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6/21/79  
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Board of Medical Examiners of the State of New Mexico

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT OR EXAMINATION

To the Board of Medical Examiners of the state of New Mexico:

I hereby make application for a license to practice medicine and surgery in the State of New Mexico and submit the following statement concerning my age, moral character, and medical education and practice.

1. Name in full FRANZ CARL THEARD

2. Address \_\_\_\_\_

3. Place and date of birth Port au Prince HAITI

4. American citizen (by birth or naturalization) NATURALIZED, NOV 12 1969 #9246147

If not a citizen Declaration of Intention - Date filed and No. \_\_\_\_\_

5. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted Board of Medical Examiners 5 years, as follows:

From <u>1974</u>	To <u>1976</u>	at <u>WASHINGTON Hospital Center WASH D.C</u>
From <u>1976</u>	To <u>1979</u>	at <u>97th GENERAL Hospital Frankfurt Germany US Army</u>
From <u>1979</u>	To <u>PRESENT</u>	at <u>William Beaumont Army Medical Center, EL PASO, TEXAS.</u>

6. I am a member of the following Medical Societies or Associations District of Columbia Medical Society (Resident member)

7. Upon what license or certificate do you base this application? District of Columbia License #7100

8. In what states licensed? District of Columbia, Florida 1978

9. On what hospital staffs have you served in the past 5 years. (give names and addresses.)

97th GENERAL Hospital APO NY 09757 FRANKFURT, GERMANY  
William Beaumont Army Medical Center, EL PASO, TEXAS 79920

10. Have you any physical impairment? NO (If yes use separate page to explain.)

11. Have you ever been hospitalized or otherwise treated for mental illness? NO (If yes use separate page to explain.)

12. Have you ever resigned or withdrawn your application from any hospital staff or other professional group? NO

13. Have you ever been denied a certificate or the privilege of taking an examination before any State Medical Examining Board? NO If yes, which one and why? (use separate page to explain)

14. Has any State Medical Examining Board ever taken disciplinary action against you? NO

15. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? NO (If yes use separate page to explain)

16. Have you ever been charged with violation of any Federal, State or Local Statute? NO (Explain)

(except for minor traffic violation)

17. Has disciplinary action ever been taken against you by a hospital staff or by any County Medical Society? NO (Explain)

18. Are you Board Certified? YES By what Board? AMERICAN BOARD of OBSTETRICS and GYNECOLOGY

19. Military Service (dates) 1976 to PRESENT (ACTIVE duty) (attach certified copy of Discharge)

INTERNSHIP

DAY, MONTH, YEAR	DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From <u>1 7 1972</u>	To <u>30 6 1973</u>	<u>DC GENERAL Hospital</u>	<u>WASHINGTON D.C</u>

RESIDENCIES

DAY, MONTH, YEAR	DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From 1 7 73	To 30 6 76	WASHINGTON HOSPITAL CENTER	WASHINGTON D.C
From .....	To .....	.....	.....
From .....	To .....	.....	.....

I received the degree of M.D. from GEORGE WASHINGTON UNIVERSITY located at 2100 PENNSYLVANIA AVENUE NW WASH DC on the 28 day of MAY, 1972

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated AUGUST 21 Signed Franz C Theard  
Address .....

County of EL PASO State of .....

In El Paso said county on this 21 day of August A.D. 1979 personally appeared before me Franz C Theard who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and that every statement recorded above is true and correct.

Mary W Rauch  
Notary Public.

My commission expires February 28, 1981

1) **CERTIFICATION OF COUNTY MEDICAL SOCIETY**

State of District of Columbia  
County of .....

\* ....., M.D., President of the ..... County Medical Society, State of .....  
Mr. F.P. Ferraraccio, ~~XXX~~ Secretary of the District of Columbia County Medical Society, State of District of Columbia

Being duly sworn upon oath and say, each for himself that he has known, or investigated said Franz Carl Theard M.D., and knows him to be of good moral and professional character, that he has been in practice of medicine or has interned in Washington, DC for the past 12-176 years, that he recommends him as being worthy and well qualified for a Physician's and and Surgeon's license to practice in the State of New Mexico.

....., M.D., President of the ..... County Medical Society, State of .....  
~~XXXX~~ Secretary of the District of Columbia County Medical Society, State of District of Columbia

Subscribed and sworn to this 30th day of August, 1979

(SEAL) .....  
Notary Public.  
My Commission expires .....

\*If applicant has not been a member of a County Medical Society, two letters of recommendation from Chiefs of Services under whom he has served are required. These are to be sent directly to the Secretary of the New Mexico Board of Medical Examiners.

2) CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that Franz Carl Theard  
of Port-au-Prince, Haiti Matriculated in  
The George Washington University at Washington, D.C.  
Date September 17, 1968, attended FOUR courses of instruction  
of NINE months each, and received a diploma conferring the degree of Doctor of Medicine  
(date) May 28, 1972  
Deborah J. Carter  
Deborah J. Carter  
(President/Secretary of Board)  
Date August 29, 1979 Certifications

(SEAL)

3) CHIEF, License Branch  
**CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE  
OR NATIONAL BOARD OF MEDICAL EXAMINERS**

I, Yvonne A. Yates Chief, License Branch  
Secretary of Occupational and Professional  
Licensing Division certify that  
Franz Carl Theard was granted certificate  
No. 7100 to practice medicine in the State of Washington, DC  
on the 22nd day of April 19 74 based on National Board Endorsement  
and that said certificate has never been revoked. (Written examination or diploma)

Did applicant pass the Federation Licensing Examination? .....

If by written examination the secretary should further certify:

I further certify that the aforesaid .....  
in his written examination before this Board, obtained a general average of ..... per cent in the following  
subjects:

SUBJECT	PER CENT	SUBJECT	PER CENT

Acting on behalf of the Commission on Licensure to Practice the Healing Art  
I hereby certify to the reputability of Dr. Franz Carl Theard  
based on the records, and recommend him to the Board of Medical Examiners of the State of New Mexico as a fit  
and proper person to receive a certificate. (If application is based on National Board of Medical Examiners certificate  
this reputability certificate is not applicable.)

Yvonne A. Yates  
Yvonne A. Yates, Chief, License Branch

Place Washington, DC Date September 6, 1979 dm

Seal of State or National  
Board of Medical Examiners

**APPLICATION FOR LICENSE THROUGH  
ENDORSEMENT OR EXAMINATION**  
Issued by the  
**NEW MEXICO BOARD OF MEDICAL EXAMINERS**

Name FRANZ C. THEARD

Address

Application Received 9-17-79

Fee \$100.00 Paid 9-17-79 Receipt # 5893

Fingerprints Received 9-17-79

Application Approved

License Granted 11-15-79 Board

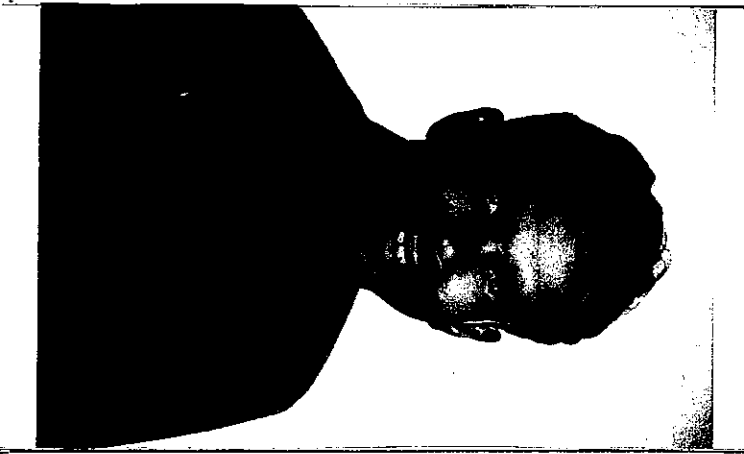
License No. 28-288

Personal Appearance

Temporary License Granted

Temporary License No.

Two recent unmounted photographs of applicant 3x5 inches must be furnished with this application. One to be pasted in space below—the other with name and address on back in applicant's own handwriting.



**RULES GOVERNING LICENSURE**

Every applicant for licensure in this State, whether by examination or by endorsement of another State Board of Medical Examiners, or National Board of Medical Examiners must have a diploma from a medical college in good standing as defined by New Mexico law.

The Board holds regular meetings at Santa Fe on the third Monday and Tuesday in May and November each year. Permanent licenses can be granted only at regular meetings of the Board. The Secretary may grant a temporary license effective until the next regular meeting of the Board to a qualified applicant for licensure by endorsement.

The fee for licensure by endorsement or by examination is \$100.00. This fee must be paid by **MONEY ORDER OR CASHIER'S CHECK**. **NEITHER CASH NOR PERSONAL CHECKS CAN BE ACCEPTED. THIS FEE IS NOT REFUNDABLE.**

An applicant for licensure by endorsement of examination must complete this form in every detail and file it with the Secretary. A photostatic copy of his diploma with affidavit on the back stating that he is the possessor of same and is the person therein named is required as is completion of fingerprint chart. A graduate of a foreign medical school will also file a certified translation of his diploma when necessary and enclose a copy of his permanent certificate from the Educational Council for Foreign Medical Graduates.

All applicants must be American Citizens or have filed Declaration of Intention of becoming a citizen.

A personal interview with the Secretary of the Board of Medical Examiners is required before a temporary license can be granted. Before a candidate can be granted a permanent license by endorsement or examination he must appear before the Board at a regular meeting.

Completed application must be filed with the Secretary not later than **FOUR WEEKS** before a regular meeting, or **SIX WEEKS** before examination.

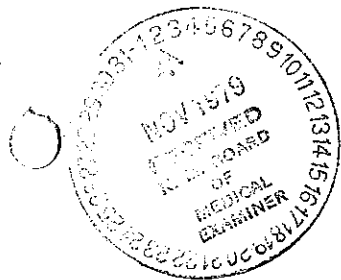


Theard

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
535 NORTH DEARBORN STREET  
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES  
DEPARTMENT OF DATA RELEASE SERVICES



NAME: THEARD, FRANZ CARL, M.D.  
ADDRESS: USA GEN HOSP BOX 28 FRANKFURT GERMANY  
BIRTHPLACE: PORT-AU-PRINCE/HAITI BIRTHDATE:  
MEDICAL EDUCATION (SCHOOL YEAR):  
GEORGE WASHINGTON UNIV SCH MED, WASHINGTON DC 20037  
NATIONAL BOARD CERTIFICATION: 1973  
LICENSES:  
DC 1974  
FL 1978

DATE: 10-19-79

00100

1979

79-288

PHYSICIAN'S PROFESSIONAL ACTIVITIES:  
FULL-TIME HOSPITAL STAFF  
PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY  
SECONDARY SPECIALTY: UNSPECIFIED  
TERTIARY SPECIALTY: UNSPECIFIED  
SPECIALTY BOARD CERTIFICATION:  
AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY  
MEMBER OF AMA: NOT MEMBER  
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE  
PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE  
INTERNSHIP:  
HOSPITAL: D C GEN HOSP WASHINGTON DC 20003  
DATES OF TRAINING: 07/72-06/73  
SPECIALTY: INTERNAL MEDICINE  
SPECIALTY: UNSPECIFIED  
RESIDENCY:  
HOSPITAL: WASHINGTON HOSP CENTER WASHINGTON DC 20010  
DATES OF TRAINING: 07/73-06/76  
SPECIALTY: OBSTETRICS AND GYNECOLOGY  
SPECIALTY: UNSPECIFIED

COPYRIGHT 1979 AMERICAN MEDICAL ASSOCIATION \*\*AMA FILES CHECKED\*\* SEE REVERSE

090079291F16575390

*franz c theard*  
SIGNATURE

09

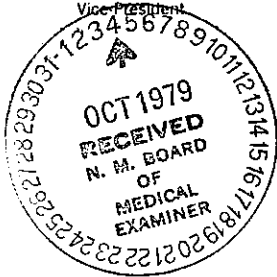
VAUN T. FLOYD, M.D.  
President

HOWARD L. SMITH, M.D.  
Vice President



KENT F. JACOBS, M.D.  
Member

ALBERT C. DIDDAMS, M.D.  
Member



*New Mexico Board of Medical Examiners*

R.C. Derbyshire, M.D. — Secretary-Treasurer  
227 EAST PALACE AVE. · SUITE 0  
SANTA FE, NEW MEXICO 87501  
(505) 827-2215

September 20, 1979

Administrator  
William Beaumont Army Medical Center  
El Paso, TX 79920

THEARD, Franz Carl, M.D. is applying for  
BD: - Port au Prince, HAITI  
a license to practice medicine in New Mexico. He states  
that he has been a member of the staff of your hospital  
from July 1979 to present.

