

13807/250024
Revoked for RECIPROCITY PENNSYLVANIA

12-0-83 Payment
Renewed 4/81

License Number 15162

Revoked for non-payment

11-13-81 Reinstated 3/5/82

Profession MEDICINE AND SURGERY
reinstated 2-12-85

Name CARHART, Leroy Harrison

Address PSC #1 Box 1529
Offutt AFB, NE 68113

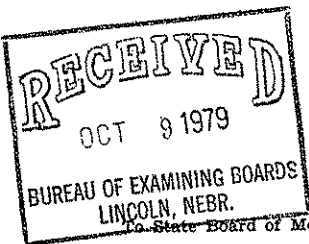
School Hahnemann Hosp. & Med. College
Philadelphia, PA 6/7/73

Examined

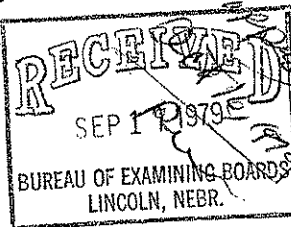
Certificate October 17, 1979

Remarks: MAILED: 11/19/79

DOB 10/28/41
POB Trenton, New Jersey



State of Nebraska
DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS



APPLICATION FOR LICENSE TO PRACTICE MEDICINE

To State Board of Medical Examiners:

I hereby apply for certificate of registration to practice Medicine and Surgery in the State of Nebraska, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name. CARHART LeROY HARRISON
LAST NAME (Print name in full, including middle name) FIRST NAME MIDDLE NAME
Permanent address. 1704 Rt. #33, Hamilton Square, New Jersey 08690
PSC # 3 Box 1529 Zip Code
2. Place and date of birth. Trenton, New Jersey 28 October 1941 Age. 33
3. Present residence. Offutt AFB, Neb 68113 Intended residence. Offutt AFB, Neb 68113
Zip Code
4. Are you a citizen of the United States? YES
5. Preliminary and Pre-medical Education:

Give name and location of institutions attended, beginning with high school, with concise statement of period of study, giving date of diplomas or certificates received Hamilton Township (NJ) High School

1956-1960 : Rutgers, New Brunswick (NJ) B.A. in Business Administration
June 3, 1964. Saint Mary's University, San Antonio, Tex. Pre Med
1966-1967

6. Medical Education:

I have spent 4 years in the study of medicine in the institutions named below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>29 August 1969</u>	to <u>7 June 1973</u>	<u>Hahnemann Medical College & Hospital</u>	<u>Philadelphia, Pennsylvania</u>
From	to
From	to
From	to

I received the degree of M.D. from the Hahnemann Hospital & Medical College located at Philadelphia, Pa. on the 7th day of JUNE 1973.

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that

of matriculated in
at Date attended
..... course of lectures of months each, and received a diploma from
..... conferring the degree of Doctor of Medicine (date)

(SEAL)

..... M. D.
(President, Secretary or Dean)

CERTIFICATE OF INTERN SERVICE

This certifies that Dr. has rendered satisfactory and continuous service as an intern in the Hospital at
from to
Dated

.....
Superintendent of Hospital

Examination Fee \$100.00

RECIPROCITY AND NATIONAL BOARD

If this application is for reciprocity, the following must be completed and notarized.

1. Upon what license or certificate do you base this application? FLEX and Pennsylvania
State Medical License # MD 035665 expires Dec. 31, 1978
 (Give name of board issuing certificate)
2. Have you been a resident of such state for a period of one year subsequent (following) the date of issuance of said license? No from 19 to 19
 (Yes or no) (Month, day, year) (Exact dates—month, day, year)
3. Have you ever filed an application in Nebraska? No
 (Yes or no) As I am in the military, USAF, I have kept my residence in New Jersey.
4. Have you ever failed in a written examination in Nebraska? No Give particulars.
 (Yes or no)
5. How long since you have ceased the active practice of medicine and surgery? I am currently in practice with the USAF.
6. What has been your pursuit since you ceased practice? N/A
7. In what other states have you applied for license? IOWA, NEW JERSEY
8. In what states do you hold a license? PENNSYLVANIA
9. Have you ever been denied a certificate or the right to take an examination? No
 (Yes or no)
10. Has any state medical examining board or other state agency revoked or suspended a license issued to you?
No
 (Yes or no) (Give particulars)
11. Do you now or have you ever had a personal problem with narcotics, drugs, or alcohol? No
 (Yes or no)
 (Give particulars)
12. Have you ever been notified or reprimanded by any agency or any complaint relative to the practice of medicine? No
 (Yes or no) (Give particulars)
13. Have you ever been charged with the violation of any law relative to the practice of medicine or relative to any crime? No
 (Yes or no) (Give particulars)
14. Give brief record of military service. Commissioned USAF 3 June 1964
15. Affidavit I, LeRoy Harrison Carhart, being duly sworn, deposes and says that the foregoing
 (Applicant)
 statements are true.

I further solemnly swear upon my honor that if granted a license to practice within the State of Nebraska, that I shall abide by the laws of the State and adhere strictly to the ethics of the profession.

Dated 4 October 1978 Signed [Signature]
 (Signature of applicant)

State of Nebraska }
 County of Sarpy } ss.

