

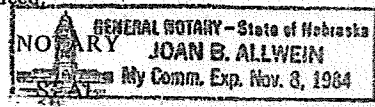
certify that Dr. Leroy Carhart, of Sargy, Nebraska is personally known to me, and that he/she is an ethical practitioner and is of good moral and professional character; I further certify that the said Dr. Leroy Carhart is engaged in the reputable practice of medicine and surgery in the State of Nebraska. 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 Carhart.

Signed James A. Staten M.D.  
Date 10-4-82 Title Chief Gen. Surgeon

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

County of Sargy SS.  
State of Nebraska  
In Robert R. 4th Sargy Nebraska, on the 4th  
City County State  
day of October, 19 82, before me personally appeared James R. Staten

to me known to be the party executing the foregoing instrument, and he/she acknowledged said instrument, by him/her executed, to be his/her voluntary act and deed.



Joan B. Allwein  
(Notary Public)  
Robert R. 4th NE 68113  
(Address)

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

NAME: LEROY HARRISON CARHART FLEX WEIGHTED AVERAGE [REDACTED]

BASIC SCIENCE: Anatomy [REDACTED]  
Physiology [REDACTED]  
Biochemistry [REDACTED]  
Pathology [REDACTED]  
Microbiology [REDACTED]  
Pharmacology [REDACTED]  
Basic Science Average: [REDACTED]

CLINICAL SCIENCE: Medicine [REDACTED]  
Surgery [REDACTED]  
Obstetrics [REDACTED]  
Public Health [REDACTED]  
Pediatrics [REDACTED]  
Psychiatry [REDACTED]  
Clinical Science Average: [REDACTED]

CLINICAL COMPETENCE AVERAGE: [REDACTED]

FLEX Session: JUNE 11,12,13, 1974

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.

Debbie M. Lusk  
(Secretary)

(Seal of the State Board)

PA. BD. OF MED. ED. & LICENSURE  
(Name of Board)

OCTOBER 14, 1982  
(Date)

P O BOX 2649, HBG., PA, 17105  
(Address)

**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.

**FOREIGN GRADUATES:** For information concerning the standard certificate issued by the Educational Council for Foreign Medical Graduates, write to Educational Council for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pa. 19104.

DO NOT FILL THE BLANKS BELOW

Certificate No. 23312

Book No. 5 Page 1233

Certificate Issued 10-15, 1982

IOWA STATE BOARD OF  
MEDICAL EXAMINERS

National Board or

Interstate Endorsement Application  
in

Medicine and Surgery  
and

Osteopathic Medicine and Surgery

Name DeRoy Norman Carhart

Residence R.F. #73, Box #213  
Des Moines

County of Des Moines

State of Iowa

Filed 10-14, 1982

Fee Paid 10.00, 1982

STATE BOARD OF MEDICAL EXAMINERS  
(Disposition of Application)

Approved \_\_\_\_\_ Date \_\_\_\_\_  
Rejected \_\_\_\_\_ Date \_\_\_\_\_

DeRoy Norman Carhart, M.D.  
Chairman  
DeRoy Norman Carhart, M.D.  
Vice-Chairman  
DeRoy Norman Carhart, M.D.  
Secretary

APPLICANT MUST FILL FOLLOWING BLANKS

Name LEROY NORMAN CARHART

Present Address [REDACTED]

Age 40

Date and Place of Birth 28 OCTOBER 1941  
TRENTON, NEW JERSEY

Applicant's Social Security or Tax No. [REDACTED]

Name of College Issuing Diplomah HEINEMANN  
MEDICAL COLLEGE AND HOSPITAL

Located at PHILADELPHIA, PENNSYLVANIA

Date of Graduation June, 1973

School of Practice [REDACTED]

MEDICINE AND SURGERY  
Medicine or Osteopathic Medicine and Surgery

P. O. Address to which you desire license and future  
renewal notices sent: [REDACTED]

Street [REDACTED]

City [REDACTED]

County [REDACTED]

Richard L. Carhart  
Board Member

DeRoy Norman Carhart  
Board Member

DeRoy Norman Carhart  
Board Member

DeRoy Norman Carhart  
Board Member

DeRoy Norman Carhart  
Board Member

DeRoy Norman Carhart  
Board Member

Instructions

Application must be accompanied by:

