



Dora

Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

Colorado Medical Board
Marschall S. Smith
Program Director

John W. Hickenlooper
Governor

June 1, 2011

Barbara J. Kelley
Executive
Director

Citizen's Information Center

VIA e-mail: citizens11@zoho.com

RE: Edward O'Loughlin, M.D.
Colorado Medical License number 18540

To Whom It May Concern:

Thank you for your email request for "documents of everything in the file of Edward O'Loughlin...". The Colorado Medical Board ("Board") records have been reviewed to determine which materials may be responsive to your request. Enclosed please find copies of the following documents (no original documents provided):

- The Colorado State Board of Examiners (The Colorado Medical Board) certificate (1 page)
- School of Medicine certificate (1 page)
- License Renewal Questionnaire: for the years of 1991, 1997, 1999, 2001 (4 pages)

Some of the documents that you have requested are confidential or protected by attorney-client privilege pursuant to section 13-90-107(1)(b), C.R.S. Additional documents responsive to your request are not subject to disclosure under CORA, pursuant to section 24-72-204(1)(a), C.R.S. and section 12-36-118(10), C.R.S., because they are maintained as part of the Colorado Medical Board's ("Board") investigative file, these documents cannot be made available or released to you. Consequently, the Board cannot produce records protected from public disclosure by Title 25, Article 1, Part 12, § 13-90-107(1)(d), C.R.S., and 5 U.S.C. § 552a.

Also please be advised, information regarding any complaint that may have been received at the Board is confidential and not available for public inspection. If disciplinary action is taken by the Board, then information regarding a complaint may be incorporated into a public document open for inspection by the public. Therefore, pursuant to §§ 24-72-204(1)(a) and (b), C.R.S., authorize the custodian to deny inspection of the records contained in the Board case file.

Dr. O'Loughlin has had no public disciplinary Board actions taken against his license. You may verify this statement by visiting our website at www.dora.state.co.us/medical and click on the "ALISON" link at the bottom of the page.

Please feel free to contact me with any questions or concerns via phone at 303-894-7704 or via e-mail at marschall.smith@dora.state.co.us.

Sincerely,

FOR THE COLORADO MEDICAL BOARD

Marschall S. Smith
Program Director

MSS:tsm

1560 Broadway, Suite 1350
Fax 303.894.7692

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7690
V/TDD 711



185-40
The Colorado State Board of Examiners in the Basic Sciences

CERTIFICATE NUMBER 10674 DATE _____

BY RECIPROCIITY, STATE _____ BY EXAMINATION _____

BY WAIVER - NATIONAL MEDICAL X _____ OSTIOPATHIC _____ PODIATR _____

BY VALID LICENSE, STATE _____ BRANCH _____

NAME O'LOUGHLIN, EDWARD PATRICK REG. NO. 11017

ADDRESS 51 Logan St., Fort Rucker, Alabama 36360

DATE OF BIRTH _____ HEIGHT 5'10 1/2" WEIGHT _____

COLOR OF HAIR Brown COLOR OF EYES Blue



Edward Patrick O'Loughlin
PRESIDENT

Ernest S. Clark
SECRETARY

The President, Professors, and Trustees of
New York University

To all persons to whom this writing may come, Greeting:

*Be it known that we in recognition of the successful
completion of the requisite course of study in our*

School of Medicine

*by virtue of authority granted us by charter of the State of New York
do confer upon*

Edward Patrick O'Loughlin

the degree of

Doctor of Medicine

with all the rights, privileges, and immunities thereto appertaining.

*In witness whereof we have caused this Diploma to be signed by the
duly authorized officers of the University and sealed with our corporate
seal, in the City of New York, June, Nineteen hundred sixty five.*

James M. Herbe
President



David J. Foster
Chancellor

PLEASE READ ENTIRE FORM CAREFULLY BEFORE YOU BEGIN

COLORADO BOARD OF MEDICAL EXAMINERS
APPLICATION FOR RENEWAL, 1991
MALPRACTICE INSURANCE VERIFICATION

PRINT NAME Edward Patrick O'Loughlin MD SOCIAL SECURITY # 128-26-5587
ADDRESS 1965 S. University Blvd
TELEPHONE 737-5511 DATE OF BIRTH 9-20-34 COLORADO MEDICAL LICENSE # 18540

PLEASE READ ENTIRE FORM CAREFULLY BEFORE YOU BEGIN

In 1988 the Colorado General Assembly enacted a law requiring all Colorado licensed physicians to maintain certain amounts of malpractice coverage. This law became effective January 1, 1990. As part of your application to renew your license to practice medicine in Colorado you must indicate how you are meeting the requirements of this law.

Please be advised that in Colorado supplying false information in an application for a license is punishable by law.

ACTIVE LICENSE: FEE \$253.00: I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below:

- 1. I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least \$500,000 per incident and \$1,500,000 annual aggregate per year.
Company: Preferred Physicians Insurance Co. Policy #: 00307PP-0000120
- 2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1", above.
- 3. I am engaged in federal civilian or military service, and my practice is limited solely to those duties required by my federal duty assignment.
- 4. I am completely and permanently retired from the practice of medicine, including prescribing. (NOTE: you may wish to consider renewing your license via inactive status - see below).
- 5. I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. (NOTE: You may wish to consider renewing your license via inactive status - see below).
- 6. My medical practice does not involve any patient care whatsoever (administrator, researcher, academician, non-medical endeavor, e.g.).
- 7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever.
- 8. I have met the financial responsibility standards through the following alternative method, acceptable to the Colorado Division of Insurance:
 surety bond; cash deposit or equivalent; other acceptable security.