In the state of Nebraska in said county on this 4th day of October

A. D. 19 78, personally appeared before me, and being duly sworn, deposes and says that he has carefully and truthfully complied with the above.

(SEAL)



[Signature]
 Notary Public

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE
OR ATTACH CERTIFICATION OF NATIONAL BOARD SCORES

I, _____, Secretary of the _____
certify that _____ was granted Certificate No. _____
to practice medicine in the State of _____ on the _____ day of _____
based on ~~written examination~~, and that said certificate has never been revoked.

(Note:—If by written examination for re-registration Secretary should so state.)

I further certify that the aforesaid _____
in his written examination before this Board, obtained a general average of _____ in the following branches:

Subject	Per Cent	Subject	Per Cent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify to the reputability of Dr. _____ and, based on the records
in this office, recommend him to the Department of Health as a fit and proper person to receive Nebraska Recipro-
city License.

I also certify that the photograph, as appears on this application, is a likeness of the said Dr. _____
_____ and the person named in the above statement, and our records show
he received the following diplomas from medical schools:

Name of School	Date of Issue
_____	_____
_____	_____

(SEAL OF STATE BOARD)

Secretary

Place

Date

RECOMMENDATION OF SECRETARY OF ☐ LOCAL ☐ COUNTY MEDICAL SOCIETY

I, _____, Secretary of the _____
Medical Society, certify that _____
(Full name of applicant)

is personally known to me, and that he is an ethical practitioner and is of good moral and professional character.

I further certify that the said Dr. _____
has been engaged in the reputable practice of medicine in the state of _____ for _____
years immediately preceding the date of this application and that he has never been an itinerant or advertising
doctor during the period he has practiced in this state. We have carefully reviewed all the statements made by
the applicant herein and believe them to be true in every respect.

(Note:—If licensee has not been engaged in practice continually, fix the time when he was out of practice
_____)

I also certify that the above photograph is a likeness of the said Dr. _____

I hereby recommend said applicant for a license to practice medicine in the State of Nebraska.

SEAL OF
SOCIETY

See Photocopy of Cert.

Secretary

(Note:—If Society has no seal the signature
must be acknowledged before a notary public.)

CERTIFICATE FROM THE SECRETARY OF THE STATE SOCIETY

I hereby certify that the records of my office show that Dr. _____
has been a member and in good standing of the _____ State Medical
_____ for the past _____ years, and that he is now in good standing. Given under
my hand and the seal of _____ State Medical _____
this _____ day of _____ 19 _____

Secretary

THIS SPACE FOR PHOTOGRAPH

License No.

Date

STATE OF NEBRASKA
Department of Health

Practice of Medicine

For Use of Department Only

Name

Address

Application received *7b 20, 9-18-79 #1124*

Fee *1.00* Paid *9-18-79*

High School credits filed

Photo of applicant

Photo of diploma

Approved

Passed

Failed

This is to certify that the above is a correct
likeness of

Dean of School (for examination)

Secretary of Board (for reciprocity)

Date



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY

DIVISION OF CONSUMER AFFAIRS

BOARD MEDICAL EXAMINERS

28 WEST STATE STREET
TRENTON, N.J. 08608

John J. Degnan
ATTORNEY GENERAL

Adam K. Levin
DIRECTOR

September 5, 1979

Nebraska State Board of Examiners in Medicine & Surgery
P.O. Box 95007
Lincoln, Nebraska

Dear Sir:

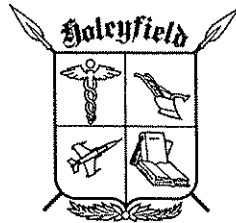
The files of the State Board of Medical Examiners of New Jersey indicate that Leroy H. Carhart, M.D. is licensed to practice all branches of Medicine and Surgery in New Jersey, license # 36541, dated August 8, 1979, and is currently registered. Our files reveal no derogatory information.

Very truly yours,

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

Alfred S. Schuster
Alfred S. Schuster
Executive Secretary

AJS:ms



911 Ridgewood Ct
Bellvue NE 68005

29 Sep 79

Bureau of Medical Examiners
Lincoln Building, Second Floor
4003 "D" Street
Lincoln NE 68508

Dear Sir:

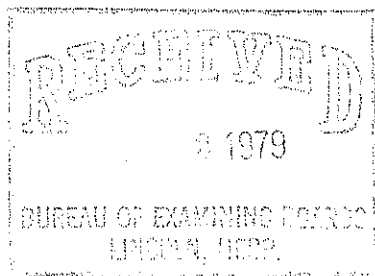
I am happy to write this letter in support of Dr Leroy Conhart's application to practice medicine in Nebraska. I have worked with Dr Conhart approximately one year at Epling Bergquist USAF Hospital. He is currently our Chief of Surgery. He is an extremely well trained Surgeon and a caring physician. I recommend him most highly.

