUESTED

June 11, 1991

Joel B. Bettigole, M.D.
[REDACTED]

RE: Drug Enforcement Administration (06/15/90) vs. Joel B. Bettigole, M.D.

Dear Doctor Bettigole:

During the course of its meeting of April 9, 1991, 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 with your failure to properly execute a DEA Form 222 in order to transfer Schedule II medications from one location to another.

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/sb

cc: DEA/Diversion Unit

Meredith and carried via majority vote, with Doctor Geyser voting in opposition to the motion, that the matter be filed with a letter of concern to Doctor Mehaffey for writing a prescription in the name of the patient's husband so it would be honored by AHCCCS. The Board also felt that though this was an isolated incident, it showed very poor judgment on the part of Doctor Mehaffey.

B.C. (Patient-C.J.C.) vs. Thomas J. Hughes, Jr., M.D.

CLC#5

Doctor Geyser and Mister Drucker abstained from participating in discussion of this complaint matter.

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Soldo, seconded by Doctor Holsey and unanimously carried, that Doctor Hughes appear for an Informal Interview at a future meeting of the Board.

Charter Hospital of the East Valley (09-02-90) vs. Jose N. Ortiz, M.D.

CLC#6

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Geyser, seconded by Doctor Friedman and unanimously carried, that the matter be filed with a letter of concern to Doctor Ortiz for failure to complete hospital medical records in a timely fashion.

T.C.C. vs. John Hughes, M.D.

CLC#7

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Friedman, seconded by Doctor Meredith and failed, that the matter be filed with a letter of concern to Doctor Hughes for failing to obtain mammographic evidence that the correct area was biopsied.

A substitute motion was made by Doctor Geyser, seconded by Doctor Meredith and carried via majority vote, with Doctors Friedman and Holsey voting in opposition to the motion, that investigation in this matter be continued so that staff may review both sets of x-rays of this patient's breast biopsy.

D.E.A. (06-15-90) vs. Joel B. Bettigole, M.D.

CLC#8

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Mister Drucker, seconded by Doctor Meredith and unanimously carried, that the matter be filed with a letter of concern to Doctor Bettigole for failing to properly execute a DEA Form 222 to transfer Schedule II medications from one location to another.



THE ARIZONA BOARD OF MEDICAL EXAMINERS

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(602) 255-3751

PERSONAL AND CONFIDENTIAL

April 22, 1986

Joel B. Bettigole, M.D.
[REDACTED]

Re: J. F. vs. Joel B. Bettigole, M.D. and Ronald D.
Habros, M.D. - Malpractice

Dear Doctor Bettigole:

During the course of its April 3, 1986 meeting, the Board of Medical Examiners considered the above-referenced matter as it related to your care and treatment of this patient.

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 a letter of concern.

Specifically, the Board was concerned with your failure to recognize a complete perineal tear following a fourth degree extension of the episiotomy.

Though the Board determined to take no formal action at this time, other than to file this matter with a letter of concern, please be advised that the Board will retain this file for future reference should similar problems arise.

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
STATE OF ARIZONA

DOUGLAS N. CERF
Executive Director

DNC/am

BOARD OF MEDICAL EXAMINERS - STATE OF ARIZONAREGULAR MEETING

The Regular Meeting of the Arizona State Board of Medical Examiners reconvened at 8:05 a.m., on Thursday, April 3, 1986, in Suite 401, 1990 West Camelback Road, Phoenix, Arizona; Michael R. Geyser, M.D., Chairman, presiding.

ROLL CALLPRESENT

MEMBERS: J. Scott Alexander, Secretary
 Richard L. Dexter, M.D., Vice Chairman
 Burton N. Drucker
 Michael R. Geyser, M.D., Chairman
 Alta Jeppesen, R.N.
 Phillip Z. Saba, M.D.
 Gilbert L. Sechrist, M.D.
 Stephen R. Stein, M.D.
 Mario P. Valdez, M.D.
 Richard D. Zonis, M.D.

STAFF: Joan E. Blackwell, Recording Secretary
 Jerome F. Borsch, Chief Investigator
 Douglas N. Cerf, Executive Director
 Michael J. Cianci, Jr., Assistant Attorney General
 Thomas D. Grekin, Medical Consultant
 Robin King, Investigator
 David O. Landrith, Associate Executive Director
 James Liddiard, Investigator
 Nancy Logan, Assistant Attorney General
 Meyer Markovitz, M.D., Medical Consultant
 David Pent, M.D., Medical Consultant
 Darrell C. Stubbs, Investigator
 Michael Zakrzewski, Investigator

MEMBERS EXCUSED: M. David Ben-Asher, M.D.
 Elaine P. Young, M.D.

OBSERVERS: Brad Patten, Reporter, The Phoenix Gazette
 David Winkler, MICA

MALPRACTICE REVIEWS - ContinuedP. L. P. vs. Michael S. Smith, M.D. (N)

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Dexter, seconded by Doctor Valdez and carried via majority vote, with Mister Drucker abstaining, that the Board reaffirm their previous determination to file the matter with a letter of concern to Doctor Smith.

R. McK. vs. Richard H. Mushorn, M.D. (CDS-TS), Mont A. Smith, M.D. (TS-CDS) & Roger W. Wilcox, M.D. (GS-TS)

Following a rereview of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Zonis, seconded by Doctor Dexter and carried via majority vote, with Doctor Stein abstaining, that the Board reconsider their previous determination in this matter relating to Doctor Wilcox.

On motion by Doctor Zonis, seconded by Doctor Sechrist and carried via majority vote, the Board determined to rescind their previous action to file this matter for information as it related to Doctor Wilcox's involvement in the case and to further dismiss the matter against him.

J. F. vs. Joel B. Bettigole, M.D. (OBG) & Ronald E. Habros, M.D. (FP)

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Mister Alexander, seconded by Doctor Saba and unanimously carried, that the matter be filed with a letter of concern to Doctor Bettigole for his failure to recognize a complete perineal tear following a fourth degree extension of the episiotomy; and, that the matter be dismissed against Doctor Habros.

J. F. L. vs. Irwin S. Belzer, M.D. (PUD-IM)

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Mister Alexander, seconded by Doctor Valdez and carried via majority vote, that the matter be filed with a letter of concern to Doctor Belzer for his failure to properly diagnose and evaluate the patient, and further indicating the need to maintain accurate records, noting that nothing should be deleted for convenience.

INTERVIEWS

Thomas Bodnar, M.D. (ORS-HS) - Informal Interview

Doctor Bodnar was requested to appear at this date and time for an informal interview; did appear and was interviewed by the members of the Board relative to the malpractice claim alleging mismanagement of a fractured wrist in patient L. F.

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Mister Drucker, seconded by Doctor Dexter and unanimously carried, that the matter be dismissed.



THE ARIZONA BOARD OF MEDICAL EXAMINERS

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December 28, 1984

Joel B. Bettigole, M.D.
[REDACTED]

Re: D. C. vs. Joel B. Bettigole, M.D.

Dear Doctor Bettigole:

During the course of its November 30, 1984 meeting, 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 a letter of concern.

Specifically, the Board was concerned with the technical error you made during surgery in which a suture penetrated the wall of the patient's bladder.

Though the Board determined to take no formal action in this matter, other than to file it with a letter of concern, please be advised that the Board will retain this file for future reference should similar problems arise.

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
STATE OF ARIZONA

DOUGLAS N. CERF
Executive Director

DNC:jh

BOARD OF MEDICAL EXAMINERS - STATE OF ARIZONA

REGULAR MEETING

The Regular Meeting of the Arizona State Board of Medical Examiners reconvened at 8:12 a.m., on Friday, November 30, 1984, in Suite 300, 5060 North Nineteenth Avenue, Phoenix, Arizona; Steven S. Spencer, M.D., Chairman, presiding.

ROLL CALL

PRESENT

MEMBERS: J. Scott Alexander
M. David Ben-Asher, M.D.
Richard L. Dexter, M.D.
Michael R. Geyser, M.D., Vice Chairman
Anna Margaret Osborn
Phillip Z. Saba, M.D., Secretary
Gilbert L. Sechrist, M.D.
Steven S. Spencer, M.D., Chairman
Richard R. Stein, M.D.
Mario P. Valdez, M.D.
Patricia J. Wiebe, R.N.
Richard D. Zonis, M.D.

STAFF: Joan E. Blackwell, Recording Secretary
Jerome F. Borsch, Chief Investigator
Douglas N. Cerf, Executive Director
Thomas D. Grekin, M.D., Medical Consultant
Robert V. Horan, M.D., Medical Consultant
Tim L. Keene, Investigator
David O. Landrith, Associate Executive Director
James Liddiard, Investigator
Meyer Markovitz, M.D., Medical Consultant
Nancy E. Opre, Assistant Attorney General
David Pent, M.D., Medical Consultant
Darrell C. Stubbs, Investigator
Nancy C. Thompson, Law Clerk
Michael Zakrzewski, Investigator

OBSERVERS: Brad Patten, Reporter, The Phoenix Gazette

COMPLAINT REVIEWS - Continued

T. S. H. and H. H. - P. vs. Miguel Santiago, M.D. (AN)

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Dexter, seconded by Mrs.

J. F. vs. Dennis Lee Armstrong, M.D. (ORS)

Doctor Stein was excused from participating in the discussion regarding the malpractice claim against Doctor Armstrong.

Following a review of all pertinent records and discussion of the malpractice matter, it was moved by Doctor Zonis, seconded by Mrs. Wiebe and unanimously carried, with Doctor Geyser abstaining, that the matter be filed with a letter of concern to Doctor Armstrong expressing the Board's concerns over his failure to provide sufficient protection of the patient's leg during the early postoperative period which was necessary to prevent a rotational mal-alignment.

G. F. S. vs. Richard A. Silver, M.D. (ORS-HS)

Doctor Ben-Asher was excused from participating in the discussion regarding the malpractice claim against Doctor Silver.

Following a review of all pertinent records and discussion of the malpractice matter, it was moved by Doctor Dexter, seconded by Doctor Stein and carried, via a majority vote, that the matter be dismissed.

D. C. vs. Joel B. Bettigole, M.D. (OBG)

Following a review of all pertinent records and discussion of the malpractice matter, it was moved by Doctor Zonis, seconded by Doctor Dexter and unanimously carried, that the matter be filed with a letter of concern to Doctor Bettigole regarding the technical error during surgery in which a suture penetrated the wall of the bladder.

J. D. T. vs. Robert D. Mills, M.D. (ORS)

Following a review of all pertinent records and discussion of the malpractice matter, it was moved by Doctor Geyser, seconded by Doctor Zonis and unanimously carried, that the matter be filed with a letter of concern to Doctor Mills relative to his operating on the wrong side of the patient's elbow.

