

NAME KUSESKI, Ronald Edward FORM NO.

DATE OF BIRTH Columbus, Ohio LICENSE NO. 18602

LICENSED BY FLEX EXAM. 76.5 %CREDS. FEE \$35 DATE Feb. 4, 197

STATE LICENSE ENDORSED \_\_\_\_\_ NO. \_\_\_\_\_ ISSUED \_\_\_\_\_

COLORADO BASIC SCIENCE CERT. NO. 10528 DATE 9-6-73 GRANTED BY exam.

SCHOOL & DEGREE: Ohio State Univ. Medical School M.D. DATE June 9, 1972

INTERNSHIP St. Joseph Hosp., Denver, CO FROM 6-24-72 TO 6-23-

ADDRESS 1960 Humboldt St., #308, Denver, CO 80218

Res: 1264 S. Crystal Way, Aurora 80012

6 (also) 2346 Broadway, Boulder, CO 80302

176 Bus: 1524 W. Eisenhower Blvd, Loveland 80537

es: 5000 Norwood, Loveland, CO 80537

1/78 11245 Huron St., Denver, CO 80234

780: 101 E. 88th Ave., Apt. F-122, Thornton, CO 80229

2/81 925 34th St., Boulder, CO 80303

3/10/87: 4820 Riverbend Rd., Suite D, Boulder 80301

ANNUAL REGISTRATION		
YEAR	DATE PAID	AMOUNT
1969		
1970		
1971		
1972		
1973		
1974	LICENSED	
1975	FEB 13 1975	5
1976	1-27-76	5
1977	2-15-77	15
1978	1-10-78	15
1979	3-1-79	15
1980	2-5-80	16.50
1981	2-10-81	44.00
1982		
1983		
1984	7-15-83	91.00
1985	7-16-85	78.00

107

NAME KUSESKI, Ronald Edward

DATE OF BIRTH Columbus OH LICENSE NO. 18602

LICENSED BY FLEX EXAM. 76.5 %CREDS. FEE \$35 DATE 2/4/74

STATE LICENSE ENDORSED \_\_\_\_\_ NO. \_\_\_\_\_ ISSUED \_\_\_\_\_

SCHOOL & DEGREE Ohio State Univ. Med. Sch. M.D. DATE 6/9/72

INTERNSHIP St. Joseph Hosp Denver FROM 6/72 TO 6/73

ADDRESS 2/81 925 34th St. Boulder 80303

8/87 4820 Riverbend Rd. Ste. D Boulder 80301

ANNUAL REGISTRATION		
YEAR	DATE PAID	AMOUNT
1984		
1985	7-16	78.00
1986		
1987	8-24	97-
1988		
1989		

1/20/95 STIP/ORDER IMPOSING AN  
LOA AND ED. REQUIREMENT. R

DATES OF EXAMINATION FLEX EXAM - Dec. 4-6, 1973 AVG: 76.5%

RESIDENCY TRAINING St. Joseph OB-Gyn II 1974-75  
4th Yr. OB-GYN. St. Joseph, Denver, 1975-76.

SPECIALTY \_\_\_\_\_

BOARDS AND DATES \_\_\_\_\_

MILITARY RECORD: BRANCH \_\_\_\_\_ RANK \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_

REMARKS:

DATES OF EXAMINATION \_\_\_\_\_  
RESIDENCY TRAINING \_\_\_\_\_

SPECIALTY \_\_\_\_\_

BOARDS AND DATES \_\_\_\_\_

MILITARY RECORD: BRANCH \_\_\_\_\_ RANK \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_

REMARKS:

**Renewal - DR.0018602**

Name	Ronald Edward Kuseski
Credential	DR.0018602

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$334.00
Renewal Fee	\$3.00
Renewal Fee	\$18.00
Renewal Fee	\$144.00
	<b>\$501.00</b>

**DR Renewal Questionnaire****PART I: MANDATORY RENEWAL QUESTIONNAIRE**

You must answer "YES" or "NO" to each question below. If you answer "YES" to a question, you must mail a copy of this questionnaire and a detailed explanation to include dates, amounts and contact information, to the Board for each "YES" answer within **thirty (30) days** of submitting your renewal. If the matter has already been disclosed to the Board, you must send a letter to the Board providing the case number and identifying information. If no documentation is received, a case may be opened and a complaint issued for an explanation of each "YES" answer.