Sincerely,

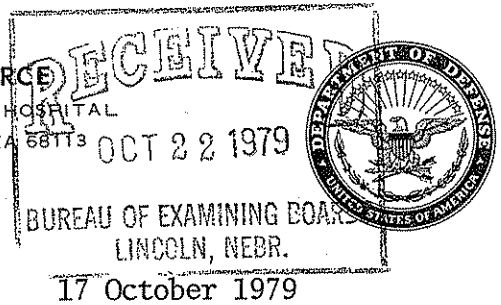
Roy W. Holeyfield

ROY W. HOLEYFIELD MD
Lt Col USAF MC

Chief Internal Medicine
Epling Bergquist USAF Hosp



DEPARTMENT OF THE AIR FORCE
EHRLING BERGQUIST USAF REGIONAL HOSPITAL
OFFUTT AIR FORCE BASE, NEBRASKA 68113



17 October 1979

State of Nebraska
Bureau of Examining Boards
Department of Health
P. O. Box 95007
Lincoln, Nebraska 68509

Re: LeRoy Carhart, M. D.

Sirs:

I am a resident of Nebraska and an active duty general surgeon at the Ehrling Bergquist USAF Regional Hospital at Offutt AFB, Nebraska. I am currently licensed in the state of Nebraska by reciprocity from Mississippi to practice surgery and medicine.

I am writing a letter of recommendation for Dr. LeRoy Carhart, my fellow surgeon and worker at Ehrling Bergquist Hospital. Dr. Carhart is my senior and Chief of the Department of Surgery. He is board eligible in general surgery and potentially board eligible in emergency medicine. He comes from an Air Force sponsored pre-med and medical school program from the east coast.

Dr. Carhart has the highest degree of integrity and confidence in his work. He is dependable and mature in judgment; he shows intuitive skills in medical and surgical care of patients. He is a hard-working, devoted family man with unimpeachable qualifications as a physician. His standards of morality and spirituality are the highest.

I strongly recommend Dr. Carhart for a Nebraska state license to practice medicine and surgery.

Sincerely

JAMES R. STATEN, Major, USAF, MC
General Surgery Service

Peace is our Profession

CURTIS HARRIS, M. D.
DEPT. OF INTERNAL MEDICINE
EHRLING BERGQUIST HOSPITAL
OFFUTT AFB, NEB. 68113
TELEPHONE 294-7477

28 September, 1979

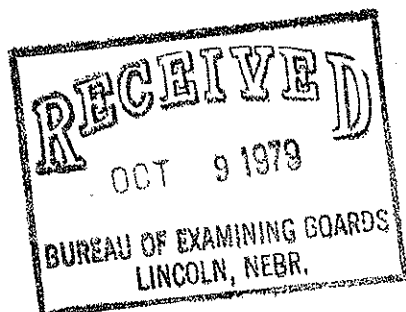
State of Nebraska
Dept of Health
Bureau of Examining Boards
Lincoln, Nebraska 68509

Sirs:

I have been a professional of Dr. Leroy Carhart for approximately one year. During that time I have found him to be a qualified and dedicated physician of high moral character. I strongly support his application for licensure in the State of Nebraska.

Yours truly,
Curtis Harris, M.D.

Curtis Harris M.D.



THE FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.
1612 SUMMIT AVENUE, SUITE 308
FORT WORTH, TEXAS 76102

DATE: September 17, 19 79

TO: NEBRASKA BOARD OF EXAMINERS IN MEDICINE AND SURGERY

SUBJECT: FLEX Examination Grades for LEROY H. CARHART, M.D.
##RR#73, Box 263
Omaha, Neb. 08123

This is to certify that the above person took the FLEX Examination in 6/74 1979
under Pennsylvania admission number 72 and obtained
the following grades: FLEX Test Processing number 32741

BASIC SCIENCE:

Anatomy	<u>67</u>
Physiology	<u>75</u>
Biochemistry	<u>65</u>
Pathology	<u>65</u>
Microbiology	<u>65</u>
Pharmacology	<u>78</u>
Behavioral Science	<u>--</u>

BASIC SCIENCE AVERAGE: 69.2

CLINICAL SCIENCE:

Medicine	<u>71</u>
Surgery	<u>75</u>
Obstetrics	<u>83</u>
Public Health	<u>79</u>
Pediatrics	<u>75</u>
Psychiatry	<u>78</u>

CLINICAL SCIENCE AVERAGE: 76.8

CLINICAL COMPETENCE AVERAGE: 80.9

FLEX WEIGHTED AVERAGE: 77.6

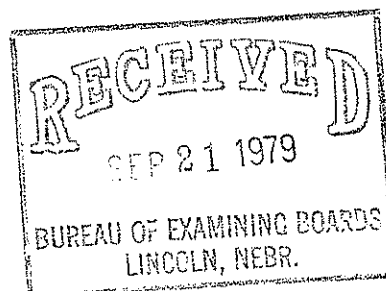
Sincerely,

Harold E. Jervy, Jr., M.D.

Harold E. Jervy, Jr., M.D.
Executive Director-Secretary

HEJ:mf:mb

We have no unfavorable
information regarding
the above named physician.



