



APPLICATION FOR LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

State Form 29495 (R6 / 3-92)

Approved by State Board of Accounts, 1992

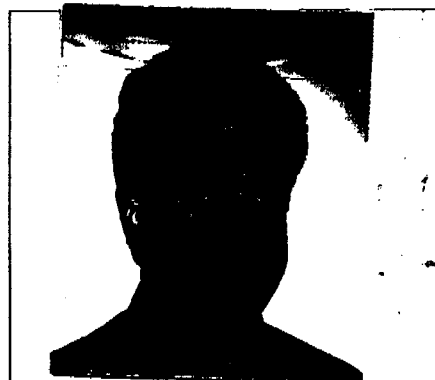
92005583

Health Professions Bureau
402 W. Washington St., Rm. O41
Indianapolis, Indiana 46204
Telephone Number: (317) 232-2960

Application fee	250
Date fee paid (month, day, year)	5-27-92
Receipt number	118-286-01/03
Application number	
License number	01040632
License issuance date (month, day, year)	7-30-92

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

Permit fee	
Date fee paid (month, day, year)	
Receipt number	
Permit number	1139
Permit issuance date (month, day, year)	6-2-92



DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION			
Name (last, first, middle, maiden)		* Social Security number	
CARHAET LeROY HARRISON		[REDACTED]	
Address (number and street or Rural Route)		City	State
105 East Mission Avenue		Bellevue	NE
ZIP code			
86005			
Telephone number (daytime)	Birthdate (month, day, year)	Birthplace	
402, 292 - 2291	October 28, 1941	Trenton, New Jersey	

TEMPORARY PERMIT INFORMATION		
Do you desire a permit?	Do you currently possess an Indiana permit?	If Yes, enter your permit number here
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EXAMINATION	
Check appropriate box indicating which examination you have taken.	
<input checked="" type="checkbox"/> FLEX EXAMINATION: Request that scores be sent directly to this office. Contact the Federation of State Medical Boards, 6000 Western Place, Suite 707, Fort Worth, TX 76107-4618. Telephone: (817) 735-8445.	<input type="checkbox"/> NATIONAL BOARD EXAMINATION: Request that your official scores be sent directly to this office. M. D. s contact the National Board of Medical Examiners Office, 3930 Chestnut Street, Philadelphia, PA 19104. Telephone: (215) 349-6400. D. O. s contact the National Board of Osteopathic Medical Examiners, 2700 River Road, Suite 407, Des Plaines, IL 60018. Telephone: (312) 635-9955.
<input type="checkbox"/> LMCC EXAMINATION: Request that your official scores be sent directly to this office. Contact the Medical Council of Canada, 1867 Alta Vista Drive, Case Postale, Box 8234, Ottawa, Canada K1G 3H7 Telephone: (613) 521-6012.	<input type="checkbox"/> STATE BOARD EXAMINATION: You must have the state board complete the "VERIFICATION OF STATE LICENSURE" form and attach the subjects, scores, date of examination and average. Examination taken in which state?

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY			
Name of School	Check one:	Location	Date of Graduation (Month, Day, Year)
Hahnemann Med. Col & Hosp.	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Philadelphia, PA	Jun 3, 1973

HAVE YOU PREVIOUSLY TAKEN THE FLEX EXAMINATION?			
FLEX Component I	If Yes, how many times?	Date of most recent test (month, year)	Where taken (state or country)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	Jun 1974	Harrisburg, PA
FLEX Component II	If Yes, how many times?	Date of most recent test (month, year)	Where taken (state or country)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre 1985 FLEX	If Yes, how many times?	Date of most recent test (month, year)	Where taken (state or country)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Above	1	Jun 1974	Harrisburg, PA

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL FOR THE LAST 10 YEARS	
GENERAL LOCATION	DATE
Mt. Laurel, New Jersey	Aug 1969 to Sep 1978
Omaha, Nebraska	Sep 1978 to Present

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL FOR THE LAST 10 YEARS		
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE
USAF Medical Corps 1978 to 1985	General Surgeon	Retired 1 Feb 85
Bellevue Health And Emergency Center	Medical Director	Feb 85 to Present

APPLICATION AFFIRMATION	
I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.	
Signature of Applicant LeRoy H. Carhart, MD	Date May 29, 92

AUTHORIZATION FOR RELEASE OF INFORMATION
<p>I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for medical licensure.</p> <p>I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.</p> <p>I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Bureau and Board from any and all liability in connection with such disclosures.</p> <p>A photostatic copy of this authorization has the same force and effect as the original.</p>

AFFIRMATION	
I hereby swear or affirm that I have read the above statements and agree to same.	
Date (Month, Day, Year)	Signature of Applicant LeRoy H. Carhart, MD
	May 26, 92

A GENERAL NOTARY-STATE of Nebraska
 PAMELA S. HATT
 My Comm. Exp. Sept. 21, 1993

Pamela S. Hatt
 5.26.92

Include ALL internships, residencies and/or fellowships.

POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA			
NAME OF SCHOOL	LOCATION	FROM (Mo. Yr.)	TO (Mo. Yr.)
Malcolm Grow USAF Hospital	Andrews AFB, MD	Jul 73	Jun 74
Hahnemann Medical College & Hospital	Philadelphia, PA	Jul 74	Jan 76
Atlantic City Medical Center an Affiliate Hospital of Hahnemann	Atlantic City, NJ	Jan 76	Jun 78

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation? ☒ Yes ☐ No

List all states, including Indiana, in which you have been licensed to practice any regulated health occupation.

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
PA	M.D. by FLEX	MD035665L	1974	Active
NJ	M.D. by Recip.	MA36541	1978	Active
OH	M.D. by Recip.	57427	1989	Active
NE	M.D. by Recip.	15162	1979	Active
IA	M.D. by Recip	57427	1982	Active

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

- Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held? ☐ Yes ☒ No
- Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country? ☐ Yes ☒ No
- Are you now being, or have you ever been, treated for a drug abuse or alcohol problem? ☐ Yes ☒ No
- Have you ever been charged with drug addiction? ☐ Yes ☒ No
- Have you ever been convicted of, pled guilty or *nolo contendere* to:
 - A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? ☐ Yes ☒ No
 - To any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines) ☐ Yes ☒ No
- Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations? ☐ Yes ☒ No
- Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant? ☐ Yes ☒ No
- Have you ever had a malpractice judgment against you or settled any malpractice action? ☐ Yes ☒ No

PRE-MEDICAL / OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED
Rutgers The State University of NJ	New Brunswick, New Jersey	Sep 60 - Jun 64
Saint Mary's University	San Antonio, Texas	Sep 66 - Jan 67

MEDICAL / OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED
Hahnemann Medical College & Hospital,	Philadelphia, PA	Aug 69 - Jun 73



Hahnemann University

July 28, 1992

Broad & Vine
Philadelphia, PA
19102 1192

Health Professions Bureau
Indiana Government Center
402 W. Washington Street
Room 041
Indianapolis, IN 46204

To Whom It May Concern:

This letter is to verify that Leroy H., J. Carhart, M.D.,
matriculated into the Hahnemann Medical College of Philadelphia
on September 8, 1969. He successfully completed four years of
medical education and was granted the degree of Doctor of
Medicine on June 7, 1969.

I trust that the above information will be helpful to you. If
you have any further questions, please contact our office at
(215) 762-7601.

Sincerely yours,

Frank Palmer
Registrar

FP/cvs

cc: Student's File

Atlantic City Medical Center

Atlantic City, New Jersey

This is to Certify that

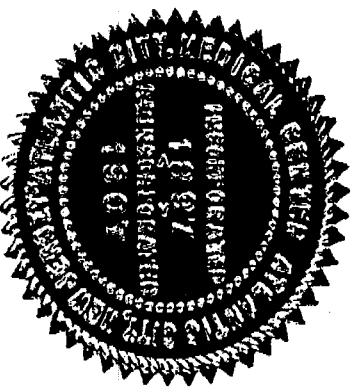
Teroy H. Garhart, M.D.

has served in the Atlantic City Medical Center as

Third and Fourth Year and Chief Resident in General Surgery

January 31, 1976 to June 30, 1978

In Witness Whereof we attach our names and seal this
thirtieth day of June, 1978.



William L. Lawrence
Director of Medical Education

Administrator

Robert H. Garhart
President, Board of Governors

Donald R. Brown
President, Medical Staff



TERRY E. BRANSTAD, GOVERNOR
CHRISTOPHER G. ATCHISON
DIRECTOR OF PUBLIC HEALTH

IOWA STATE BOARD
OF MEDICAL EXAMINERS
THIS IS TO CERTIFY THAT

LICENSE NO. 23312 EXPIRING 10/01/93

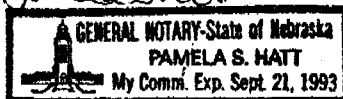
CARHART, LEROY HARRISON MD
105 E MISSION AVE
BELLVUE NE 68005

HAS RENEWED IN THE STATE OF IOWA

A LICENSE TO PRACTICE
MEDICINE AND SURGERY

THIS IS A TRUE COPY OF A ORIGINAL

Pamela S. Matt



Malcolm Grow USAF Medical Center
This is to certify that
LeRoy H. Carhart, M.D.

has satisfactorily completed the 1st Year
POSTGRADUATE MEDICAL TRAINING, from 1 July 1973 to 30 June 1974

at the Malcolm Grow USAF Medical Center,
Andrews Air Force Base, Washington, D. C.

Robert M. Joice, M.D.
Director of Professional Education

Robert J. Joice
Surgeon General USAF

J. Vandenberg
Medical Center Commander

21 June 1974
Date of Presentation

THIS IS A TRUE COPY OF A ORIGINAL

Pamela S. Hatt



State of Iowa

State Board of Medical Examiners

Hereby Authorizes And Licenses

LEROY HARRISON CARRHART, M.D.

