



Arizona Medical Board

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## General Information

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**Frederic N. Stimmell MD**  
1526 W Glendale Ave  
Ste 109  
Phoenix AZ 85021-8576  
Phone: (602) 234-3300

License Number: 4796  
License Status: Active  
Licensed Date: 01/13/1968  
License Renewed: 04/29/2010  
Due to Renew By: 05/01/2012  
If not Renewed, License Expires: 09/01/2012

## Education and Training

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Information up to the date of initial licensure is verified by the Board. Information provided by the physician after this date is not verified by the Board.

|                  |   |
|------------------|---|
| Medical School:  | WV UNIV SCH OF MED<br>Morgantown, West Virginia                                   |
| Graduation Date: | 05/31/1966  |
| Internship:      | 07/01/1966 - 07/01/1967<br>GOOD SAMARITAN REGIONAL MEDICAL CENTER<br>PHOENIX , AZ |
| Area of Interest | Obstetrics & Gynecology   |

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at <http://www.abms.org> to determine if the physician has earned a specialty certification from this private agency.

### Board Actions

None

Advisory Letters and Physician Responses to the Advisory Letters are only available on-line for a 5 year period from date of issuance by the Board.

Prior to 1999, "Advisory Letters" were known as "Letters of Concern"

The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and other administrative processes.

Board actions taken against physicians in the past 24 months are also available in a chronological list.

Credentials Verification professionals, please [click here](#) for information on use of this website.

# BOARD OF MEDICAL EXAMINERS

of the  
State of Arizona

## APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH WRITTEN EXAMINATION



|  |                     |
|--|---------------------|
| DO NOT USE THIS SPACE                                    |                     |
| MAY 22 1967  |                     |
| BOARD OF MEDICAL EXAMINERS<br>OF THE<br>STATE OF ARIZONA |                     |
| ATTENTION:   |                     |
| <input type="checkbox"/>                                 | ATTACH FILE         |
| <input type="checkbox"/>                                 | FILE                |
| <input type="checkbox"/>                                 | FORWARD APPLICATION |
| <input type="checkbox"/>                                 | PREPARE CLAIM       |
| <input type="checkbox"/>                                 | RETURN TO           |
| <input type="checkbox"/>                                 | TASK-CASE Receipt   |
| <input type="checkbox"/>                                 | WRITE REPLY         |
| <input type="checkbox"/>                                 | COPIES TO:          |

The filing of this application does not grant any special privilege to open an office or to conduct any method of treating the sick or afflicted in the State of Arizona.

### INFORMATION

To merit consideration for a license to practice medicine in Arizona, a graduate of a school of medicine located in the United States, its territories or the District of Columbia, completing his studies in a year in which that school bore the approval of the Council on Medical Education of the American Medical Association or the Association of American Medical Colleges, will be required to submit evidence that:

1. He is a citizen of the United States.
2. He is at least twenty-one years of age.
3. He has completed a twelve month internship program in a hospital located in the United States, its territories or the District of Columbia which was approved for such training by the Council on Medical Education of the American Medical Association.
4. Have a valid basic science certificate issued by the Arizona State Board of Examiners in the Basic Sciences.
5. Possess a good moral and professional reputation.
6. Be physically and mentally able safely to engage in the practice of medicine.
7. Have not been guilty of any act of unprofessional conduct.
8. Have not had a license to practice medicine refused, revoked or suspended by any other state, territory, district or country for reasons which relate to his ability skillfully and safely to practice medicine.
9. Have not previously failed any written examination given in Arizona for a license to practice medicine within the limitations as set forth in the Statutes.

### ARIZONA BASIC SCIENCES

NOTE: The Arizona Basic Sciences are administered through a separate statutory entity and for INFORMATION relative thereto, you MUST direct your inquiry to The Secretary, Arizona State Board of Examiners in the Basic Sciences, University of Arizona, Tucson, Arizona.

### GENERAL REQUIREMENTS

The applicant shall have completed in every detail the items of this application numbered I, II, III and shall submit the fully completed application together with the following delineated items, all fully notarized as true copies or statements, not less than THIRTY (30) DAYS preceding the meeting of the Board at which the application will be considered:

1. Certified check or money order covering the statutory fee of \$50.00.
2. A statement of exact whereabouts of the applicant from completion of internship to date of this application, with specific dates, both from and to (month, day and year) listed for each period.

3. Photocopy of "United States Birth Certificate; or submission for recording in lieu thereof, an original certificate of "naturalization".
4. Photocopy of Form DD214 or DD217 as may have been provided the applicant on completion of his military service, if any.
5. In the event the applicant has not completed a twelve month approved internship, the Board MAY accept instead a completed total term approved residency, in which case item numbered III must be completed by the administrator of the hospital wherein such residency was undertaken and completed.
6. In the event any credentials or this application contain your name in a form other than shown on your birth certificate or certificate of naturalization filed herewith, you will be required to present certified evidence as to the legality of such change.

**NOTICE**

- A. All credentials submitted in any foreign language shall be accompanied by a certified translation into English.
- B. Separated or mutilated applications are not acceptable.
- C. A personal interview before the full Board at a scheduled meeting is required by statute for all candidates seeking licensure in this State. Currently Board rules have scheduled their semi-annual meetings for the second Saturday of January and July. The written examinations are given only in the months of June and December, in the subjects of: (1) Anatomy and Histology; (2) Obstetrics and Gynecology; (3) Pathology; (4) Toxicology, Pharmacology and Materia Medica; (5) General Surgery; (6) General Diagnosis, Clinical Medicine and Psychiatry; (7) Public Health, Hygiene and Bacteriology; and (8) Pediatrics.
- D. Exceptions to any of these requirements will not be permitted.

**No. 1. GENERAL INFORMATION TO BE FULLY COMPLETED BY ALL APPLICANTS**

I hereby apply for a license to practice medicine in the State of Arizona and submit the following evidence, credentials and other proof as required by the Medicine and Surgery Act and the rules of the Board of Medical Examiners of the State of Arizona.

1. Name in Full Stimmell Frederic Neil  
(LAST) (FIRST) (MIDDLE)

2. Current Complete Address: [REDACTED]  
(NO.) (STREET) (CITY) (STATE) (HOME PHONE)

3. City and State of Birth Morgantown, West Virginia Day, Month and Year of Birth [REDACTED]  
(A notarized photocopy of United States birth certificate or, in lieu thereof, submission for recording an original certificate of naturalization is required.)

4. In what states have you applied for license or registration? If more than two attach separate listing. If license not issued, so state.