Atlantic City Medical Center

Atlantic City, New Jersey

This is to Certify that


Frederic W. Garhart, Jr., M.D.


has served in the Atlantic City Medical Center as

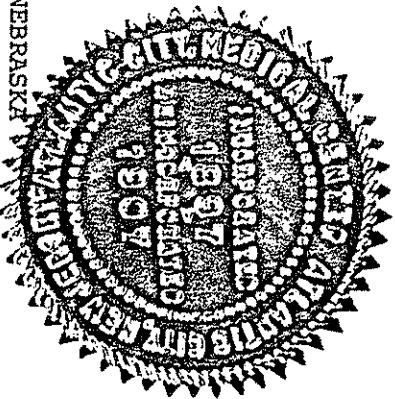
Third and Fourth Year and Chief Resident in General Surgery

January 31, 1976 to June 30, 1978

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


Director of Medical Education

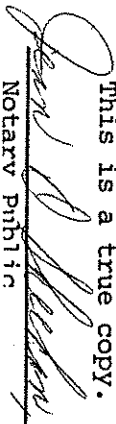

Administrator

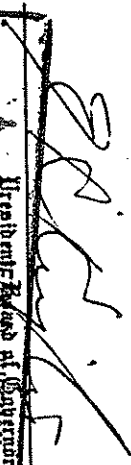



STATE OF NEBRASKA
COUNTY OF SARPY

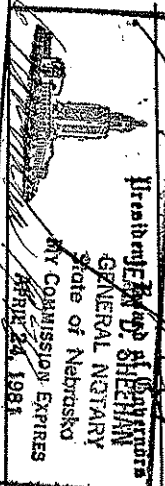
This is a true copy.

Notary Public


Gerald A. Hester
Notary Public

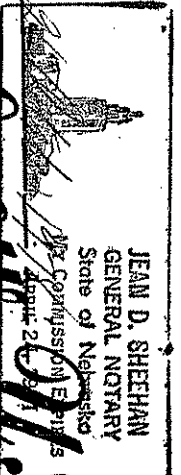

William L. Lawrence
Director of Medical Education


Charles J. Barrows
Administrator



State of Nebraska
County of Sarpy.
THIS IS A TRUE COPY.

Notary Public



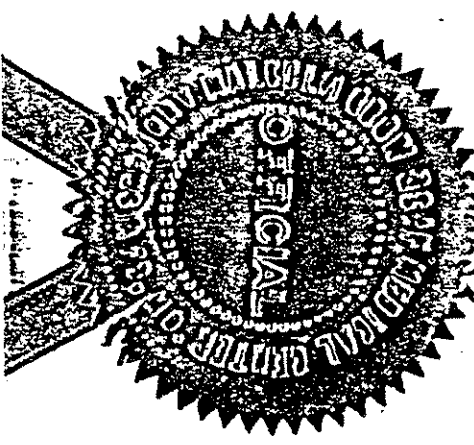
Malcolm
Growth USAF Medical Center
LeRoy H. Carhart, M.D.

This is to certify that

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.

Paul W. Frank M.D.
Director of Professional Education
Robert D. Miller
Surgeon General USAF



X. Vandenberg
Medical Center Commander
Date of Presentation 21 June 1974

Salvator
Augustinus Philadelphia
et
Philadelphus
OMNIBUS HAS LITERAS PRÆSENTES VISURIS
Salutem

Quoniam Academicus ubique gentium institutus viros Philosophia Scientia Medicina Litterarum Humanioribus
arvibus aut de Republica bene meritos titulo iusto et congruente condecorare solitus sint
Nos igitur Curatores Collegii et Universitatis Academiarum Philosophiae auctoritate respublikae
Pennsylvaniensis nobis commissa

Heroy Harrison Charlart

bene inde praeditum omnibus muneribus atque officiis quae hujus Academicarum legibus et impostis
sunt constant et fideliter expletis ad gradum

Medicinae Doctoris

rite admissimus eique omnia jura honores privilegia ad hunc gradum pertinentia libenter concessimus
Quibus rei testimonium hanc diplomati nemini vestra hoc die Ante Idus Junias
Anno Domini millesimo nonagesimo septuagesimo scriptum est quae major sit
fides auctoritasque Curatores conventus Collegii nostri sigillum asponi jussimus

State of Nebraska
County of Sarpy
THIS IS A TRUE COPY.

Wharton Shoben



Phases

Jeand D. Sheehan
Notary Public
JEAND D. SHEEHAN
GENERAL NOTARY
State of Nebraska
Resides New York St. Francis
MY COMMISSION EXPIRES

E. T. A. C. 1895

The State of
Nebraska
Department of Education
Trenton

Medical Certificate

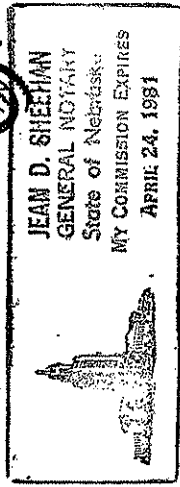
This Certifies, that LE ROY H. CARHART
has presented satisfactory evidence of having completed an academic education covering four years
of approved high school education, or the equivalent, and of having completed the prescribed
course of four years of college education in accordance with the Medical Practice Act.
A. B. JUNE, 1964

In Witness Whereof, this certificate is granted under the seal of the
Department of Education, this sixteenth day of October 1978.
Fred A Price *Fred A Burke*

Commissioner of Education
JEAN D. SHEEHAN
GENERAL NOTARY
State of Nebraska
MY COMMISSION EXPIRES
APRIL 24, 1981
Bureau of Teacher Education and Academic Credentials
State of Nebraska
County of Sarpy
THIS IS A TRUE COPY.