Mail all documentation to:

Colorado Medical Board, ATTN: Renewal, 1560 Broadway, Suite 1350, Denver, CO 80202

**SECTION A: SINCE YOU LAST RENEWED YOUR COLORADO MEDICAL LICENSE:**

1. Have you been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any health care facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law, whether involuntary or in lieu of investigation?

No

2. Have you surrendered a license or other authorization to practice medicine in another state or jurisdiction, or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?

**If you answer YES to question number 2,** you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

3. Have you, in any state, been denied medical liability insurance, or has your medical liability insurance coverage been limited, restricted or terminated by action of the insurance carrier?

**If you answer YES to question number 3,** you must provide a copy of the notification from the insurance carrier and a summary of the events which led to the action by the carrier. If you do not have a copy of the notification, contact the insurance carrier to obtain one.

No

4. Have you had any felony or misdemeanor charges of any kind brought against you? Have you had any traffic citations involving drugs or alcohol brought against you? Regardless of the case disposition, you must answer YES if you have been charged.

**If you answer YES to question number 4,** you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

5. **For question 5, you must answer YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your medical staff membership or clinical privileges at any hospital or healthcare facility been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 5, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken.

No

6. For question 6, you must answer **YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your DEA registration been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 6, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken. And you must include the notification from the DEA. If you do not have a copy of the notification, contact the DEA to obtain a copy.

No

#### **SECTION B IN THE LAST TWO YEARS:**

7. Do you now abuse or excessively use, or have you in the last two years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a physician safely and competently?

**You may answer NO** if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 7, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

8. In the last two years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?

**You may answer NO** if the behavior or condition or use of such substances is already known to the Colorado Physician Health Program (CPHP) or you have entered into a Confidential Agreement with the Board. "Known to CPHP" means that you have informed CPHP of your behavior, condition or use of such substances and you are complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

If you answer **YES** to question 8, you must provide a detailed summary of the behavior, condition or substance use. Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers.

#### **PART 2: MANDATORY ATTESTATION**

9. **By submitting this application for renewal of my license, I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.**

I wish to to renew my license in ACTIVE status, therefore I attest that I meet (or claim exemption from) the financial responsibility standards as indicated below. (select the correct option A-I) If you are currently in Active status an wish to change to Inactive status you cannot renew online and must contact the Division at 303-894-2984.

I am currently in INACTIVE status and am exempt from the provisions above. (If so, you must select option "J"). \*If you wish to change to ACTIVE status, you must first renew your license in inactive status, and then submit the reactivation application and fee. The reactivation application is available on the Medical Board website.

#### **Please select only 1 item below.**

D. I maintain commercial professional liability insurance with a company other than those listed in A, B, or C above that is authorized to do business in Colorado, in minimum indemnity amounts of at least \$1,000,000 per incident and \$3,000,000 annual aggregate per year. Please submit an e-mail with the name of that company to **DORA\_MedicalBoard@state.co.us**.

#### **DR Renewal HPPP**

**Healthcare Professions Profiling Program ACTIVE status only:**

**REMINDER:**

Healthcare Professions Profile Program (HPPP): All Active status licensees must maintain their Healthcare Professions Profile with current information. This profile must be updated within 30 days of any change or reportable event.

After you have completed and paid for you renewal please visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp) if you need to review and/or update your Profile. Please note: The Profile database is a separate system from our renewal system and uses a different login and password than the ones you used to renew your license.

If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profile Program (HPPP) at: [dora\\_dpo\\_hppp@state.co.us](mailto:dora_dpo_hppp@state.co.us) or (303) 894-5942.