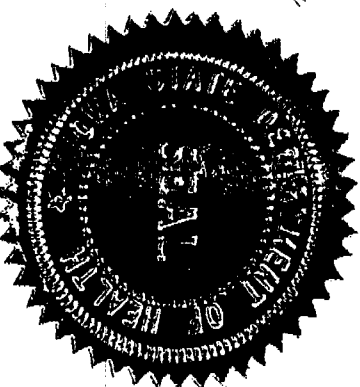
to practice Medicine and Surgery in the State of Iowa under and pursuant to the provisions of Chapter one hundred forty seven, Iowa Statutes Amended and acts amendatory thereof and supplemental thereto.

Given under the hands and seal of the Iowa Department of Health

this 15th day

of October, A.D. 19 82

Ronald W. Stief
Executive Director



Alfreda Swanson, M.D.
Chairman
Herbert L. Paulsen
Commissioner of Health

License No. 23312 Book 5 Page 1233

THIS IS A TRUE COPY OF A ORIGINAL

GENERAL NOTARY STATE OF IOWA
PAMELA S. WATT
My Comm. Exp. Sept. 21, 1993

JUN 30 1992

HEALTH PROFESSIONS
BUREAU

STATE MEDICAL BOARD
JUN 25 1992
10:58



VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

* PRIVACY NOTICE *

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

HEALTH PROFESSIONS BUREAU
Indiana Government Center South
402 W. Washington St., Rm 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARHART, LeROY HARRISON		Health Profession License Held M.D.		Social Security Number *	
Address (Number, street, or / rural route) 105 East Mission Avenue		City Bellevue,	State NE	ZIP code 68005	
License number 57427	Date of Issuance (month, day, year) 1989	Date of Birth (month, day, year) October 28, 1941			
I hereby authorize the State of _____ to furnish the Health Profession Bureau of Indiana with the information below.					
Signature <i>[Signature]</i>					

* Required pursuant to IC 4-1-8-1

DO NOT WRITE BELOW THIS LINE

License number 57427	Date of Issuance (month, day, year) 9/23/88	Licensed by <i>and (2) [Signature]</i>
Type of Examination	Date of Administration (month, day, year)	<input type="checkbox"/> Exam <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Other
Attach subjects, scores, date of examination and average.		Please Affix Board Seal
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If license has been encumbered in any way, please provide certified copies of all related documents.		
FORM COMPLETED BY:		
Name Debra L. Jones	Title Chief, P.M.E. Records & Renewal	
Signature <i>Debra L. Jones</i>	State Board <i>Ohio State Med Bd</i>	Date (month, day, year) 6/25/92

JUL 1 1992

HEALTH PROFESSIONS
BUREAU



VERIFICATION OF STATE LICENSURE
State Form 7143 (R2 / 10-91)

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Indianapolis, Indiana 46204
Telephone: (317) 232-2960

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARHART, LEROY HARRISON		Health Profession License Held M.D.		Social Security Number *
Address (Number, street, or / rural route) 105 East Mission Avenue		City Bellevue,	State NE	ZIP code 68005
License number 15162	Date of Issuance (month, day, year) 1979		Date of Birth (month, day, year) October 28, 1941	
I hereby authorize the State of _____ to furnish the Health Profession Bureau of Indiana with the information below.				
Signature				

* Required pursuant to IC 4-1-8-1

DO NOT WRITE BELOW THIS LINE

License number 15162	Date of Issuance (month, day, year) 10-17-79	Licensed by <u>Recip. with PA</u> <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input checked="" type="checkbox"/> Other
Type of Examination	Date of Administration (month, day, year)	Please Affix Board Seal
Attach subjects, scores, date of examination and average.		
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If license has been encumbered in any way, please provide certified copies of all related documents.		
FORM COMPLETED BY:		
Name Katherine A. Brown	Title Executive Secretary	
Signature <i>Katherine A. Brown</i>	State Board of Examiners in Medicine and Surgery	Date (month, day, year) 6-25-92



VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

• PRIVACY NOTICE •

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HEALTH PROFESSIONS BUREAU
Indiana Government Center South
402 W. Washington St., Rm 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARPENTIER, JENNIFER HARRISON	Health Profession License Held M.D.	Social Security Number *
Address (Number, street, or / rural route) 105 East Mission Avenue	City Bellevue,	State NE
License number 23312	Date of Issuance (month, day, year) 10/15/92	Date of Birth (month, day, year) October 28, 1941
I hereby authorize the State of _____ to furnish the Health Profession Bureau of Indiana with the information below.		
Signature <i>[Signature]</i>		

* Required pursuant to IC 4-1-8-1

DO NOT WRITE BELOW THIS LINE

License number 83312	Date of Issuance (month, day, year) 10/15/92	Licensed by <input type="checkbox"/> Exam <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Other
Type of Examination NA	Date of Administration (month, day, year) NA	Please Affix Board Seal
Attach subjects, scores, date of examination and average.		
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If license has been encumbered in any way, please provide certified copies of all related documents.		
FORM COMPLETED BY:		
Name Rosemary Devine	Title ADM BFCR	
Signature Rosemary Devine	State Board IOWA	Date (month, day, year) 6/24/92



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P.O. BOX 2649
HARRISBURG, PA 17105-2649

LEROY HARRISON CARHART
105 EAST MISSION AVE
BELLEVUE NE 68005

JUNE 29, 1992

STATE BOARD OF MEDICINE

LEROY HARRISON CARHART

MEDICAL PHYSICIAN AND SURGEON

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSON IS LICENSED IN THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF STATE, STATE BOARD OF MEDICINE.