State of Nebraska
County of Sarpy
THIS IS A TRUE COPY.

John W. Robertson
Notary Public



Department of Health of the State of Nebraska



Department of Health of the State of Nebraska

To All To Whom These Presents Shall Come Greeting:

Whereas, It appears by the report of the

State Board of Medical Education and Licensure
of the Commonwealth of Pennsylvania that

Le Roy Harrison Carhart

having given satisfactory evidence of fitness as to age, character, preliminary education, medical instruction and all other matters required by law, was fully examined by the members of the State Board of Medical Education and Licensure whose signatures are hereto attached, and found duly qualified for the practice of medicine and surgery; is hereby, in accordance with the provisions of the Act of the General Assembly approved June 3, A.D. 1911, and amendments thereto, granted this License to Practice

Medicine and Surgery

in the Commonwealth of Pennsylvania

Examined *John W. Robertson* of the 5
John W. Robertson Clerk
John W. Robertson Secretary
William D. Kelly M.D.
Philip E. Smyth M.D.
Raymond C. Brown M.D.



I, *William Wharf*, We have hereto set our hands and caused the Seal of
of the Commissioner of Professional and Occupational Affairs to be affixed at
Harrisburg the 29th day of September 19 74

Lavin P. Vite
Commissioner

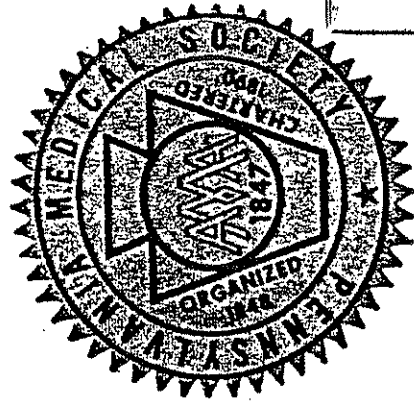
PENNSYLVANIA MEDICAL SOCIETY

Certificate of Membership
This Certifies That

LEROY H. CARHART MD

*is a member in good standing by complying with the ethical standards
and the continuing medical education requirements of the profession.*

John F. Penner
Executive Vice President



Membership Year
1978

JEAN D. SHEEHAN
GENERAL NOTARY
State of Nebraska
MY COMMISSION EXPIRES
APRIL 24, 1981



STATE OF NEBRASKA
COUNTY OF SARPY
This is a true copy.

John F. Penner
Notary Public

October 18, 1979

LeRoy Harrison Carhart, M.D.
PSC #3, Box 1529
Offutt AFB, NE 68113

Dear Doctor Carhart:

We are pleased to advise that your application for a license to practice Medicine and Surgery in the State of Nebraska by Reciprocity has been accepted.

Your Nebraska license number is 15162, dated October 17, 1979, and your license will be forwarded to you as soon as the necessary signatures have been received. Pending its receipt you may regard this letter as Official Notice that you are duly licensed in the State of Nebraska, and as your authority to commence your practice.

May we extend our congratulations and best wishes for the successful practice of your profession in Nebraska.

Sincerely yours,

Rex C. Higley, Director
Bureau of Examining Boards

mm/jn

BEFORE THE DEPARTMENT OF HEALTH
OF THE STATE OF NEBRASKA
LINCOLN, LANCASTER COUNTY, NEBRASKA

IN THE MATTER OF THE REVOCATION
OF THE LICENSE OF:

Name Leroy Harrison Carhart, M.D.
Address R.R. 73, Box 263
LaPlatte, NE 68123
To: PRACTICE MEDICINE AND SURGERY


IN THE STATE OF NEBRASKA

WHEREAS, on August 31, 1983, Leroy Harrison Carhart, M.D. was given notice as provided by law, calling his or her attention to the fact that the expiration date of his or her license was October 1, 1983 and that a renewal fee of \$20.00 must be paid on or before that date, and, WHEREAS, on October 21, 1983 said renewal fee not having been paid, the said Leroy Harrison Carhart, M.D. was given a second notice, advising him or her of such failure to pay said renewal fee, calling his or her attention to Section 71-110, Para 2 and 3 of the compiled statutes, as amended and quoted as follows:

"At least thirty days before the expiration of a license, as set forth in subsection (1) of this section, the Department of Health shall notify each licensee by a letter addressed to him or her at his or her last place of residence as noted upon its records. Any licensee, who fails to pay the renewal fee, on or before the date of expiration of his or her license, shall be given a second notice in the same manner advising him or her (a) of the failure to pay, (b) that the license on that account has expired, (c) that the department will suspend action for thirty days following the date of expiration, (d) that upon the receipt of the annual or biennial renewal fee, together with an additional fee of five dollars, within that time, no order of revocation will be entered, and (e) that upon the failure to receive the amount then due and five dollars in addition to the regular renewal fee, as provided by subsection (1) of this section, an order of revocation will be entered.

Any licensee who allows a license to lapse by failing to renew the same, as provided in subsections (1) and (2) of this section, may be reinstated upon the recommendation of the board of examiners for his or her profession and the payment of the regular and additional renewal fees then due."