V. J. vs. Wayne L. Wertz, M.D. (GS)

Following a review of all pertinent records and discussion of the malpractice matter, it was moved by Doctor Zonis, seconded by Doctor Ben-Asher and unanimously carried, that investigation of this

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020 Phone: (602) 255-3751

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN'S NAME: Bettigole Joel B
(Last Name) (First Name) (MI)

LICENSE NUMBER: 13015 SPECIALTY: FYN

CHECK ONE: Initial Application: _____ Renewal Application: ✓

Please list below ALL locations where you will be dispensing controlled substances and prescription-only medications. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

PRIMARY PRACTICE LOCATION:

Street Address: <u>3143 N 32nd St</u>				City/State/Zip Code: <u>Phoenix AZ 85018</u>			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>	Stadol	<input type="checkbox"/>

ADDITIONAL PRACTICE LOCATIONS:

Street Address: <u>2525 S. Rural Rd</u>				City/State/Zip Code: <u>Tempe AZ 85280</u>			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>	Stadol	<input type="checkbox"/>

Street Address: <u>1275 S. 5th Ave</u>				City/State/Zip Code: <u>Tucson AZ 8576</u>			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Nubain	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input type="checkbox"/>	Schedule V Drugs	<input type="checkbox"/>	Prescription Devices	<input type="checkbox"/>	Stadol	<input type="checkbox"/>

***** List any additional locations on the reverse side of this form and place a check mark here: ☐

With this registration form, include a photo copy of your current Drug Enforcement Administration (DEA) Certificate of Registration for each dispensing location where controlled substances will be maintained and/or dispensed. Return your completed registration form and certificate(s) to ATTENTION: Dispensing Physician Registration at the address listed on the top of this application form.

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

☒ Form Completed ☒ DEA Certificate(s) Enclosed ☒ Fee of \$ 100 enclosed

Physician's Signature: [Signature] Date: 5/5/97

ADDITIONAL PRACTICE LOCATIONS:

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

Street Address:				City/State/Zip Code:			
Schedule II Drugs		Schedule III Drugs		Prescription-Only Drugs		Nubain	
Schedule IV Drugs		Schedule V Drugs		Prescription Devices		Stadol	

For Business Office Staff Use Only

Check No.: 4374 Date Received: 5/7/97 Batch No.: 079568 By: [Signature]

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020 Telephone: (602) 255-3751

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN'S NAME: Bethigale (Last Name) B M.I. Joel First Name

LICENSE NUMBER: 13015 SPECIALTY: GEN

CHECK ONE: Initial Application: ☒ Renewal Application: ☐

Please list below ALL locations where you will be dispensing controlled substances and prescription-only medications. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

PRIMARY PRACTICE LOCATION:

Street Address: <u>3143 N 32nd ST</u>				City/State/Zip Code: <u>Phoenix, AZ 85018</u>			
Schedule II	<input type="checkbox"/>	Schedule III	<input checked="" type="checkbox"/>	Schedule IV	<input checked="" type="checkbox"/>	Schedule V	<input type="checkbox"/>
Nubain	<input checked="" type="checkbox"/>	Stadol	<input type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>

ADDITIONAL PRACTICE LOCATIONS:

Street Address: <u>2525 S. Rural Rd 4C</u>				City/State/Zip Code: <u>Tampa, AZ 85280</u>			
Schedule II	<input checked="" type="checkbox"/>	Schedule III	<input checked="" type="checkbox"/>	Schedule IV	<input checked="" type="checkbox"/>	Schedule V	<input type="checkbox"/>
Nubain	<input checked="" type="checkbox"/>	Stadol	<input type="checkbox"/>	Prescription-Only Drugs	<input checked="" type="checkbox"/>	Prescription Devices	<input type="checkbox"/>

Street Address:				City/State/Zip Code:			
Schedule II	<input type="checkbox"/>	Schedule III	<input type="checkbox"/>	Schedule IV	<input type="checkbox"/>	Schedule V	<input type="checkbox"/>
Nubain	<input type="checkbox"/>	Stadol	<input type="checkbox"/>	Prescription-Only Drugs	<input type="checkbox"/>	Prescription Devices	<input type="checkbox"/>

***** List any additional locations on the reverse side of this form and place a check mark here: ☐

With this registration form, include a photo copy of your current Drug Enforcement Administration (DEA) Certificate of Registration for each dispensing location where controlled substances will be maintained and/or dispensed. Return your completed registration form and certificate(s) to ATTENTION: Dispensing Physician Registration at the address listed on the top of this application form.

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 per physician

☒ Form Completed ☒ DEA Certificate(s) Enclosed ☒ Fee of \$ _____ enclosed

Physician's Signature: [Signature] Date: 4/4/96

ADDITIONAL PRACTICE LOCATIONS:

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

Street Address:				City/State/Zip Code:			
Schedule II		Schedule III		Schedule IV		Schedule V	
Nubain		Stadol		Prescription-Only Drugs		Prescription Devices	

For Business Office Staff Use Only

Check No.: 3783 Date Received: 4/8/96 Batch No.: A072001 By: dep

RECORD OF CME ACTIVITY - 1992

[illegible]

I attest that the above is valid.

(Signature)

Joe B. Betts
(Name - Please Print)

11/26/92
Date

13015
License No.



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Chairman
Nicholas J. Soldo, M.D.

Vice Chairman
Barry A. Friedman, M.D.

Secretary
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Assistant Director for
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Administration
Mark R. Speicher



October 28, 1992

Joel B. Bettigole, M.D.
1040 E. Osborn Rd., Ste. 602
Phoenix, AZ 85014

Re: Continuing Medical Education for License Reregistration

Dear Doctor Bettigole:

In order to renew medical licensure in the State of Arizona, a physician is required to complete twenty credit hours of continuing medical education each calendar year.

The Regulation further provides that each year the Board may randomly require physicians to demonstrate, prior to renewal of license, satisfaction of this continuing medical education requirement. Please be informed that you have been selected to submit a written list of your CME activities during 1992 for renewal of your 1993 license. You may wish to note that approved continuing medical education activities are no longer restricted to those in Category I. (Please see the enclosed copy of the Regulation for further information on approved continuing medical education activities.)

Please use the enclosed "Record of CME Activity" for the listing of your participation in continuing medical education during 1992. **DO NOT SEND IN CERTIFICATES OR OTHER DOCUMENTS.** Please return this form along with your other renewal materials which are also being mailed under separate cover.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

DOUGLAS N. CERF
Executive Director

DNC:jh
Enclosures



Governor
Rose Mofford
Chairman
Richard L. Dexter, M.D.
Vice Chairman
Gilbert L. Sechrist, M.D.
Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

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
Assistant Director for
Medical Investigations
David G. Greenberg, M.D.

October 4, 1990

Joel B. Bettigole, M.D.
[REDACTED]

Re: Continuing Medical Education for License Reregistration

Dear Doctor Bettigole:


In order to renew medical licensure in the State of Arizona, a physician is required to complete twenty credit hours of continuing medical education each calendar year.

The Regulation further provides that each year the Board may randomly require physicians to demonstrate, prior to renewal of license, satisfaction of this continuing medical education requirement. Please be informed that you have been selected to submit a written list of your CME activities during 1990 for renewal of your 1991 license. You may wish to note that approved continuing medical education activities are no longer restricted to those in Category I. (Please see the enclosed copy of the Regulation for further information on approved continuing medical education activities.)

Please use the enclosed "Record of CME Activity" for the listing of your participation in continuing medical education during 1990. **DO NOT SEND IN CERTIFICATES OR OTHER DOCUMENTS.** You can either return your activity list now or wait and enclose it with your other renewal materials, which will be mailed out around the first week of November.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA


DOUGLAS N. CERF
Executive Director

DNC:jh
Enclosures



THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 west camelback road, suite 300 • phoenix, arizona 85015

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Assistant Director for

Licensure and Administration

Mark R. Speicher

Assistant Director for

Medical Investigations

David G. Greenberg, M.D.

Telephone

(602) 255-3751

November 28, 1989

Joel B. Bettigole, M.D.
1002 E. McDowell Rd., Ste. B
Phoenix, AZ 85006

Re: Annual License Reregistration

Dear Doctor Bettigole:

The Arizona Board of Medical Examiners has received your application for renewal of your medical license for 1990.

Your application forms are being returned, however, as they are deficient in the items checked below:

- ☒ CME not verified by your signature.
- ☒ Reverse side of card not completed.
- ☐ Field(s) of practice not indicated.

Upon receipt of the above information, the Board will be in a position to process your application for renewal.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Douglas N. Cerf
Executive Director

DNC:jh
Enclosures

P.S. PLEASE NOTE THAT THE ABOVE MUST BE POSTMARKED ON OR BEFORE FEBRUARY 1 TO AVOID THE ASSESSMENT OF AN ADDITIONAL \$250 LATE PENALTY FEE.

Joel B. Bettigole, M.D.

6/10/91

AZ Board of Medical Examiners!

I would like to take
the SPEX Exam as a
- Courtesy Candidate on

Sept 12, 1991. I have
AZ license 13015

I am applying for a
Nevada License. IF this
is possible, please notify me
of the fee.

Sincerely

RECEIVED B.O.M.E.X.

J. Bettigole, M.D.

275.00



AZ Board of Medical Examiners
2001 W. Camelback
Phoenix, AZ 85013



Governor
Fife Symington

Chairman
Nicholas J. Soldo, M.D.

Vice Chairman
Barry A. Friedman, M.D.

Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

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



October 15, 1991

Joel B. Bettigole, M.D.

Re: SPEX Examination

Dear Doctor Bettigole:

Please find enclosed the results of the September 12, 1991 SPEX Examination which you sat for in Arizona for the purpose of applying for a Nevada license.

Please also find enclosed a Federation of State Medical Boards History Report Envelope, which will enable the scores to be forwarded to the Nevada Board.

Congratulations on passing the examination.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Char McCall
Manager, Licensing Department

/cm
Enclosures: 2

28 BETTIGOLE
29 JOEL B

FOR THE STATE OF ARIZONA
STATE BOARD I.D. NO.

I.D. NO. 340720503

SCORE = 79

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BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

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

Date: July 26, 1991

Joel B. Bettigole, M.D.


Re: SPEX Examination

Dear Doctor:

Please accept this letter as notification to appear at the YWCA

9440 North 25th Avenue

Phoenix, Arizona, at 8:00 A.M., on THURSDAY, September 12, 1991

for the purpose of participation in the SPEX Examination to be conducted by this Board of Medical Examiners, State of Arizona. The examination will comprise one full day with scheduled recess and luncheon breaks.

IF FOR ANY REASON YOU CANNOT BE PRESENT FOR THIS EXAMINATION, PLEASE NOTIFY THIS OFFICE AS SOON AS POSSIBLE BY TELEPHONE AND A WRITTEN FOLLOW-UP LETTER.

NO MATERIAL OTHER THAN WHAT IS PROVIDED WILL BE ALLOWED, THIS INCLUDES COMPUTERIZED WRIST WATCHES. SMOKING IS NOT PERMITTED IN THE TEST ROOM. THERE ARE SOFT-DRINK AND SNACK VENDING MACHINES AVAILABLE FOR YOUR USE; YOU ARE NOT ALLOWED TO BRING FOOD ITEMS WITH YOU INTO THE BUILDING.