Will you please confirm this if possible and tell me  
whether or not ~~(x)~~ he is ~~wax~~ in good standing.

REMARKS: *Dr. Theard is a member of the  
WBAMC staff and is in good standing.*

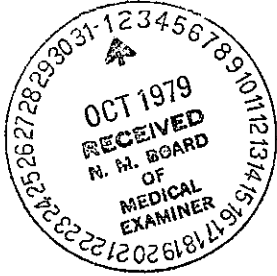
Signed: *Thomas M. Geer, M.D.*  
THOMAS M. GEER, M.D., COLONEL, MED COI  
Chief, Professional Services.

Date: 25 Sep 79

VAUN T. FLOYD, M.D.  
President  
HOWARD L. SMITH, M.D.  
Vice-President



KENT F. JACOBS, M.D.  
Member  
ALBERT C. DIDDAMS, M.D.  
Member



*New Mexico Board of Medical Examiners*

R.C. Derbyshire, M.D. — Secretary-Treasurer  
227 EAST PALACE AVE. - SUITE 0  
SANTA FE, NEW MEXICO 87501  
(505) 827-2215

September 20, 1979

SEP 25 '79  
DEPT. OF PROFESSIONAL  
AND OCCUPATIONAL  
REGULATION

TO: Secretary, Board of Medical Examiners  
of Florida  
Oakland Bldg., Suite 220  
2009 Apalachee Parkway  
Tallahassee, FL 32301

THEARD, Franz Carl \_\_\_\_\_, M.D. has applied for  
BD: \_\_\_\_\_ - Port au Prince, HAITI  
a license to practice medicine in New Mexico. He states  
that he is licensed in your state.

Will you please furnish us with the following information:

License or Certificate Number 33098  
Date issued 8/1/78  
By written examination? \_\_\_\_\_  
By endorsement or reciprocity? ✓  
Is license current? Yes  
Derogatory information None

REMARKS:

Signed: Kathy Romano  
Date: Sept. 25, 1979

Very truly yours,

*R.C. Derbyshire*

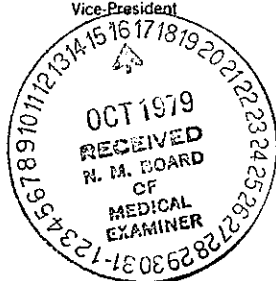
R. C. Derbyshire, M.D.  
Secretary-Treasurer

RCD:cg

VAUN T. FLOYD, M.D.  
President  
HOWARD L. SMITH, M.D.  
Vice-President



KENT F. JACOBS, M.D.  
Member  
ALBERT C. DIDDAMS, M.D.  
Member



*New Mexico Board of Medical Examiners*

R.C. Derbyshire, M.D. — Secretary-Treasurer  
227 EAST PALACE AVE. - SUITE 0  
SANTA FE, NEW MEXICO 87501  
(505) 827-2215

September 20, 1979

Administrator  
97th General Hospital  
APO New York 09757

THEARD, Franz Carl \_\_\_\_\_, M.D. is applying for  
BD: \_\_\_\_\_ - Port au Prince, HAITI  
a license to practice medicine in New Mexico. He states  
that he has been a member of the staff of your hospital  
from 5 August 1976 to 9 May 1979.

Will you please confirm this if possible and tell me  
whether or not (s)he is/was in good standing.

REMARKS:

Signed: C. Neil Herrick  
C. NEIL HERRICK, Col, MC  
Ch, OB-GYN Department  
Frankfurt Army Regional Med Center

Date: 8 October 1979



The George Washington University  
in virtue of authority granted by

The United States of America

has conferred upon

Franz Carl Oberst  
the Degree of

Dorior of Medicine

together with all the Honors, Rights and Privileges belonging to that Degree.

In Witness Whereof, this Diploma is granted bearing the seal of the University

Given at Washington in the District of Columbia this twenty-eighth day  
of May, in the year of our Lord nineteen hundred and seventy-four.

*John A. Allen*  
Dean of the Medical Center



*David H. E. Lewis*  
President of the University

The Washington Hospital Center  
Washington, D. C.

This is to certify that

*Frank Earl Theard, M.D.*

has served as

*Resident in Obstetrics and Gynecology*

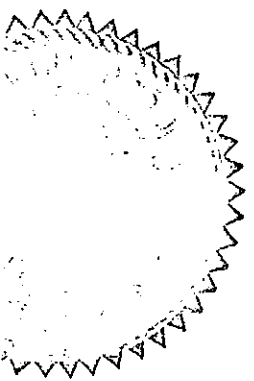
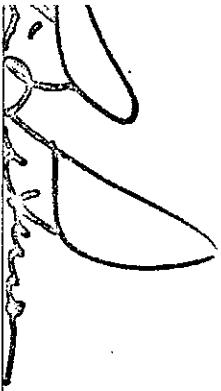
from *July 1, 1973* to *June 30, 1976*

in this hospital; that he has performed his duties faithfully and satisfactorily.

A TRUE COPY

*Virginia A. MacCallum*  
VIRGINIA A. MACCALLUM, Notary Public  
In and for El Paso County, Texas  
My commission expires *Dec 31, 1980*

CHAIRMAN OF DEPARTMENT



DIRECTOR OF MEDICAL EDUCATION

*Genevieve Batts M.D.*

National Board of Medical Examiners

of the

United States of America

Franz Carl Obern, 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

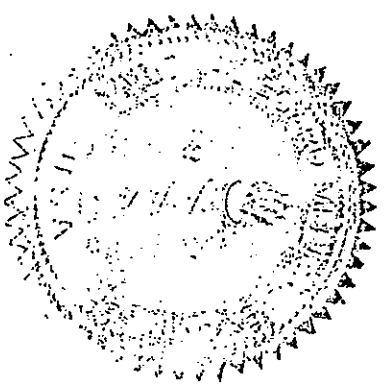
that

J. Myers  
Secretary of the Board

John O. Hubbard  
President of the Board

Philadelphia, Pa.  
October 7, 1973

Certificate No. 122854



A TRUE COPY

Virginia A. MacCallum  
VIRGINIA A. MACCALLUM, Notary Public  
In and for El Paso County, Texas  
My commission expires Dec 31, 1980

License No. 7100

Class No. 3NB

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF ECONOMIC DEVELOPMENT  
OFFICE OF LICENSES AND PERMITS  
OCCUPATIONAL AND PROFESSIONAL LICENSING DIVISION  
COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART

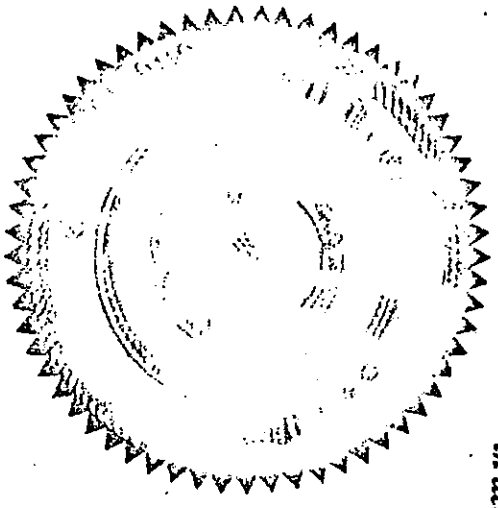
*Be it known that*

FRANZ C. THEARD

*has met all requirements prescribed by law and regulations and is hereby authorized to practice*

MEDICINE AND SURGERY

*in accordance with an Act of Congress approved February 27, 1929.*



*In witness whereof, the said Commission caused this license to be granted and attested by the official seal of the District of Columbia, this 22nd day of APRIL, 1974.*

*Julia A. Dyer*

Director, Department of Economic Development

*Raymond F. ...*  
Secretary, Commission on Licensure

A TRUE COPY

*Virginia A. MacCallum*  
VIRGINIA A. MACCALLUM, Notary Public  
In and for El Paso County, Texas  
My commission expires *Dec 31, 1980*

Department of Human Resources  
District of Columbia General Hospital



Washington, D.C.

This is to Certify that

*Franz C. Sheard, M.D.*

has faithfully and satisfactorily filled the position of

*Intern in Medicine (Straight)*

*George Washington University*

in this Hospital

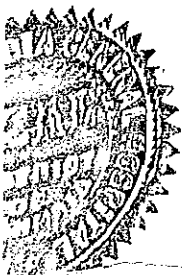
from *July 1*, 1972, to *June 30*, 1973

*Wilton Crow* M.D., F.A.C.P.  
Chief of Service

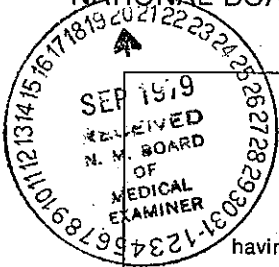
*Lawrence A. Dunmore, Jr.*  
Executive Director

A TRUE COPY

*Virginia A. MacCallum*  
VIRGINIA A. MACCALLUM, Notary Public  
In and for El Paso County, Texas  
My commission expires



ENDORSEMENT OF CERTIFICATION



NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA  
Franz Carl Theard, 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: J. D. Myers  
Chairman of the Board

SEAL

John P. Hubbard  
President of the Board

Philadelphia, Pa.

10/01/1973

Cert. # 122854

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of George Washington University School of Medicine in 05/1972, whose birth date is , 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 06/70</u>		
Anatomy, incl. histology and embryology .....		75
Physiology .....		70
Biochemistry .....		77
Pathology .....		75
Microbiology, incl. immunology .....		75
Pharmacology and Materia Medica .....		81
Behavioral Sciences .....		--
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>		75
<u>Part II passed 09/73</u>		
Internal medicine and the medical specialties .....	490	82
Surgery and the surgical specialties .....	365	75
Obstetrics and Gynecology .....	470	81
Public Health and Preventive Medicine .....	440	79
Pediatrics .....	325	75
Psychiatry .....	335	75
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>	380	77
<u>PART III passed 05/73</u>		
A General Test of Clinical Competence .....	470	81.0
<u>(Minimum Passing Grade 290/75) AVERAGE</u>		77.7
<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.