After you have read the above, please click the "Next" button below.

**Review**

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Please make sure to **PRINT THIS SCREEN** for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

**Renewal - DR.0018602**

Name	Ronald Edward Kuseski
Credential	DR.0018602

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$238.00
Renewal Fee	\$18.00
Renewal Fee	\$162.00
	<b>\$420.00</b>

**Affidavit of Eligibility - Screening Present****AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?  
Yes

**Affidavit of Eligibility - Screening Doc Change****AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

**Affidavit of Eligibility****AFFIDAVIT OF ELIGIBILITY**

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\* The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

3. Please enter your Full Legal Name

**Affidavit of Eligibility - Section A****Section A: LAWFUL PRESENCE in the United States**

4. Select one of the following Lawful Presence types below and click "Next" when done:

**Affidavit of Eligibility - Section B.1**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

5. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

**Affidavit of Eligibility - Section B.1 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

6. Select one of the following Government Issued Identification:

7. Enter the name of State or Federal Agency that issued the identification:

8. Enter your full name as shown on the driver's license or State/Federal issued identification:

9. Enter the State/Federal government issued license/ID number:

10. Enter the expiration date of the license/ID:

11. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

**Affidavit of Eligibility - Section B.2**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

12. Do you have a Valid I-766 (Employment Identification Card)?

**Affidavit of Eligibility - Section B.2 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

13. Enter the issuing Federal Agency:

14. Enter the name as listed on the card:

15. Enter the Alien number (A#):

16. Enter the card number:

17. Enter the Valid From Date:

18. Enter the Expiration Date:

19. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section B.3**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

20. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

### **Affidavit of Eligibility - Section B.3 if Yes**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

27. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section B.4**

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28. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

### **Affidavit of Eligibility - Section B.4 if Yes**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

32. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

33. Enter the Date of Entry:

34. Enter the Until Date:



35. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section B.5**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

36. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

### **Affidavit of Eligibility - Section B.5 if Yes**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

37. Enter the issuing foreign country:

38. Enter the Passport Number:

39. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section C**

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#### **Section C: Attestation**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

40. By entering your full legal name below you attest that you have read and understand the above information.

41. Please enter today's date below:

### **DR Renewal Attestation**

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The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at [dora\\_registrations@state.co.us](mailto:dora_registrations@state.co.us) or 303-894-7800.

#### **By renewing my license in INACTIVE status, I attest that:**

- I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

**By renewing my license in ACTIVE status, I attest that:**

- I have not abused or excessively used any habit forming drug, including alcohol, or any controlled substance that has: 1) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or, 2) affected my ability to practice as a physician safely and competently, at any time during the past two years, up to and including today's date.

AND

In the last two years, I have not been diagnosed with or treated for an illness or condition that significantly disturbs my cognition, behavior, or motor function, and that may impair my ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder

OR

The illness or condition or the use of substances, as defined above, is: 1) already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; or, 2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

**GLOBAL HPPP Renewal Attestation**

Pursuant to section 24-34-110, C.R.S., all Active and Retired status licensees must maintain a current Healthcare Professions Profile. Reportable events and/or changes to information must be made within 30 days. For more information about this Program and to update your profile, visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp).

By renewing your Active or Retired license, you attest to the following:

I have updated my Healthcare Professions Profile to current date and/or I will make any updates within 30 days of any reportable event or change, and subsequent updates will be made within 30 days. This requirement is in addition to any requirement by a profession's practice act. Examples of reportable events or changes that must be updated on a profile include, but are not limited to, location of practice, public actions issued by any jurisdiction, felonies and crimes of moral turpitude, malpractice settlements/judgments, etc. To update a Healthcare Professions Profile, or for more information on the Healthcare Professions Profile Program (HPPP) and its requirements, visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp) or call 303-894-5942.

If your status is Inactive you are not required to maintain a Healthcare Professions Profile, click next to proceed.

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or [dora\\_dpo\\_renewalline@state.co.us](mailto:dora_dpo_renewalline@state.co.us).