THE RECORDS OF THE PENNSYLVANIA STATE BOARD OF MEDICINE SHOW NO DEROGATORY INFORMATION AGAINST THIS LICENSE.

ORIGINAL LICENSURE DATE: SEPTEMBER 27, 1974
EXPIRATION DATE: DECEMBER 31, 1992
LICENSE NUMBER: MD-035665-L

George L. Shevlin

George L. Shevlin
Commissioner



VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

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HEALTH PROFESSIONS BUREAU
Indiana Government Center South
402 W. Washington St., Rm 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARHART, LeROY HARRISON	Health Profession License Held M.D.	Social Security Number *
Address (Number, street, or / rural route) 105 East Mission Avenue	City Bellevue,	State NE
	ZIP code 68005	
License number MA36541	Date of Issuance (month, day, year) 8/8/79	Date of Birth (month, day, year) October 28, 1941
I hereby authorize the State of _____ to furnish the Health Professions Bureau of Indiana with the information below.		
Signature 		

* Required pursuant to IC 4-1-8-1

DO NOT WRITE BELOW THIS LINE

License number MA36541	Date of Issuance (month, day, year) 8/8/79	Licensed by <input type="checkbox"/> Exam <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Other
Type of Examination FLEX ENDORSEMENT	Date of Administration (month, day, year) N/A	Please Affix Board Seal
Attach subjects, scores, date of examination and average.		
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If license has been encumbered in any way, please provide certified copies of all related documents.		
FORM COMPLETED BY:		
Name CHARLES A JANOUSEK	Title EXECUTIVE DIRECTOR	
Signature 	State Board OF MEDICAL EXAMINERS OF N.J.	Date (month, day, year) 6/25/92

batch 3608

0104063200106309390005000506309540010000805



RENEWAL OF PRACTITIONER'S LICENSE

State Form 9962 (R5/2-89) Fiscal Content SBA Approved - 1983

INSTRUCTIONS: Complete the reverse side, sign and return with check or money order made payable to the:

HEALTH PROFESSIONS BUREAU

(317) 232-2960

Type of renewal PHYSICIAN

* Those with multiple CSR's MUST list ALL practice locations on a separate paper.

* Practice location	
Number 01040632	From 06/30/93
To 06/30/95	
Phone number ()	

A	
Renewal fee \$ 50.00	

Sex M/F M	Date of Birth (Mo., Day, Yr.) 10/28/41	SOCIAL SECURITY # (Required IC 4-1-8-1) [REDACTED]
------------------------	---	--

CARHART, LEROY HARRISON
105 EAST MISSION AVENUE
BELLEVUE

NE 68005

BACK OF CARD TO BE COMPLETED AND SIGNED

NOTE If your name has changed, submit a document reflecting name change or request a "CHANGE OF NAME AFFIDAVIT."

Enter address change here

Sheet	City	State, Zip Code
-------	------	-----------------

I hereby swear or affirm under the penalties of perjury that the following statements are true.

Practitioner's signature

[Signature]

Date signed

May 3, 93

IF YES TO ANY OF THESE QUESTIONS, ATTACH DETAILS OF ACTION TAKEN.

1. Has your Indiana license been disciplined since last renewed or are formal charges pending against you at this time?
☐ YES ☒ NO
2. Have you in the last three years been convicted of or pled guilty to a violation of a federal or state law?
☐ YES ☒ NO
3. In the last two years has disciplinary action been taken regarding any license, certificate, registration or permit you hold or have held?
☐ YES ☒ NO
4. In the last two years have you had a malpractice judgment against you, settled a malpractice action, or have any malpractice actions currently pending?
☐ YES ☒ NO
5. In the last two years have you been denied staff membership or privileges in any hospital or health care facility or have such membership or privileges been revoked, suspended, or subjected to any restrictions, probation or other type of discipline or limitations?
☐ YES ☒ NO

Provide name of facility employed and / or institution where privileges are held.