*Ann K. Sewerling*  
Secretary for Certification  
Date 09/14/1979

SEAL

432902

# BOARD OF MEDICAL EXAMINERS RENEWAL APPLICATION FOR LICENSE TO PRACTICE MEDICINE



**ALL** information (unless noted) must be supplied.

**INCOMPLETE FORMS WILL BE RETURNED WITHOUT BEING PROCESSED.**

The fee of \$50 must be received by the Board before December 31, 1987. **IF YOU DO NOT RENEW YOUR LICENSE BY DECEMBER 31, 1987 YOUR NAME WILL NOT BE INCLUDED IN THE 1988 MEDICAL DIRECTORY PUBLISHED BY THE BOARD.**

(\$10 will be applied to the Impaired Physician Monitored Treatment Program created by Chapter 204 during the 1987 session of the Legislature.)

**\*\*\*PLEASE PRINT OR TYPE\*\*\***

\*\*\*\*\*

**ORIGINAL NM LICENSE #** 79-288

**NAME AS IT APPEARS ON YOUR CURRENT LICENSE**

<u>THEARD</u>	<u>FRANZ</u>	<u>C.</u>
<small>Last Name</small>	<small>First Name</small>	<small>Middle Initial</small>

**MAIDEN NAME** \_\_\_\_\_

<b>DATE OF BIRTH</b> _____	<b>SOCIAL SECURITY #</b> _____
<small>Month Day Year</small>	

**BUSINESS ADDRESS (Not a P.O. Box)**

(Law 61-6-23 states that a Certificate of annual registration shall be at all times displayed conspicuously in the office of the practitioner to whom it has been issued.)

**PHONE NO.** (915) 533-8205

1201 Schuster Bldg. 2-B,  
Street

El Paso, Texas 79902  
City State Zip

Any practitioner who changes the location of his office or residence shall, before doing so, notify the Board of such change.

**HOME ADDRESS**

**BOARD CERTIFIED**  Yes [ ] No

**SPECIALTY** OBSTETRICS AND GYNECOLOGY, MATERNAL FETAL MEDICINE

OBC

X

P. L. ...

**MEDICAL SCHOOL** Name GEORGE WASHINGTON UNIVERSITY  
Address WASHINGTON, D.C.  
Date of Graduation 1972

**CURRENT HOSPITAL AFFILIATIONS**

1. SIERRA MEDICAL CENTER
2. PROVIDENCE MEMORIAL HOSPITAL
3. VISTA HILLS MEDICAL CENTER
4. WILLIAM BEAUMONT ARMY MEDICAL CENTER

Do you have any physical or mental conditions which would impair your ability to practice medicine? [ ] Yes [  ] No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? [ ] Yes [  ] No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**FAILURE TO PAY THE RENEWAL REGISTRATION FEE IN A TIMELY MANNER (AS PER 61-6-28) MAY RESULT IN A PHYSICIAN BEING SUSPENDED FROM THE PRACTICE OF MEDICINE.**

Has any form of disciplinary action been instituted against you by any licensing authority, professional organization, medical institution or any other medically related entity? [ ] Yes [  ] No

If yes, you must provide complete details of the disciplinary action with your renewal.

**STAPLE YOUR CHECK AND ANY ATTACHMENTS TO THE FORM.**

LL !@ \* & 11/19/81  
Date

*Paul Dean*  
Signature of Physician

**RETURN RENEWAL FORM AND ATTACHMENTS TO:**

Board of Medical Examiners  
PO Box 20001  
Santa Fe, NM 87504



**NEW MEXICO BOARD OF MEDICAL EXAMINERS**  
**VERIFICATION OF CONTINUING MEDICAL EDUCATION**  
 (61-8-3E/61-6-22 NMSA 1978 and NMBME Rule 79-13)

Print Name Franz C. Theard, M.D. License No. 79-288

Please See Attached CME Credits

I certify that I have completed the Continuing Medical Education requirements for re-registration of my license in 1988 as follows:

Required Education Category I during 1985, 1986, 1987: *over 89.5*

- Physicians Recognition Award of AMA Year \_\_\_\_\_ Points \_\_\_\_\_
- Certificate of CME of AAFP: Year \_\_\_\_\_ Points \_\_\_\_\_
- Certification or Recertification by a Specialty Board Year \_\_\_\_\_ Points \_\_\_\_\_
- FLEX Component II: Year \_\_\_\_\_ Points \_\_\_\_\_
- Internship, Residency or Fellowship: \_\_\_\_\_ Points \_\_\_\_\_  
 Program Location \_\_\_\_\_ Dates \_\_\_\_\_
- Advanced Degree: *1986/87 70* Points \_\_\_\_\_  
 Medical School \_\_\_\_\_
- Self Assessment Tests: \_\_\_\_\_ Points \_\_\_\_\_  
 Educational Institution \_\_\_\_\_
- Teaching: \_\_\_\_\_ Points \_\_\_\_\_  
 Medical School or Approved Program Institution \_\_\_\_\_
- Preceptors: \_\_\_\_\_ Points \_\_\_\_\_  
 Medical School \_\_\_\_\_
- Scientific Paper on Publications: \_\_\_\_\_ Points \_\_\_\_\_

TOTAL POINTS \_\_\_\_\_

Date *Nov 28*

Signature *[Handwritten Signature]*

IMPORTANT

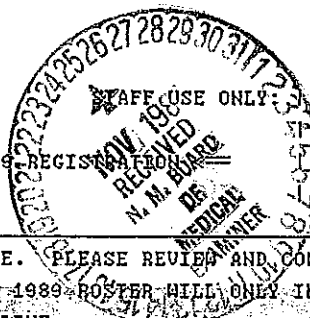
THOSE PHYSICIANS RECEIVING A CONTINUING EDUCATION YELLOW FORM MUST REMIT ALL CERTIFICATES AND OTHER VERIFYING DOCUMENTS OF ATTENDANCE FOR ALL MEETINGS, ETC. ATTENDED THAT FULFILL THE REQUIREMENTS FOR RELICENSURE.  
YOUR FEE IS NOT REFUNDABLE IF YOU DO NOT MEET THE CME REQUIREMENT!

Each Consultant visit is approved for 9 Category I hours of Continuing Medical Education

CONSULTANT	DATES
Frank C. Miller, M. D.	25 - 26 July 1985
Charles V. Capten, M. D.	22 - 23 August 1985
Warren N. Otterson, M. D.	26 - 27 September 1985
Robert Resnik, M. D.	31 Oct - 1 Nov 1985
Donald G. Gallup, M. D.	21 - 22 November 1985
J. P. Lavery, M. D.	12 - 13 December 1985
James P. Crane, M. D.	23 - 24 January 1986
Jack A. Pritchard, M. D.	27 - 28 February 1986
M. L. Pernoll, M. D.	27 - 28 March 1986
John J. Mikuta, M. D.	17 - 18 April 1986
Harrison Ball, M. D.	22 - 23 May 1986
Thomas Klein, M. D.	24 - 25 July 1986
Patrick Duff, M. D.	28 - 29 August 1986
Jack W. Pearson, M. D.	25 - 26 September 1986
Baha M. Sibai, M. D.	13 - 14 November 1986
Robert Brent, M. D.	10 - 11 December 1986
Kermit E. Krantz, M. D.	29 - 30 January 1987
Planned Parenthood meeting, New Orleans, August 1986	10 1/2 CME
meeting of District 8, American College of OB-GYN, Maui, Hawaii, October 1986,	16 CME
Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, New Orleans, May 1986,	24 CME
Western Perinatal Conference CME	30 - 28 March 1987
ACOG 35th ANNUAL CLINICAL MEETING	31 - April 25, 1987 Las Vegas Nevada
Continuing Medical Education, Franz Theard, M. D.	
ACOG VIII -XI Annual Meeting	32 - August 30, 1987 San Francisco
1987 ACOG LEGISLATIVE WORKSHOP	33 - May 31, 1987 Washington DC
Consultant	
John Read, M.D.	34 -July 30, 1987
A. Hammil Hunter	35 -August 27, 1987
Alfred E. Bent	36- September 24, 1987
Pearse Warren	37-November 18, 1987
Sierra Medical Center (transfusion therapy)	38-March 5, 1987

*M*  
*63*  
*10.5*  
*16.*  
*89.5*

NEW MEXICO BOARD OF MEDICAL EXAMINERS  
 P.O. Box 20001/491 Old Santa Fe Trail  
 Santa Fe, New Mexico 87508  
 (505)827-7317



833503

Amount Recd \_\_\_\_\_  
 Processed By ER  
 Returned \_\_\_\_\_  
 Date Mailed \_\_\_\_\_

ANNUAL REGISTRATION OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND COMPLETE THE INFORMATION BELOW.  
 RETURN THIS FORM AND "\$60.00" BY DECEMBER 31, 1988. THE 1989 ROSTER WILL ONLY INCLUDE NAMES FROM REGISTRATIONS RECEIVED COMPLETE, CORRECT, AND RETURNED BEFORE THE DEADLINE.

LICENSE #: 79-288  
 NAME : FRANZ C THEARD M.D.  
 ADDRESS : \_\_\_\_\_  
 ADDRESS : \_\_\_\_\_  
 CITY/ST/ZIP: \_\_\_\_\_

EXAM: DC  
 SCHOOL : GEORGE WASHINGTON UNIV  
 HOSPITAL: ADD ANY HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES IN 1988 IF NOT LISTED.  
 SIERRA MEDICAL  
 PROVIDENCE MEM  
 VISTA HILLS MEDICAL  
 WILLIAM BEAUMONT

INSTRUCTIONS

The Medical Board's current records contain the above information. Please check all information for accuracy. Information that is incorrect or has changed since you registered last year, should be corrected in the space provided at the right. Also please add any new hospital affiliations you may have acquired since January of 1988. IF YOUR BUSINESS ADDRESS HAS CHANGED, YOU SHOULD REMEMBER THAT YOU MUST FURNISH THE BOARD WITH A LOCATION ADDRESS. A POST OFFICE BOX IS NOT ACCEPTABLE. Information requested below is new information or reverification information that must be received yearly. All blanks below must contain a response before your form will be processed. ALL REGISTRATION FORMS RECEIVED INCOMPLETE, UNSIGNED OR WITHOUT \$60.00 "WILL NOT" BE PROCESSED UNTIL ALL ITEMS ARE COMPLETE. DELAY WILL MEAN THAT YOUR NAME WILL NOT BE PRINTED IN THE 1989 ROSTER. CHECKS RECEIVED WITH INCOMPLETE FORMS WILL BE DEPOSITED WITH THE STATE TREASURER'S OFFICE IN ACCORDANCE WITH STATE LAW. NO FEE WILL BE RETURNED.

ANSWER QUESTIONS BELOW

During 1988 have you been convicted of a felony or had action against any M.D. license you hold? YES  NO   
 If you answered YES to the above question an explanation must be attached.