Click next to proceed.

**Review**

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.



**Renewal - DR.0018602**

Name	Ronald Edward Kuseski
Credential	DR.0018602

**Fee Details**

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$24.00
DR - Portal Fee	\$1.50
DR - Renewal Fee Active	\$238.50
DR- Peer Fee	\$162.00
	<b>\$428.00</b>

**Affidavit of Eligibility - Screening Present****AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?

Yes

**Affidavit of Eligibility - Screening Doc Change****AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

**DR Renewal Attestation**

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at [dora\\_registrations@state.co.us](mailto:dora_registrations@state.co.us) or 303-894-7800.

**By renewing my license in INACTIVE status, I attest that:**

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

**By renewing my license in ACTIVE status, I attest that:**

- In the past two years I have not abused or excessively used any habit forming drug including, alcohol or any controlled substance, and I have not been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation or finding of working impaired, diversion of controlled substances or habit -forming medications (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm.

OR

In the past two years I have abused or excessively used any habit forming drug including, alcohol or any controlled substance, or I have been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function

which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation, or finding of working impaired, diversion of a controlled substance or habit-forming medication (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm AND I have reported, or will report this information within 30 days to the Colorado Medical Board.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last two years, I have not been diagnosed with or treated for an illness, condition or behavior, that disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder.

OR

In the last two years, I have been diagnosed with or treated for an illness, condition or behavior that significantly disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder AND:

1) The illness or condition is already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; OR

2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring; OR

3) I have reported, or will report within 30 days, the illness or condition to the Medical Board.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

## HPPP - DR Introduction

### Healthcare Professions Profile

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Please be aware that this profile is only for your Physician license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

## HPPP GLOBAL - Location of Practice

### Location of Practice

49. Are you currently practicing in the healthcare profession associated with this profile?

Yes

**HPPP GLOBAL - Location of Practice If Yes****Location of Practice**

50. Practice Locations:

Address	City	State	Zip Code	Phone Number
179 Spruce Way	Black Hawk	Colorado	80422	(303) 582-3517

**HPPP - MEDICAL Education and Training****Education and Training**

51. School or Education Level:

Ohio State University College of Medicine

52. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

1972

**HPPP GLOBAL - Other Licenses****Other Licenses**

53. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

No

**HPPP GLOBAL - Board Certifications****Board Certifications**

55. Do you hold any current Board Certifications?

No

**HPPP GLOBAL - Practice Specialties****Practice Specialties**

57. Do you have a practice specialty in which you are appropriately trained and actively practicing?

No

**HPPP GLOBAL - CO Hospital Affiliations****Colorado Hospital Affiliations**

59. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

Yes

**HPPP GLOBAL - CO Hospital Affiliations if Yes**

**Colorado Hospital Affiliations**

60. Colorado Hospital Affiliations:

Hospital	Affiliation Type	City
University of Colorado Hospital	Affiliate	Aurora

**HPPP GLOBAL - Other Hospital Affiliations**

**Other Health Care Facilities and Out of State Hospital Affiliations**

61. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?  
No

**HPPP GLOBAL - Business Ownership**

**Business Ownership**

63. Do you have a current business ownership interest in any healthcare-related business?  
No

**HPPP GLOBAL - Employer**

**Employer**

65. Do you have an employer in the profession in which you are licensed or are applying for a license?  
No

**HPPP GLOBAL - Employment Contracts**

**Employment Contracts**

67. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?  
No

**HPPP GLOBAL - Disciplinary Actions**

**Disciplinary Actions**

69. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?  
Yes

**HPPP GLOBAL - Disciplinary Actions if Yes**

**Disciplinary Actions**

70. Disciplinary Actions:

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Discipline Year	State
1994	Colorado

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**HPPP GLOBAL - Restrictions and Suspensions****Restrictions and Suspensions**

71. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

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**HPPP GLOBAL - Healthcare Facility Actions****Healthcare Facility Actions**

73. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

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**HPPP GLOBAL - Termination of Employment****Termination of Employment**

75. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

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**HPPP GLOBAL - DEA Registration****DEA Registration Surrender**

77. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

---

**HPPP GLOBAL - Convictions****Convictions**

80. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

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**HPPP GLOBAL - Malpractice Claims****Malpractice Claims**

82. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?