WHEREAS, the said Leroy Harrison Carhart, M.D. was further advised that if he or she desired to retain his or her license he or she must act promptly and remit back renewal fee, plus five dollars additional for late renewal, as by law provided, or an order of revocation would be entered, a renewal slip being enclosed therewith for his or her convenience, and WHEREAS, the said Leroy Harrison Carhart, M.D. failed to respond to this second notice, NOW THEREFORE, it is ordered that the license of said Leroy Harrison Carhart, M.D. is hereby revoked. His or her license number being 15162. Dated at Lincoln, Lancaster County, Nebraska, this 1st day of December, 1983.


Gregg F. Wright, M.D., M.Ed.
Director of Health

APPLICATION FOR REINSTATEMENT OF LICENSE REVOKED
BY REASON OF FAILURE TO PAY ANNUAL RENEWAL FEE

To the State Board of Examiners in Medicine and Surgery:

I hereby apply for reinstatement of my license to practice medicine and surgery in
the State of Nebraska, and submit herewith the statutory fee of \$ 45.00 .

Name (in full) LeRoy Harrison Carhart
Present address 16401 So 27th Omaha, NE 68123

SUMMARY OF PRACTICE
Practice in Nebraska: Original license date in 1979 to June 1982
From 19 to 19

Practice in other states,
Name state: USAF 1973 to Present
From 19 to 19

Are you in practice of medicine at the present time? Yes
If so, where? Ehrlin Bergquist USAF Hosp. JFPT AFS NE 68113
Has your medical license, in Nebraska or elsewhere, previously been revoked or
suspended? NO If so, state details: _____

State reason for failure to renew STOPPED "MONITORING" at St Joseph Hosp in June 1982 AND WAS TOLD I DID NOT NEED A LICENSE (COMBAT) FOR the A.F

I solemnly declare that the foregoing are true and correct statements.

Dated. 22 Oct 1984 Signed LeRoy Harrison Carhart

State of. NEBRASKA)
County of SARASOTA) ss.

In. BRANDWATER in said county on this 23 day of
OCTOBER A.D. 1984, personally appeared before me
LeRoy H. Carhart . . . being duly sworn, deposes and says that he has
carefully and truthfully complied with the above.

Notary MICHAEL T. BARTON
My Comm. Exp. Aug 23, 1987

Recommendation of President or Secretary of (Local, State, or County) Medical
Society:

I, _____ President or
Secretary of the _____

Medical Society, certify that _____
(full name of applicant)

is personally known to me, and that he is an ethical practitioner and is of good
moral and professional character.

Secretary or President

Recommendation of Board:

Reinstated (Yes) _____ (No) _____

Secretary

BEFORE THE DEPARTMENT OF HEALTH
OF THE STATE OF NEBRASKA
LINCOLN, LANCASTER COUNTY, NEBRASKA

IN THE MATTER OF THE REVOCATION
OF THE LICENSE OF:

Name Leroy Harrison Carhart, M.D.
Address PSC 1 Box 1529
Offutt AFB, NE 68113
To: PRACTICE MEDICINE AND SURGERY


IN THE STATE OF NEBRASKA

WHEREAS, on September 1, 1980, Leroy Harrison Carhart, M.D. was given notice as provided by law, calling his attention to the fact that the expiration date of his license was October 1, 1980 and that a renewal fee of \$15.00 must be paid on or before that date, and, WHEREAS, on October 1, 1980 said renewal fee not having been paid, the said Leroy Harrison Carhart, M.D. was given a second notice, advising him of such failure to pay said renewal fee, calling his attention to Section 71-110, Para 2 and 3 of the compiled statutes, as amended and quoted as follows:

"At least thirty days before the expiration of a license, as set forth in subsection (1) of this section, the Department of Health shall notify each licensee by a letter addressed to him or her at his or her last place of residence as noted upon its records. Any licensee, who fails to pay the renewal fee, on or before the date of expiration of his or her license, shall be given a second notice in the same manner advising him or her (a) of the failure to pay, (b) that the license on that account has expired, (c) that the department will suspend action for thirty days following the date of expiration, (d) that upon the receipt of the annual or biennial renewal fee, together with an additional fee of five dollars, within that time, no order of revocation will be entered, and (e) that upon the failure to receive the amount then due and five dollars in addition to the regular renewal fee, as provided by subsection (1) of this section, an order of revocation will be entered.

Any licensee who allows a license to lapse by failing to renew the same, as provided in subsections (1) and (2) of this section, may be reinstated upon the recommendation of the board of examiners for his or her profession and the payment of the regular and additional renewal fees then due."

WHEREAS, the said Leroy Harrison Carhart, M.D. was further advised that if he desired to retain his license he must act promptly and remit back renewal fee, plus five dollars additional for late renewal, as by law provided, or an order of revocation would be entered, a renewal slip being enclosed therewith for his convenience, and WHEREAS, the said Leroy Harrison Carhart, M.D. failed to respond to this second notice, NOW THEREFORE, it is ordered that the license of said Leroy Harrison Carhart, M.D. is hereby revoked. His license number being 15162. Dated at Lincoln, Lancaster County, Nebraska, this 12th day of December, 1980.