ARE YOU A U.S. GRAD? YES  NO  ECFMG #: \_\_\_\_\_ DEA #:

STATE LICENSES EVER HELD:  
 ST: TX LIC #: F 6332  
 ST: \_\_\_\_\_ LIC #: \_\_\_\_\_  
 ST: \_\_\_\_\_ LIC #: \_\_\_\_\_  
 ST: \_\_\_\_\_ LIC #: \_\_\_\_\_  
 ST: \_\_\_\_\_ LIC #: \_\_\_\_\_

ACTIVE STATUS  
 I wish my license to remain active . I have enclosed my check for \$60.00 .

\*INACTIVE STATUS  
 I WISH MY LICENSE TO BECOME INACTIVE AT THIS TIME \_\_\_\_\_.  
 With an inactive license I understand that, in accordance with New Mexico law, I may not practice in any form including the writing of prescriptions \_\_\_\_\_.  
 \*New Mexico law only provides for an active or inactive status. All those wishing to practice even in a limited capacity must have a full license and stay current in reporting CME'S.

I verify that all above information is true and accurate on this date.  
 Date: 11/4/88  
 SIGNATURE: [Signature]  
 (must be signed by physician)

NOTE: IF YOU HAVE RECEIVED A CME REPORT FORM, BOTH THIS AND THE CME REPORT MUST BE RETURNED TOGETHER.

NEW MEXICO BOARD OF MEDICAL EXAMINERS  
 VERIFICATION OF CONTINUING EDUCATION  
 (61-6-3E/61-6-22 NMSA 1978 and NMBME Rule 79-13)

NAME: FRANZ                      C THEARD                      M.D.                      LICENSE NUMBER: 79-288                      HOURS OF CME'S REPORTED: 0

This is your regular year to report CME's. Records in the Medical Board Office show that you have already reported the hours as indicated above. If the above information shows that you have reported 75 hours or more, you need only sign this form and return it with your completed form included in the mailing. If you have reported less than 75 hours, YOU MUST REPORT THE ADDITIONAL HOURS NEEDED TO BRING YOUR TOTAL TO 75 HOURS. Use the section provided below to report your CMEs.

IMPORTANT

Those physicians receiving this continuing education form must report and remit all CERTIFICATIONS AND OTHER VERIFYING DOCUMENTS OR ATTENDANCE FOR ALL MEETINGS, ETC. SEND DOCUMENTATION FOR ONLY THOSE HOURS YOU ARE REQUIRED TO REPORT.

YOUR REGISTRATION FEE IS NOT REFUNDABLE IF YOU DO NOT MEET THE CME REQUIREMENTS.

I certify that I have completed the Continuing Medical Education requirements for re-registration of my license in 1989 as follows:

Clinical Courses approved for AMA Category I during 1986, 1987, 1988:	Credit Hours _____	
- Physicians Recognition Award of AMA    Year _____	Credit Hours _____	
- Certificate of CME of AAFP:                      Year _____	Credit Hours _____	
- Certification of Recertification by a Speciality Board                                      Year _____	Credit Hours _____	
- FLEX Component II:                                      Year _____	Credit Hours _____	
- Internship, Residency or Fellowship: _____ / _____	Credit Hours _____	
Program Location                      Dates		
- Advanced Degree: _____	Credit Hours _____	
Medical School		
- Self Assessment Tests: _____	Credit Hours _____	
Educational Institution		
- Teaching: _____	Credit Hours _____	
Medical School or Approved Program Institution		
- Preceptors: _____	Credit Hours _____	
Medical School		
- Scientific Paper or Publications	Credit Hours _____	TOTAL CREDIT HOURS _____

Date \_\_\_\_\_ Signature \_\_\_\_\_  
 (NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY: CMEs approved by                     *MC*                     Date:                     12/12/88                     Documentation Received                     *yes*

List of CME Credits

Franz C. Theard M.D.  
 Texas License F6332  
 New Mexico License 79-288

(Each Consultant visit is approved for 9 category I hours of Continued Medical Education)

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
 William Beaumont Army Medical Center  
 El Paso, Texas 79920-5001

CONSULTANT	Dates	Total Hours
1985		
Frank C. Miller, M.D.	July 25-26, 1985	9
Charles V. Capten, M.D.	August 22-23, 1985	9
Warren N. Otterson, M.D.	September 26-27, 1985	9
Robert Resnik, M.D.	October 31, 1985	9
Donald G. Gallup, M.D.	November 21-22, 1985	9
J. P. Lavery, M.D.	December 12-13, 1985	9
	1985 Total CME Credits	54
1986		
Jack A. Pritchard, M.D.	February 27-28, 1986	9
M. L. Pernoll, M.D.	March 27-28, 1986	9
John J. Mikuta, M.D.	April 17-18, 1986	9
Harrison, Ball, M.D.	May 22-23, 1986	9
Thomas Klein, M.D.	July 24-25, 1986	9
Patrick Duffy, M.D.	August 28-29, 1986	9
Jack W. Pearson, M.D.	September 25-26, 1986	9
Baha M. Sibai, M.D.	November 13-14, 1986	9
Robert Brent, M.D.	December 10-11, 1986	9
Annual Clinical Meeting of American College of OB-GYN New Orleans Louisiana	May 1986	24
Planned Parenthood Meeting New Orleans	August 1986	10 1/2
District VIII American College of OB-GYN, Maui, Hawaii	October 1986	16
	1986 Total CME Credits	131 1/2
1987		
Kermit E. Krantz M.D.	January 29-30, 1987	9
John Lewis, M.D.	February 26-27, 1987	9
Kamran S. Moghissi, M.D.	March 25-26, 1987	9

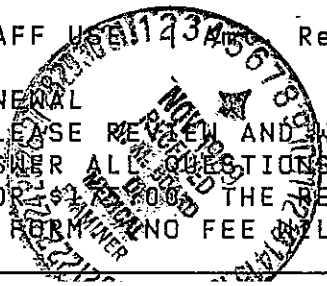
*NO*

✓

M. Wayne Heine, M.D.	April 16-17, 1987	9
Rudi Ansbacher, M.D., M.S.	May 28-29, 1987	9
John Reed, M.D.	July 30-31, 1987	9
Hunter A. Hammill, M.D.	August 27-28, 1987	9
Alfred E. Bent, M.D.	September 24-25, 1987	9
Warren H. Pearse, M.D.	November 18-19	9
Michael L. Berman, M.D.	December 10-11, 1987	9
Western Perinatal Conference	March 28-20, 1987	16
American College 35th Clinical meeting Las Vegas Nevada	April 31, 1987	16
American College Distric VIII Annual Meeting San Francisco	August 30, 1987	24
1987 ACOG Legislative Workshop Washington DC	May 31, 1987	16
Sierra Medical Center Transfusion Therapy	March 5, 1987	2
	1987 Total CME Credits	166
1988		
Robert Messer, M.D.	January 28-29, 1988	9
Edward J. Quilligan, M.D.	February 25-26, 1988	9
Daniel K. Roberts, M.D.	March 24-25, 1988	9
Robert C. Park, M.D.	April 21-22, 1988	9
Mitchell S. Golbus, M.D.	May 25-26, 1988	9
Rudy E. Sabbaha, M.D.	August 25-26, 1988	9
Alex Ferenczy, M.D.	October 27-28, 1988	9
American College Of OB-GYN District VII Conference Boston Mass.	April 30-May 3, 1988	24
Texas Technicl University School Conference 1988	WESTERN REGIONAL PERINATAL March 28, 1988	16
American College of OB-Gyn Conference District VIII	June 12-13, 1988	24
American College of OB-GYN San Antonio, Texas 78206	November 6-8, 1988	36
	1988 Total CME Credits	163

NM BME/PO BOX 20001/SANTA FE, NM 87504

STAFF USE ONLY 1234567890 Rec. 175



SECTION B 1990 PHASE-IN TRIENNIAL RENEWAL SECTION  
RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND WHERE NECESSARY  
COMPLETE OR CORRECT THE INFORMATION PROVIDED. ANSWER ALL QUESTIONS AND VERIFY  
THE INFORMATION IN THE PLACE PROVIDED. A CHECK FOR \$25.00 THE RENEWAL FEE FOR  
ACTIVE OR \$25.00 FOR INACTIVE MUST ACCOMPANY THIS FORM. NO FEE WILL BE RETURNED

LICENSE #: 79-288

NAME : FRANZ C THEARD M.D.  
BUS-ADDR : 1201 SCHUSTER, 2-B  
BUS-ADDR :  
CITY/ST/ZIP: EL PASO, TX 79902  
BUS-PHONE : 915-533-8205  
HOME-ADDR :  
HOME-ADDR :  
CITY/ST/ZIP:  
HOME-PHONE :  
SCHOOL : GEORGE WASHINGTON UNIV

DATE GRADUATED:  
05/28/72

HOSPITAL PRIVILEGES: SIERRA MEDICAL PROVIDENCE MEM VISTA HILLS MEDICAL WILLIAM BEAUMONT  
NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED  
ST: TX LIC#: F6332 ST: LIC#: ST: LIC#: ST: LIC#

Have you ever been convicted of a misdemeanor or felony?  NO  YES  
Has any licensing authority, professional organization, medical institution or any other medically related entity ever instituted disciplinary action or proceedings against you?  NO  YES

Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institute or any other medically related entity?  NO  YES  
If you answered YES to any of the above questions, please explain in detail. Please include documentation.

ACTIVE STATUS:  I wish my license to remain active.

INACTIVE STATUS:  I WISH MY LICENSE TO BECOME INACTIVE AT THIS TIME.  
With an inactive license I understand that, in accordance with New Mexico law, I may not practice in any form including the writing of prescriptions.

NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED - DUE BY 12-31-89.

I have checked the desired status for my New Mexico license.  
 I have enclosed the proper fee according to Status.  
 I verify that all above information is true and accurate.

SIGNATURE: [Signature] DATE: 11/4/89  
(Must be signed by physician)

51  
75  
30

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504  
SECTION B JULY 1, 1992 - JUNE 30, 1995 TRIENNIAL RENEWAL

218101

RECEIVED

JUN 29 1992

NM BOARD OF MEDICAL EXAMINERS

PLEASE REVIEW INFORMATION PROVIDED, "ANSWER ALL QUESTIONS" AND MAKE CORRECTIONS IN THE SPACE PROVIDED.

FEES - CHECK ENCLOSED \$ \_\_\_\_\_ FEES ARE NON-REFUNDABLE NMSA 61-6-19.

ACTIVE STATUS \$210.00  I WISH MY LICENSE TO REMAIN ACTIVE

\*INACTIVE STATUS \$ 25.00 \_\_\_\_\_ I WISH MY LICENSE TO BECOME INACTIVE

WITH AN INACTIVE LICENSE I UNDERSTAND THAT, I MAY NOT PRACTICE MEDICINE INCLUDING WRITING OF PRESCRIPTIONS. (NMSA 61-6-33)

LICENSE #: 79-288

NAME : FRANZ C THEARD M.D.

BUS-ADDR : 1201 SCHUSTER, 2-B

BUS-ADDR :

CITY/ST/ZIP: EL PASO, TX 79902

BUS-PHONE : 915-533-8205

OUT-OF-STATE PHYSICIANS PRACTICING IN NEW MEXICO, PLEASE PROVIDE NEW MEXICO BUSINESS ADDRESS:

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.