NOTE: APPLICANTS HOLDING A TEMPORARY LICENSE TO PRACTICE MEDICINE IN ARIZONA: BE ADVISED THAT THE TEMPORARY LICENSE WILL EXPIRE ON THE LAST DAY OF THE MONTH IN WHICH WE RECEIVE THE RESULTS OF THIS SPEX EXAMINATION. TEMPORARY LICENSES WILL NOT BE EXTENDED, RENEWED, REISSUED OR ALLOWED TO CONTINUE IN EFFECT BEYOND THE PERIOD AUTHORIZED, IN ACCORDANCE WITH ARIZONA REVISED STATUTES.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

/ce

Encs. Restaurant & Hotel Information
City Map of Area

P.S. The luncheon break will be between 11:00 A.M. and 12:00 Noon. You may make arrangements for lunch at the YWCA if you call them AT LEAST ONE WEEK IN ADVANCE, at (602) 944-0569.

P.S.S. Enclosed please our receipt #A 040038 in the amount of \$275.00.



Governor
Fife Symington

Chairman
Richard L. Dexter, M.D.

Vice Chairman
Michael R. Geysler, M.D.

Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

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

June 25, 1991

Joel B. Bettigole, M.D.

Re: SPEX Examination

Dear Doctor Bettigole:

This will acknowledge receipt of your June 10, 1991 letter. Enclosed please find a blue SPEX application, this application will have to be completed and signed and returned to this office as soon as possible. Your fee for this SPEX Examination will be \$275.00.

Please be advised that once your application and fee are in you will be added to the list of candidates participating in the September 12, 1991 SPEX Examination. We will advise you approximately four (4) weeks in advance of the exact time and place of this exam.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

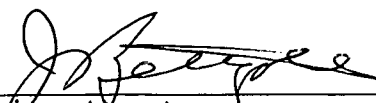
Becky A. Drew
Licensing Specialist

/bd
Enc. 4

RECORD OF CME ACTIVITY - 1990

Dates	Type of CME Activity	No. of Credit Hours
3/17+18/90	Joint Surveyor Training AAAHC	12.5 Cat I
3/29/90	Hennepin Hosp Seminar	1.0 Cat I
11/14/90	ST Joseph's Hosp - Seminar Hypothyroidism	3.0 Cat I
5/15/90	Hennepin HealthPlan QA Committee	16.5 Cat I
5/15/90	Hennepin HealthPlan QA Committee	2.0
5/22/90	" " Physicians Advisory Board	2.0
7/24/90	" " QA Committee	2.0
9/11/90	" " Physicians Advisory Board	2.0
10/24/90	" " QA Committee	2.0
11/7/90	" " Utilization Committee	2.0
11/15/90	" " Pharmacy + Therapeutics "	2.0
12/5/90	" " QA Committee	2.0
monthly	Obstetrics + Gynecology (Journal)	12.0
monthly	Journal of Reproductive medicine	12.0
		<u>56.5</u>

I attest that the above is valid.


 (Signature)
 Joel B. Bettigole
 (Name - Please Print)

11/14/90
 Date
 13015
 License No.

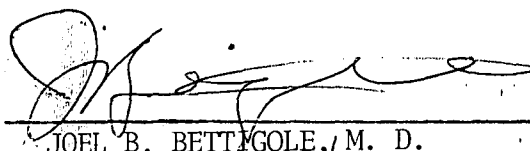
OK 12/6/90

RECEIVED FROM THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, A LICENSE
TO PRACTICE MEDICINE IN ARIZONA.

DATED: SEPTEMBER 30, 1981

LICENSE#: 13015

Signed



JOEL B. BETTIGOLE, M. D.

Date

10/7/81

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

RECOMMENDATION AS TO LICENSING

Name of Candidate JOEL BLETTLGOLF

Names of Examiners BECKERT - BLACKWELDER

Date: 2-24-81

Do you jointly recommend, on the basis of this oral interview, that
the candidate be licensed to practice medicine in the State of Arizona?

Yes ✓ No

If recommendation for licensure of either one or both examiners is
negative, the reasons must be given below:

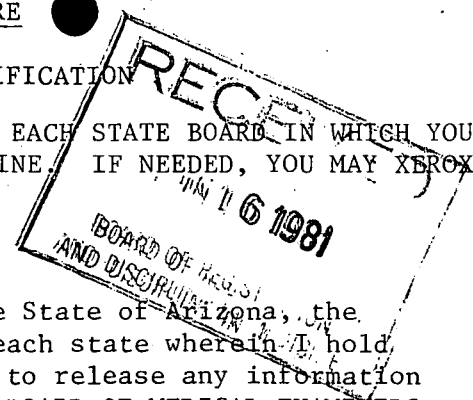
VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

In applying for a license to practice medicine in the State of Arizona, the Medical Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.



Joel B. Bettigole M.D.
(Signature)

Name: Joel B. Bettigole M.D.

Address: 110 Maple St
Springfield, Mass 01106

My license number is: 26760

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE ARIZONA BOARD OF MEDICAL EXAMINERS

State of: Massachusetts

Full Name of Licensee: Joel B. Bettigole

Graduate of: Albany Medical College

License No.: 26760 Issue date: Sept. 21, 1961

By: Endorsement/Reciprocity with _____

By: Your State Board's Written Examination National Board

License is current? Yes If NO, Why Not? _____

Has license been suspended or revoked? _____ If YES, Why? _____

Has licentiate ever been on probation? _____ If YES, Why? _____

Has licentiate ever been requested to appear before your Board? _____

If YES, Why? _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: James F. McDonough, M.D., Chairman
Title: Chairman Board of Registration in Medicine
Leverett Saltonstall Building
State Board: of Medicine 100 Cambridge Street, Room 1511
Date: July 1, 1981 Boston, MA 02114

JUL 6 1981

(PLEASE USE REVERSE SIDE FOR COMMENTS)

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

In applying for a license to practice medicine in the State of Arizona, the Medical Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Joel B Bettigole M.D.
(Signature)
Name: Joel B. Bettigole M.D.
Address: 110 maple st
Springfield, Mass
My license number is: 13582

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE ARIZONA BOARD OF MEDICAL EXAMINERS

State of: Connecticut

Full Name of Licensee: Joel Benjamin Bettigole, M.D.

Graduate of: Albany Medical College, Albany, N.Y. - 1960

License No.: 13582 Issue date: July 17, 1968

By: Endorsement/~~Recognition~~ with National Boards 1961

By: Your State Board's Written Examination _____

License is current? No If NO, Why Not? Dropped 1981

Has license been suspended or revoked? No If YES, Why? _____

Has licentiate ever been on probation? No If YES, Why? _____

Has licentiate ever been requested to appear before your Board? No

If YES, Why? _____

Derogatory information, if any None on file

Comments, if any None

BOARD SEAL

Signed: Mary E. Bayers
Title: Chief, Licensure & Registration
~~State Board~~ Conn. Dept. of Health Services
Date: June 19, 1981

BOMEX
JUN 22 1981

(PLEASE USE REVERSE SIDE FOR COMMENTS)

VERIFICATION OF MEMBERSHIP

Dear Sir:

In applying for a license to practice medicine in the State of Arizona, the Medical Board requires this form to be completed by each state, county and province medical society wherein I hold or have ever held membership. This is your authority to release any information in your files, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 NORTH 19th AVENUE, SUITE 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Name: Joel B. Bettigole, M.D. Joel B Bettigole, M.D.
(Signature)

Address: 110 maple St
Springfield, Mass

The physician named above stipulates his whereabouts as including your state or province. We will be grateful to receive your comments as to current or prior membership, if any, together with any information you may possess, favorable or otherwise, regarding his character; habits; reputation; physical, mental and professional competence; medical ethics; etc.

We are not in a position to grant the request for licensure until your response is received, and this Board and the doctor would most appreciate your response as quickly as possible.

Your response will be held in strict confidence and we thank you for your cooperation.

Is Member in good standing

Our records contain no information on physician. He is not now nor has he ever been a member.

Is ~~was~~ a member in good standing from May 3, 1962 to present

Derogatory information

You may use the reverse side of this letter for your response if you wish.

From: Name and Title: Charles G. Shedd, M.D., Secretary-Treasurer

Name of Society: Massachusetts Medical Society

Address: 22 The Fenway, Boston, MA 02215

Date: June 16, 1981

Signature: Charles G. Shedd, M.D.

BOMEX

JUN 28 1981

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Joel Bettigole
(Signature)

M.D.

Name:

Joel B. Bettigole

M.D.

Address:

110 Maple St
Springfield, Mass.

(DO NOT DETACH)

1. What privileges were extended to the applicant? _____

OBS - Gynecology

2. For how long? 10/9/68 to present

3. Were any limitations imposed on such privileges? No

If YES, please explain. _____

4. Were staff privileges ever removed or restricted? No

If YES, please explain. _____

Derogatory Information, if any _____

Comments, if any Mercy Hospital closed its Maternity in 1970. Since that time,
even though Dr. Bettigole maintained membership on the Associate
Courtesy staff, he has not admitted patients.

BOMEX

Chief of Staff: Charles Atamian, M.D.

Hospital Name: Mercy Hospital

Address: 271 Carew Street

Springfield, MA 01104

Date: June 18, 1981

Signature: Sister Mary Caritas, Administrator

(PLEASE USE REVERSE SIDE FOR COMMENTS)

(SEAL OF HOSPITAL)

(If none, so indicate)

HAMPDEN COUNTY MEDICAL GROUP

110 MAPLE STREET

SPRINGFIELD, MASS. 01105



Board of Medical Examiners
State of Arizona
5060 N. 19th Ave Suite 300
Phoenix, AZ 85015

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Joel B. Bettigole, M.D. M.D.
(Signature)

Name: Joel B. Bettigole M.D.

Address: 110 Maple St
Springfield, Mass 01103

(DO NOT DETACH)

1. What privileges were extended to the applicant? _____

Courtesy Staff privileges in Obstetrics-Gynecology

2. For how long? January, 1972 to present

3. Were any limitations imposed on such privileges? No

If YES, please explain. _____

4. Were staff privileges ever removed or restricted? No

If YES, please explain. _____

Derogatory Information, if any None

Comments, if any _____

Chief of Staff: Philip J. Halon, M.D.

Hospital Name: Wing Memorial Hospital

Address: Wright Street

Palmer, MA 01069

Date: June 18, 1981

Signature: William P. [Signature] Executive Director

(PLEASE USE REVERSE SIDE FOR COMMENTS)

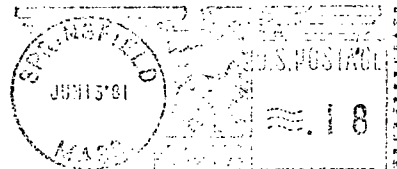
(SEAL OF HOSPITAL)
BOMEX
(If not, indicate)

JUN 22 1981

HAMPDEN COUNTY MEDICAL GROUP

110 MAPLE STREET

SPRINGFIELD, MASS. 01105



Board of Medical Examiners
State of Arizona
5060 N 19th Ave Suite 300
Phoenix, AZ 85015

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Joel B. Beazley

(Signature)

M.D.

Name: Joel B. Beazley

M.D.