(a) None  
(SPECIFY STATE BOARD) (DATE OF APPLICATION) (RESULT) (CERTIFICATE NO.)  
(DATE ISSUED) (SPECIFY BY WRITTEN EXAMINATION OR ON CREDENTIALS)

(b) \_\_\_\_\_  
(SPECIFY STATE BOARD) (DATE OF APPLICATION) (RESULT) (CERTIFICATE NO.)  
(DATE ISSUED) (SPECIFY BY WRITTEN EXAMINATION OR ON CREDENTIALS)

5. Has any license entitling you to practice medicine and/or surgery in any state, territory or country been refused, suspended or revoked? No  
(ANSWER)

6. Have you ever been charged with a violation of any statute of any state, the United States or foreign country? No  
(ANSWER)

7. Has there been any complaint filed against you through any board of medical examiners or medical society? No  
(ANSWER)

8. Have you ever been treated for or addicted to narcotic drugs or alcohol? [REDACTED]  
(ANSWER)

9. Have you ever been a patient in a mental or other institution of confinement? [REDACTED]  
(ANSWER)

10. Are you suffering from any ailment communicable to others? [REDACTED]  
(ANSWER)

Note: In the event the response to any of the questions numbered 5 through 10 is YES, the applicant will file with the application a detailed report of the situation including any charge; date of such charge; the complete name and address of all bodies of jurisdiction; the results of any hearings; and the disposition of such charge(s).

11. Are you presently in good physical and mental health? Yes  
(ANSWER)

(If NO, applicant shall file with this application, a detailed statement of his health, diagnosis and prognosis, supported by report of his attending physician.)

- 12. Was the photograph attached hereto taken within the preceding sixty (60) days of this application? Yes  
(ANSWER)
- 13. Enter your height here 5'7" Weight 145 color of eyes BROWN color of hair dark brown  
identification marks \_\_\_\_\_ marital status MARRIED
- 14. I have done post-graduate work in \_\_\_\_\_  
(FULL NAME AND LOCATION OF INSTITUTION(S))  
\_\_\_\_\_  
(SPECIALTY) \_\_\_\_\_  
(DATES FROM AND TO FOR EACH MONTH, DAY AND YEAR)
- 15. I am certified by the American Board of not applicable No. \_\_\_\_\_ Date \_\_\_\_\_

16 I will practice the specialty of General Practice  
(GENERAL PRACTICE OR SPECIALTY DESIGNATION)

17. I am or have been affiliated with medical societies in \_\_\_\_\_  
(NATIONAL, STATE AND COUNTY)

18. I, (have served) (have not served) (am serving) in the United States will be serving beginning 7-1-67 Public Health Service and have attached herewith (1) a notarized photocopy of Form DD214 or DD217; or (2) am still serving and have attached herewith a letter from my Commanding Officer setting forth the dates of active duty, assignments, and anticipated date of release from active duty.  
(SECTION OF MILITARY)

STATE OF Arizona  
County of Cocopa

The applicant Frederic Neil Stimmell  
(NAME IN FULL)

being first duly sworn upon his oath deposes and says: that he is the person herein named subscribing to this application; that he has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistakes of which the applicant is aware and that the applicant is the lawful holder thereof. Further, the applicant hereby authorizes the release of all his medical information, both past and future, to the Board of Medical Examiners of the State of Arizona.

Signature of Applicant Frederic N. Stimmell M.D.

Subscribed and sworn to before me this 27 day of May 1967

(NOTARIAL SEAL)

(NOTARY PUBLIC) Janet Rankin

My Commission expires My Commission Expires Mar. 8, 1969

NO. II MEDICAL COLLEGE CERTIFICATION

(Note: The applicant MUST forward this entire application to the Dean or Secretary of the medical school or college granting degree who shall furnish the following:)

This is to certify that Frederic Neil Stimmell M.D., was granted the degree of doctor of medicine by West Virginia University School of Medicine  
(FULL NAME OF STUDENT)  
(FULL NAME OF SCHOOL OR COLLEGE OF MEDICINE)

on May 31, 1966 1966; that the date of his matriculation in medical school was September 1962; and that he attended \_\_\_\_\_ full courses of medical

lectures comprising \_\_\_\_\_ months each. Has fulfilled all requirements for the Doctor of medicine degree  
(NUMBER)

Signed W.J. Morgan M.D.  
Ass't. Dean )  
President ) of West Virginia University School of Medicine  
Secretary )  
Registrar )

(SEAL OF COLLEGE)

Date May 17 1967

Address Medical Center, Morgantown, West Virginia 26506

No. III INTERNSHIP CERTIFICATION

(Note: The applicant MUST forward this entire application to the Administrator of the hospital wherein the applicant is engaged in or has satisfactorily completed an approved internship training program who shall complete the following:)

This is to certify that Frederic Neil Stimmell M.D., has undertaken, or has satisfactorily completed an approved internship in the Good Samaritan Hospital 1033 East McDowell Road, Phoenix, Arizona 85006 from July 1, 1966 to July 1, 1967

and that said program is or was approved for such training during that period by the Council on Medical Education and Hospitals of the American Medical Association.

Signed Stephen M. Martin Title President, Good Samaritan Hospital Address 1033 E. McDowell Rd., Phoenix, Ariz. 85006 Date 5-22, 1967

Note: If approved internship unavailable, see General Requirements (5) on page 2.

DO NOT WRITE BELOW THIS LINE

ARIZONA BASIC SCIENCE CERTIFICATION

TO: The Commissioner, Arizona State Department of Health, Phoenix, Arizona If applicable, please cause the following certification to be completed and return to the Board of Medical Examiners, State of Arizona, P. O. Box 128, Scottsdale, Arizona. If not applicable, please so state and return as indicated.

This is to certify that Frederic Neil Stimmell M.D., was granted Arizona Basic Science Certificate No. 7566 on the 26th day of June, 1967, as evidenced by such Certificate being registered with the Arizona State Department of Health on the 7th day of July, 1967.

and that said certificate was obtained through ~~(written examination)~~ full reciprocity ~~(prior registration)~~ Strike those not applicable.

Signed George Spindler M.D. Title Commissioner, Arizona State Department of Health Address 1624 W. Adams, Phoenix, Arizona 85007 Date July 7, 1967

FOR OFFICE USE ONLY

License No. \_\_\_\_\_ Granted on \_\_\_\_\_ on the basis of W/E. License Denied on \_\_\_\_\_. Appealed on \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_ Court. Decision: \_\_\_\_\_ License Suspended on \_\_\_\_\_, 19\_\_\_\_. License Revoked on \_\_\_\_\_, 19\_\_\_\_. License Voided on \_\_\_\_\_, 19\_\_\_\_. Refund Claim filed on \_\_\_\_\_, 19\_\_\_\_. Refund Paid on \_\_\_\_\_, 19\_\_\_\_, by Voucher # \_\_\_\_\_.

**BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA**

**SATISFACTION OF REQUIREMENTS SUMMARY**

|                               |  |   |                                      |  |   |
|-------------------------------|--|---|--------------------------------------|--|---|
| <b>APPLICATION</b>            | Received   | May 22  | 19 67                                | Completed  | 19  |
| <b>NAME IN FULL</b>           | STIMMELL   |   | FREDERIC                             | NEIL   | Pictures: <input checked="" type="checkbox"/> None      |
| <b>Current Address</b>        | [REDACTED]   |   |                                      |  |   |
| <b>BIRTHPLACE</b>             | Morgantown, W. Virginia  |   |                                      | Date:  | [REDACTED]  |
| <b>CITIZENSHIP</b>            | Check One:   | <input checked="" type="checkbox"/> Native  | <input type="checkbox"/> Naturalized | <input type="checkbox"/> Declared Intention On                         | 19  |
| <b>MEDICAL EDUCATION</b>      | West Virginia Univ. School of Med., Morgantown, W. Virginia<br><small>(Full Name and Location of Medical School)</small> |   |                                      |  |   |
|                               | M.D. Awarded:  | 5/31  | 19 66                                | Proof Received:  | 5-22 19 67 <input checked="" type="checkbox"/> Approved |
|                               | ECFMG Certificate No.  |   | Dated                                | 19   | Proof Received:   |
| <b>INTERNSHIP</b>             | In   | Good Samaritan Hosp., Phoenix, Arizona<br><small>(Full Name and Location of Hospital, City and State)</small> |                                      |  |   |
|                               | From   | July 1  | 19 66                                | to   | July 1 1967 Total: 12 Months                            |
|                               | Hospital Accredited from   | 1/1   | 1966                                 | to   | 12/31 19 67 Proof Received: 5-22 197                    |
| <b>RESIDENCY</b>              | In   | none  | for                                  | months at  | [REDACTED]<br><small>(Name of Institution)</small>      |
|                               | From   | 19  | to                                   |  |   |
|                               | In   |   | for                                  | months at  | [REDACTED]<br><small>(Name of Institution)</small>      |
|                               | From   | 19  | to                                   |  |   |
| <b>AMERICAN BOARD</b>         | Of   | none  | Diplomate                            | Certificate No.  | Issued 19   |
| <b>PRACTICE</b>               | Field of   | GP  | (Current)                            |  |   |
| <b>BASIC SCIENCE</b>          | Certificate No.  | 7561  | Granted per Board Letter Dated       | 6/21   | 19 67   |
| <b>U. S. MILITARY SERVICE</b> | Served in  | None  | (Branch)                             | from   | 19 to 19  |
|                               | Honorable Discharge Received   |   |                                      | 19   |   |
|                               | Service Entrance Rank  |   | Discharge Rank                       |  |   |
| <b>LICENSES</b>               | Reciprocating through  |   | No.                                  | Issued   | 19 W/E  |
|                               | In   | none  | (State)                              | (Certificate)  | (Date)  |
|                               | In   |   | (State)                              | <input type="checkbox"/> W/E <input type="checkbox"/> Reciprocity With | (State)   |
|                               | In   |   | (State)                              | <input type="checkbox"/> W/E <input type="checkbox"/> Reciprocity With | (State)   |
|                               | In   |   | (State)                              | <input type="checkbox"/> W/E <input type="checkbox"/> Reciprocity With | (State)   |
|                               | In   |   | (State)                              | <input type="checkbox"/> W/E <input type="checkbox"/> Reciprocity With | (State)   |
| <b>PREVIOUS PRACTICE</b>      | In   | none  | (City)                               | From   | 19 To 19  |
|                               | In   | USPHS (will commence service 7/1/67)  | (City)                               | From   | 19 To 19  |
|                               | In   |   | (City)                               | From   | 19 To 19  |
|                               | In   |   | (City)                               | From   | 19 To 19  |
| <b>FEEES</b>                  | Temporary \$   | Receipt   | (No.)                                | Examination \$   | 50.00 Receipt 6890 (No.)                                |
|                               | 1st Renewal \$   | Receipt   | (No.)                                | Reciprocity \$   | Receipt (No.)   |
|                               | 2nd Renewal \$   | Receipt   | (No.)                                |  |   |
| <b>INVESTIGATION</b>          | AMA Approval   | 5-22-67   |                                      |  |   |
|                               | Board Approval   |   |                                      |  |   |
|                               | Board Approval   |   |                                      |  |   |
|                               | Board Approval   |   |                                      |  |   |
|                               | Ass'n Approval   |   |                                      |  |   |
|                               | Ass'n Approval   |   |                                      |  |   |
|                               | Ass'n Approval   |   |                                      |  |   |
|                               | Ass'n Approval   |   |                                      |  |   |
| <b>INTENDED LOCATION</b>      |  |   |                                      |  |   |
| <b>LICENSE ISSUED</b>         | No.  |   | (Date)                               | W/E Grade  | % W/E Taken 19  |
|                               |  |   | 5/22/67                              |  |   |

nb

ck 1-9/68/land

5/22/67

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Governor

Claudia Foutz  
Executive Director

Tom Adams  
Assistant Director, Regulation

Donna Linkous  
Assistant Director, Licensing/Operations



**Arizona State Board of Medical Examiners**

1651 East Morten, Suite 210 • Phoenix, Arizona 85020  
Home Page: <http://www.docboard.org>

Telephone (602) 674-2700 • Fax (602) 255-1848 • In-State Toll Free (877) 255-2212

Ram R. Krishna, M.D.  
Chairman

Tim B. Hunter, M.D.  
Vice Chairman

Patrick Connell, M.D.  
Secretary

August 9, 1999

Dr. Frederick Stimmell  
5040 N. 15th Avenue  
Suite 204  
Phoenix, AZ 85015

**RE: P.G. vs. Frederick Stimmell, M.D. (Inv. #11893)**

Dear Dr. Stimmell:

The Arizona Board of Medical Examiners considered the above-referenced matter during the course of the July 1999 Regular meeting.

Following a complete and thorough review of all pertinent and available information, the Board concluded in Open Session that the doctor was not in violation of the Medical Practice Act of the State of Arizona and, accordingly, dismissed the matter.

On behalf of the Board of Medical Examiners, thank you for allowing the Board to review this matter. Should you have any questions, please contact the Board Operations Center at (602) 674-7502.

Respectfully,

BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA

Tom Adams  
Assistant Director/Enforcement

TA/lkm

C: Investigative File  
License File  
P.G.