HOSPITAL PRIVILEGES: NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL:

SIERRA MEDICAL

PROVIDENCE MEM

VISTA HILLS MEDICAL

WILLIAM BEAUMONT

OTHER STATE LICENSES:

ST: TX LIC#: F6332 ST: LIC#: ST: LIC#:

ST: LIC#: ST: LIC#:

SPECIALITY (1) OBSTETRICS/GYNECOLOGY ARE YOU BOARD CERTIFIED  YES  NO

SPECIALITY (2) ~~CLINICAL PATHOLOGY~~ PERINATOLOGY (MATERNAL & PATAL MEDICINE) ARE YOU BOARD CERTIFIED  YES  NO

LIST ALL PA'S AND/OR NURSE PRACTITIONERS THAT ARE CURRENTLY UNDER YOUR SUPERVISION:

PA: \_\_\_\_\_ NP: \_\_\_\_\_

PA: \_\_\_\_\_ NP: \_\_\_\_\_

Are you known by any other name(s)? NO (Specify)

Have you ever been convicted of a misdemeanor or felony?  NO  YES

Has any licensing authority, professional organization, medical institution or other medically related entity ever instituted disciplinary action or proceedings against you  NO  YES

Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institution or other medically related entity?  NO  YES

"IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND DOCUMENTATION."

I verify that all above information is true and accurate.

SIGNATURE: [Signature]  
(Must be signed by physician)

DATE: 5/31/92



NEW MEXICO BME, P O BOX 20001, SANTA FE, NEW MEXICO 87504

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIAN'S MUST REPORT AND DOCUMENT "75" HOURS FROM AMA CATEGORY I OF CONTINUING MEDICAL EDUCATION ONCE EVERY THREE YEARS.

DOCUMENTATION MUST BE ATTACHED

NAME: FRANZ C THEARD M.D. LICENSE NUMBER: 79-288

I certify that I have completed the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

- AMA Category I Accredited
  - Clinical Courses. Credit Hours 75
  - AMA Physicians Recognition Award Year \_\_\_\_\_ Credit Hours \_\_\_\_\_
  - AAFP Certificate of CME Year \_\_\_\_\_ Credit Hours \_\_\_\_\_
  - Certification or Recertification by ABMS Speciality Board Year \_\_\_\_\_
  - FLEX Component II Year \_\_\_\_\_
  - Internship, Residency or Fellowship (40 hours maximum per year) Inclusive dates \_\_\_\_\_ Credit Hours \_\_\_\_\_
  - Advanced Degree In Medically Related Field Year(s) \_\_\_\_\_ (40 hours maximum per each full year of study)
  - Self Assessment Tests: Certificate of credit must be attached (No Limit) Credit Hours \_\_\_\_\_
  - Teaching Statement from approved medical school must be attached (40 hours maximum) Credit Hours \_\_\_\_\_
  - Preceptors: Statement from approved medical school must be attached (30 hours maximum) Credit Hours \_\_\_\_\_
  - Scientific Paper or Publications (original) 10 hours per paper copy(ies) must be attached (30 hours maximum) Credit Hours \_\_\_\_\_

Date 6/30/92 Signature [Handwritten Signature] Total Credit Hours \_\_\_\_\_  
 Credit Hours \_\_\_\_\_

(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:  
 CMES Approved By [Handwritten Signature] Date: 6/30/92 Doc. Rec. [Handwritten Initials]

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
WILLIAM BEAUMONT ARMY MEDICAL CENTER  
EL PASO, TEXAS 79920-5001

CONSULTANT SCHEDULE FOR 1989-1990

ROBERT C. CEFALO, M. D., Ph.D.  
Professor of Obstetrics and Gynecology  
Director, Maternal-Fetal Medicine  
Assistant Dean, Head of the Office of  
Graduate Medical Education  
The University of North Carolina  
Chapel Hill, NC 27599-7570

7 CREDITS

20 - 21 July 1989

WILLIAM DROEGEMUELLER, M. D.  
Chairman, Department of Obstetrics and Gynecology  
The University of North Carolina  
Chapel Hill, NC 27599-7570

7 CREDITS

28 - 29 September 1989

WARREN N. OTTERSON, M.D.  
Professor and Chairman  
Department of Obstetrics and Gynecology  
Louisiana State University School of Medicine  
Shreveport, Louisiana 71130-3932

7 CREDITS

19 - 20 October 1989

VALERIE PARISI, M. D.  
Director of Maternal-Fetal Division  
Department of Obstetrics and Gynecology  
Reproductive Services  
The University of Texas Medical School  
Houston, Texas 77030

7 CREDITS

07 - 08 December 1989

51

Consultant Schedule (cont')

WILLIAM H. HINDLE, M. D. 7 CREDITS  
Director, Breast Diagnostic Center  
Department of Obstetrics and Gynecology  
University of Southern California School of Medicine  
Los Angeles, California 90033 25 - 26 January 1990

KERMIT E. KRANTZ, M. D. 7 CREDITS  
Professor and Chairman  
Department of Gynecology & Obstetrics  
University of Kansas Medical Center  
Kansas City, Kansas 66103 22 - 23 March 1990

WILLIAM WILSON, M. D. 7 CREDITS  
Department of Obstetrics and Gynecology  
Denver General Hospital  
Denver, Colorado 80204 26 - 27 April 1990

LEO B. TWIGGS, M. D., Professor 7 CREDITS  
Director, Gynecology Oncology  
Department of Obstetrics and Gynecology  
University of Minnesota  
Minneapolis, Minnesota 55455 24 - 25 May 1990

28

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
WILLIAM BEAUMONT ARMY MEDICAL CENTER  
EL PASO, TEXAS 79920-5001

CONSULTANT SCHEDULE FOR 1990-1991

SUE M. PALMER, M. D. 7 CREDITS  
Division of Maternal-Fetal Medicine  
Department of Obstetrics and Gynecology  
University of Texas Health Science Center of Houston  
6431 Fannin, Suite 3.204  
Houston, TX 77030 26 - 27 July 1990

DENNIS O'CONNOR, M. D. 7 CREDITS  
Colonel, MC  
Professor, OB-GYN and Pathology  
Uniformed Services University of the Health Sciences  
Bethesda, MD 20814 23 - 24 August 1990

ROBERT C. PARK, M. D. 7 CREDITS  
Colonel, MC (RET)  
Director, GYN Oncology Fellowship  
Department of Obstetrics and Gynecology  
Walter Reed Army Medical Center  
Washington, DC 20307-5001 13 - 14 September 1990

RUDI ANSBACHER, M. D., M.S. 7 CREDITS  
Colonel, MC (RET)  
Professor, Obstetrics and Gynecology  
University of Michigan Medical School  
Division of Reproductive Endocrinology  
and Infertility  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109-0718 13 - 14 December 1990

28

Consultant Schedule (cont')

DONALD G. GALLUP, M. D., MS

Director, Section of Gynecology Oncology

7 CREDITS

Professor, Department of Obstetrics and Gynecology

Medical College of Georgia

Augusta, Georgia 30912-3335

7 - 8 February 1991

~~ROBERT RESNIK, M. D.~~

~~Professor and Chairman~~

~~Department of Reproductive Endocrinology~~

~~University of California, San Diego~~

~~School of Medicine, Med. T-002~~

~~La Jolla, CA 92668~~

14 - 15 March 1991

Consultant Schedule (cont')

DONALD G. GALLUP, M. D., MS

7 CREDITS

Director, Section of Gynecology Oncology  
Professor, Department of Obstetrics and Gynecology  
Medical College of Georgia  
Augusta, Georgia 30912-3335

7 - 8 February 1991

ARTHUR MASLOW, D. O.

7 CREDITS

Lieutenant Colonel, MC  
Chief, Perinatology Service  
Department of Obstetrics and Gynecology  
Brooke Army Medical Center  
Fort Sam Houston, TX 78234-6200

18 - 19 April 1991

ROGER LEE, M. D.

7 CREDITS

Colonel, MC (Ret)  
Chief, Gynecologic Oncology  
Department of Obstetrics and Gynecology  
Tacoma General Hospital  
315 South K Street  
Tacoma, Washington 98405

16 - 17 May 1991

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

VISITING CONSULTANTS 1991-1992

<u>DATES</u>	<u>SPECIALTY</u>	<u>NAME</u>	
AUG 29	OB	COL Gary Hankins, MC Chief, Obstetrics and Gynecology Wilford Hall Air Force Medical Center San Antonio, Texas	7 CREDITS
SEP		No Consultant	
OCT 24 & 25	Oncology	Dr. Daniel Clarke-Pearson Director, GYN Oncology Department of Obstetrics and Gynecology Duke University Medical Center Durham, North Carolina	7 CREDITS
NOV 21 & 22	GYN	Dr. David H. Nichols Professor and Chairman Department of Obstetrics and Gynecology Brown University Providence, Rhode Island	7 CREDITS
DEC 12 & 13	Oncology	Dr. Kenneth Hatch Director of GYN Oncology Department of Obstetrics and Gynecology University of Arizona Tucson, Arizona	7 CREDITS
JAN 17 & 18	Repro Endo	Dr. Robert Schenken <del>(tentative)</del> <i>Came</i> Head, Reproductive Endocrinology University of Texas at San Antonio San Antonio, Texas	7 CREDITS
FEB 20 & 21	OB	<i>Dr. Sue Palmer came again here (see Jul 1990)</i>	
		<del>Dr. Gloria Sarto (tentative) Chairman, Department of Obstetrics and Gynecology University of New Mexico Medical School Albuquerque, New Mexico</del>	
MAR 26 & 27	Repro Endo	<del>Dr. Larry L. Penney, COL, USA (RET) Professor and Head, Reproductive Endocrinology Department of Obstetrics and Gynecology University of Missouri Columbia, Missouri</del>	

APR 16 & 17

Urodynamics

Dr. Richard Bump  
Assistant Professor  
Department of Obstetrics and Gynecology  
Medical College of Virginia  
Richmond, Virginia

7 CREDITS

MAY 21 & 22

OB

Dr. Thomas Moore  
Professor, Department of Obstetrics and  
Gynecology  
University of California at San Diego  
San Diego, California

7 CREDITS

JUN

No Consultant





BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, New Mexico 87501

no check

Administration (505) 827-5022
Financial (505) 827-6759
TRIENNIAL LICENSE RENEWAL
JULY 1, 1995 - JUNE 30, 1998

Applications (505) 827-9933
Verifications (505) 827-7317

RENEWALS DUE ON OR BEFORE JULY 1, 1995. \$61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. \$61-6-19 NMSA 1978.

FRENZ, C. THEARD, M.D.

1201 SCHUSTER, 2-B

EL PASO TX 79902

915-533-8205 Business phone

ADDRESS CORRECTION REQUESTED

Four horizontal lines for address correction.

Out of state physicians - provide New Mexico business address, if any.

NM Bus Addr: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

FEES: Active Status \$210.00 Inactive Status 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)
It is the licensee's responsibility to notify the Board of changes in address of either business or home. \$61-6-18 NMSA 1978. Please review the information below for accuracy.

License # Social Security # DEA # Date of Birth

719-288

Other State Licenses:

State TX # F6332 State # State #
State # State # State #

ABMS Specialty (1) OBSTETRICS AND GYNECOLOGY Board certified? Yes
ABMS Specialty (2) NEONATAL-PERINATAL MEDICINE Board certified? YES

Physician Assistants/Nurse Practitioners under your supervision:

PA's -
NP's -

Hospital Privileges:

- 1) SIERRA MEDICAL
2) PROVIDENCE MEM
3) VISTA HILLS MEDICAL
4) WILLIAM BEAUMONT

Additional Hospital Privileges:

Four horizontal lines for additional hospital privileges.