Address: 110 Maple St

Springfield, Mass 01103

(DO NOT DETACH)

1. What privileges were extended to the applicant? Ob-Gyn

2. For how long? June 1975 to present

3. Were any limitations imposed on such privileges? No

If YES, please explain.

4. Were staff privileges ever removed or restricted? No

If YES, please explain.

Derogatory Information, if any

Comments, if any

Chief of Staff: Harvey M. Grant, M.D.

Hospital Name: Ludlow Hospital

BOMEX

Address: 14 Chestnut Place

Ludlow, MA 01056

JUN 18 1981

Date: June 16, 1981

Signature: Nancy M. Grant

(PLEASE USE REVERSE SIDE FOR COMMENTS)

(SEAL OF HOSPITAL)

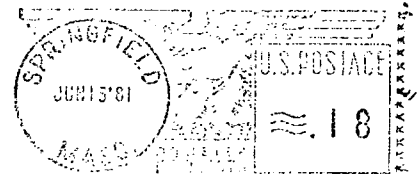
(If none, so indicate)

NONE

HAMPDEN COUNTY MEDICAL GROUP

110 MAPLE STREET

SPRINGFIELD, MASS. 01105



Board of Medical Examiners
State of Arizona
5060 N. 19th Ave Suite 302
Phoenix, AZ 85015

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Chief of Staff, in each hospital where I have held privileges during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Joel B. Bettigole
(Signature)

M.D.

Name:

Joel B. Bettigole

M.D.

Address:

110 Maple St

Springfield, Mass

(DO NOT DETACH)

1. What privileges were extended to the applicant? Full privileges in Obstetrics and Gynecology

2. For how long? Since 1964

3. Were any limitations imposed on such privileges? No

If YES, please explain.

4. Were staff privileges ever removed or restricted? No

If YES, please explain.

Derogatory Information, if any

Comments, if any

Chief of Staff: (President)

A. W. Janes, M. D., President, Medical Staff

Hospital Name: Baystate Medical Center

Address: 759 Chestnut Street, Springfield, Massachusetts

Date: June 16, 1981

Signature:

A. W. Janes MD

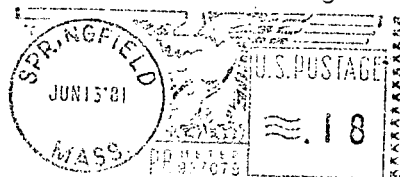
(PLEASE USE REVERSE SIDE FOR COMMENTS)

(SEAL OF HOSPITAL)

(If none, so indicate)

BUMEX
JUN 18 1981

MEDICAL GROUP
110 MAPLE STREET
SPRINGFIELD, MASS. 01105



Arizona Board of Medical Examiners
5060 N. 19th Ave Suite 300
Phoenix, AZ 85015

Bettigole,
✓ Joel B.

To respond accurately to your recent inquiry, we will need the answer to ALL of the following to determine your qualifications toward Arizona licensure. Return the completed form as quickly as possible to: BOARD OF MEDICAL EXAMINERS, 5060 N. 19th Ave., Suite 300, Phoenix, Arizona 85015.

PRINT Full Legal Name: Joel B. Bettigole
 Current Office Address: 110 maple St
 City: Springfield State: Mass Zip Code: 01106 Area Code: 413 Phone: 781 8230
 Current Residence Address: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Phone: [REDACTED]
 MEDICAL SCHOOL: Name: Albany Med. Coll.
 Location: City & State: Albany, NY Date of Degree: 1960
 CLINICAL CLERKSHIP (5th Pathway Program) HOSPITAL [REDACTED]
 ADDRESS: [REDACTED]

Term: Started: _____ Completed: _____

INTERNSHIP: (U.S. & Canadian ONLY) Name of Hospital: Bay State Medical Center
 ADDRESS: Springfield, Mass 01107

Term: Started: 1960 Completed: 1961

RESIDENCY: (U.S. & Canadian ONLY) Name of Hospital: Boston City & Boston University Medical Center
 ADDRESS: Boston, Mass

Term: Started: 1961 Completed: 1964

Specialty Field: OB-GYN

(NOTE: If more than one hospital for Internship or Residency, attach separate listing.)

Are you a Diplomate of any of the American medical specialty boards? Which? OB-GYN

Have you completed the educational requirements for any of the American medical specialty boards? Which? _____

LICENSES: List ALL of the States or Provinces in which you have ever held licensure:

1. Mass 2. Conn 3. _____ 4. _____ 5. _____

Are you a Diplomate of the National Board of Medical Examiners (NBME)? Yes 1961
 (Yes or No) (Date Issued)

Are you a Diplomate of the Licensing Medical Council of Canada (LMCC)? _____
 (Yes or No) (Date Issued)

Give name of State (or NBME or LMCC); exact date of issuance and number, of most recent certificate or license issued following complete Clinical WRITTEN EXAMINATION:

State; NBME or LMCC: _____ Certificate No. _____ Issued: _____

Was this a FLEX examination? _____
 (Yes or No) (If Yes, what was your FLEX weighted average?)

CITIZENSHIP: (☒) Birth (☐) Naturalization (☐) Declaration of Intent
 (☐) Hold Permanent Immigrant Status (☐) Awaiting Quota Assignment

BIRTHPLACE: [REDACTED] DATE OF BIRTH: [REDACTED]

MILITARY - U.S. ONLY: (☐) ARMY (☐) AIR FORCE (☐) MARINE CORPS (☐) NAVY

(☐) USPHS (☐) COAST GUARD DATES OF ACTIVE DUTY? _____

End. app
 Forms I-^{NB}II, AMA, Juse, 3 hosp, Intern.
 (TUMBLE)
 Given 4/8/81 (oral sched.)

All your hospital affiliations for the past five years (other than training hospitals), listing locations: Bay State Medical Center, Springfield, Mass
Worcester Hosp. Springfield, Mass
Wendover Hosp. Ludlow, Mass

(NOTE: If more than three hospitals, attach separate listing.)

PRACTICE: List City & State Where You Practice: Springfield, Mass

Date Practice Above Was Established: 1964

FOREIGN MEDICAL

SCHOOL GRADUATES: ECFMG Certificate No. _____ Date Issued: _____

STATE OR COUNTY MEDICAL SOCIETIES, current or past Memberships: Mass Medical

Hamden Dist. Medical Society

SIGNATURE: Sign Name: Joel B. Beezley, M.D.

Date: 2/8/81, 19____.

REGULAR LICENSURE

Regular licenses to practice medicine in Arizona may be offered through Written Examination OR Endorsement OR Endorsement with Oral Examination, the applicant being qualified for the method of entrance by education, post-graduate education, experience or practice to the extent required by Arizona statutes.

WRITTEN EXAMINATION

Arizona offers the FLEX examinations to qualified candidates. (NOTE: Arizona accepts other domestic licenses as a result of FLEX examinations for endorsement purposes; however, we cannot present the FLEX examinations for other jurisdictions nor permit Arizona candidates to partake of the FLEX examinations elsewhere.)

ENDORSEMENT and/or ORAL EXAMINATION

Endorsement is offered to otherwise eligible applicants upon a license or certificate issued by any of these United States, its Territories, the District of Columbia, the National Board of Medical Examiners or the Licensing Medical Council of Canada, issued as a result of a WRITTEN EXAMINATION, such license or certificate being current and in good standing. If said license or certificate was issued more than fifteen years preceding the application, the applicant MUST submit to Oral Examination in his specialty practice.

(ARIZONA DOES NOT OFFER ENDORSEMENT OF PROVINCIAL LICENSES)

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: 480-551-2702
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Tim B. Hunter, M.D.
Chair

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

Douglas D. Lee, M.D.
Secretary

November 1, 2005

PERSONAL and CONFIDENTIAL

Joel Bettigole, M.D.


**Re: S. J. vs. Joel Bettigole, M.D.
Investigation No. MD-04-0201**


Dear Dr. Bettigole:

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/vb

Enclosures

Cc: Investigative File

***Arizona Board of Medical Examiners Meeting Minutes
Monday, October 19, 1992***

Bomex Inquiry (01/09/92) - Edward B. Diethrich, M.D.

CD#1

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Keen, and unanimously carried that this matter be dismissed against Doctor Diethrich. Doctor Shack opposed this motion.

Bomex Inquiry (10/31/91) - Joel Bettigole, M.D.

CD#2

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Mister Cooper, and unanimously carried that this matter be filed for information.

R.P. vs. David Gralnek, M.D.

CD#3

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Shack, seconded by Doctor Voss, and unanimously carried that this matter be dismissed against Doctor Gralnek.

D.R. vs. Ronald B. Joseph, M.D.

CD#4

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Shack, and carried that this matter be dismissed against Doctor Joseph. Doctor Holsey and Mister Drucker opposed this motion.

A.V.W. (Patient: V.A.) vs. Paul Stander, M.D. and Anil Nanda, M.D.

CD#5

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Holsey, and unanimously carried that this matter be dismissed against Doctor Nanda.

It was further moved by Doctor Zonis, seconded by Doctor Keen, and unanimously carried that this matter be filed with an advisory Letter of Concern to Doctor Stander for delay in seeing this patient.

Arizona Board of Medical Examiners Meeting Minutes
Wednesday, October 21, 1992

C.U.W. (Patient: P.W.) vs. Timothy R. Derksen, M.D.

C#72

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Keen, and carried that this investigation into this matter be continued to determine if the matter of the assistant surgeon's fees were discussed with the patient. Doctors Vigil, Holsey, Friedman, and Voss opposed this motion.

E.L. vs. Richard Anderson, M.D.

C#89

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Keen, seconded by Doctor Voss, and unanimously carried that this matter be dismissed against Doctor Anderson.

Bomex Inquiry (07/30/91) - Robert Zuch, M.D.

C#109

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Friedman, seconded by Doctor Zonis, and carried that Doctor Zuch be invited for an Informal Interview at a future meeting of the Board to discuss his recordkeeping.

Bomex Inquiry (05/01/92) - Willard S. Hunter, M.D.

C#110

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Zonis, seconded by Doctor Friedman, and unanimously carried that this matter be dismissed against Doctor Hunter.

***Complaint Reviews for Board Action with Recommendations
for Dismissal from Medical Consultant and Lead Board Member***

Following a review of the files and records listed below, including the complaint, physician's response, the report and recommendations of the Board's investigating member and staff medical investigators, the Board found no evidence of incompetence or unprofessional conduct or judgmental or technical error for any of the licentiates listed below and on motion by Doctor Keen, seconded by Doctor McClurg, and unanimously carried the Board determined that these matters be ***dismissed***:

1. E.J. vs. Bruce Shelton, M.D.
2. C.G.C. vs. Allan J. Kogan, M.D.
3. L.L. vs. Robert H. Tamis, M.D.
4. *Pulled for Discussion*
5. *Pulled for Discussion*
6. A.M.P. vs. Saul Amber, M.D.