Marionas Community Hospital

Specify area of practice (e.g. critical care, geriatrics)

Swagers - ER - Family Planning

Type of position (e.g. faculty, hospital staff)

Staff Physician

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
515 NORTH STATE STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 06-05-92
TIME: 7:00 PM

NAME: CARHART, LE ROY H, M.D.
ADDRESS: 105 EAST MISSION
BELLEVUE NE 68005
BIRTHPLACE: TRENTON, NJ
BIRTHDATE: 10/28/41
MEMBER OF AMA: NOT MEMBER
MEDICAL SCHOOL: 041-09
HAHNEMANN UNIV SCH OF MED, PHILADELPHIA PA 19102
YEAR OF GRADUATION: 1973
LICENSES (INITIAL YEAR GRANTED BY STATE):

PA 1974
NJ 1979
NE 1979
IA 1982

NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: FULL-TIME HOSPITAL STAFF
SELF DESIGNATED SPECIALTIES

PRIMARY: GENERAL SURGERY
SECONDARY: EMERGENCY MEDICINE
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE

PRIOR MEDICAL TRAINING: RESIDENT

HOSPITAL: HAHNEMANN UNIV HOSP PHILADELPHIA PA 19102

DATES OF TRAINING: 07/74-06/76 -- (CONFIRMED)

SPECIALTY: GENERAL SURGERY

SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: INTERN

HOSPITAL: MALCOLM GROW USAF MED CTR ANDREWS AFB MD 20331

DATES OF TRAINING: 07/73-06/74 -- (CONFIRMED)

SPECIALTY: UNSPECIFIED

SPECIALTY: UNSPECIFIED

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1992 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. ***AMA FILES CHECKED

JUL 2 1992

HEALTH PROFESSIONS
BUREAU



VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

* PRIVACY NOTICE *

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402 W. Washington St., Rm 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960

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Name (Last, first, middle, maiden) CARHART, LeROY HARRISON		Health Profession License Held M.D.		Social Security Number *	
Address (Number, street, or / rural route) 105 East Mission Avenue		City Bellevue,	State NE	ZIP code 68005	
License number 15162	Date of Issuance (month, day, year) 1979		Date of Birth (month, day, year) October 28, 1941		
I hereby authorize the State of _____ to furnish the Health Profession Bureau of Indiana with the information below.					
Signature <i>[Signature]</i>					

* Required pursuant to IC 4-1-8-1

DO NOT WRITE BELOW THIS LINE

License number 15162	Date of Issuance (month, day, year) 10-17-79	Licensed by <i>Recip. with PA</i> <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input checked="" type="checkbox"/> Other	
Type of Examination	Date of Administration (month, day, year)	Please Affix Board Seal	
Attach subjects, scores, date of examination and average.			
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Any derogatory information ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If license has been encumbered in any way, please provide certified copies of all related documents.	
FORM COMPLETED BY:			
Name Katherine A. Brown		Title Executive Secretary	
Signature <i>[Signature]</i>		State Board Examiners in Medicine and Surgery	Date (month, day, year) 6-25-92

KENNEDY, HOLLAND, DELACY & SVOBODA

ATTORNEYS AT LAW

KENNEDY HOLLAND BUILDING
10306 REGENCY PARKWAY DRIVE
OMAHA, NEBRASKA 68114
FACSIMILE (402) 397-7824
(402) 397-0203

April 13, 1993

R. A. SKOCHDOPOLE
THOMAS R. BURKE
C.E. HEANEY, JR.
LYMAN L. LARSEN
WILLIAM T. OAKES
WILLIAM M. LAMSON, JR.
JEFFREY D. TOBERER
ROBERT J. MURRAY
ROBERT F. CRAIG
JON S. REID
DANIEL P. CHESIRE
WILLIAM R. JOHNSON
NEIL B. DANBERG, JR.
MICHAEL J. DUGAN
PATRICIA A. ZIEG
DIANE C. SONDEREGGER
FRANK M. SCHEPERS
STEVEN D. JOHNSON
KAREN M. SHULER
PATRICK G. VIPOND

RAYMOND E. WALDEN
JAMES L. SCHNEIDER
MICHAEL A. HARSH
MARK E. NOVOTNY
DONALD L. ERFTMIER, JR.
JOHN A. CHELOHA
DAVID J. SCHMITT
JAMES E. MCGILL II
WILLIAM R. SETTLES
CONAL L. HESSION
JENNIFER W. JERRAM

OF COUNSEL

JOE P. CASHEN
FRANK J. BARRETT
DAVID A. SVOBODA
1928-1992

Re: Reich v. Carhart, M.D.

Dear Sir:

This letter is written on behalf of Leroy Carhart with regard to a lawsuit presently filed against him entitled, Patricia Reich, Personal Representative of the Estate of Albert James Reich v. Missouri Valley Associates, P.C., Bellevue Health and Emergency Clinic, Inc., Leroy H. Carhart, M.D., Joseph A. Stangl, P.A., Jane Doe, real name unknown, and John Doe, M.D., real name unknown.

Dr. Carhart and the above named defendants are insured by Medical Liability Mutual Insurance Company of Nebraska. The occurrence took place in March of 1989. The names of the claimants and individuals involved are as named above.

The incident did not occur within an institution and took place at Dr. Carhart's office. We represent Dr. Carhart and the other defendants.

The matter is still pending and scheduled for trial on May 24th. There has been no settlement at this point. The caption is as noted above with the case number of Doc. 9167, No. 438 and is located in the District Court of Sarpy County, Nebraska.