Yes

**HPPP GLOBAL - Malpractice Claims if Yes**

**Malpractice Claims**

83. Malpractice Claims:

Year	State	Claim Type	Arbitrator, Mediator or Court
1996	Colorado	Arbitration Award	Judge Thomas Levi, Arapahoe County Probate Court, Case # 93 PR 505 Division 3

**HPPP GLOBAL - Malpractice Carrier Refusal**

**Malpractice Carrier Refusal**

84. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

Yes

**HPPP GLOBAL - Malpractice Carrier Refusal if Yes**

**Malpractice Carrier Refusal**

85. Malpractice Carrier Refusal:

Carrier Refusal Year
1994
2001

**HPPP GLOBAL - Optional Narrative**

**Optional Narrative**

86. Optional Narrative:

**HPPP GLOBAL - Attestation**

**Attestation**

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- You are the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

87. Submission Date:

04/10/2017

**Review**

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.





## Lookup Detail View

### Licensee Information

This serves as primary source verification\* of the license.

\*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.

Name	Public Address
Ronald Edward Kuseski	14446 E. Evans Avenue Aurora, CO 80014

### Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0018602	Original	Physician	Active	02/04/1974	05/01/2017	04/30/2019

### Supervision

Relationship	Supervisor/Supervisee	License	Start Date	Relationship Type
Supervises	Lindsay Stailey DeIMastro	PA.0002748	04/24/2017	Supervisor

### Board/Program Actions

Case Number	Public Action	Resolution	Effective Date	Completed Date
1993-5150294044	CLS Stipulation	Stipulation	01/20/1995	06/02/1995

### Online Documents

**IMPORTANT NOTICE:** All available online documents are accessible through our DPO Public Documents System ([http://www.dora.state.co.us/pls/real/DDMS\\_Search\\_GUI.DPO\\_Search\\_Form](http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form)). To view, click the link(s) below to access the Documents System. Once there you may enter the licensee name or license number to complete the search. All public documents related to the licensee will be visible upon completion of the search.

If you have any questions or further issues, please contact us at [dora\\_dpo\\_onlinelicenses@state.co.us](mailto:dora_dpo_onlinelicenses@state.co.us).

Link	Unique ID Number	DocType	DocSource
DPO Public Documents ( <a href="http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form">http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form</a> )	36515	HPPP-CO PUBLIC DISCIPLINARY ACTION	IMAGE
DPO Public Documents ( <a href="http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form">http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form</a> )	117378	HPPP- REFUSAL OF MALPRACTICE INSURANCE	IMAGE
DPO Public Documents ( <a href="http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form">http://www.dora.state.co.us/pls/real/DDMS_Search_GUI.DPO_Search_Form</a> )	117379	HPPP- REFUSAL OF MALPRACTICE INSURANCE	IMAGE

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BEFORE THE STATE BOARD OF MEDICAL EXAMINERS

STATE OF COLORADO

---

STIPULATION AND FINAL AGENCY ORDER (LETTER OF ADMONITION)

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IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE  
LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF  
RONALD E. KUSESKI, M.D., LICENSE NO. 18602.

Respondent.

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IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel B ("Panel") of the Colorado State Board of Medical Examiners ("Board") and Ronald E. Kuseski, M.D. ("Respondent") as follows:

**JURISDICTION AND CASE HISTORY**

1. Respondent was licensed to practice medicine in the state of Colorado on February 4, 1974, and was issued license no. 18602 which Respondent has held continuously since that date.

2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.