***Arizona Board of Medical Examiners Meeting Minutes
Wednesday, October 21, 1992***

94. S. S. vs. Ralph Herro, M.D.
95. M.T. vs. David Rand, M.D.
96. J.W. vs. William Kuo-Ping Li, M.D.
97. Bomex Inquiry (10/02/90) - Paul Horwitz, M.D.
98. W.P. (Patient: F.P.) vs. Darryl Stern, M.D.
99. B.H. vs. Arthur Goldberg, M.D.
100. A.M. vs. Joseph Caplan, M.D.
101. E.M. vs. Merle Scherr, M.D.
102. S.D.M. (Patient: S.D.M. and C.M.) vs. James Hurley, M.D.
103. V.G.R. vs. Daniel J. Briceland, M.D.
104. Bomex Inquiry (05/15/92) - Joel Bettigole, M.D.
105. E.A. vs. A. Paul Kehle, M.D.
106. G.B. vs. Ronald Castro, M.D.
107. Radiologic Technology Board of Examiners (07/02/92) - Carl Hoffman, M.D.
108. B.S.V. vs. Veronica J. Gaetze, M.D.
109. *Pulled for Discussion*
110. *Pulled for Discussion*

Malpractice Review for Board Action

A.L.G. vs. Rafael Vega, M.D. and Theodore J.H. Smith, M.D.

M#13

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Fiedman, seconded by Doctor Shack, and unanimously carried that this matter be dismissed against Doctor Smith.

J.D. vs. Eugene O'Campo, M.D.

M#18

Following a review of all pertinent records and discussion of the malpractice claim, 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 O'Campo for failure to take adequate history and failure to diagnose a dissecting aneurysm in this patient.

H.L. vs. Ronald Gordon, M.D.

M#23

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Zonis, seconded by Doctor Voss, and unanimously carried to continue investigation into this matter to determine if treating physicians were notified of Doctor Gordon's findings.

D.C. vs. Mark Melson Stevenson, M.D.

M#26

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Friedman, seconded by Doctor Voss, and unanimously carried that

Arizona Board of Medical Examiners Meeting Minutes
Monday, April 6, 1992

(a) BOMEX Inquiry (09-04-90) - Michael R. Zales, M.D.

(b) BOMEX Inquiry (12-13-90) - Michael R. Zales, M.D. - Informal/Probation Interview

Doctor Zales was requested to appear at this date and time for an Informal/Probation Interview; did appear; and was interviewed by the members of the Board regarding his compliance with the Board's Order of Probation and information presented by Doctor Zales that he would be out of State during the summer months.

Following the Board's discussion of Doctor Zales' ongoing rehabilitation efforts, it was moved by Mister Drucker, seconded by Doctor Shack, and unanimously carried that Doctor Zales' Order of Probation be continued as currently in effect and that he appear for further interview at the Board's October, 1992 meeting. The Board further directed staff to ensure that Doctor Zales would continue to be monitored in his new location where he will be living during the summer.

Complaint Reviews for Discussion and Board Action (continued)

BOMEX Inquiry (01-31-91) - Edson G. Brock, M.D.

CD#20

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Shack and *failed* for lack of a second, that the matter be dismissed against Doctor Brock.

On further motion by Doctor Gerster, seconded by Doctor Friedman, and carried via majority vote, with Doctors McClurg and Shack voting in opposition to the motion, that the matter be filed with a Letter of Concern to Doctor Brock for prescribing controlled substances to members of his immediate family.

N.B. (Patient: J.B.) vs. Fillmore K. Bagatell, M.D.

CD#21

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Shack, seconded by Doctor Zonis, and unanimously carried that the matter be dismissed against Doctor Bagatell.

H.C.W. (Patient: D.R.) vs. Joel Bettigole, M.D.

CD#22

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Keen, and unanimously carried that the matter be dismissed against Doctor Bettigole.

The Board further determined that staff conduct an investigation into this issue as it relates to physicians treating patients who have had pregnancy terminations and later experience complications that are not reported to the Department of Health Services and

Arizona Board of Medical Examiners Meeting Minutes
Wednesday, October 21, 1992

C.U.W. (Patient: P.W.) vs. Timothy R. Derksen, M.D.

C#72

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Zonis, seconded by Doctor Keen, and carried that this investigation into this matter be continued to determine if the matter of the assistant surgeon's fees were discussed with the patient. Doctors Vigil, Holsey, Friedman, and Voss opposed this motion.

E.L. vs. Richard Anderson, M.D.

C#89

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Keen, seconded by Doctor Voss, and unanimously carried that this matter be dismissed against Doctor Anderson.

Bomex Inquiry (07/30/91) - Robert Zuch, M.D.

C#109

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Doctor Friedman, seconded by Doctor Zonis, and carried that Doctor Zuch be invited for an Informal Interview at a future meeting of the Board to discuss his recordkeeping.

Bomex Inquiry (05/01/92) - Willard S. Hunter, M.D.

C#110

Following a review of all pertinent records and discussion of the complaint matter, it was moved by Zonis, seconded by Doctor Friedman, and unanimously carried that this matter be dismissed against Doctor Hunter.

***Complaint Reviews for Board Action with Recommendations
for Dismissal from Medical Consultant and Lead Board Member***

Following a review of the files and records listed below, including the complaint, physician's response, the report and recommendations of the Board's investigating member and staff medical investigators, the Board found no evidence of incompetence or unprofessional conduct or judgmental or technical error for any of the licentiates listed below and on motion by Doctor Keen, seconded by Doctor McClurg, and unanimously carried the Board determined that these matters be ***dismissed***:

1. E.J. vs. Bruce Shelton, M.D.
2. C.G.C. vs. Allan J. Kogan, M.D.
3. L.L. vs. Robert H. Tamis, M.D.
4. *Pulled for Discussion*
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6. A.M.P. vs. Saul Amber, M.D.

Arizona Board of Medical Examiners Meeting Minutes
Wednesday, October 21, 1992

- 94. S. S. vs. Ralph Herro, M.D.
- 95. M.T. vs. David Rand, M.D.
- 96. J.W. vs. William Kuo-Ping Li, M.D.
- 97. Bomex Inquiry (10/02/90) - Paul Horwitz, M.D.
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- 99. B.H. vs. Arthur Goldberg, M.D.
- 100. A.M. vs. Joseph Caplan, M.D.
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- 102. S.D.M. (Patient: S.D.M. and C.M.) vs. James Hurley, M.D.
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- 106. G.B. vs. Ronald Castro, M.D.
- 107. Radiologic Technology Board of Examiners (07/02/92) - Carl Hoffman, M.D.
- 108. B.S.V. vs. Veronica J. Gaetze, M.D.
- 109. *Pulled for Discussion*
- 110. *Pulled for Discussion*

Malpractice Review for Board Action

A.L.G. vs. Rafael Vega, M.D. and Theodore J.H. Smith, M.D.

M#13

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Fiedman, seconded by Doctor Shack, and unanimously carried that this matter be dismissed against Doctor Smith.

J.D. vs. Eugene O'Campo, M.D.

M#18

Following a review of all pertinent records and discussion of the malpractice claim, 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 O'Campo for failure to take adequate history and failure to diagnose a dissecting aneurysm in this patient.

H.L. vs. Ronald Gordon, M.D.

M#23

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Zonis, seconded by Doctor Voss, and unanimously carried to continue investigation into this matter to determine if treating physicians were notified of Doctor Gordon's findings.

D.C. vs. Mark Melson Stevenson, M.D.

M#26

Following a review of all pertinent records and discussion of the malpractice claim, it was moved by Doctor Friedman, seconded by Doctor Voss, and unanimously carried that

Arizona Board of Medical Examiners Meeting Minutes
Telephone Conference Call
Wednesday, May 31, 1995

Legal Counsel Present:

Nancy J. Beck, Assistant Attorney General
Attorney General's Office
James M. McGee, Assistant Attorney General
Attorney General's Office

Dr. Zonis called the meeting to order at 12:45 P.M. and explained the purpose of this meeting was to review Complaint and Malpractice reviews for Board Action with Recommendation for Dismissal.

Complaint Reviews for Board Action

The Board determined that the following Complaint Reviews placed on the designation "C" Agenda should be pulled for discussion during the July, 1995 Board meeting to allow staff the opportunity to review the file for additional information and discussion:

R.M.H. vs. Barry L. Stern, M.D. (U-Sun City), Inv. #8296	C#12
F.R. vs. Steven M. Gitt, M.D. (PS-HS-Phoenix), Inv. #7771	C#19
R.M.W. vs. John Corcoran, M.D. (IM-ID-Tucson), Inv. 8333	C#36
J.A.O. vs. Michael Craig, M.D. (EM-Bullhead City), Inv. #7936	C#64
V.M. (Pt: P.E.M.) vs. Gordon J. Cuzner, M.D. (GP-Riviera), Inv. #7937	C#73
M.S. (Pt: J.S.) vs. James Carland, M.D. (PD-Tempe), Inv. #7931	C#82

*"C" - Complaint Reviews for Board Action
with Recommendation for Dismissal*

Following a review of the files and records listed below, including the complaint, physician's response, the report and recommendations of the Board's investigating member and staff medical investigators, the Board found no evidence of incompetence or unprofessional conduct or judgmental or technical error for any of the licentiates listed below and on motion by Mr. Drucker, seconded by Ms. Randolph, and unanimously carried the Board voted that the following complaints be *dismissed*:

K.F. vs. George Sein, M.D. (IM-Prescott), Inv. #7902	C#1
(Dr. Keen did not participate in the voting of this matter)	
F.J. (Pt. M.A.J) vs. Paul Fox, M.D. (AN-Tempe), Inv.#8046	C#2
R.R. vs. Richard Perry, M.D. (GS-Phoenix), Inv. #8201	C#3

Arizona Board of Medical Examiners Meeting Minutes
Telephone Conference Call
Wednesday, May 31, 1995