NM BOARD OF MEDICAL EXAMINERS  
LAMY BUILDING, SECOND FLOOR  
491 OLD SANTA FE TRAIL  
SANTA FE, NEW MEXICO 87501

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD IMMEDIATELY PRECEDING TRIENNIAL RENEWAL.

NAME: FRANK C DEARDEN M.D. M.D. LICENSE #: 79-200

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses

- |  |                       |                    |
|--|-----------------------|--------------------|
| - A M A Physicians Recognition Award   | Year _____            | Credit Hours _____ |
| - A A F P Certificate of CME   | Year _____            |                    |
| - Certification or Recertification<br>by ABMS Specialty Board  | Year _____            |                    |
| - FLEX Component II  | Year _____            |                    |
| - Internship, Residency or Fellowship  | Inclusive dates _____ |                    |
| - Advanced Degree In Medically Related Field<br>(40 hours maximum per year of study)   | Year(s) _____         | Credit Hours _____ |
| - Self Assessment Tests:<br>Certificate of credit must be attached<br>(No Limit)   |                       | Credit Hours _____ |
| - Teaching - medical students<br>Statement from approved medical school must<br>be attached<br>(40 hours maximum credit)       |                       | Credit Hours _____ |
| - Preceptorships - medical students<br>Statement from approved medical school must<br>be attached<br>(30 hours maximum credit) |                       | Credit Hours _____ |
| - Scientific Articles<br>10 hours each. Proof of publication must be<br>attached<br>(30 hours maximum credit)                  |                       | Credit Hours _____ |

STAFF USE ONLY:

CMEs Approved By \_\_\_\_\_

*K. Shaw*

Date: 7/6/95

Doc. Rec.

PROVIDENCE MEMORIAL HOSPITAL  
CONTINUING MEDICAL EDUCATION  
CREDIT REPORT  
1992, 1993, 1994, 1995

Franz C. Theard, MD  
1201 Schuster Bldg. 2-B  
El Paso, TX. 79902

Category I

PROGRAM	CREDIT HRS
=====	
1992	
Perinatal Symposium '92 5/22/92	17
1993	
"Choosing Among the Various Antepartum Test" & "Active Labor Management" 4/21/93	10
"I.U.G.R. Etiology, Diagnosis & Management" "Postdates Active vs Expectant Management" 5/12/93	12
<b>TOTAL:</b>	<b>39</b>

CERTIFICATE OF ATTENDANCE

**ADVANCED ULTRASOUND TECHNIQUES  
IN OBSTETRICS AND GYNECOLOGY**  
Fifth Annual Review Course  
**NOVEMBER 12TH THROUGH 15TH, 1992**  
**SCOTTSDALE, ARIZONA**

\_\_\_\_\_  
Franz C. Theard, M.D.

As an organization accredited for Continuing Medical Education, the Good Samaritan Regional Medical Center designated this Continuing Medical Education activity as meeting the criteria for 16 continuing Medical Education hours in Category I of the Physicians Recognition Award of the American Medical Association as well as the Arizona Medical Association's Continuing Medical Education Certificate.

Your attendance record at this meeting has entitled you to receive 16 of these credits.

*James Jay Finberg MD*  
\_\_\_\_\_  
**HARRIS DAY FINBERG M.D.**  
Program Director

no

# EDUCATION DEPARTMENT

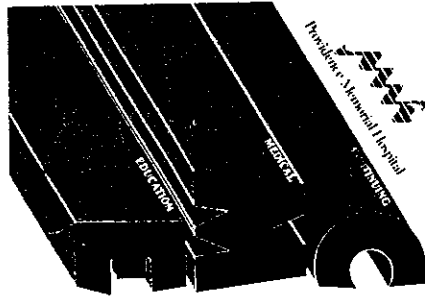
Provident Memorial Hospital

Presented to

FRANZ C. THEARD, MD

for successful completion of

PERINATAL ISSUES, 1991



C.M.E. Credits

Awarded 2 CATEGORY I HOURS

Provider No. ACCREDITED BY TMA  
1990

ADMINISTRATOR

*Paul W. Thompson*  
Paul W. Thompson  
ADMINISTRATOR

COORDINATOR

MAY 17, 1991

DATE

# CME ATTENDANCE RECORD



American Institute  
of Ultrasound in Medicine  
14750 Sweitzer Lane, Suite 100  
Laurel, MD 20707-5906

COURSE:	3rd World Congress on U/S in OB/GYN Las Vegas, NV
DATE(S):	October 25-28, 1993
CREDITS:	19.0

Franz Theard, M.D.  
1201 E. Schuster, Bldg. 2-B  
El Paso, TX 79902

The American Institute of Ultrasound in Medicine  
certifies your attendance and recorded hours of  
category 1 credit at the course noted above.



810402

310-

NEW MEXICO BOARD OF MEDICAL EXAMINERS SECTION B

Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501

RECEIVED

APR 14 1998

GARY E. JOHNSON GOVERNOR

TRIENNIAL LICENSE RENEWAL
JULY 1, 1998 - JUNE 30, 2001

MEDIC LIVINGSTON PARSONS, JR., M.D. PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 1998. §61-6-26 (A)-(F) NMSA 1978.
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. §61-6-19 NMSA 1978.

FRANZ C THEARD, M.D.
1201 SCHUSTER 2-B

Handwritten note: 1/20/98

ADDRESS CORRECTION REQUESTED

EL PASO TX 79902-

915-533-8205 BUSINESS PHONE

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.
NM BUS ADDR: CITY/ST/ZIP

FEES: ACTIVE STATUS \$310.00 INACTIVE STATUS \$25.00
(A LICENSEE ON INACTIVE STATUS MAY NOT PRACTICE MEDICINE NOR WRITE
PRESCRIPTIONS.) REINSTATEMENT OF AN INACTIVE LICENSE WITHIN A PERIOD OF
TWO YEARS FROM THE RENEWAL DATE IS A FAIRLY SIMPLE PROCESS. REINSTATING
AFTER TWO YEARS, REQUIRES A REINSTATEMENT APPLICATION AND BOARD
APPROVAL.

IT IS THE LICENSEE'S RESPONSIBILITY TO NOTIFY THE BOARD OF CHANGES IN
ADDRESS OF EITHER BUSINESS OR HOME. §61-6-28 NMSA 1978. PLEASE REVIEW
INFORMATION PROVIDED, MAKE CORRECTIONS AND ANSWER ALL QUESTIONS ON BACK.

LICENSE # SOCIAL SECURITY # DEA # DATE OF BIRTH

79-288

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS: N/A

ABMS SPECIALTY (1) OBSTETRICS AND GYNECOLOGY BD CERTIFIED? Yes
ABMS SPECIALTY (2) NEONATAL/PERINATAL MEDICINE BD CERTIFIED? Yes

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S -
NP'S -

HOSPITAL PRIVILEGES:

SIERRA MEDICAL
PROVIDENCE MEM
VISTA HILLS MEDICAL
WILLIAM BEAUMONT

ADDITIONAL HOSPITAL PRIVILEGES:

Columbia West
Columbia East
Southwestern General Hospital

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-8491
(505) 827-7362

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

The following questions request information that has developed since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation:

Are you at the present time known by any other name? If so, what name? N/A

Have you been licensed/registered under another name(s)? If so, what name(s)? N/A

Have you been denied a license/registration by a medical licensing board? Yes \_\_\_ No X

Has a medical licensing board started disciplinary action against your license/registration? Yes \_\_\_ No X

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes \_\_\_ No X

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes \_\_\_ No X

Have you had a malpractice settlement or judgment against you? Yes \_\_\_ No X

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes X No \_\_\_

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.) Yes \_\_\_ No X

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine? Yes \_\_\_ No X

I verify that all the above information is true and accurate.

J. Kearney  
Signature of Licensee/Registrant

4/10/98  
Date



NM BOARD OF MEDICAL EXAMINERS  
LAMY BUILDING-SECOND FLOOR  
491 OLD SANTA FE TRAIL  
SANTA FE NEW MEXICO 87501

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD FROM JANUARY 1995 THROUGH DECEMBER 1997.

NAME: Franz C. Theard M.D. LICENSE #: 79-288

DOCUMENTATION MUST BE ATTACHED

NEED ACTUAL COPIES OF ATTENDANCE CERTIFICATES-A LIST IS NOT ACCEPTABLE

I certify that I have complied with the Continuing Medical Education requirement for renewal of my New Mexico license and that appropriate documentation is attached.

Certified AMA Category 1 Clinical Courses Credit Hours \_\_\_\_\_  
New Mexico Specific Category 1 Clinical Courses Credit Hours \_\_\_\_\_

\_\_AMA Physicians Recognition Award Year \_\_\_\_\_  
\_\_AAFP Certificate of CME Year \_\_\_\_\_

\_\_Certification or Recertification by ABMS Specialty Board Year \_\_\_\_\_

\_\_USMLE Step 3 Year \_\_\_\_\_

\_\_Internship, Residency or Fellowship Inclusive Dates: \_\_\_\_\_

\_\_Advanced Degree in Medically Related Field (40 Hours Maximum Per Year of Study) Year(s) \_\_\_\_\_ Credit Hours \_\_\_\_\_

\_\_Self Assessment Tests: Certificate of Credit Must Be Attached (No Limit) Credit Hours \_\_\_\_\_

\_\_Teaching - Medical Students Statement From Approved Medical School Must Be Attached (40 Hours Maximum Credit) Credit Hours \_\_\_\_\_

\_\_Preceptorship - Medical Students Statement From Approved Medical School Must Be Attached (30 Hours Maximum Credit) Credit Hours \_\_\_\_\_

\_\_Scientific Articles (10 Hours Each) Proof of Publication Must Be Attached (30 Hours Maximum Credit) Credit Hours \_\_\_\_\_

STAFF USE ONLY:  
CME'S APPROVED BY MG DATE: 4/21/98 DOC. REC.

SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS

*Franz C. Theard, M.D., P.A.*  
Obstetrics, Gynecology, Perinatology & Infertility  
Diplomate of the American Board of OB/GYN  
Diplomate Sub-Specialty Board Maternal-Fetal Medicine

APRIL 10, 1998

NEW MEXICO BOARD OF MEDICAL EXAMINERS  
SECOND FLOOR, LAMY BUILDING  
491 OLD SANTA FE TRAIL  
SANTA FE , NEW MEXICO 87501

RE: LICENSE RENEWAL

TO WHOM IT MAY CONCERN:

ON QUESTIONS " DO YOU HAVE ANY MALPRACTICE OR MEDICALLY RELATED  
CLAIMS OR LAWSUITS PENDING AGAINST YOU ? " THE ANSWER IS YES.

I HAVE (2) TWO OUTSTANDING CLAIMS :

1. PATIENT PENDING LAWSUIT FOR INAPROPIATE  
REFERRAL.
2. PATIENT A SEVERE DIABETIC HAD A DELIVERY BY  
C-SECTION BABY WITH ALLEGED CEREBRAL PALSY.

SHOULD YOU HAVE ANY FURTHER QUESTIONS PLEASE FEEL FREE TO CALL ME.