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used. The address of the Commission office is: 303 W. Colfax Avenue, Room 500, Denver, CO 80204; (303) 620-4300.

INACTIVE LICENSE FEE: \$253.00: I wish to renew my license via INACTIVE status. (NOTE: This category is primarily intended for retired physicians and those practicing outside Colorado) Malpractice insurance is not required for inactive license holders. I understand that I may not practice medicine in Colorado unless and until I comply with the insurance requirements and the Board issues me an active license.

I state under penalty of perjury in the second degree, as defined in 18-8-504, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge.

I understand that under the Colorado Medical Practice Act providing false information is grounds for denial, suspension, or revocation of a medical license.

[Signature]
Signature of Physician

22/9
Date

Please return 1) this completed form, 2) the completed renewal questionnaire, 3) the entire renewal form and 4) the fee in the enclosed return envelope. Direct other correspondence to:

THE COLORADO BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, CO 80202-5140

1997 RENEWAL INSURANCE VERIFICATION FORM

As part of your application to renew your license to practice medicine in Colorado you must indicate how you are complying with the requirement to maintain financial responsibility.

I WISH TO CHANGE FROM INACTIVE TO ACTIVE STATUS: FEE - \$195. You must complete a different form. Please call the Board Office at (303) 894-7719 to request a Reactivation Form.

ACTIVE LICENSE: FEE - \$195. I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below: **You must check at least one.**

1. I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least \$500,000 per incident and \$1,500,000 annual aggregate per year.

Company: COPIC Doctors Company St. Paul Other (Specify PPIC)

NOTE: Please supply your insurance policy number: 14307PP-0005471

2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1" above.

3. I am a federal civilian or military physician whose practice is limited solely to that required by my federal or military agency.

4. I am a public employee whose practice is limited solely to that covered by the Colorado Governmental Immunity Act.

5. I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. I am, however, engaged in active medical practice in another state or foreign jurisdiction. (NOTE: You may wish to consider renewing your license via inactive status - see below).

6. My medical practice does not involve any patient care whatsoever (e.g., administrator, researcher, academician, non-medical endeavor. (NOTE: You may wish to consider renewing your license via inactive status - see below.)

7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever.

8. I have met the financial responsibility standards by the following alternative method, acceptable to the Colorado Division of Insurance:

Surety Bond Cash Deposit or equivalent Other Acceptable Security

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission **MUST BE ATTACHED** if an alternative method is used. The address of the Commission Office is: 1560 Broadway, Suite 850, Denver, Colorado 80202; (303) 894-7499.

INACTIVE LICENSE: FEE: \$100. I wish to renew my license via INACTIVE STATUS. (NOTE: this category is primarily intended for retired physicians and those practicing outside Colorado.) Malpractice insurance is not required for inactive license holders. **I understand that I may not practice medicine, including prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional \$95.00. I also understand that if I have not actively practiced medicine for 2 years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.**

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Ed F. O'Loughlin 18 March 97 7225511 733.0134
Signature of Physician Date Phone # Fax ##

After completing this form, please return it with 1) the enclosed computer renewal form, 2) the renewal fee, and 3) the Physician Survey (optional) in the enclosed return envelope. Direct questions to: (303) 894-7690 Colorado Board of Medical Examiners, 1560 Broadway, Suite 1300, Denver, CO 80202-5140

2001 LICENSE RENEWAL QUESTIONNAIRE AND INSURANCE VERIFICATION FORM

As part of your application to renew your license to practice medicine in Colorado you must indicate how you are complying with the requirement to maintain financial responsibility. Please be advised, you CANNOT use this renewal form to change your status from FROM INACTIVE TO ACTIVE. You must complete a reactivation application to reactivate your license. Please call the Board Office at (303) 894-7690 to request a reactivation application. This is a process separate and independent from the renewal process.

ACTIVE LICENSE FEE - \$315 I wish to renew my license in ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below. You must check at least one.

I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least \$500,000 per incident and \$1,500,000 annual aggregate per year.

COPIC Doctors Company St Paul²³ Other (Specify) _____

NOTE: Please supply your insurance policy number _____

- I am a federal civilian or military physician whose practice is limited solely to that required by my federal/military agency.
- I am a physician who is not engaged in the practice of medicine.
- I am a physician who is covered by individual commercial professional liability coverage (or an alternative which complies with Section 13-64-301(1)(c), (d) or (e)) maintained by an employer/contracting agency in the amounts set forth above.
- I am a physician who provides uncompensated health care to patients, or who does not otherwise engage in any compensated patient care in Colorado.
- I have met the financial responsibility standards by the following alternative method, acceptable to the Colorado Division of Insurance (Must have approval from the Colorado Commissioner of Insurance. See note below).

Surety Bond Cash Deposit or equivalent Other Acceptable Security

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used. The address of the Commission Office is 1560 Broadway, Suite 850, Denver, Colorado 80202 (303) 894-7499.

INACTIVE LICENSE FEE - \$160 I wish to renew my license in INACTIVE STATUS. Malpractice insurance is not required for inactive license holders. I understand that I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for 2 years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

MAKE CHECKS PAYABLE TO COLORADO BOARD OF MEDICAL EXAMINERS

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Signature of Physician: Edward P. O'Loughlin Date: 4/18/01

Print name of physician: Edward P. O'Loughlin License #: #18540
(printed name and license number must be legible to process this form)

After completing this form, please return it with 1) the enclosed computer renewal form, 2) the renewal fee and 3) the Physician Survey (optional) in the enclosed return envelope. Direct questions to (303) 894-7690 Colorado Board of Medical Examiners, 1560 Broadway, Suite 1300, Denver CO 80202-5140