Henry D. Smith, M.D., M.P.H.
Director of Health

APPLICATION FOR REINSTATEMENT OF LICENSE REVOKED
BY REASON OF FAILURE TO PAY ANNUAL RENEWAL FEE

To the State Board of Examiners in Medicine and Surgery:

I hereby apply for reinstatement of my license to practice medicine and surgery in
the State of Nebraska, and submit herewith the statutory fee of \$ 20.00.

Name (in full) Le Roy Harrison Caphart

Present address RR 73 Box 263 OMAHA NE 68123

SUMMARY OF PRACTICE

Practice in Nebraska: From Sept 17 1978 to Present 19 UNITED STATES AIR FORCE

From _____ 19 _____ to _____ 19 _____

Practice in other states,
Name state: From _____ 19 _____ to _____ 19 _____

From _____ 19 _____ to _____ 19 _____

Are you in practice of medicine at the present time? yes.

If so, where? E. B. Hospital Dept. AFB Ne.

Has your medical license, in Nebraska or elsewhere, previously been revoked or
suspended? NO If so, state details: _____

State reason for failure to renew CARD WENT TO temp address

I solemnly declare that the foregoing are true and correct statements.

Dated. 5 Jan. 81 Signed. [Signature]

State of Nebraska)

County of Sargy) ss.

In. Nebraska (Billings) in said county on this 6th day of

January A.D. 1981, personally appeared before me

Le Roy Harrison Caphart being duly sworn, deposes and says that he has

carefully and truthfully complied with the above.

JEAN D. SHEEHAN
GENERAL NOTARY
State of Nebraska
My Commission Expires
APRIL 24, 1981

Jeann. D. Sheehan
Notary Public

Recommendation of President or Secretary of (Local, State, or County) Medical
Society:

I, _____ President or
Secretary of the _____

Medical Society, certify that _____
(full name of applicant)

is personally known to me, and that he is an ethical practitioner and is of good
moral and professional character.

Secretary or President

Recommendation of Board: Reinstated (Yes) _____ (No) _____

Secretary

BEFORE THE DEPARTMENT OF HEALTH
OF THE STATE OF NEBRASKA
LINCOLN, LANCASTER COUNTY, NEBRASKA

IN THE MATTER OF THE REVOCATION
OF THE LICENSE OF:

Name Leroy Harrison Carhart, M.D.
Address R. R. 73
Box 263
North Platte, NE 69101
To: PRACTICE MEDICINE AND SURGERY

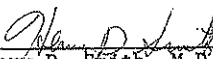
IN THE STATE OF NEBRASKA

WHEREAS, on August 28, 1981, Leroy Harrison Carhart, M.D. was given notice as provided by law, calling his attention to the fact that the expiration date of his license was October 1, 1981 and that a renewal fee of \$15.00 must be paid on or before that date, and, WHEREAS, on October 15, 1981 said renewal fee not having been paid, the said Leroy Harrison Carhart, M.D. was given a second notice, advising him of such failure to pay said renewal fee, calling his attention to Section 71-110, Para 2 and 3 of the compiled statutes, as amended and quoted as follows:

"At least thirty days before the expiration of a license, as set forth in subsection (1) of this section, the Department of Health shall notify each licensee by a letter addressed to him or her at his or her last place of residence as noted upon its records. Any licensee, who fails to pay the renewal fee, on or before the date of expiration of his or her license, shall be given a second notice in the same manner advising him or her (a) of the failure to pay, (b) that the license on that account has expired, (c) that the department will suspend action for thirty days following the date of expiration, (d) that upon the receipt of the annual or biennial renewal fee, together with an additional fee of five dollars, within that time, no order of revocation will be entered, and (e) that upon the failure to receive the amount then due and five dollars in addition to the regular renewal fee, as provided by subsection (1) of this section, an order of revocation will be entered.

Any licensee who allows a license to lapse by failing to renew the same, as provided in subsections (1) and (2) of this section, may be reinstated upon the recommendation of the board of examiners for his or her profession and the payment of the regular and additional renewal fees then due."

WHEREAS, the said Leroy Harrison Carhart, M.D. was further advised that if he desired to retain his license he must act promptly and remit back renewal fee, plus five dollars additional for late renewal, as by law provided, or an order of revocation would be entered, a renewal slip being enclosed therewith for his convenience, and WHEREAS, the said Leroy Harrison Carhart, M.D. failed to respond to this second notice, NOW THEREFORE, it is ordered that the license of said Leroy Harrison Carhart, M.D. is hereby revoked. His license number being 15162. Dated at Lincoln, Lancaster County, Nebraska, this 13th day of November, 1981.


Henry D. Smith, M.D., M.P.H.
Director of Health

F15-02

APPLICANT'S AFFIDAVIT OF REINSTATEMENT OF MEDICAL LICENSE
BY BOARD OF MEDICAL EXAMINERS OF NEBRASKA

To the State Board of Examiners in Medicine and Surgery:

I hereby apply for reinstatement of my license to practice medicine and surgery in the State of Nebraska, and submit herewith the statutory fee of \$ 20.00.