SINCERELY,



FRANZ C. THEARD, M.D.  
FCT/ev

Schuster Heights Medical Park  
1201 Schuster Bldg. 2B  
El Paso, Texas 79902  
(915) 533-8205  
Office Telephone  
(915) 533-8205

# THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS



## PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT

### ACOG COGNATE PROGRAM

409 12th Street, SW  
 PO Box 96920  
 Washington, DC 20090-6920  
 (800) 673-8444 • (202) 863-2405

# TRANSCRIPT

ACOG ID NUMBER F 0016440

PAGE NO.  
1

Franz Carl Theard MD  
 1201 E Schuster Ave Ste 2B  
 El Paso, TX 79902-4646

COGNATES REPORTED THRU 12/31/1997

DATE OF ISSUE 01/21/98

ACTIVITY DATE	CODE	CME ACTIVITY	CREDITED COGNATE HOURS	ADDITIONAL COGNATE HOURS	TOTAL AWARD COGNATE H	
					Cat. I	Cat. II
11/12/97	01	POSTGRADUATE COURSE/MEETING	19	0	19	

REPORTING YEARS	CAT. I	CAT. II	TOTAL
1997	19		19
1998			0
1999			0
<b>TOTAL COGNATE HOURS THIS CYCLE</b>			<b>19</b>

REPORTING YEARS	CAT. I	CAT. II	TOTAL
2000			0
2001			0
2002			0
<b>TOTAL COGNATE HOURS THIS CYCLE</b>			<b>0</b>

The Texas Association of  
OBSTETRICIANS & GYNECOLOGISTS

OFFICE OF THE SECRETARY-TREASURER  
2401 S. 31st Street  
Temple, TX 76508  
(817) 724-2574

May 13, 1997

Franz Theard, M.D.  
1201 E. Schuster, #2-B  
El Paso, TX 79902

Dear Participant:

*Franz*

We hope that you enjoyed attending the 68th Annual Meeting of the Texas Association of Obstetricians Gynecologists/Texas Section ACOG in Austin.

Enclosed is a certificate of attendance with documented CME hours provided by ACOG and the ACCME for your records. As stated in AACME policy guidelines, "ACOG designates this continuing medical education activity for up to 14 credit hours in Category 1 of the Physician's Recognition Award of the AMA and up to 14 cognate hours in Category 1 (Formal Learning) of the ACOG Program for Continuing Professional Development. Each physician should claim only those hours of credit that he/she actually spent in the educational activity." For your information, each day was accredited for 7 hours of CME.

If you are a member of ACOG, please be sure to mark your name and ACOG member number on the form and send the first sheet to ACOG at the address noted on the form. If you are not a member of ACOG, the form can still be copied and sent to any licensing/credentialing agency you may need.

We hope to see you next year in Dallas on Friday and Saturday, March 27-28, 1998, at the Westin Galleria for another outstanding meeting.

Sincerely,

*Dudley*

Dudley P. Baker, M.D.  
Secretary-Treasurer

Executive Council

Terrence A. Kuhlmann, MD, President  
Ralph Anderson, MD, President Elect  
Alfred B. Knight, Jr., MD, Vice-President  
Dudley P. Baker, MD, Secretary-Treasurer  
Peter K. Norton, MD, Past President

Efriam Vela, MD  
Stephen J. Bates, MD  
Daniel E. McGunegle, MD

Jorge Blanco, MD  
Dennis Factor, MD  
James L. Hadnott, MD

William L. Rayburn, MD  
Thomas Dees Elmore, MD  
Patrick D. Nunnally, MD

has attended

ACOG Cognate Program  
PO Box 96920  
Washington, DC 20090-6920

68TH ANNUAL MEETING  
ACOG TEXAS SECTION  
APRIL 17 THRU 18 1997  
AUSTIN TX  
14 COGNATE HRS 14 HRS AMA I

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

ACOG Educational Affiliates / Non-Fellows retain both copies ACOG COPY

# BIRTH INJURY AND THE LAW IV

NOVEMBER 10 - 12, 1997  
LUXOR HOTEL & CASINO  
LAS VEGAS, NEVADA

THIS IS TO CERTIFY THAT

*FRANZ THEARD, MD*

HAS ATTENDED BIRTH INJURY AND THE LAW IV AND HAS FULFILLED THE REQUIREMENTS FOR:

18.0

{Category I credit hours}

MEDICAL INTELLIGENCE CORPORATION IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME) AS A PROVIDER OF CONTINUING MEDICAL EDUCATION FOR PHYSICIANS. MIC HAS DESIGNATED THIS CONTINUING MEDICAL EDUCATION ACTIVITY FOR UP TO 18.0 CREDIT HOURS IN CATEGORY I OF THE PHYSICIAN'S RECOGNITION AWARD OF THE AMERICAN MEDICAL ASSOCIATION.

MEDICAL INTELLIGENCE CORPORATION HAS VERIFIED THE ATTENDANCE AND RECORDED THE ABOVE-SPECIFIED HOURS OF CATEGORY I CREDIT FOR THIS PARTICIPANT.

Certified By:

*D. C. Hagston*

MEDICAL INTELLIGENCE CORPORATION  
959 EAST WALNUT STREET, SUITE 285  
PASADENA, CALIFORNIA 91106

{THIS CERTIFICATE MUST BE RETAINED BY THE LICENSEE FOR A PERIOD OF 4 YEARS.}

# Certificate of Attendance

Franz Theard, M.D.

Name (print or type)

attended the CME activity

## "Prevention of Neonatal Group B Streptococcal Infection"

Presented by

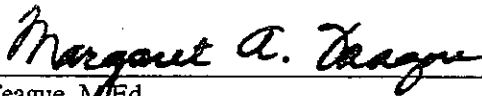
**B. Keith English, M.D.**

held by the Dean's Office and Columbia West Texas Division

September 4, 1997

Texas Tech University Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

TTUHSC designates this continuing medical education activity for 1 (one) credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.



Margaret Teague, MEd.

Director, Continuing Medical Education

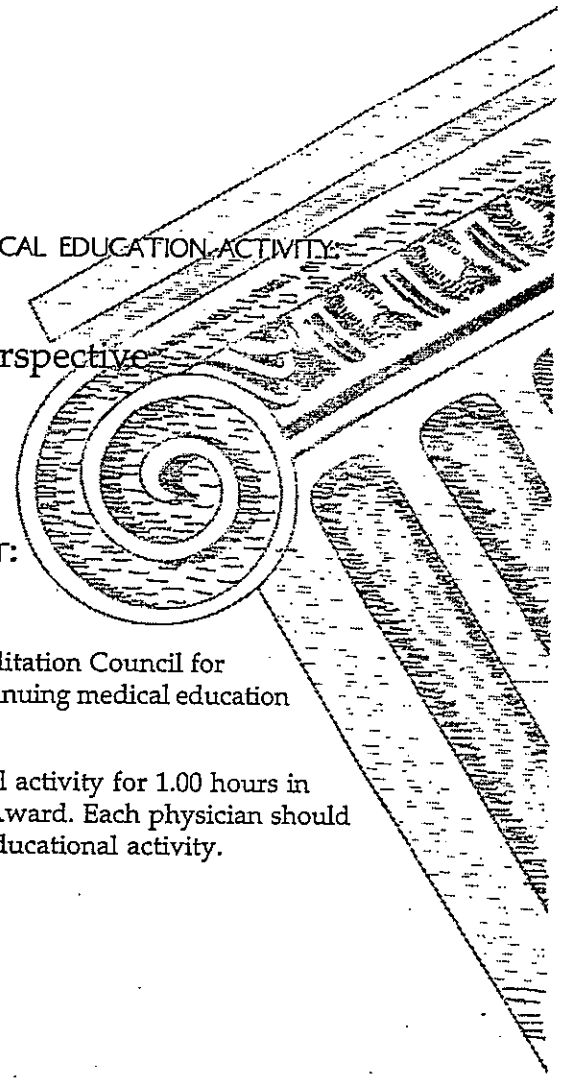
**UNIVERSITY OF MINNESOTA**  
**CERTIFICATE OF PARTICIPATION**

THIS IS TO ACKNOWLEDGE THAT  
**Franz Theard**

PARTICIPATED IN THE FOLLOWING CONTINUING MEDICAL EDUCATION ACTIVITY:



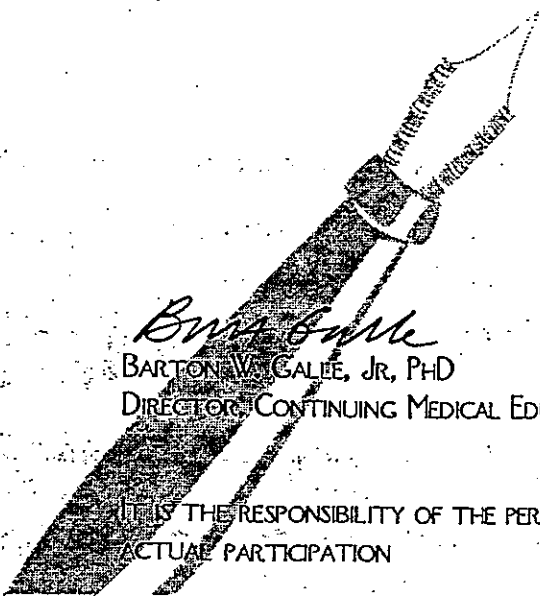
**Benefits and Risks of OCs: A Current Perspective**  
April 22 1997  
El Paso, Texas



THIS COURSE WAS ASSIGNED THE FOLLOWING CREDIT:

The University of Minnesota is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

The University of Minnesota designates this educational activity for 1.00 hours in Category 1 towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit actually spent in the educational activity.



*Barton V. Galie, Jr.*  
**BARTON V. GALIE, JR, PhD**  
DIRECTOR, CONTINUING MEDICAL EDUCATION

IT IS THE RESPONSIBILITY OF THE PERSON NAMED ABOVE TO CLAIM ONLY THOSE HOURS REPRESENTING ACTUAL PARTICIPATION







# Providence Memorial Hospital

*El Paso, Texas*

## CONTINUING EDUCATION CERTIFICATE OF ATTENDANCE

*FRANZ C. THEARD MD*

*12TH ANNUAL PERINATAL CONFERENCE  
JUNE 6 & 7, 1997*

*in El Paso, Texas*

*12 Category I*

### **Accredited by TMA**

*Providence Memorial Hospital is accredited by the Texas Medical Association to sponsor continuing medical education for physicians. Providence Memorial Hospital designates this continuing medical education activity for 12.0 credit hours in Category I of the Physicians Recognition Award of the American Medical Association.*



CEDARS-SINAI MEDICAL CENTER.

**CERTIFICATE OF ATTENDANCE**

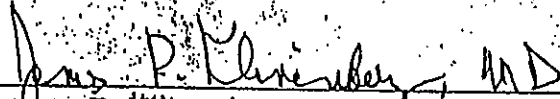
This is presented to Franz C. Theard, M.D., P.A. acknowledging attendance at the "First International Symposium on 3-D Ultrasound in Ob-Gyn" Conference held September 5 - 6, 1996, Las Vegas, Nevada.


**ACCREDITATION**

The Cedars-Sinai Medical Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor Continuing Medical Education for physicians.