1. Fee of \$150 (personal checks not accepted)  
APPLICATION FEES ARE NOT REFUNDABLE
  2. Photostatic copies, notarized, of the following:
    - a. Diploma from Medical College or Osteopathic College
    - b. Certificate of one year of post-graduate training approved by this Board.
    - c. Copy of original state license by examination
    - d. A National Board Diplomate must file a copy of original results signed by an authorized official of the National Board.
  3. FOREIGN MEDICAL GRADUATE: Photostatic copy of a standard certificate from the Educational Council for Foreign Medical Graduates
  4. Foreign credentials must be translated into English and properly notarized.
- The filing of this application does not constitute an admission to practice.
- (Photostatic copies must be certified as true and correct copies of the original and must not be larger than 8x10 inches.) This application will not be accepted unless completed in every detail, signed and sworn to by the applicant.

PAGES ONE, TWO AND FIVE  
BE TYPEWRITTEN

Address all correspondence to:

IOWA STATE BOARD OF MEDICAL EXAMINERS  
State Capitol Complex  
Executive Hills West  
Des Moines, Iowa 50319

THIS APPLICATION MUST BE TYPEWRITTEN

1. Name LeROY HARRISON CARHART
2. Addresses \_\_\_\_\_
3. Place of Birth TRENTON, NEW JERSEY Date of Birth OCTOBER 28th, 1941 Age 40  
Place Month Day Year
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  
(Name, location, dates of attendance)
- College RUTGERS • THE STATE UNIVERSITY, NEW BRUNSWICK, NJ Sep 1960-Jun 1964  
(Name, location, dates of attendance)
- Academic Degree of B.A. Business Adm. RUTGERS • THE STATE UNIVERSITY June 1964  
Date

9. MEDICAL EDUCATION

I have spent 4 years in the study of medicine, each year comprising 12 each, in the following institutions:  
(Months)

Freshman HAHNEMANN MEDICAL COLLEGE & HOSPITAL from AUG 1969 to JUN 1970  
(Name and location of college) (Month) (Year) (Month) (Year)

Sophomore Hahnemann Medical College & Hospital from Jul 1970 to Jun 1971  
(Name and location of college) (Month) (Year) (Month) (Year)

Junior Hahnemann Medical College & Hospital from Jun 1971 to Jun 1972  
(Name and location of college) (Month) (Year) (Month) (Year)

Senior Hahnemann Medical College & Hospital from Jul 1972 to Jun 1973  
(Name and location of college) (Month) (Year) (Month) (Year)

\_\_\_\_\_ from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
(Name and location of college) (Month) (Year) (Month) (Year)

I was granted the degree of Doctor of MEDICINE by HAHNEMANN MEDICAL COLLEGE & HOSPITAL  
(Name of institution)

located at PHILADELPHIA, PENNSYLVANIA, on the 7th day of JUNE, 1973

A photostatic copy of my diploma is submitted herewith. (Photostat must not be larger than 8x10 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 MALCOM GROW USAF MEDICAL CENTER  
(will or have) (Name)  
ANDREWS AFB, MD from 27 JUNE 1973 to 28 June 1974  
(Location) (Month) (Year) (Month) (Year)

(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  
(Name) (Location) (Specialty)  
General Surgery

\* ATLANTIC CITY MED. CENTER ATLANTIC CITY, NJ from 27 Jan 1976 to 30 June 1978  
(Name) (Location) (Specialty)  
General Surgery

\* Hahnemann Affiliate  
I was certified by \_\_\_\_\_ on \_\_\_\_\_  
(Name of Specialty Board) (Date)

(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  
(Name of School)  
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.

Alan J. Sims 10/7/82  
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  
1969 1974-1978, 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 judgements 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

ss.

I, LEROY 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.

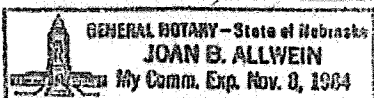
(Signature of Applicant)

Sworn to before me this 20th day of April, 1982.

19 82. Joan B. Allwein

(Notary Public)

My Commission expires Nov. 8, 1984.



(SEAL)