It is alleged by the plaintiff that Dr. Carhart's physician assistant and Dr. Carhart were negligent in not diagnosing a myocardial infarction when a patient complained of chest pain. It is alleged that with the symptoms reported by the patient that referral to an emergency room or a specialist in the area of cardiology was required.

The patient reported to Dr. Carhart's offices and was seen by Joe Stangl, P.A., who ran an electrocardiogram which was interpreted as normal. According to the Mr. Stangl the patient refused to participate in any further work up of his medical

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115

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DEC 28 1993

HEALTH PROFESSIONS
BUREAU

December 20, 1993



E. Benjamin Nelson
Governor

Lisa Perius, Director
Medical Licensing Board of Indiana
State of Indiana
402 West Washington Street, Room 041
Indianapolis, Indiana 46204

RE: Leroy H. Carhart, M.D.

Dear Ms. Perius:

In response to your letter received December 17, 1993, regarding the above referenced licensee, Leroy H. Carhart, M.D., I am enclosing a certified copy of the following documents from the Public Records file in the Bureau of Examining Boards, Department of Health, Lincoln, Nebraska:

1. ORDER OF DISMISSAL
June 2
2. PETITION
on July

If you need addi:

*please put in his
file.*

fxs.

HLM:so

Enclosures: Cert
Docu

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115



E. Benjamin Nelson
Governor

TO: Lisa Perius, Director
Medical Licensing Board of Indiana
State of Indiana
402 West Washington Street, Room 041
Indianapolis, Indiana 46204

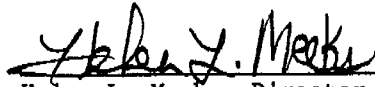
BUREAU OF EXAMINING BOARDS
DEPARTMENT OF HEALTH
STATE OF NEBRASKA

CERTIFICATION

I, Helen L. Meeks, Director, Bureau of Examining Boards, Department of Health, State of Nebraska, do hereby certify that the attached and herein listed below documents are true and correct copies of the original document filed and of record in said department regarding LEROY H. CARHART, M.D.:

1. ORDER OF DISMISSAL issued by the Director of Health, dated June 22, 1993.
2. PETITION FOR DISCIPLINARY ACTION filed with the Director of Health on July 31, 1992.

This certificate, which bears the seal of the Department of Health of the State of Nebraska, was signed on this 20th day of December, 1993.


Helen L. Meeks, Director
Bureau of Examining Boards

S E A L

RECEIVED

JUN 25 1993

BEFORE THE DIRECTOR OF HEALTH
OF THE STATE OF NEBRASKA

STATE OF NEBRASKA ex rel.,
DON STENBERG, Attorney
General,

Plaintiff,

v.

LEROY H. CARHART, M.D.,

Defendant.


BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

ORDER OF DISMISSAL

Upon motion of the Attorney General the above captioned matter is dismissed with prejudice as a result of the defendant's having fully complied with an Assurance of Compliance, the terms of which are on file with the Department.

DATED this 22nd of June, 1993.

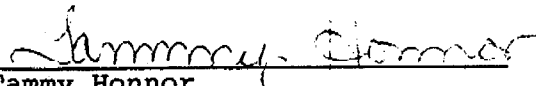



Mark B. Horton, M.D., M.S.P.H.
Director of Health
DEPARTMENT OF HEALTH
STATE OF NEBRASKA

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 23 day of June, 1993, a copy of the foregoing ORDER OF DISMISSAL was sent by certified United States mail, postage prepaid, return receipt requested, to Thomas J. Monaghan, Monaghan, Tiedeman & Lynch, 2120 South 72nd Street, Suite 1130, Omaha, Nebraska 68124 and by interoffice mail to Sam Grimminger, Deputy Attorney General, 2115 State Capitol.




Tammy Honnor
Office of the Director

RECEIVED

BEFORE THE DIRECTOR OF THE DEPARTMENT OF HEALTH
OF THE STATE OF NEBRASKA

JUN 2 1993

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

IN THE MATTER OF THE LICENSE)
OF LEROY H. CARHART, M.D., TO) ASSURANCE OF COMPLIANCE
PRACTICE PROFESSIONAL)
COUNSELING MEDICINE AND SURGERY)

COME NOW LeRoy H. Carhart, M.D. and the Attorney General's
Office, and hereby agree as follows:

1. No coercion, threats or promises were made to LeRoy H.
Carhart, M.D. by the Attorney General of the State of Nebraska or
anyone on his staff, by any law enforcement officials, or by any
person of the Department of Health of the State of Nebraska, to
induce him to enter into this Assurance of Compliance.