3. On or about September 16, 1994, the Panel reviewed a report of investigation in case no. MB0294044. The Panel found that the investigation disclosed facts which warranted proceeding by formal complaint, as provided in § 12-36-118(5), C.R.S. The Panel thereupon referred the complaint in case no. MB0294044 to the Attorney General.

4. Respondent understands that:

a. Respondent has the right to be represented by an attorney of the Respondent's choice;

b. Respondent has the right to a formal disciplinary hearing pursuant to § 12-36-118(5), C.R.S.

c. By entering into this Stipulation and Final Agency Order (hereinafter, the "Order"), Respondent is knowingly and voluntarily giving up the right to a hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts; and

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence, and to cross-examine witnesses who would testify on behalf of the Panel.

5. It is the intent of the parties and the purpose of this Order to provide for a settlement of all facts disclosed by the investigation in case no. MB0294044, without the necessity of holding a formal disciplinary hearing. This Order constitutes the entire agreement between the parties, there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

6. Respondent admits and agrees as follows:

a. On July 1, 1993, Respondent performed a therapeutic abortion on C. S., an 18-year-old female patient at the Mayfair Women's Center.

b. For the procedure on July 1, 1993, C. S. received 1 cc of Inapsine intravenously at or about 9:13 a.m., followed by two administrations of 2.5 cc Sublimaze at or about 9:25 a.m. and 9:38 a.m. respectively. Respondent did not have in place or utilize pulse oximetry equipment during this procedure.

c. At the end of the procedure, C.S. went into respiratory arrest and ultimately is left with severe residual vegetative encephalopathy (brain damage).

7. Respondent admits that the Panel possesses prima facie evidence which, if believed and not rebutted by other evidence, would prove that Respondent has engaged in unprofessional conduct as defined in § 12-36-117(1)(p), C.R.S. Respondent however, specifically denies that his care and treatment of C.S. violated any generally accepted standard of medical practice.

8. The parties agree that this Order does not constitute and shall not be construed as an admission of or evidence of substandard medical practice by the Respondent in his care and treatment of C.S.

9. If unprofessional conduct were proven at hearing, the Board is authorized by § 12-36-118(5)(g)(III), C.R.S. to order probation and such conditions upon Respondent's practice which it deems appropriate.

#### LETTER OF ADMONITION

By this Order, the Panel imposes and the Respondent accepts a Letter of Admonition for the conduct described herein. Respondent is hereby admonished and instructed that, in the provision of services such as C.S. received, he is to adhere to the "Anesthesia Monitoring Guidelines, Table II" published in the January 1990

Copiscope as applicable to Respondent's setting. Respondent shall advise the Board in writing, within 10 days of the effective date of this Order, that such anesthesia monitoring measures are in place for all such procedures, and shall describe with particularity the anesthesia monitoring in place.

#### EDUCATIONAL REQUIREMENT

Respondent further agrees that he shall take and successfully complete a CPR/ACLS course within 90 days of the effective date of this order, at which time, he shall submit proof of successful completion of this course.

#### OTHER TERMS

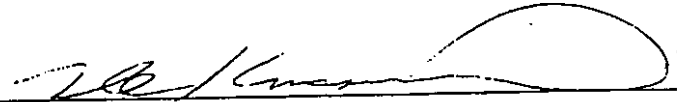
10. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

11. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to § 12-36-118(5)(g)(III), C.R.S. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in § 12-36-118(5)(g)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of § 12-36-117(1)(u), C.R.S.

12. This Order shall be admissible as evidence at any future hearing before the Board.

13. This Order shall be effective upon approval by the Panel and signature by a Panel member. Respondent acknowledges that the Panel may choose not to accept the terms of this Order and that if the Order is not approved by the Panel and signed by a Panel member, it is void.

14. Upon becoming effective, this Order shall be open to public inspection and shall be reported as required by law.

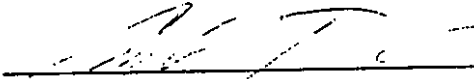
  
Respondent

14446 East Evans

Aurora, Colorado 80014

Address

SUBSCRIBED AND SWORN to before me in the County of  
Arapahoe, State of Colorado, this 20<sup>th</sup> day of  
December 1994.