|     |       |  |
|-----|-------|--|
| 40. | 11622 | <p>S.K., M.D. (Pis. R.S. &amp; J.L.) vs. Robert Sorrentino (Lic. #12793) &amp; John Beeson, M.D. (Lic. #21629)</p> <p>Investigator Zakrzewski presented the matter to the Board.</p> <p>Dr. Schwager recused himself from this matter.</p> <p><b>Motion: Dr. Connell moved to dismiss the matter. Dr. Powers seconded the motion.</b></p> <p><b>Vote: 7-0</b></p>  |
| 53. | 11892 | <p>A.V. vs. Bruce Adams, M.D. (Lic. #12375)</p> <p>Investigator King presented the matter to the Board.</p> <p><b>Motion: Dr. Connell moved to table the matter. Dr. Carmona seconded the motion.</b></p> <p><b>Vote: 8-0</b></p> <p>This matter was untabled at 1:56 p.m.</p> <p><b>Motion: Dr. Connell moved to issue an Advisory Letter for failure to obtain a radiograph in a situation where there was high suspicion that there was a foreign object in the wound.</b></p> <p>Dr. Schwager spoke against the motion.</p> <p><b>Vote: 7-1 (Dr. Schwager opposed)</b></p> |
| 4.  | 11893 | <p>P.G. vs. Frederick Stimmell, M.D. (Lic. #4796)</p> <p>Investigator Zakrzewski presented the matter to the Board.</p> <p><b>Motion: Dr. Schwager moved to dismiss the matter. Dr. Sattenspiel seconded the motion.</b></p> <p><b>Vote: 8-0</b></p>   |
| 59. | 11965 | <p>K.D. vs. Julianna S. Levai, M.D. (Lic. #18496)</p> <p>Dr. Schwager recused himself from the matter.</p> <p>Investigator King presented the matter to the Board.</p> <p><b>Motion: Dr. Sattenspiel moved to dismiss the matter. Dr. Connell seconded the motion.</b></p> <p><b>Vote: 7-0</b></p>   |
| 89. | 12095 | <p>M.L. vs. Nora Patricia Benitez-Lopez, M.D. (Lic. #21093)</p> <p>Dr. Schwager recused himself from the matter.</p> <p>Investigator Zakrzewski presented the matter to the Board.</p> <p><b>Motion: Dr. Carmona moved to dismiss the matter. Dr. Connell seconded the motion.</b></p> <p><b>Vote: 7-0</b></p>   |



**THE ARIZONA BOARD OF MEDICAL EXAMINERS**

5060 north 19th avenue, suite 300 • phoenix, arizona 85015

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*Executive Director*  
Douglas N. Cerf  
*Assoc. Executive Director*  
Michael C. Smith  
*Telephone*  
(602) 255-3751

September 20, 1983

Re: BOMEX - Frederic N. Stimmell, M.D. -  
Pharmacy Inquiry

Frederic N. Stimmell, M.D.  
5040 N. 15th Ave., Ste. 204  
Phoenix, Arizona 85015

Dear Doctor Stimmell:

During the course of its August 31, 1983 meeting, the Board of Medical Examiners considered the above-referenced matter.

Following a complete and detailed review of all pertinent and available information, the Board concluded in Open Session that this matter should be filed with a letter of concern.

Specifically, the Board was concerned with your prescribing of Preludin for obesity in excess of the thirty day limitation in a one year period, which can be considered unprofessional conduct, and a violation of the Arizona Medical Practice Act.

Though the Board determined to take no formal action in this matter, other than to file it with a letter of concern, please be advised that the Board will retain this file for future reference should similar problems arise.

On behalf of the Board of Medical Examiners, please accept my appreciation for your assistance and cooperation in this matter.

Sincerely,

BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA

Douglas N. Cerf  
Executive Director

DNC:sb

and carried without dissenting vote, that a letter of concern be sent to Doctor Maher regarding an apparent communication breakdown between himself and the patient's parents over the total cost involved for his care and treatment of the patient's fracture.

BOMEX vs. Floyd L. Templeton, M.D. (P) & Ira L. Casey, Jr., M.D.  
(P)

Following review of all pertinent records and discussion of the matter, it was moved by Doctor Ben-Asher, seconded by Doctor Geyser and carried without dissenting vote, that a letter of concern be sent to Doctors Templeton and Casey indicating, that while the Board recognizes the difficulty in treating this particular patient because of his violent nature, they cannot legally continue to maintain this patient on methadone, and further inform them of the locations of approved programs for methadone detoxification.

BOMEX vs. Sheridan L. Daines, M.D. (U)

Following a review of all pertinent records and discussion of the matter, it was moved by Doctor Dexter, seconded by Doctor Geyser and carried without dissenting vote, that a letter of concern be sent to Doctor Daines regarding prescribing for a family member and that a follow-up pharmacy survey be conducted by staff.

BOMEX vs. Frederic N. Stimmell, M.D. (OBG)

Following a review of all pertinent records and discussion of the matter, it was moved by Doctor Valdez, seconded by Doctor Ben-Asher and carried without dissenting vote, that a letter of concern be sent to Doctor Stimmel regarding the prescribing of Preludin in excess of 30 days for obesity is unprofessional conduct and a violation of the Medical Practice Act.

BOMEX vs. Armando L. V. DeGuzman, M.D. (GS-GP)

Following review of all pertinent records and discussion of the matter, it was moved by Doctor Saba, seconded by Doctor Zonis and carried without dissenting vote, that a letter of concern be sent to Doctor DeGuzman regarding the prescribing of sympathomimetic amines for the treatment of obesity in excess of the 30-day limitation, but noting that subsequent to this complaint,



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Vice Chairman  
William B. Helme, M.D.  
Secretary  
Phillip Z. Saba, M.D.  
Executive Director  
Paul R. Boykin  
Assoc. Executive Director  
Douglas N. Cerf  
Telephone  
(602) 255-3751

THE ARIZONA BOARD OF MEDICAL EXAMINERS  
5060 north 19th avenue, suite 300 • phoenix, arizona 85015

April 7, 1981

Re: J & D L vs. Frederic N.  
Stimmel, M.D. - Malpractice (Patient - J  
L. L )

Frederic N. Stimmel, M.D.  
2200 West Bethany Home Road  
Phoenix, Arizona 85015

Dear Doctor Stimmel:

During the course of its meeting of March 12, 1981, the Board of Medical Examiners considered the above-referenced malpractice case.

Following a detailed review of all pertinent records in hand, the Board determined in open session to file this matter and instructed its staff to send you a letter expressing strong concern relative to your obstetrical management and postpartum care of this patient, which indicated judgmental and technical errors. Specifically, the Board believes that you accepted the care of this patient and then failed to render care. The Board is also concerned over the obstetrical care rendered to the patient and, especially, the rupturing of the membranes with a breech presentation, which contributed to the subsequent events. Finally, the Board is concerned, as you have agreed, that you failed to care for this patient properly with regard to her Rh factor status.

The Board recognizes that you, undoubtedly, have gone over this case many times in your mind, however, the Board does wish to point out its concerns so that you will be in a position to take appropriate steps to guarantee that similar events will not occur in the future.

The Board of Medical Examiners would like to formally express its sincere appreciation for your cooperation and patience in review of this case.

Sincerely,

Douglas N. Cerf  
Acting Executive Director

DNC:jb

J. & D. L. vs Frederic N. Stimmel, M. D.

On motion by Doctor Spencer, seconded by Doctor Saba and carried without dissenting vote, it was determined to file this matter and that a letter expressing strong concern be sent to Doctor Stimmel relative to his obstetrical management and post-partum care of this patient, which indicated judgmental and technical errors.

C. D. vs Clinton Smith, M. D.

On motion by Doctor Valdez, seconded by Doctor Lindberg and carried without dissenting vote, it was determined that this matter be filed and that a letter of concern be sent to Doctor Smith for his lack of appropriate follow-up on this patient.