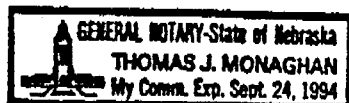
2. Neb. Rev. Stat. § 71-147 and Neb. Rev. Stat. § 71-171.02
provide that alternative actions may be taken with respect to
licensees who engage in certain specified conduct. That
utilization of an Assurance of Compliance agreement is one such
alternative. That the following conduct would constitute grounds
for entry of an Assurance of Compliance:

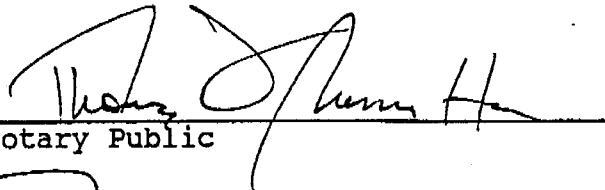
- a. The act of a doctor talking on the telephone for non-
medical reasons while performing a surgical procedure
including abortion;
- b. The act of a doctor falsifying entries on a patient
chart;
- c. The act of a doctor interrupting or delaying a surgical
procedure including abortion due to or as a result of
his exhaustion or fatigue;

Filed
RECEIVED

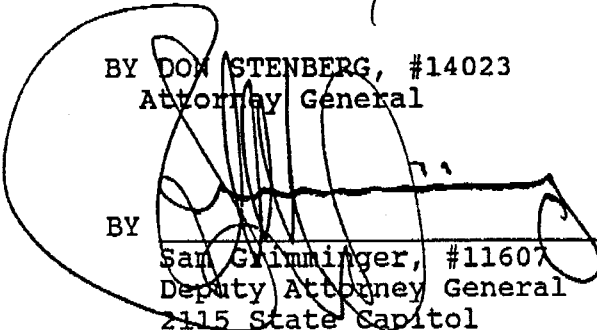
JUN 03 1993
DIRECTOR OF HEALTH

SUBSCRIBED AND SWORN to before me this 25 day of May,
1993.




Notary Public

BY DON STENBERG, #14023
Attorney General


BY
Sam Grimmer, #11607
Deputy Attorney General
2115 State Capitol
Lincoln, NE 68509-8920
Tel: (402) 471-2682

BEFORE THE DIRECTOR OF THE DEPARTMENT OF HEALTH
OF THE STATE OF NEBRASKA

RECEIVED

STATE OF NEBRASKA, ex rel.
DON STENBERG, Attorney General,

AUG 10 1992

Plaintiff,

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

v.

PETITION FOR DISCIPLINARY
ACTION

LEROY H. CARHART, M.D.,

Defendant.

FILED
7/31/92
DIRECTOR OF HEALTH

Plaintiff alleges as follows:

1. That jurisdiction of this cause is based on Neb.Rev.Stat. §71-150 (1991 Supp.).
2. That defendant is an individual who on October 17, 1979, was issued license #15162 by the Department of Health, State of Nebraska to practice medicine and surgery within the State of Nebraska.
3. That the Department of Health, State of Nebraska is the agency of said state authorized to enforce the laws of Nebraska in regulating the practice of medicine and surgery within Nebraska.
4. That Don Stenberg is the duly elected Attorney General for the State of Nebraska empowered to enforce the laws of this state and brings this action pursuant to Neb.Rev.Stat. §71-150(3) (1991 Supp.).
5. That defendant while associated with Woman's Medical Center of Omaha, Nebraska as a treating physician did do and perform the following conduct:

Attorney General of the State of Nebraska. That prior to the filing of this petition, said recommendations were reviewed and considered by the Attorney General's Office.

WHEREFORE, plaintiff prays that the Director of the Department of Health set this matter down for hearing and for relief as hereinafter set forth.

PRAYER FOR RELIEF

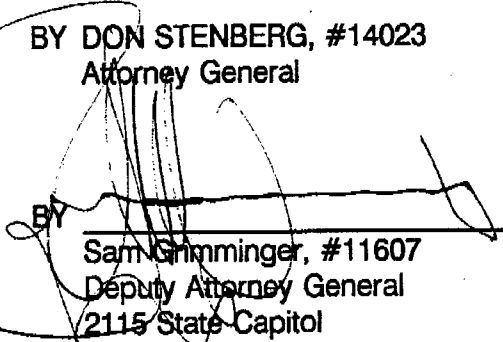
8. The hearing should be set pursuant to Neb.Rev.Stat. §71-153 (Reissue 1990).

9. On proof of the allegations set out above, take appropriate disciplinary action against defendant's license to practice medicine and surgery.

10. Tax the costs of the action as provided in Neb.Rev.Stat. §71-157 (Reissue 1990).

STATE OF NEBRASKA, ex rel., DON
STENBERG, Attorney General,
Plaintiff,

BY DON STENBERG, #14023
Attorney General

BY 
Sam Grimminger, #11607
Deputy Attorney General
2115 State Capitol
Lincoln, NE 68509-8920
Tel: (402) 471-2682

Attorneys for Plaintiff.