O.L.T. vs. Marvin Schneider, M.D. (FP-Phoenix), Inv. #8360	C#67
D.A. vs. William Richardson, M.D. (OBG-Tucson), Inv. #8041	C#68
G.E.T. vs. Robert Lorenzen, M.D. (OPH-Phoenix), Inv. #7878	C#69
D.S. vs. Robert McMaster, M.D. (GYN-Sun City), Inv. #7851	C#70
L.L. (Pt: A.L.) vs. Warren Perkins, M.D. (FP-Flagstaff), Inv. #8444	C#71
B.L. vs. Marshall Block, M.D. (END-DIA-IM-Phoenix), Inv. #7875	C#72
<i>Pulled for Discussion</i>	C#73
L.W. (Pt: C.M.H.) vs. Jean C. Schulman, M.D. (HEM-ON-Peoria), Inv. # 8072	C#74
D.T. (Pt: D.C.T.) vs. Neal Mogk, M.D. (FP-Flagstaff), Inv. #8304	C#75
R.A.S. & C.S.C. (Pt: M.E.L) vs. Margaret Mears, M.D. (IM-Phoenix), Inv. # 7922	C#76
T.M.G. (Pt: C.J.P.) vs. David Suber, M.D. (N-Tempe), Paul Blake, M.D. (PM-Mesa), and Jaime Ibarrola, M.D. (PUD-Mesa), Inv. #7852	C#77
R.T. vs. Herbert Eugene, M.D. (PNC-AN-Phoenix), Inv. #8413	C#78
E.R.D. vs. Stephen Mychajliw, M.D. I(P-Phoenix), Inv. 7044	C#79
M.M.(H.)M. vs. Grabiell Cata, M.D. (P,CHP-Tucson), Inv. 7572	C#80
J.J.M. vs. Rene Lucas, M.D. (PM-Phoenix), Inv. #8434	C#81
<i>Pulled for Discussion</i>	C#82
B.A.M. (Pt: U.M.) vs. Gregory Inda, M.D. (IM-Scottsdale), Inv. #8419	C#83
V.T. vs. Fred Miller, M.D. (EM-FP-Phoenix), and Phillip Moeser, M.D. (DR-Glendale), Inv. #8345	C#84
A.D. vs. Naheed Shah, M.D. (OPH-Kingman), Inv. #8409	C#85
F.K. vs. John Hitt, M.D. (OM-LM-Tucson), Inv. #8357	C#86
J.K.T. vs. Robert Posner, M.D. (P-Phoenix), Inv. #4277	C#87
J.B. (Pt: L.W.) vs. Ralph V. Wilson, M.D. (ORS-Mesa), Inv. #8029	C#88
A.M. vs. Bruce Newman, M.D. (OPH-Phoenix). Inv. #7539	C#89
E.M.S. vs. Padmavathy Tummala, M.D. (OBG-Phoenix), Inv. #8340	C#90
M.M. (Pt: T.H.M.) vs. Robert Clark, M.D. (ID-Phoenix), Inv. #8322	C#91
E.B.C. vs. Anil Samant, M.D. (IM-CD-Sun City), Inv. #8376	C#92
T.H. (Pt: G.B.) vs. Rexford A. Peterson, M.D. (PS-Phoenix), Inv. #8074	C#93
J.F. vs. Ralph A. Lemcke, III, M.D. (D-Tucson), Inv. #8313	C#94
BOMEX Inquiry (09/17/94) vs. Gregory Stevens, M.D. (IM-Tempe), Inv. #8052	C#95
J.B. vs. John S. Carlson, M.D. (FP-Phoenix), Inv. #7917	C#96
C.F.D. (Pt: C.F.D., P.F.) vs. Fernando Campos, M.D. (GP-IM-Phoenix), Inv. #8408	C#97
BOMEX Inquiry vs. Richard Silver, M.D. (ORS-Tucson), Inv. #7585	C#98
J.V. vs. Joel Bettigole, M.D. (GYN-Phoenix), Inv. #8440	C#99
J.W.R. vs. David Suber, M.D. (N-Tempe), Inv. #8526	C#100
C.S. (Pt: B.J.H.) vs. Robert Fisher, M.D. (N-Phoenix), James Forseth, M.D. (PUD-CCM-Phoenix), John Siever, M.D. (PUD-CCM-Phoenix), Amy Silverthorn, M.D. (PUD-CCM-Phoenix), and Carvel B. Tefft, Jr., M.D. (IM-San Bruno, CA), Inv. #8245	C#101
D.L.P. vs. Robert Osborne, M.D. (AN-Tucson), Inv. #8519	C#102

	The motion passed 8 - 0.
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WITH RECOMMENDATION FOR DISMISSAL

Dr. Carmona moved to dismiss the following cases, seconded by Ms. Barnes.

The motion passed 8 - 0

No.	Inv. No.	Investigation Case Name
1.	10583	T.L. vs. Kim Hoover, M.D.
2.	10915	B. W. vs. C. W. Clark, M.D. & A. W. Meyer, M.D.
3.	10981	T. A. M. vs. H. L. Lodge, M.D.
4.	10992	P. S. vs. Laurie Weston-McDonald, M.D.
5.	10999	M.I. vs. George Polansky, M.D., Charlie Agee, M.D., Rebecca Wilks, M.D. & Ole Borch-Christensen, M.D.
6.	11010	D. P. vs. R. S. Nickolisen, M.D. & P. F. Chkoski, M.D.
7.	11019	C. K. vs. Steven Able, M.D.
8.	11032	K. A. vs. Deborah Aaron, M.D.
9.	11060	BOMEX vs. D. K. King, M.D.
10.	11070	I.G.S. vs. B. H. Licup, M.D.
11.	11098	A. B. E. (A. V.) vs. R. R. Mahoubi, M.D.
12.	11112	T. J. vs. C. Rainer, M.D.
13.	11119	J. S. vs. J. J. Tolfeld, M.D. <i>Dr. Schwager & Dr. Carmona both know Dr. Tolfeld, but there is no bias or prejudice.</i>
14.	11122	D.E.S. vs. B. Holzman, M.D.
15.	11131	M. R. (D. A. R.) vs. M. D. Garfield, M.D.
16.	11140	M. S. C. vs. R. Clark, M.D.
17.	11153	S. A. vs. J. Bettigole, M.D. <i>Ms. Barnes recused herself from this matter.</i>
18.	11166	I. M. vs. F. E. Brickman, M.D.
19.	11167	P. M. vs. R. K. Muddaraj, M.D.
20.	11169	J. S. (E. S.) vs. T. A. Cotie, M.D. & Warren Heller, M.D.
21.	11170	R. C. S. (C. S.) vs. M. I. Fuchs, M.D.
22.	11179	BOMEX vs. Arthur Kunz, M.D.
23.	11186	R. & C. L. (R. L.) vs. S. H. Andersen, M.D.
24.	11187	E. E. vs. G. Sein, M.D.
25.	11195	D. P. vs. B. Kanter, M.D.
26.	11783	D. O. N. Jr. vs. Irwin Shapiro, M.D.
28.	11232	M. K. (J. D.) vs. R. Kershner, M.D.
29.	11241	C. F. vs. H. B. Sanel, M.D.
30.	11242	B. & D. W. vs. I. L. Goodman, M.D.

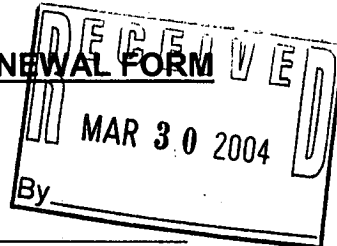
ARIZONA MEDICAL BOARD

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

7355

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **



PHYSICIAN NAME: Joel Benjamin Bettigole, MD

LICENSE #: 13015

SPECIALTY: GYN

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

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 <u>1331 N. 7th St #275</u>		City/State/Zip Code <u>Phoenix, AZ 85006</u>	
Phone Number <u>602 553-0440</u>		Fax Number <u>602 462-5588</u>	E Mail <u>NA</u>
Schedule II Drugs <input checked="" type="checkbox"/>	Schedule III Drugs <input checked="" type="checkbox"/>	Prescription-Only Drugs <input checked="" type="checkbox"/>	Nubain <input checked="" type="checkbox"/>
Schedule IV Drugs <input checked="" type="checkbox"/>	Schedule V Drugs <input checked="" type="checkbox"/>	Prescription Devices <input checked="" type="checkbox"/>	

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address <u>2525 S. Rural Rd Ste 65</u>		City/State/Zip Code <u>Tempe, AZ 85280</u>	
Phone Number <u>602 553-0440</u>		Fax Number <u>602 462-5588</u>	E Mail <u>NA</u>
Schedule II Drugs <input checked="" type="checkbox"/>	Schedule III Drugs <input checked="" type="checkbox"/>	Prescription-Only Drugs <input checked="" type="checkbox"/>	Nubain <input checked="" type="checkbox"/>
Schedule IV Drugs <input checked="" type="checkbox"/>	Schedule V Drugs <input checked="" type="checkbox"/>	Prescription Devices <input checked="" type="checkbox"/>	

***** List any additional locations on the reverse side of this form and place a check mark here: ☐

Physician's Signature: [Signature]

Date: 8/29/04

Initial registration fee: \$200.00 per physician

Renewal registration fee: \$100.00 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

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

ARIZONA MEDICAL BOARD

9545 E. Doubletree Ranch Road . Scottsdale, Arizona 85258 Telephone: (480) 551-2700 . Fax (480) 551-2707
Home Page: <http://www.azmd.gov>

OK 52305
\$200
RECEIVED
JAN 22 2015
ARIZONA MEDICAL BOARD

DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME:

Joel Bettigole, MD

LICENSE #:

13015

SPECIALTY:

gyn

CHECK ONE:

Initial Registration (\$200)

Renewal Registration (\$150)

- f Please list below ALL locations where you will be dispensing prescription drugs, devices and controlled substances.
- f For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.
- f 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 1615 East Osborn Road		City/State/Zip Code Phoenix AZ 85016	
Phone Number 602 462 5559		Fax Number 602 667-6608	
Schedule II Drugs	<input checked="" type="checkbox"/>	Schedule III Drugs	<input checked="" type="checkbox"/>
Schedule IV Drugs	<input checked="" type="checkbox"/>	Schedule V Drugs	<input checked="" type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

ADDITIONAL PRACTICE LOCATION:

DEA # FOR THIS LOCATION:

Street Address		City/State/Zip Code	
Phone Number		Fax Number	
E Mail			
Schedule II Drugs	<input type="checkbox"/>	Schedule III Drugs	<input type="checkbox"/>
Schedule IV Drugs	<input type="checkbox"/>	Schedule V Drugs	<input type="checkbox"/>
Prescription-Only Drugs		Nubain	
Prescription Devices			

***** List any additional locations on the 2nd page of this form and place a check mark here:

☐

Physician's Signature:

Joel Bettigole

Joel Bettigole, MD

Date:

1-20-2015

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, MasterCard or American Express

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

ENTERED

RECEIVED
JAN 28 1962
ARMY
WASHINGTON

GM, sloped 1901.

Abstract

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2016	\$721.75
SCHEDULES		DATE ISSUED
2,2N,3 3N,4,5		06-01-2013
BETTIGOLE, JAMES L MD 4141 N 32ND ST #303 PHOENIX, AZ 85018-0000		



Arizona Medical Board

9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2705
Website: www.azmd.gov

February 9, 2015

Dr. Bettigole,

RE: NOTICE OF DEFICIENCY, DISPENSING REGISTRATION or DISPENSING RENEWAL

Please be advised that the Arizona Medical Board has received your application for a dispensing registration for fiscal year 2013-2014. Unfortunately, your renewal application is not administratively complete and we cannot issue your registration until the following items have been included and/or appropriately completed:

- **Please note, a DEA card is needed for any location where you will be dispensing controlled substances.**

**1615 East Osborn Road
Phoenix, AZ 85016**

Please remedy one or all of the above stated deficiencies and return all of the required information to the Board at an address listed above.

In accordance to *A.A.C. R4-16-301(B)*, you have 30 days from the date listed above to provide proper documentation. At that time if no documentation is provided and should you desire to pursue dispensing licensure in Arizona; a new licensure application must be filed with the Arizona Medical Board. In addition, all fees are forfeited.

If you have questions, please feel free to contact the Arizona Medical Board Licensing Department with the contact information above.