W. L. (Patient, M. L.) vs Robert Evans, M. D. and Byung W. Cho, M. D.

On motion by Doctor Saba, seconded by Doctor Eckstein and carried without dissenting vote, it was determined that the matter be filed and that a letter of strong concern be sent to Doctors Evans and Cho, indicating they should have been aware of the physical history of the patient prior to surgery.

R. C. vs Tjong D. Sie, M. D.

On motion by Doctor Eckstein, seconded by Doctor Brady and carried without dissenting vote, it was determined that the matter be filed and a letter of concern be sent to Doctor Sie, indicating that a total history and physical should have been taken and a diagnosis and treatment plan developed prior to providing acupuncture.

F. R. vs Max T. Taylor, M. D. and Roger E. Wilcox, M. D.

On motion by Doctor Spencer, seconded by Doctor Saba and carried without dissenting vote, it was determined that the matter against Doctor Wilcox be filed; and further, that the matter as it related to Doctor Taylor be filed, and that a letter of concern be sent to Doctor Taylor, expressing the Board's concern that judgmental errors occurred in the management of the fistula and not immediately recognizing and treating the thromboembolism in this case.

B. D. vs Frank D. Weistart, M. D.

The Board determined to table this matter and instructed staff to obtain the comments of Doctor Weistart relative to the delay in seeking consultation in the care of this patient.

T. U. vs Mark Frankel, M. D.

Following a detailed review of pertinent records regarding this case, it was moved by Doctor Helme, seconded by Doctor Saba and carried without dissenting vote that it would be in the best interest of the public safety to request Doctor Frankel to enter into a voluntary Stipulation stating he will not perform any lumbar laminectomies.

# ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020 Telephone: (602) 255-3751

## DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM

\*\* Please Type or Print \*\*

PHYSICIAN'S NAME: Stimmell N. Frederic  
(Last Name) M.I. First Name

LICENSE NUMBER: 4796 SPECIALTY: OB/GYN

CHECK ONE: Initial Application:  Renewal Application:

Please list below ALL locations where you will be dispensing controlled substances and prescription-only medications. For each location, place a check mark next to the descriptions of the prescription items which will be dispensed from that location.

**PRIMARY PRACTICE LOCATION:**

|                        |                                     |              |                                     |                         |                                     |                      |                          |
|------------------------|-------------------------------------|--------------|-------------------------------------|-------------------------|-------------------------------------|----------------------|--------------------------|
| Street Address:        |                                     |              |                                     | City/State/Zip Code:    |                                     |                      |                          |
| 5040 N. 15th Ave. #204 |                                     |              |                                     | Phoenix, Az. 85015      |                                     |                      |                          |
| Schedule II            | <input type="checkbox"/>            | Schedule III | <input type="checkbox"/>            | Schedule IV             | <input type="checkbox"/>            | Schedule V           | <input type="checkbox"/> |
| Nubain                 | <input checked="" type="checkbox"/> | Stadol       | <input checked="" type="checkbox"/> | Prescription-Only Drugs | <input checked="" type="checkbox"/> | Prescription Devices | <input type="checkbox"/> |

**ADDITIONAL PRACTICE LOCATIONS:**

|                 |                          |              |                          |                         |                          |                      |                          |
|-----------------|--------------------------|--------------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|
| Street Address: |                          |              |                          | City/State/Zip Code:    |                          |                      |                          |
|                 |                          |              |                          |                         |                          |                      |                          |
| Schedule II     | <input type="checkbox"/> | Schedule III | <input type="checkbox"/> | Schedule IV             | <input type="checkbox"/> | Schedule V           | <input type="checkbox"/> |
| Nubain          | <input type="checkbox"/> | Stadol       | <input type="checkbox"/> | Prescription-Only Drugs | <input type="checkbox"/> | Prescription Devices | <input type="checkbox"/> |

|                 |                          |              |                          |                         |                          |                      |                          |
|-----------------|--------------------------|--------------|--------------------------|-------------------------|--------------------------|----------------------|--------------------------|
| Street Address: |                          |              |                          | City/State/Zip Code:    |                          |                      |                          |
|                 |                          |              |                          |                         |                          |                      |                          |
| Schedule II     | <input type="checkbox"/> | Schedule III | <input type="checkbox"/> | Schedule IV             | <input type="checkbox"/> | Schedule V           | <input type="checkbox"/> |
| Nubain          | <input type="checkbox"/> | Stadol       | <input type="checkbox"/> | Prescription-Only Drugs | <input type="checkbox"/> | Prescription Devices | <input type="checkbox"/> |

\*\*\*\*\* List any additional locations on the reverse side of this form and place a check mark here:

With this registration form, include a photo copy of your current Drug Enforcement Administration (DEA) Certificate of Registration for each dispensing location where controlled substances will be maintained and/or dispensed. Return your completed registration form and certificate(s) to **ATTENTION: Dispensing Physician Registration** at the address listed on the top of this application form.

**Initial registration fee: \$200.00 per physician**

**Renewal registration fee: \$100.00 per physician**

Form Completed  DEA Certificate(s) Enclosed  Fee of \$ 200.00 enclosed

Physician's Signature:  Date: 4-5-96

**ADDITIONAL PRACTICE LOCATIONS:**

|                 |  |              |  |                         |  |                      |  |
|-----------------|--|--------------|--|-------------------------|--|----------------------|--|
| Street Address: |  |              |  | City/State/Zip Code:    |  |                      |  |
| Schedule II     |  | Schedule III |  | Schedule IV             |  | Schedule V           |  |
| Nubain          |  | Stadol       |  | Prescription-Only Drugs |  | Prescription Devices |  |

|                 |  |              |  |                         |  |                      |  |
|-----------------|--|--------------|--|-------------------------|--|----------------------|--|
| Street Address: |  |              |  | City/State/Zip Code:    |  |                      |  |
| Schedule II     |  | Schedule III |  | Schedule IV             |  | Schedule V           |  |
| Nubain          |  | Stadol       |  | Prescription-Only Drugs |  | Prescription Devices |  |

|                 |  |              |  |                         |  |                      |  |
|-----------------|--|--------------|--|-------------------------|--|----------------------|--|
| Street Address: |  |              |  | City/State/Zip Code:    |  |                      |  |
| Schedule II     |  | Schedule III |  | Schedule IV             |  | Schedule V           |  |
| Nubain          |  | Stadol       |  | Prescription-Only Drugs |  | Prescription Devices |  |

|                 |  |              |  |                         |  |                      |  |
|-----------------|--|--------------|--|-------------------------|--|----------------------|--|
| Street Address: |  |              |  | City/State/Zip Code:    |  |                      |  |
| Schedule II     |  | Schedule III |  | Schedule IV             |  | Schedule V           |  |
| Nubain          |  | Stadol       |  | Prescription-Only Drugs |  | Prescription Devices |  |

|                 |  |              |  |                         |  |                      |  |
|-----------------|--|--------------|--|-------------------------|--|----------------------|--|
| Street Address: |  |              |  | City/State/Zip Code:    |  |                      |  |
| Schedule II     |  | Schedule III |  | Schedule IV             |  | Schedule V           |  |
| Nubain          |  | Stadol       |  | Prescription-Only Drugs |  | Prescription Devices |  |

|                 |  |              |  |                         |  |                      |  |
|-----------------|--|--------------|--|-------------------------|--|----------------------|--|
| Street Address: |  |              |  | City/State/Zip Code:    |  |                      |  |
| Schedule II     |  | Schedule III |  | Schedule IV             |  | Schedule V           |  |
| Nubain          |  | Stadol       |  | Prescription-Only Drugs |  | Prescription Devices |  |

|   |                              |                         |                        |
|---|------------------------------|-------------------------|------------------------|
| <i>For Business Office Staff Use Only</i> |                              |                         |                        |
| Check No.: <u>3867</u>                    | Date Received: <u>5/6/96</u> | Batch No. <u>072410</u> | By: <u>[Signature]</u> |