  
NOTARY PUBLIC

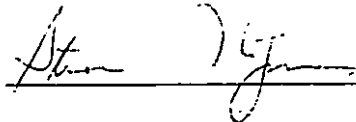
My Commission expires:

10-31-98



THE FOREGOING Stipulation and Final Agency Order is approved and effective this 20<sup>th</sup> day of January, 1995.

FOR THE COLORADO STATE BOARD  
OF MEDICAL EXAMINERS  
INQUIRY PANEL B



APPROVED AS TO FORM:

FOR THE RESPONDENT

FOR THE BOARD OF MEDICAL EXAMINERS

GALE A. NORTON  
Attorney General

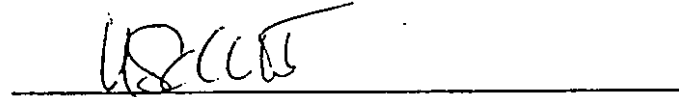
STEPHEN K. ERKENBRACK  
Chief Deputy Attorney General

TIMOTHY M. TYMKOVICH  
Solicitor General

MERRILL SHIELDS  
Deputy Attorney General

LINDA L. SIDERIUS  
First Assistant Attorney General

  
Attorney for Respondent

  
John S. Sackett \*14288  
Assistant Attorney General  
Regulatory Law Section

Nicholas S. Kaluk, Jr.,  
M.D., J.D. #1937-5  
Pryor, Carney & Johnson, P.C.  
6200 S. Syracuse Way  
Suite 400  
Englewood, CO 80155-6559

Attorneys for the Colorado State  
Board of Medical Examiners

1525 Sherman Street, 5th Floor  
Denver, Colorado 80203  
Telephone: 866-5307  
\*Counsel of Record  
AG Alpha No. RG ME DLIDJ  
AG No. P:\RL\RLSACKJS\RLJS4266



February 7, 2001

**PERSONAL & CONFIDENTIAL  
TO BE OPENED BY ADDRESSEE ONLY**

Ronald E. Kuseski, M.D.  
[REDACTED]

P.O. Box 662  
Black Hawk, CO 80422

Dear Doctor Kuseski:

After extensive deliberation and review, Copic Insurance Company has concluded that we cannot provide your professional liability coverage, due to your past history with Copic.

If you would like to appeal this decision to our underwriting committee, please contact me directly at 720-858-6168, within ten days of the date of this letter.

Thank you very much for your time and cooperation in providing us with the application.

Sincerely,

Robin Parker  
Underwriter  
Underwriting & Policyholder Service Department



October 11, 1995

Shannel B. Lorange  
Administrative Officer  
Board of Medical Examiners  
1560 Broadway, Suite 1300  
Denver, CO 80202-5140

Re: Ronald E. Kuseski, M.D.

Dear Ms. Lorange:

Dr. Kuseski has requested that we forward information to you regarding Copic's decision to non-renew his coverage effective 7-7-94.

Our decision to non-renew Dr. Kuseski's coverage was based on his claims history with Copic. Specifically, Claim #11386, which is the Stile claim in which this patient underwent an abortion, experienced cardiac arrest, and went into a coma. This claim is currently undergoing settlement.

If you need any further information or have additional questions, please contact me at 779-0044 (main) or 930-0444 (direct).

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Mary Hedin".

Mary Hedin, BS, MBA  
Vice President  
Underwriting & Policyholder Service Department

MH/mm

cc:   
Greg Perzcak, Esq.

g:\mhvkuses9.doc



MARY HEDIN, BS, MBA  
VICE PRESIDENT UNDERWRITING AND POLICYHOLDER SERVICE  
P.O. Box 17540  
Denver, Colorado 80217-0540  
1-800-421-1834  
Direct (303) 930-0444  
7800 E. Dorado Place, #200  
Englewood, Colorado 80111  
PBX (303) 779-0044  
FAX (303) 779-8775