Sincerely

Arizona Medical Board

ARIZONA MEDICAL BOARD

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

RECEIVED

MAY 14 2015

ARIZONA
MEDICAL BOARD

DISPENSING PHYSICIAN ANNUAL RENEWAL FORM

** Please Type or Print **

PHYSICIAN NAME: Joel Benjamin Bettigole, MD

MD LICENSE #: 13015

SPECIALTY: Gynecology

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

1615 East Osborn Road
Phoenix, AZ 85016

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

☒ Dispensing location information correct

☒ Copy of DEA attached

☐ Remove this location

Physician's Signature: Joel Bettigole

Date: 5-12-15

ENTERED

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	07-31-2016	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	PRACTITIONER	06-01-2013
BETTIGOLE, JOEL B MD 1615 EAST OSBORN ROAD PHOENIX, AZ 85016-0000		

Current address

ADDRESS CHANGE FORM

- You must notify the board in writing within 30 days of any change of office or home address and phone number
- Failure to do so may result in a monetary fine of \$100 plus the costs incurred by the Board to locate you
- Please print this form and provide all information on your address change as requested below. Please type or print legibly. Fax or mail the completed form to the Board
- In accordance with A.R.S. §32-3801 and A.R.S. §32-2527 (for Medical Doctors and Physician Assistants, respectively), notwithstanding any law to the contrary, a professional's residential address and residential telephone number or numbers maintained by the professional board established pursuant to this title are not available to the public unless they are the only address and numbers of record.

EFFECTIVE DATE: 4/4/12

Please record the following address changes and check the No Change Box, if the address remains the same.

PRACTICE: Planned Parenthood of AZ (If you do not have a practice address or name write the word "NONE")
(Company Name)NO CHANGE ☐Street Address Only: 5651 N 7th St
(Please list P.O. Box as Mailing Address below.)*City: Phoenix State: AZ Zip: 85014Office Telephone: 602 908-0440 Office Fax: 602 604-0159Office E-Mail: [REDACTED]RESIDENCE ADDRESS: [REDACTED]NO CHANGE ☐City: [REDACTED] State: [REDACTED] Zip: [REDACTED]Telephone: [REDACTED] Cell Phone: [REDACTED]Residence E-Mail: [REDACTED]MAIL SHOULD BE SENT TO MY: Practice ☐ Residence ☒ Address Below ☐

NOTE: If no mailing address is provided, all board correspondence will be sent to the practice address.

MAILING ADDRESS: _____
(If different from either above)NO CHANGE ☐

Street or P.O. Box: _____

City: _____ State: _____ Zip: _____

**If no practice address, do you want your home address listed on the website? Yes ☐ No ☒Joel B. Bettigole, MD
Name (Please print)13015
AZ License #J. Bettigole
Signature4/4/12
Today's DatePlease fax the Change of Address Form to: (480) 551-2707
ORMail to: Arizona Medical Board or Arizona Regulatory Board of Physician Assistants
9545 E Doubletree Ranch Road, Scottsdale, AZ 85258

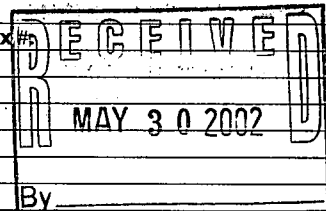
**ARIZONA STATE BOARD OF MEDICAL EXAMINERS
2002 BIENNIAL MD LICENSE RENEWAL APPLICATION**

AZ MD Lic#: 13015 Joel B. Bettigole, MD

Renewal Fee: \$450

\$800 (if postmarked after 08/20/2002)

CURRENT INFORMATION <i>Please review and make corrections as necessary →</i>	CORRECTIONS
OFFICE/ADDRESS/PRINCIPAL PLACE OF BUSINESS 1331 N 7th St Ste 225 Phoenix AZ 85006-2768	OFFICE/ADDRESS/PRINCIPAL PLACE OF BUSINESS
Phone #: (602) 553-0440 Fax #: 602 462 5588	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail:
MAILING/ADDRESS 1331 N 7th St Ste 225 Phoenix AZ 85006-2768	MAILING/ADDRESS
HOME/ADDRESS [REDACTED]	HOME/ADDRESS [REDACTED]
Phone #: Fax #:	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail: [REDACTED]
	Cell Phone #: [REDACTED] (Optional)



AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE

Select from the attached list of Self-Designated "Field of Practice" Codes

	Certified?	Practicing?
OBG	YES	NO
GYN	YES	GYN only

Make corrections if necessary

	Certified?	Practicing?

I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

- ☐ **INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceeding against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, BOMEX will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if request reactivation of my license, I may be required to pass the SPEX examination and that the Board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- ☐ **CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the Board; the Board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Other than in Arizona, are you currently under investigation by any medical board or peer review body? ☐ Yes ☒ No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back) ☐ Yes ☒ No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions) ☐ Yes ☒ No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions) ☐ Yes ☒ No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions) ☐ Yes ☒ No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions) ☐ Yes ☒ No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? ☐ Yes ☒ No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? ☐ Yes ☒ No
- Have you been denied a license in another state? If yes, State _____ Date of Denial _____ Reason for Denial _____ ☐ Yes ☒ No
- Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? ☐ Yes ☒ No
If yes, please attach an explanation and applicable court docket. See instructions on back.
- Since your last renewal, has a malpractice matter resulted in a settlement or judgment against you? ☐ Yes ☒ No

If the answer is "yes" to any of the above questions, please provide a complete written explanation. If malpractice cases are reported, please include: the case number, venue, plaintiff name, and attorney names/addresses/phone numbers. In addition, for all malpractice settlements and judgments, a copy of the National Practitioner Data Bank (NPDB) report should be submitted to the board. You may obtain this report by contacting the NPDB at (800) 767-6732 or on-line at www.npdb-hipdb.com.

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2000 and 2001, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)

Date



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

ARIZONA MEDICAL BOARD

2004 BIENNIAL MD LICENSE RENEWAL APPLICATION

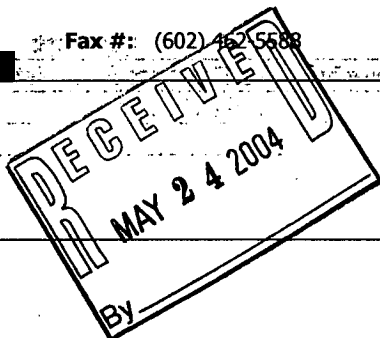
7410

AZ MD Lic#: 13015 Joel B. Bettigole, MD

Renewal Fee: **\$500**

\$850 (if postmarked after 08/20/2004)

CURRENT INFORMATION <small>Please review and make corrections as necessary =></small>	CORRECTIONS
OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS & PHONE NUMBER 1331 N 7th St Ste 225 Phoenix AZ 85006-2768	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
Phone #: (602) 553-0440 Fax #: (602) 462-5688	Phone #: Fax #:
E-Mail:	E-Mail: NA
MAILING ADDRESS 1331 N 7th St Ste 225 Phoenix AZ 85006-2768	MAILING ADDRESS
HOME ADDRESS	HOME ADDRESS
Phone #: Fax #:	Phone #: Fax #:
E-Mail:	E-Mail:
	Cell Phone #: (Optional)



AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:

	Certified?	Practicing?
OBG	Y	N
GYN	Y	Y

Select from the attached list of Self-Designated "Field of Practice" Codes

Make corrections if
necessary

	Certified?	Practicing?

I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

- ☐ **INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- ☐ **CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Other than in Arizona, are you currently under investigation by any medical board or peer review body? ☐ Yes ☒ No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back) ☐ Yes ☒ No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions) ☐ Yes ☒ No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions) ☐ Yes ☒ No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions) ☐ Yes ☒ No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions) ☐ Yes ☒ No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? ☐ Yes ☒ No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? ☐ Yes ☒ No
- Have you been denied a license in another state? If yes, State _____ Date of Denial _____ Reason for Denial _____ ☐ Yes ☒ No
- Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? ☐ Yes ☒ No
If yes, please attach an explanation and applicable court docket. See instructions on back.
- Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you? ☐ Yes ☒ No

If the answer is "yes" to any of the above questions, please provide a complete written explanation to include dates. If malpractice cases are reported, please include a copy of the complaint and settlement agreement/judgment.

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2002 and 2003, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)

Date



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

**ARIZONA MEDICAL BOARD
2006 BIENNIAL MD LICENSE RENEWAL APPLICATION**

AZ MD Lic#: 13015 Joel B. Bettigole, MD

Renewal Fee: \$500

\$850 (if postmarked after 08/20/2006)

CURRENT INFORMATION <small>Please review and make corrections as necessary.</small>	CORRECTIONS
OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS & PHONE NUMBER 1331 N 7th St Ste 225 Phoenix AZ 85006-2768	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
Phone #: (602) 553-0440 Fax #: (480) 990-1568	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail: [REDACTED]
MAILING ADDRESS 1331 N 7th St Ste 225 Phoenix AZ 85006-2768	MAILING ADDRESS <i>home per doc request</i>
HOME ADDRESS [REDACTED]	HOME ADDRESS
Phone #: Fax #:	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail:
	Cell Phone #: [REDACTED] (Optional)

RECEIVED BY:

JUL 10 2006

**ARIZONA MEDICAL BOARD
BUSINESS OPERATIONS**

AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:

	Certified?	Practicing?
OBG	Y	N
GYN	Y	Y

Select from the attached list of Self-Designated "Field of Practice" Codes

Make corrections if
necessary

	Certified?	Practicing?

I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

- ☐ **INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- ☐ **CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Other than in Arizona, are you currently under investigation by any medical board or peer review body? ☐ Yes ☒ No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back) ☐ Yes ☒ No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions) ☐ Yes ☒ No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions) ☐ Yes ☒ No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions) ☐ Yes ☒ No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions) ☐ Yes ☒ No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? ☐ Yes ☒ No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? ☐ Yes ☒ No
- Have you been denied a license in another state? If yes, State _____ Date of Denial _____ Reason for Denial _____ ☐ Yes ☒ No
- Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? ☐ Yes ☒ No
If yes, please attach an explanation and applicable court docket. See instructions on back.
- Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you? ☐ Yes ☒ No

If the answer is "yes" to any of the above questions, please provide a complete written explanation to include dates. If malpractice cases are reported, please include a copy of the complaint and settlement agreement/judgment.

I hereby 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 continuing medical education as required by A.R.S. §32-1434 and A.A.C. §14-16-101.

Signature of Licensee (Signature stamp will not be accepted)

Date



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

CK-818

ARIZONA MEDICAL BOARD

BIENNIAL MD LICENSE RENEWAL APPLICATION

AZ MD Lic#: 13015

Renewal Fee: \$500 \$850 (if postmarked 30 days after due date)

Name: Joel B. Bettigole, MD

OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
PUBLIC ADDRESS & PHONE NUMBER

1331 N 7th St #225
Phoenix, AZ 85006

Phone #: 602 553-0440

Fax #: 602 462-5588

E-Mail: [REDACTED]

MAILING ADDRESS

[REDACTED]

HOME ADDRESS

[REDACTED]

Phone #: [REDACTED]

Mobile #: [REDACTED]

AMERICAN BOARD OF MEDICAL SPECIALTY CERTIFICATIONS AND FIELDS OF PRACTICE:

Only certifications from ABMS will be shown in your profile on the website. Please indicate expiration date or lifetime certificate.