**FREDERIC N. STIMMELL, M.D., LTD.**

5040 NORTH 15TH. AVE. SUITE 204  
PHOENIX, ARIZONA 85015  
TELEPHONE (602) 234-3300

May 12, 1982

State Board of Medical Examiners  
State of Arizona  
5060 North 19th Ave. #300  
Phoenix, Az. 85015

This note is to let you know that our office address has changed as of May 10, 1982.

Our new address is:

Frederic N. Stimmell M.D.  
5040 North 15th Avenue #204  
Phoenix, Arizona 85015  
602-234-3300

**BOMEX**

**MAY 17 1982**



RECEIVED FROM THE BOARD OF MEDICAL EXAMINERS OF THE  
STATE OF ARIZONA, THIS 13TH DAY OF JANUARY, 1968, AN  
ARIZONA LICENSE TO PRACTICE MEDICINE.

Signed Frederic N. Hummel M. D.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

post office drawer 1709 • scottsdale, arizona 85252

January 2, 1968

Re: Frederic N. Stimmell, M. D.

Frederic N. Stimmell, M. D.  
[REDACTED]

Dear Doctor Stimmell:

We are pleased to inform you of your successful completion of the Toxicology, Pharmacology and Materia Medica examination, recently given by this Board of Medical Examiners.

You are hereby noticed and scheduled to appear before the Board for a personal interview at 1:00 P. M., on Saturday, January 13, 1968, in the Convention Center of the Safari Hotel, 4611 North Scottsdale Road, Scottsdale, Arizona.

You are further noticed that an indoctrination lecture will be presented to all candidates at 3:00 P. M., on that same date.

If it is impossible for you to be present at that time, please notify this office immediately.

Cordially,

BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA

Paul R. Boykin  
Executive Secretary

PRB:nb

*President*

Melvin W. Phillips, M.D.  
Prescott

*1st Vice President*

Zenas B. Noon, M.D.  
Nogales

*2nd Vice President*

Howard W. Finke, M.D.  
Superior

*Secretary-Treasurer*

Otto L. Bendheim, M.D.  
Phoenix

*Member*

Juan E. Fonseca, M.D.  
Tucson

*Counsel*

Charles T. Stevens  
Phoenix

*Executive Secretary*

Paul R. Boykin  
Scottsdale

**BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA**

suite 202, safari building • 4601 n. scottsdale rd. • scottsdale, arizona 85251

Mailing Address: P.O. Drawer 1709 85252

July 14, 1967

Re: **Frederic Neil Stimmell, M. D.**  
**License through Written Examination**

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

**Frederic N. Stimmell, M. D.**  
[REDACTED]

Dear Doctor:

Pursuant to your request of recent date, please accept this letter as notification to appear in this office, Suite 202, Safari Building, 4601 North Scottsdale Road, Scottsdale, Arizona, at the times specified in the examination schedule which is enclosed, for the purpose of participation in the written examination(s) indicated.

If for any reason you cannot be present, please notify this office at an early date.

In the event you successfully complete the examination(s), you may anticipate being scheduled to appear before the Board for the required personal interview at its regularly scheduled meeting to be held Saturday, January 13, 1968.

Cordially,

BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA

Paul R. Boykin  
Executive Secretary

PRB:nb  
Enc. 1

WRITTEN EXAMINATION SCHEDULE

Thursday, December 14, 1967

8:45 A. M.

Report to Board's offices

9:00 A. M. to 11:00 A. M.

Toxicology, Pharmacology and Materia Medica

C

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BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

post office drawer 1709 - Scottsdale, Arizona 85252

June 30, 1967

Re: Frederic Neil Stimmell, M. D.  
License through Written Examination

Frederic N. Stimmell, M. D.  
[REDACTED]

Dear Doctor Stimmell:

It is with regret that we inform you of your failure in the Toxicology, Pharmacology and Materia examination, given by this Board on June 8, 1967.

You are entitled to retake this examination during the examinations of the Board which will be given in December, 1967 or June, 1968, and your current application and fee will suffice and need not be duplicated at this time.

Please advise your wishes in this regard and we will be governed accordingly.

Cordially,

BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA

Paul R. Boykin  
Executive Secretary

PRB:nb

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**BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA**

post office drawer 1709 • scottsdale, arizona 85252

May 22, 1967

Re: **Frederic Nell Stimmell, M. D.**  
**License through Written Examination**

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

**Frederic N. Stimmell, M. D.**  
[REDACTED]

Dear Doctor Stimmell:

This will acknowledge receipt of your application, fee and credentials for a license to practice medicine in the State of Arizona, through written examination. Our receipt #6890 in the amount of \$50.00 to cover examination fee deposited, is enclosed.

Please accept this letter as notification to appear in this office, Suite 202, 4601 North Scottsdale Road, Scottsdale, Arizona, at the times specified in the examination schedule which is enclosed, for the purpose of participation in the written examinations on June 7, 8, and 9, 1967. If for any reason you cannot be present, please notify this office immediately.

Should you successfully complete the examinations of this Board, and become certified in the Arizona basic sciences, you will be scheduled to appear for the required personal interview with this Board of Medical Examiners at its meeting to be held July 8, 1967.

Cordially,

**BOARD OF MEDICAL EXAMINERS  
STATE OF ARIZONA**

**Paul R. Boykin  
Executive Secretary**

PRB:nb  
Encs. 2

March 13, 1967

Mr. Paul Boykin, Executive Secretary  
Arizona Board of Medical Examiners  
Room 202 Safari Building  
4601 North Scottsdale Road  
Scottsdale, Arizona

Dear Mr. Boykin:

Some months ago I requested information concerning licensure from the Arizona State Board of Examiners. I was instructed to correspond with you for further information.

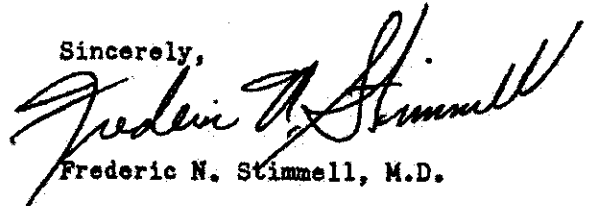
At the present time I am interning at Good Samaritan Hospital here in Phoenix. At the completion of my internship I will be commissioned in the Public Health Service - stationed at Sells, Arizona for two years.

