certify that Dr. LEROY HARRISON CARHART is personally known to me, and that he/she is an ethical practitioner and is of good moral and professional character. I further certify that the said Dr. LEROY HARRISON CARHART is engaged in the reputable practice of medicine and surgery in the State of Nebraska. I have carefully examined all the statements made by the applicant and believe them to be true in every respect. I also state the photograph attached to this application is a recent one and the likeness of said LEROY HARRISON CARHART.

Signed James A. Staten
Title Chief of Staff

*AFFIDAVIT OF SECRETARY OF COUNTY MEDICAL OR OSTEOPATHIC SOCIETY, CHIEF OF STAFF OR HEAD OF DEPARTMENT IN WHICH YOU ARE TRAINING.

County of:
State of:

In City of
County of
State of

day of

before me personally appeared

James A. Staten

Notary Public

Notary Seal

Commonwealth of Pennsylvania
Department of State
STATE BOARD OF MEDICAL EDUCATION AND LICENSURE
Harrisburg, Pennsylvania 17120

NAME: LEROY HARRISON CARHART

BASIC SCIENCE: Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology

Basic Science Average: 

CLINICAL SCIENCE: Medicine
Surgery
Obstetrics
Public Health
Pediatrics
Psychiatry

Clinical Science Average: 

FLEX Session: JUNE 11,12,13, 1974

CLINICAL COMPETENCE AVERAGE: 

SPOA-1420-6-78

*REGISTRATION EXPIRED 12-31-78--PLACED ON INACTIVE STATUS*

Acting on behalf of the PENNSYLVANIA Board of Medical Examiners, I hereby certify to the reputability of Dr. LEROY HARRISON CARHART, based on the records of this Board, and recommend him to the Iowa State Board of Medical Examiners as a fit and proper person to receive a license to practice Medicine and Surgery.

(Seal of the State Board)

PA. BD. OF MED. ED. & LICENSURE

OCTOBER 14, 1982

FEES: The license fee is $150.00. Fee must accompany the completed application form and the required supporting documents. No fee remitted with an application will be refunded. Fee may be remitted in any form other than a personal check.

THIS APPLICATION MUST BE TYPEWRITTEN

1. Name  LeRoy Harrison Carhart

2. Addresses
   Home Address
   County

3. Place of Birth  Trenton, New Jersey  Date of Birth  October 28th, 1941  Age  40

4. Name and address (Father)  

5. Name and address (Mother)  

6. Are you a citizen of the United States?  YES. Give particulars:  BIRTH

7. Identification:  Height 6' 00"  Weight 210  Color of Hair  blond
   Color of Eyes  Blue  Identifying mark  None

8. PRELIMINARY EDUCATION (Beginning with High School. Give names of institutions attended and location, with concise statement of periods of study.)
   High School  Hamilton High School, Hamilton Twp., New Jersey  Sep 1957-Jun 1960
   College  Rutgers, The State University, New Brunswick, NJ  Sep 1960-Jun 1964
   Academic Degree  B.A. Business Adm.  Rutgers, The State University  June 1964

9. MEDICAL EDUCATION
   I have spent 4 years in the study of medicine, each year comprising 12 each, in the following institutions:
   Freshman  Hahnemann Medical College & Hospital  from AUG 1969 to JUN 1973
   Sophomore  Hahnemann Medical College & Hospital  from JUL 1970 to JUN 1971
   Junior  Hahnemann Medical College & Hospital  from JUN 1971 to JUL 1972
   Senior  Hahnemann Medical College & Hospital  from JUL 1972 to JUN 1973
   I was granted the degree of Doctor of Medicine by Hahnemann Medical College & Hospital
   A photostatic copy of my diploma is submitted herewith. (Photostat must not be larger than 5x10 in. or smaller than 6x8 in.)
   I further state that I am the identical person to whom this diploma was granted, that the same was procured in the regular
   course of instruction without fraud or misrepresentation and that the copy presented herewith is a true copy of the original
   diploma of said institution.

10. INTERNSHIP
    I have served an internship in the following hospital:
    ANDREWS AFB, MD  from 27 June 1974 to 28 June 1974
    (Location)
    (A photostatic copy of my internship certificate is submitted herewith.)

11. RESIDENCIES (Give places and dates of each service) I have served Residencies in the following hospitals:
    HAHNEMANN MED COL & HOSP Philadelphia Pa  from 1 Jul 1974 to 26 Jan 1976
    ATLANTIC CITY MED. CENTER, ATLANTIC CITY, N.J.  from 27 Jan 1976 to 30 June 1978
    I was certified by  
    (Name of Specialty Board)
    (Enclosed is a photostatic copy of certificate)

12. CERTIFICATION OF MEDICAL EDUCATION: (MUST BE COMPLETED BY MEDICAL SCHOOL)
    It is hereby certified that LeRoy H. Carhart
    of Omaha, Nebraska
    was granted a diploma with the degree of
    Doctor of Medicine by the Hahnemann Medical College
    located at 230 North Broad Street, State of Pennsylvania
    on the 7 day of June, 1973, and that the attached photograph is a true likeness of applicant.

Secretary or Dean of School
Alan J. Sims, Registrar
14. Answer all questions. (If the answer to any question is YES and not fully answered below, give details in a notarized affidavit attached to the application.)

A. Name states and/or foreign countries in which you have practiced and length of time in each

PENNSYLVANIA, 4 years; NEBRASKA, 4 years

B. Do you intend to practice your profession in this state? YES. Where? COUNCIL BLUFFS & GLENWOOD

C. List hospital staff positions (Give address and dates of service): METHODIST HOSPITAL, PHILADELPHIA, PA 1958 - 1978, Creighton University St. Jos. Hospital 1978 - present

D. Have you ever been denied Staff Membership in any hospital?

E. Have you ever been warned or censured by, or requested to withdraw from any hospital in which you have trained, been a staff member, or held hospital privileges?

F. Have you ever been notified, or requested to appear before any Medical Society in regard to charges or complaints filed against you? Have you ever been rejected by a Medical Society?

G. Have you ever failed to pass any State Medical or Osteopathic Board Examination, National Board or FLEX examination? If so, where and how many times?

H. Have you ever been denied a certificate by, or the privilege of taking an examination before any State Medical Board? Have you ever been notified by, or requested to appear before any State Medical Board in regard to charges or complaints filed against you? Has any State Medical Board suspended or revoked a license it had granted you?

I. Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?

J. Are you now or have you ever been emotionally or mentally ill? Have you ever received psychotherapy? Have you ever been a patient (voluntarily or otherwise) in any institution for the treatment of mental or emotional illness, drug addiction, or alcohol problems? Have you ever been treated, but not hospitalized for mental or emotional illness, drug addiction, or alcohol problems?

K. Have you ever been convicted of a felony? A misdemeanor? Have any judgments ever been entered against you? Have you ever been sued for malpractice?

L. Do you understand that if the license asked for is granted by this Board, it will be on the truth of the statements contained herein, which if false, will subject you to criminal prosecution, and revocation of the said license certificate?

15. AFFIDAVIT OF APPLICANT:

State of NEBRASKA

County of SARPY

I, LEWIS HARRISON CARHART, being duly sworn state, under penalty of perjury, that the foregoing information contained in this application and any attachment is true and correct, and the attached photo is a true likeness of myself.

(Signature of Applicant)

Sworn to before me this day of 1982

(Notary Public)

My Commission expires

(Seal)