Field of Practice Code (see attached form for code)	ABMS Certified? (Y/N)	Practicing? (Y/N)	Expiration Date (or indicate lifetime certified)
OBG	Y	Y	lifetime

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 certify, 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 the previous two calendar years of my renewal as required by A.R.S. §32-1434 and A.A.C. § R4-16-101
- I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close as required by A.R.S. §32-3211

☒ **I am a U.S. Citizen or U.S. National** (If this box is checked please submit with your application a copy of one of the listed approved supporting documents listed in the "Arizona Statement of Citizenship and Alien Status for State Public Benefits" i.e. Birth Certificate, U.S. Passport, etc.)

☐ **I am NOT a U. S. Citizen or U.S. National** (If this box is checked you must download, complete and submit with your application "Arizona Statement of Citizenship and Alien Status for State Public Benefits" form along with a copy of one of the listed approved supporting documents i. e. Alien Registration Card, Visa, etc.)

Joel B. Bettigole
Signature of Licensee (Signature stamp will not be accepted)

6/24/08
Date

RECEIVED

1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
3. Since your last renewal have you voluntarily surrendered any healthcare license?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4. Since your last renewal have you had any healthcare license revoked?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
5. Since your last renewal, have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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 withdrawn.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
9. 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 turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
13. 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 <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

Note: In the event the response to any of the questions 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, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale & Trafficking in Controlled Substances, Indecent 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/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

Name: Joel B. Bettigole, MD

License Number: 13015

Signature: [Handwritten Signature]

CONFIDENTIAL

Physical/Mental Health and Substance Abuse

1. **Since your last renewal have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?**
2. **Are you now or since your last renewal been addicted to or abused any chemical substance including alcohol (excluding tobacco and caffeine)?**
3. **Are you now being treated or since your last renewal have you been treated or evaluated for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below.**
4. **Since your last renewal have you been criminally charged with or investigated by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility for inappropriate contact with a patient or patients?**
5. **Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1) behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice?**
Ability to practice medicine is to be construed to include all of the following:
 1. The cognitive capacity to make appropriate clinical diagnoses and exercise reason medical judgments and to learn and keep abreast of medical developments;
 2. 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
 3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

*Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to chronic and/or uncorrected orthopedic, visual, speech, or hearing impairments, epilepsy, multiple sclerosis, behavioral health illness, dementia, drug addiction and alcoholism.

In the event you answer YES to any of the above questions, you must file with the renewal a detailed written narrative statement concerning the above matter(s), including the name and address of healthcare providers, physicians, preceptors, hospitals/rehabilitation centers, etc. where you were counseled/treated. You must also have a copy of your history and physical examinations, consultation reports, discharge summaries from all hospitals/rehabilitation centers and a statement from your attending physicians or treating therapists setting forth your diagnosis, prognosis and recommendations for continuing care, treatment, supervision and a statement as to whether there is anything that would prevent you from safely practicing any type of medicine. **Statement from attending physician must come with your renewal.** Treatment records must be sent directly to the board.

If you are currently participating or have participated pursuant to a CONFIDENTIAL AGREEMENT OR ORDER in a program for the treatment and rehabilitation of doctors of medicine impaired by alcohol, drug abuse or for other issues YOU MUST SUBMIT A NARRATIVE OF CIRCUMSTANCES WITH YOUR RENEWAL AND REQUEST THE FOLLOWING DOCUMENTATION BE SENT DIRECTLY TO THE ARIZONA MEDICAL BOARD'S PHYSICIAN HEALTH PROGRAM.

- Evaluation/Treatment records
- Psychiatric/Psychological records
- Compliance reports from state monitoring programs

Please note: All documents requested above must be sent directly from the primary source to the Arizona Medical Board's Physician Health Program Department from the primary source and will not be accepted if submitted by the applicant. FAILURE TO PROPERLY ANSWER THESE QUESTIONS OR DISCLOSE ALCOHOL, SUBSTANCE ABUSE OR OTHER ISSUES CAN RESULT IN BOARD DISCIPLINARY ACTION.

If you have any questions, please contact the Board's Physician Health Program at (480) 551-2716 or (877) 255-2212.

Name: Joel B. Bettigole, MD

License Number: 13013

Signature: [Signature] PAGE 3

Arizona Medical Board: License Renewal Questions

Joel	Bettigole	2010	License # 13015	Professional Conduct
1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?	No			
2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?	No			
3. Since your last renewal have you voluntarily surrendered any healthcare license?	No			
4. Since your last renewal have you had any healthcare license revoked?	No			
5. Since your last renewal have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	No			
6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	No			
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 withdrawn.	No			
8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?	No			
9. 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 turpitude? (see explanation below) A -yes- answer is required even if you entered a diversion program.	No			
10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	No			
11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?	No			
12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?	No			
13. 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?	No			

Arizona Medical Board: License Renewal Questions

Joel

Bettigole

2010

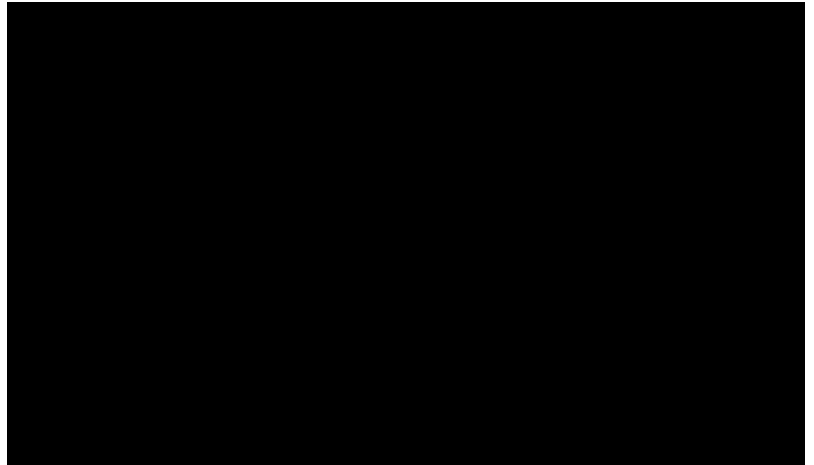
License # 13015

Mental Health

1. Since your last renewal, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?

2. Are you now being treated or since your last renewal have you been treated or for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below

3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1)behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.



Arizona Medical Board: License Renewal Questions

Joel	Bettigole	2012	License # 13015	Professional Conduct
1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?	No			
2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?	No			
3. Since your last renewal have you voluntarily surrendered any healthcare license?	No			
4. Since your last renewal have you had any healthcare license revoked?	No			
5. Since your last renewal have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	No			
6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?	No			
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 withdrawn.	No			
8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?	No			
9. 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 turpitude? (see explanation below) A -yes- answer is required even if you entered a diversion program.	No			
10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	No			
11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?	No			
12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?	No			
13. 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?	No			

Arizona Medical Board: License Renewal Questions

Joel

Bettigole

2012

License # 13015

Mental Health

1. Since your last renewal, have you been diagnosed, treated or admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia or any psychotic disorder?

2. Are you now being treated or since your last renewal have you been treated or for a drug or alcohol addiction or participated in a rehabilitation program? *If in a confidential program in another state see explanation below

3. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, include any disease or condition generally regarded as chronic by the medical community, i.e. (1)behavioral health illness or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in your usual practice? See below for definition of ability to practice medicine.

Joel Benjamin Bettigole

Please review the information below and click at the bottom to accept. If you need to correct the information, click the links below the records.

You may not continue until you agree and click the affirming button, at the bottom of the page.

General Questions

Note: In the event the response to any of the questions numbered 1 through 10 is "YES", you must file by fax or mail a detailed report concerning the below 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.

1) Since 2009, have you had an application for medical licensure denied or rejected by another state or province licensing board? If so, provide an explanation.

No

2) Since 2009, has any disciplinary or rehabilitative action been taken against you by another licensing board, including other health professions? If so, provide an explanation.

No

3) Since 2009, have any disciplinary actions, restrictions or limitations taken against you while participating in any type of program or by any health care provider? If so, provide an explanation.

No

4) Since 2009, have you had a medical license disciplined resulting in a revocation, suspension, limitation, restriction, probation, voluntary surrender, cancellation, during an investigation or entered into a consent agreement or stipulation? If so, provide an explanation.

No

5) Since 2009, have you had hospital privileges revoked, denied, suspended, or restricted? If so, provide an explanation.

No

6) Since 2009, Have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? If so, provide an explanation.

No

7) Since 2009, have you had your authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency? If so, provide an explanation.

No

8) Since 2009, have you engaged or do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? If so, provide an explanation.

9) Since 2009, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? If so, provide an explanation. See list of Moral Turpitude items at .

No

10) Since 2009, have you failed the special purpose licensing examination (SPEX)?

No

Physical/Mental Health and Substance Abuse Questions

In the event you answer YES to any of the below questions, you must file with the application a detailed written narrative statement concerning the above matter(s), including the name of healthcare providers and treatment centers where you were treated, along with the discharge summary of your treatment and progress. If you are currently participating or have participated in the past 5 years pursuant to a confidential agreement or order in a program for the treatment and rehabilitation of physician assistant's impaired by alcohol, drug abuse or for other issues, please submit a copy of the agreement/order along with a compliance reports from the state monitoring programs

FAILURE TO PROPERLY ANSWER THESE QUESTIONS OR DISCLOSE ALCOHOL, SUBSTANCE ABUSE OR OTHER ISSUES CAN RESULT IN BOARD DISCIPLINARY ACTION.

1) Since 2009, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine including diagnosis or treatment for any psychotic disorder or substance abuse disorder? If so, provide an explanation.

2) Since 2009, have you consumed intoxicating beverages resulting in your ability being impaired or limited to exercise the judgment and skills of a medical professional? If so, provide an explanation

Citizenship Status

I am a U.S. Citizen or U.S. National

Specialties

	<u>Specialty</u>	<u>Certified?</u>	<u>Practicing?</u>	<u>Date Certified</u>	<u>Expiration Date</u>
Primary Specialty	Obstetrics & Gynecology	Yes	No		
Specialty 2	Gynecology	Yes	No		
Specialty 3					
Specialty 4					

Practice Address

You are required to enter a valid address, if you have one.

Home Address

You are required to enter a valid address, if you have one.

Mailing Address

You are required to enter a valid address, if you have one.

Please review all information you have provided. Change any information given or click on the I Agree button to verify that all information posted above is correct and to proceed to payment options.

By agreeing with this data, you are signing this registration form and certifying under pentalty of perjury that all information on this form is currently accurate and:

- I am a U.S. Citizen or a qualified/registered alien
- I have completed a minimum of 40 credit hours of continuing medical education during the two calendar years preceding renewal year as required by A.R.S. Â§32-1434 and A.A.C. Â§ R4-16-101
- I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close as required by A.R.S. Â§32-3211.

I Agree

Yes	No
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***MD Training Unit
Complete***

You may wish to print this Page for your records. 

After pressing the **Next** button, please be patient, as it may take a few moments to process your data and send you to the payment page.

You may not continue until you agree and click the affirming button, above.