I anticipate making application for examination and licensure in Arizona in June of this year. However, before I can do this, I understand that I need an Arizona Basic Science certificate. I would like to obtain this certificate by reciprocity with National Boards, parts I and II.

I would appreciate your sending me the necessary application forms and instructions which I must follow to do this.

Thank you very much.

Sincerely,

  
Frederic N. Stimmell, M.D.

FS/ws

3/15/67 w/enc  
per phone msg.

# ARIZONA STATE BOARD OF MEDICAL EXAMINERS 2002 BIENNIAL MD LICENSE RENEWAL APPLICATION

AZ MD Lic#: 4796 Frederic N. Stimmell, MD

2605

Renewal Fee: \$450  
06/01/2002

\$800 (if postmarked after)

| CURRENT INFORMATION<br><small>Please review and make corrections as necessary →</small>  | CORRECTIONS   |
|--|---|
| <b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS</b><br>5040 N 15th Ave Ste 204<br>Phoenix AZ 85015-3330<br><br>Phone #: (602) 234-3300      Fax #: (602) 234-1933<br>E-Mail: _____ | <b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS</b><br><br><br><br><div style="border: 2px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>RECEIVED</b><br/>                     FAX: MAR 26 2002<br/>                     BY _____                 </div> |
| <b>MAILING ADDRESS</b><br>5040 N 15th Ave Ste 204<br>Phoenix AZ 85015-3330   | <b>MAILING ADDRESS</b><br><br><br><br>  |
| <b>HOME ADDRESS</b><br>_____<br><br>Phone #: _____      Fax #: _____<br>E-Mail: _____  | <b>HOME ADDRESS</b><br><br><br><br>Phone #: _____      Fax #: _____<br>E-Mail: _____<br>Cell Phone #: _____ (Optional)  |

**AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:**

*Select from the attached list of Self-Designated "Field of Practice" Codes*

|     | Certified? | Practicing? |                                  | Certified? | Practicing? |
|-----|------------|-------------|----------------------------------|------------|-------------|
| OBG | N          | Y           | Make corrections if<br>necessary |            |             |
|     |            |             |                                  |            |             |

**I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceeding against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, BOMEX will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if request reactivation of my license, I may be required to pass the SPEX examination and that the Board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the Board; the Board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Other than in Arizona, are you currently under investigation by any medical board or peer review body?  Yes  No
2. Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation?  Yes  No
3. Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted?  Yes  No
4. Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government?  Yes  No
5. Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency?  Yes  No
6. Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine?  Yes  No
7. Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication?  Yes  No
8. Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited?  Yes  No
9. Have you been denied a license in another state? If yes,  Yes  No  
 State \_\_\_\_\_ Date of Denial \_\_\_\_\_ Reason for Denial \_\_\_\_\_  
 State \_\_\_\_\_ Date of Denial \_\_\_\_\_ Reason for Denial \_\_\_\_\_
10. Within the past 5 years, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state?  Yes  No  
 If yes, please attach an explanation and applicable court docket.
11. Within the past 5 years, have you been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against you?  Yes  No  
 If settlements or judgments in past 5 years, please attach a copy of the National Practitioner Data Bank report. Please include the claimant's name.

If the answer is yes to any of the above questions, please provide a complete written explanation even if submitted with a previous renewal.

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2000 and 2001, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)

Date

**NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM FOR CALENDAR YEAR 2001 IS INCLUDED WITH YOUR RENEWAL PACKET**

0099

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**ARIZONA MEDICAL BOARD  
2004 BIENNIAL MD LICENSE RENEWAL APPLICATION**

3085

AZ MD Lic#: 4796 Frederic N. Stimmell, MD

Renewal Fee: \$500

\$850 (if postmarked after 06/01/2004)

**OFFICE/ADDRESS/PRINCIPAL PLACE OF BUSINESS  
PUBLIC ADDRESS & PHONE NUMBER**

5040 N 15th Ave Ste 204  
Phoenix AZ 85015-3330

Phone #: (602) 234-3300

Fax #: (602) 234-9333

E-Mail:

**MAILING ADDRESS**

5040 N 15th Ave Ste 204  
Phoenix AZ 85015-3330

**HOME ADDRESS**

Phone #:

Fax #:

E-Mail:

**OFFICE/ADDRESS/PRINCIPAL PLACE OF BUSINESS**

Phone #:

Fax #:

E-Mail:

**MAILING ADDRESS**

**HOME ADDRESS**

Phone #:

Fax #:

E-Mail:

Cell Phone #:

(Optional)

**RECEIVED  
JUN - 1 2004**

**AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE**

Select from the attached list of Self-Designated "Field of Practice" Codes

| ABG | Certified? |      | Make corrections if necessary | Practicing? |      |
|-----|------------|------|-------------------------------|-------------|------|
|     | 0          | True |                               | 0           | True |
|     |            |      |                               |             |      |

**I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Other than in Arizona, are you currently under investigation by any medical board or peer review body?  Yes  No
2. Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back)  Yes  No
3. Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions)  Yes  No
4. Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions)  Yes  No
5. Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions)  Yes  No
6. Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions)  Yes  No
7. Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication?  Yes  No
8. Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited?  Yes  No
9. Have you been denied a license in another state? If yes, State \_\_\_\_\_ Date of Denial \_\_\_\_\_ Reason for Denial \_\_\_\_\_  Yes  No
10. Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state?  Yes  No  
If yes, please attach an explanation and applicable court docket. See instructions on back.
11. Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you?  Yes  No

If the answer is "yes" to any of the above questions, please provide a written explanation of the incident and any corrective actions reported. Please include: a copy of your National Practitioner Data Bank, Specialty Board Complaint and Settlement Agreement.

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2002 and 2003, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature state will be accepted)

Date

5/27/04

**NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM IS INCLUDED WITH YOUR RENEWAL PACKET**

**ARIZONA MEDICAL BOARD  
2006 BIENNIAL MD LICENSE RENEWAL APPLICATION**

PD CK 3317  
\$500.00

AZ MD Lic#: 4796 Frederic N. Stimmell, MD

Renewal Fee: **\$500**

**\$850** (if postmarked after 06/01/2006)

| CURRENT INFORMATION<br>Please review and make corrections as necessary  | CORRECTIONS  |
|---|--|
| <b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS<br/>PUBLIC ADDRESS &amp; PHONE NUMBER</b><br>5040 N 15th Ave Ste 204<br>Phoenix AZ 85015-3330 | <b>OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS</b>  |
| Phone #: (602) 234-3300 Fax #: (602) 234-9333<br>E-Mail:  | Phone #: Fax #:<br>E-Mail:   |
| <b>MAILING ADDRESS</b><br>5040 N 15th Ave Ste 204<br>Phoenix AZ 85015-3330  | <b>MAILING ADDRESS</b>   |
| <b>HOME ADDRESS</b><br>[REDACTED]   | <b>HOME ADDRESS</b>  |
| Phone #: [REDACTED] Fax #: [REDACTED]<br>E-Mail: [REDACTED]   | Phone #: [REDACTED] Fax #: [REDACTED]<br>E-Mail: [REDACTED]<br>Cell Phone #: [REDACTED] (Optional) |