Name (in full) LeRoy H. Carls
Present address RR 73 Box 263 La Platte (OMAHA) NE 68123

SUMMARY OF PRACTICE I gave the correct address last year
Practice in Nebraska: From Sept 1978 to Present 19__
From _____ 19__ to _____ 19__

Practice in other states, PA
Name state: From 12 July 1973 to Sept 1978
From _____ 19__ to _____ 19__

Are you in practice of medicine at the present time? Yes
If so, where? St Jos. Hospital, OMAHA, & USAR OFFUTT AFB

Has your medical license, in Nebraska or elsewhere, previously been revoked or suspended? NO If so, state details: _____

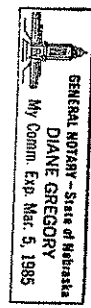
State reason for failure to renew NOTICE AND APPLICATIONS SENT TO NORTH PLATTE AND NOT TO me AT LA PLATTE. I WAS UNAWARE IT HAD EXPIRED. CORRECT ADDRESS WAS GIVEN

I solemnly declare that the foregoing are true and correct statements.
Dated. 4 Mar 82 Signed [Signature]

State of. Nebraska)
County of. Sarpy) ss.

In. Nebraska in said county on this 4th day of March A.D. 1982, personally appeared before me _____

DIANE GREGORY being duly sworn, deposes and says that he has carefully and truthfully complied with the above. [Signature]
Notary Public



Recommendation of President or Secretary of (Local, State, or County) Medical Society:

I, _____ President or Secretary of the _____

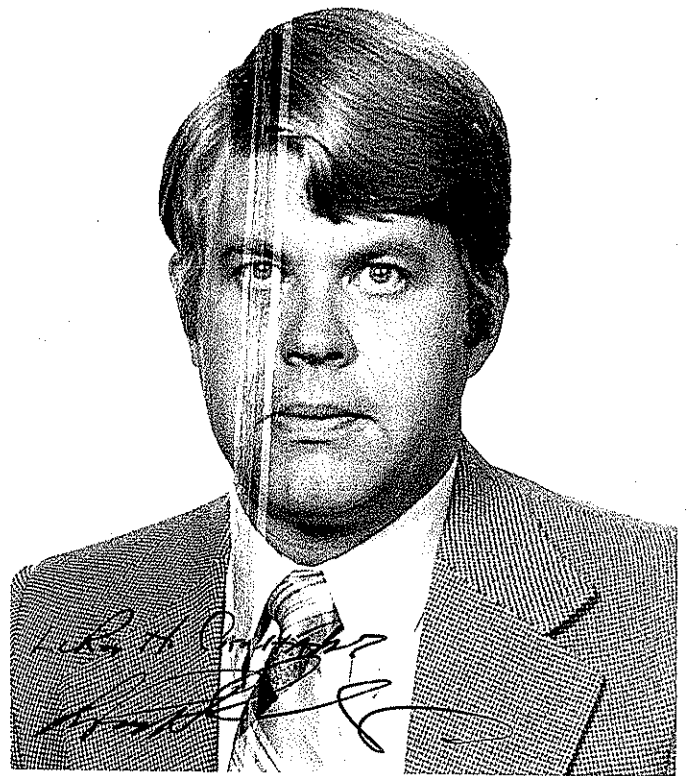
Medical Society, certify that _____ (full name of applicant)

is personally known to me, and that he is an ethical practitioner and is of good moral and professional character.

Secretary or President

Recommendation of Board: Reinstated (Yes) _____ (No) _____

Secretary



PS Form 3811, Jan. 1979

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)
☒ Show to whom and date delivered.....
☐ Show to whom, date and address of delivery.....
☐ RESTRICTED DELIVERY
Show to whom and date delivered.....
☐ RESTRICTED DELIVERY
Show to whom, date, and address of delivery \$.....
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Leroy Harrison Carhart, M.D.
PSC 1, Box 1529
Offutt AFB, NE 68113

3. ARTICLE DESCRIPTION:
REGISTERED NO. 6353 CERTIFIED NO. _____ INSURED NO. _____
(Always obtain signature of addressee or agent)
I have received the article described above.
SIGNATURE [Signature] Addressee ☐ Authorized agent ☐

4. DATE OF DELIVERY 12-22-80
[Signature]
POSTMARK
DEC 22 1980
USPS

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: _____ CLERK'S INITIALS _____

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆ GPO : 1979-300-459

15162



Reinstatement

STATE OF NEBRASKA

ROBERT KERREY • GOVERNOR • GREGG F. WRIGHT, M.D., M.Ed. • DIRECTOR

Bryant L. Galusha, M.D.
Executive Vice-President
Federation of State Medical Boards
of the United States, Inc.
2630 W. Freeway, Suite 138
Fort Worth, Tx 76102

Reinstatement of License
9/15/84

NOV 20 1984

RE: LeRoy Harrison Carhart, M.D.
16401 So. 27th
Omaha, Ne. 68123

Dear Doctor Galusha:

The above named has applied for a license to practice Medicine and Surgery within the State of Nebraska.

We would appreciate any information, complimentary or derogatory that you might have in his/her regard.

Your comments may be made at the bottom of this letter and will be held in strict confidence.

Thank you for your cooperation.

Sincerely,

Laura J. Partsch, Director
Bureau of Examining Boards

Thelma C. DeYong
By: Thelma C. DeYong

COMMENTS:

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

NOV 20 1984

Bryant L. Galusha, M.D.

BRYANT L. GALUSHA, M.D.
EXECUTIVE VICE-PRESIDENT