The Cedars-Sinai Medical Center designates this Continuing Medical Education activity for 10.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Course Number: **93000821**

  
James R. Killenberg, M.D.  
Senior Vice President, Academic Affairs

  
Carol Judith Horley  
CME Director and Program Specialist

# CME ATTENDANCE RECORD



American Institute  
of Ultrasound in Medicine  
14750 Sweitzer Lane, Suite 100  
Laurel, MD 20707-5906

COURSE: 3rd World Congress on U/S in OB/GYN-  
Las Vegas, NV  
DATE(S): October 25-28, 1993  
CREDITS: 19.0

Franz Theard, M.D.  
1201 E. Schuster, Bldg. 2-B  
El Paso, TX 79902

The American Institute of Ultrasound in Medicine  
certifies your attendance and recorded hours of  
category 1 credit at the course noted above.

---

**CERTIFICATE OF ATTENDANCE**

**ADVANCED ULTRASOUND TECHNIQUES  
IN OBSTETRICS AND GYNECOLOGY  
Fifth Annual Review Course  
NOVEMBER 12TH THROUGH 15TH, 1992  
SCOTTSDALE, ARIZONA**

\_\_\_\_\_  
Franz C. Theard, M.D.

As an organization accredited for Continuing Medical Education, the Good Samaritan Regional Medical Center designated this Continuing Medical Education activity as meeting the criteria for 16 continuing Medical Education hours in Category I of the Physicians Recognition Award of the American Medical Association as well as the Arizona Medical Association's Continuing Medical Education Certificate.

Your attendance record at this meeting has entitled you to receive 16 of these credits.

*Harris Jay Finberg MD*  
\_\_\_\_\_  
**HARRIS JAY FINBERG M.D.**  
Program Director

# EDUCATION DEPARTMENT

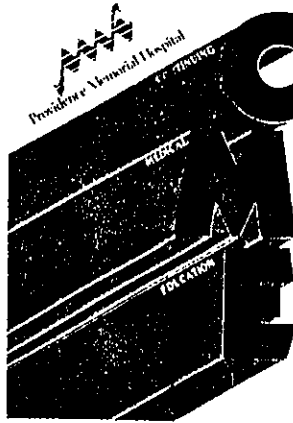
Providence Memorial Hospital

Presented to

FRANZ C. THEARD, MD

for successful completion of

PERINATAL ISSUES: 1991



C.M.E. Credits

Awarded 2 CATEGORY I HOURS

Provider No. ACCREDITED BY TMA  
1990

*Richard W. Grayson*  
ADMINISTRATOR  
*Jude Chamberlain*  
COORDINATOR

MAY 17, 1991

DATE

## CME ATTENDANCE RECORD



American Institute  
of Ultrasound in Medicine  
4405 East-West Highway - Suite 504  
Bethesda, MD 20814

COURSE: Obstetrical Ultrasound  
Dallas, TX  
DATE(S): March 7-8, 1989  
CREDITS: 11.0

Franz C. Theard, MD  
1201 Shoster 2B  
El Paso, TX 79902

The American Institute of Ultrasound in Medicine certifies your attendance and recorded hours category 1 credit at the course noted above.

# Providence Memorial Hospital

El Paso, Texas

Continuing Education

## Certificate of Attendance

Franz C. Theard, M.D.

Participant Name

OSHA Standards Workshop

Title of Program

April 29, 1992

Date of Program

*Suzanne Garcia RN BSN CEN*

Educational Services/Program Coordinator

*David P. Buchmuller*

Providence Memorial Hospital, C.E.O.

AAFP \_\_\_ hours  
CME Category I 3 hours  
CNE \_\_\_ Contact hours  
C.E.U.'s \_\_\_

credited by T.M.A.

This offering has been approved for \_\_\_ contact hours by the Texas Nurses Association. The hospital is accredited as an approver of C.E. for nursing by the Western Regional Accrediting Committee of the ANA. This approval meets the criteria for mandatory continuing education requirements toward relicensure as established by the Board of Nurse Examiners for the State of Texas.

# CME ATTENDANCE RECORD



American Institute  
of Ultrasound in Medicine  
14750 Sweitzer Lane, Suite 100  
Laurel, MD 20707-5906

COURSE: Mini-Courses at the Third World Congress  
on U/S in OB/GYN  
DATE(S): October 24, 1993  
CREDITS: 5.0

Franz Theard, M.D.  
1201 E. Schuster, Bldg, 2-B  
El Paso, TX 79902

The American Institute of Ultrasound in Medicine  
certifies your attendance and recorded hours of  
category 1 credit at the course noted above.



has attended

FRANK C. THEARD, M.D.

SPS 18TH ANNUAL MEETING

ACOG

FEB 5 THRU 7 1998

MIAMI BEACH FL

17 COGNATE HRS 17 HRS AMA 1

ACOG Cognate Program  
PO Box 96920  
Washington, DC 20090-6920

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

ACOG Educational Affiliates / Non-Fellows retain both copies **ACOG COPY**



New Mexico Board of Medical Examiners  
 Second Floor, Lamy Building  
 491 Old Santa Fe Trail  
 Santa Fe New Mexico 87501

310

001141

**PLEASE NOTE - ALL QUESTIONS MUST BE ANSWERED**

**Current Information**

License # 79-288  
 Gender:  Male  Female

yes  
 79  
 ok

Corrections

**RECEIVED**

MAY 17 2001

NM BOARD OF  
 MEDICAL EXAMINERS

FRANZ C THEARD, MD  
 1201 SCHUSTER 2-B  
 EL PASO, TX 79902-  
 Phone: 915-533-8205

fax # 5320892 e-mail

Physician Assistant(s) currently under your supervision:

**AMERICAN BOARD OF MEDICAL SPECIALTY:**

Are you currently certified by a Board that is a member of the American Board of Medical Specialties?.....

Yes  No

If yes, designate AB#:

OB GYN MFM  
 (Select from attached list of Recognized American Specialty Boards)

FIELD(S) OF PRACTICE:

OBG, MFM

(Select appropriate code(s) from enclosed list)

**Due And Payable By July 1, 2001\***

**Renewal Fee: \$310**

Your license will expire on June 30, 2001

**Due And Payable After July 1, 2001\***

**Late Renewal Fee: \$410**

Renewals postmarked after July 1, 2001 require payment of a late fee of \$100

I request the following change in license status:

- Inactive Status/\$25 Fee:** I am not practicing medicine in New Mexico. I understand that once inactive status is granted, NMBME will waive the triennial renewal fees and CME requirements. 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 inactive. Reinstatement after two years requires Board approval.
- Retired Status/No Fee:** I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine, hold registration with Drug Enforcement Administration or write prescriptions. I further understand, if at any time I wish to practice medicine in New Mexico, I will be required to re-apply and maybe required to take the SPEX examination.
- Voluntary Lapsed Status/No Fee:** I choose not to renew my New Mexico medical license. A voluntarily lapsed license is not valid for practice in New Mexico.

**Do not submit CME documentation unless a CME audit form is included with your renewal.**

**Since the last renewal:**

1. Has any action, including any disciplinary action, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board?.....  Yes  No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license?.....  Yes  No
3. Have you been treated for use or misuse of any chemical substance?.....  Yes  No
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine?.....  Yes  No
5. Have you been denied a license in another state?.....  Yes  No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?.....  Yes  No
7. Have you been reported to the National Practitioner Data Bank?.....  Yes  No
8. Have you been arrested, convicted of, or pled no contest to a crime?.....  Yes  No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you?.....  Yes  No

*If you answered "Yes" to any of the above, please provide a complete written explanation with this application.*

**Payment Information:**

- Visa
- MasterCard

- Check
- Money Order

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that if I was licensed during the calendar years 1998, 1999 and 2000, I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16 NMAC 10.4

Signature of Licensee (Signature stamp are not accepted)

Date

*Frank L. ...*

*4/19/01*

**MALPRACTICE INFORMATION  
ADDENDUM**

**PRIVILEGED & CONFIDENTIAL**

**Franz C. Theard, M.D.  
1201 E. Schuster Suite 2B  
El Paso, TX 79902**

**Case:**

***Franz Theard, et. Al***

***Alleged medical negligence involving the treatment and care of .  
Dr. Theard was a co-defendant named along with Tenet Hospitals Limited, NME  
Hospitals Inc. dba Providence Memorial Hospital  
Dismissed 9/15/2000***

**Case:**

***Franz Theard, et al***

***Alleged medical negligence involving the treatment & care of  
Dr. Theard was a co-defendant named along with Tenet Hospitals  
Limited, NME Hospitals Inc. dba Providence Memorial Hospital  
Settled April 27, 2000, without admitting any negligence or fault on  
the part of the persons to be released***

79-288

Heard, Franz C

QUESTION ID

ANSWER

CREATE DATE

QUESTION TEXT

UPDATE DATE

Do you practice part-time in New Mexico? <font color = red> \* </font> <br>If yes, estimate the % of time you spend in the following areas (total = <100):

Are you retired but maintain an active license? <font color = red> \* </font>

If you practice in New Mexico please indicate number of work location(s):<br><i>Office(s):

<i>Hospital(s):

<i>Rural:

<i>Clinic(s):

<i>City(s)/Town(s):

If you practice in New Mexico, please enter the name of each Physician Assistant you supervise and indicate if you are the primary supervisor or an alternate supervisor.

<i>Administration (part-time):

<i>Direct patient care (part-time):

<i>Other (part-time):

<i>Research (part-time):

<i>Teaching (part-time):

Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please provide the following information for

Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board approved monitoring program you may

Have you been treated for mental or significant medical illness during the past five years? If yes, please have your treating physician provide the NM Medical Board with a letter regarding your diagnosis and

Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?

Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?

Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?

Since your last renewal, have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or

Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records?

Since your last renewal, have your resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?

Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being challenged?

Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?

Please select a statement that <b>BEST</b> describes your practice:<font color = red> \* </font>

Do you practice full-time in New Mexico? <font color = red> \* </font> <br>If yes, estimate the % of time you spend in the following areas (total = 100):

Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently held licenses pending investigation or

Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently

Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have your been named as a defendant in any criminal proceedings or subject to

Since your last renewal, have you been reported to the National Practitioner Data Bank?

20. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.

Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?

Since your last renewal, have you been denied professional liability insurance coverage?

Since your last renewal, have any complaints been filed against you with any licensing agency?

Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?

- Y 3/30/2007
- N 3/30/2007
- I 3/30/2007
- Not 3/30/2007
- Not 3/30/2007
- Not 3/30/2007
- Not 3/30/2007
- N/A 3/30/2007
- 0-10 3/30/2007
- 11-2 3/30/2007
- Not 3/30/2007
- Not 3/30/2007
- Not 3/30/2007
- Y 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
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- Enga 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- Y 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007
- N 3/30/2007

2010

3/28/2011

Theard, Franz C

Medical Doctor

79-288

6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/03/2010
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/03/2010
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet.	N	05/03/2010
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/03/2010
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/03/2010
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	05/03/2010
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	05/03/2010
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/03/2010
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/03/2010
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/03/2010
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/03/2010
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/03/2010
7. Have you ever been named as a defendant in any criminal proceedings?	N	05/03/2010
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/03/2010
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	N	05/03/2010
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/03/2010
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	05/03/2010
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	05/03/2010
21. If yes do you hold Lifetime Certification?	Y	05/03/2010
22. If yes do you hold Time Limited Certification?	N	05/03/2010
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/03/2010
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/03/2010
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/03/2010
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/03/2010