**RECEIVED BY:**  
**APR 12 2006**  
**ARIZONA MEDICAL BOARD  
BUSINESS OPERATIONS**

**AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:**

Select from the attached list of Self-Designated "Field of Practice" Codes

| OBG | Certified? |   | Practicing? | Make corrections if necessary | Certified? |  | Practicing? |
|-----|------------|---|-------------|-------------------------------|------------|--|-------------|
|     | N          | Y |             |                               |            |  |             |
|     |            |   |             |                               |            |  |             |

**REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- Other than in Arizona, are you currently under investigation by any medical board or peer review body?  Yes  No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back).....  Yes  No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions).....  Yes  No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions).....  Yes  No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions).....  Yes  No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions).....  Yes  No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? .....  Yes  No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited?  Yes  No
- Have you been denied a license in another state? If yes, State \_\_\_\_\_ Date of Denial \_\_\_\_\_ Reason for Denial \_\_\_\_\_  Yes  No
- Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state?.....  Yes  No  
If yes, please attach an explanation and applicable court docket. See instructions on back.
- Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you? .....  Yes  No

If the answer is "yes" to any of the above questions, please provide a complete written explanation to include dates. If malpractice cases are reported, please include: a copy of the complaint and settlement agreement/judgment.

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2004 and 2005, I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Stamps will not be accepted)

4-12-06  
Date

**NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM IS INCLUDED WITH YOUR RENEWAL PACKET**

# ARIZONA MEDICAL BOARD

## 2008 BIENNIAL MD LICENSE RENEWAL APPLICATION

*3513*

AZ MD Lic#: 4796 Frederic N. Stimmell, MD

Renewal Fee: ~~\$500~~ \$850 (if postmarked after 06/01/2008)

| CURRENT INFORMATION<br>Please review and make corrections as necessary™   | CORRECTIONS                                |
|---|--|
| OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS<br>PUBLIC ADDRESS & PHONE NUMBER<br>5040 N 15th Ave Ste 204<br>Phoenix AZ 85015-3330 | OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS |
| Phone #: (602) 234-3300 Fax #: (602) 234-1933   | Phone #: Fax #:                            |
| E-Mail:   | E-Mail:                                    |
| MAILING ADDRESS<br>5040 N 15th Ave Ste 204<br>Phoenix AZ 85015-3330   | MAILING ADDRESS                            |
| HOME ADDRESS<br>[REDACTED]  | HOME ADDRESS                               |
| Phone #: [REDACTED]   | Phone #:                                   |
| E-Mail: [REDACTED]  | E-Mail:                                    |
| Mobile #: [REDACTED]  | Mobile #: (Optional)                       |

MAR 05 2008

**AMERICAN BOARD OF MEDICAL SPECIALTY CERTIFICATIONS AND FIELDS OF PRACTICE:**

*Only certifications from ABMS will be shown in your profile on the website. Please indicate expiration date or lifetime certificate.*

| OBG | Certified? |   | Practicing? | Expiration Date | Initials Required |
|-----|------------|---|-------------|-----------------|-------------------|
|     | N          | Y |             |                 |                   |
|     |            |   |             |                 |                   |
|     |            |   |             |                 |                   |

Make corrections if  
necessary  
**INITIALS  
REQUIRED**

If you don't verify the above fields by your initials the ABMS certification will be removed from your profile on the website.

**REQUEST FOR CHANGE IN LICENSE STATUS:**

- INACTIVE STATUS** (I have read and meet the requirements for Inactive status as listed in the instructions)
- CANCELLATION** (I have read and meet the requirements to cancel my license as listed in the instructions)

**I hereby certify, under penalty of perjury by my signature below that all information on this form is currently accurate and:**

- I am a U.S. Citizen or a qualified/registered alien
- I have completed a minimum of 40 credit hours of continuing medical education during calendar years 2006 and 2007 as required by A.R.S. §32-1434 and A.A.C. § R4-16-101
- I have a written protocol in place for the secure storage, transfer and access of the medical records of my patients should my practice close as required by A.R.S. §32-3211.

Signature of Licensee (Signature stamp will not be accepted)  
4796 Frederic N. Stimmell, MD

*3/3/08*  
Date

SEE REVERSE SIDE

|  |                              |  |
|--|------------------------------|--|
| 1. Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Since your last renewal have you voluntarily surrendered any healthcare license?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Since your last renewal have you had any healthcare license revoked?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 5. Since your last renewal, have you been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license (other than by the Arizona Medical Board), have you been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 6. Since your last renewal have your privileges been restricted, terminated, voluntarily or involuntarily resigned or withdrawn by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 7. Since your last renewal, has disciplinary action been taken against you by any licensing agency (other than the Arizona Medical Board) with regard to any professional license? "Disciplinary Action" includes, but is not limited to, restriction, termination, voluntary or involuntary resignation or withdrawn.   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 8. Since your last renewal have you had a registration issued by a controlled substance authority (State or Federal) revoked, suspended, limited, restricted, modified, denied or have you surrendered or given up in lieu of action?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 9. Since your last renewal have you been charged with or convicted, pardoned or had a record expunged or vacated of a felony, misdemeanor involving moral turpitude? (see explanation below) A "yes" answer is required even if you entered a diversion program.   | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 10. Since your last renewal have you been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 11. Since your last renewal have you been court martialled or discharged other than honorably from the armed service?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 12. Since your last renewal have you been terminated from a healthcare position with a city, county, or state government or the Federal government?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 13. Since your last renewal have you been convicted of insurance fraud or received sanctions, including restrictions, suspension or removal from practice, imposed by any agency of the Federal government?  | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

**Note:** In the event the response to any of the questions numbered 1 through 13 is "YES", you must file with the renewal a detailed report concerning the above matters, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such matters. IN ADDITION, you must submit photocopies of any corresponding documents, such as complaints or board actions.

Moral Turpitude includes but is not limited to the following: Armed Robbery, Assault with a Deadly Weapon, Attempted Insurance Fraud, Fabricating and Presenting False Public Claim, False Reporting to Law Enforcement Agency, Falsification of Records of the Court, Forgery, Fraud, Hit & Run, Illegal Sale & Trafficking in Controlled Substances, Indecent Exposure, Kidnapping, Larceny, Mann Act (Federal Commercialization of Women Statute), Misleading Sale of Securities in Connection with Transfer of Real Property, Perjury, Possession of Heroin for Sale/Unlawful Sale or Dispensing Narcotic Drugs, Rape, Shoplifting and Soliciting Prostitution.

4796 Frederic N. Stimmell, MD

INITIALS REQUIRED

*JS*