2-3687-3



STATE OF INDIANA

EVAN BAYH, Governor

HEALTH PROFESSIONS BUREAU

402 West Washington Street Room 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236

November 02, 1993

Equal Opportunity Employer

Wisconsin Dept of Reg & Lic
Medical Licensing Board
1400 East Washington Avenue
Madison, WI 53708

To Whom It May Concern:

THIS IS TO CERTIFY THAT: Leroy Harrison Carhart

BECAME A LICENSED: PHYSICIAN

NUMBER ISSUED: 01040632

ISSUANCE DATE: July 30, 1992

EXPIRATION DATE: June 30, 1995

STATUS: CURRENT

BASIS OF LICENSURE: ENDORSEMENT OF FLEX SCORES

Unless otherwise indicated this license has not been disciplined by the State of Indiana. If other information is needed, please contact our office by mail or by telephoning (317) 232-2960.

Verified By:

Kathy Dishman

Kathy Dishman
Records Division Coordinator



STATE OF INDIANA

EVAN BAYH, Governor

HEALTH PROFESSIONS BUREAU

402 West Washington Street Room 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236

July 30, 1993

Equal Opportunity Employer

Kansas State Board of Healing Arts
235 South Topeka Blvd.
Topeka, KS 66603

To Whom It May Concern:

THIS IS TO CERTIFY THAT: Leroy Harrison Carhart

BECAME A LICENSED: PHYSICIAN

NUMBER ISSUED: 01040632

ISSUANCE DATE: July 30, 1992

EXPIRATION DATE: June 30, 1995

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BASIS OF LICENSURE: ENDORSEMENT OF FLEX SCORES

Unless otherwise indicated this license has not been disciplined by the State of Indiana. If other information is needed, please contact our office by mail or by telephoning (317) 232-2960.

Verified By:

Kathy Dishman
Records Division Coordinator



STATE OF INDIANA RECEIVED HEALTH PROFESSIONS BUREAU

EVAN BAYH, Governor

JUL 28 1993

402 West Washington Street Room 041

Indianapolis, Indiana 46204

Telephone: (317) 232-2960

Fax: (317) 233-4236

HEALTH PROFESSIONS
BUREAU

Equal Opportunity Employer

Leroy Harrison Carhart, M.D.
105 East Mission Avenue
Bellevue, NE 68005

15-286-10
10-
7-29-93

Dear Doctor Carhart:

We have received your request for verification of your Indiana Medical license to the State of Kansas.

There is a \$10.00 fee charged for the service of verifying information to other states. Please return this letter along with the required fee so that we may process your request.

After receipt of the fee this process will take approximately ten (10) working days to be completed. Telephone or written inquiries may cause additional delay; therefore, your patience is very much appreciated.

Your mailing address with our office is as indicated above. If this is not correct, or if your address changes, it is your responsibility to keep us informed.

If further information is needed please contact our office at (317) 233-4397.

Sincerely,

Kathy Dishman

Kathy Dishman
Records Unit Coordinator

CORRECTION

**THE PREVIOUS DOCUMENT
WILL BE REFILMED TO ASSURE
LEGIBILITY AND
IT'S IMAGE APPEARS
IMMEDIATLY HEREAFTER**

STATE OF NEBRASKA

DEPARTMENT OF HEALTH
Mark B. Horton, M.D., M.S.P.H.
Director

BUREAU OF EXAMINING BOARDS
Phone (402) 471-2115

RECEIVED

DEC 28 1993

HEALTH PROFESSIONS
BUREAU

December 20, 1993



E. Benjamin Nelson
Governor

Lisa Perius, Director
Medical Licensing Board of Indiana
State of Indiana
402 West Washington Street, Room 041
Indianapolis, Indiana 46204

RE: Leroy H. Carhart, M.D.

Dear Ms. Perius:

In response to your letter received December 17, 1993, regarding the above referenced licensee, Leroy H. Carhart, M.D., I am enclosing a certified copy of the following documents from the Public Records file in the Bureau of Examining Boards, Department of Health, Lincoln, Nebraska:

1. ORDER OF DISMISSAL issued by the Director of Health, dated June 22, 1993.
2. PETITION FOR DISCIPLINARY ACTION filed with the Director of Health on July 31, 1992.

If you need additional information, please contact us.

Sincerely,

Helen L. Meeks, Director
Bureau of Examining Boards

HLM:so

Enclosures: Certification
Documents

AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.



STATE OF INDIANA

EVAN BAYH, Governor

HEALTH PROFESSIONS BUREAU

402 West Washington Street Room 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960
Fax: (317) 233-4236

MEDICAL LICENSING BOARD OF INDIANA
HEALTH PROFESSIONS BUREAU
402 W. Washington St. Room 041
Indianapolis, IN 46204
317/232-2960

TEMPORARY MEDICAL PERMIT

This is to certify that Leroy Harrison Carhart, MD, has made application for licensure in the State of Indiana to practice medicine. The applicant presented satisfactory evidence to this Board that he/she holds a valid license in another state.

This permit is valid for a period of ninety (90) days, pending completion of the application for endorsement licensure. The issuance of this permit does not constitute eligibility for full licensure in Indiana. That determination shall be made upon receipt of additional, pending information.

PERMIT NUMBER: 1139

DATE OF ISSUANCE: June 02, 1992

DATE OF EXPIRATION: September 02, 1992

Board Seal