

#### Arizona Medical Board

azmd.gov Printed on 07/12/11 @ 08:01

### General Information

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**

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 Morgantown, West Virginia

Graduation Date:

05/31/1966

Internship:

07/01/1966 - 07/01/1967

GOOD SAMARITAN REGIONAL MEDICAL CENTER

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



	o not use this space LAY 22 1967
BO	ARD OF NEDICAL EXAMINERS OF THE STATE OF ARIZONA
AT	TENTION:
	ATTACH FILE
	FILE
	FORWARD APPLICATION
	PREPARE CLAIM
	RETURN TO
	TAKE GASE SEcurit
	WRITE REPLY
	COPPES 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 Arisona, 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.
- 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 Arisona State Board of Examiners in the Basic Sciences.
- 5. Possess a good moral and professional reputation.
- 8 Be physically and mentally able safely to engage in the practice of medicine.
- 7. Have not been guilty of any act of unprofessional conduct.
- Have not had a license to practice medicine refused, revoked or suspended by any other state, ferritory, district
  or country for reasons which relate to his ability skillfully and safely to practice medicine.
- 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, no: 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.
- 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.

- Photocopy of United States Birth Certificate; or submission for recording in lieu thereof, an original certificate
  of "naturalization".
- 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 naturalisation 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 Diagnosia, 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. **Stimmell** Frederic 1. Name in Full. 2. Current Complete Address: Morgantoum, West Virginie Day, Month and Year of Birth. 3. City and State of Birth... (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. .....Eona (SPECIFY STATE BOARD) (DATE OF APPLICATION) (DATE (BEUED) (SPECIFY STATE BOARD) (BATE (BOURD) (SPECIFY IT BY WRITTEN EXAMINATION OR ON CHEDENTIALS)

5,	Has any license entitling you to practice medicine and/or surgery in any state, territory or country been refused, sus
	pended or revoked? No
	(Addition)
6.	Have you ever been charged with a violation of any statute of any state, the United States or foreign country? $\frac{XO}{(ABSWER)}$
7.	Has there been any complaint filed against you through any board of medical examiners or medical society?
8.	Have you ever been treated for or addicted to narcotic drugs or alcohol?
	(ARSWER)
9.	Have you ever been a patient in a mental or other institution of confinement?
	(AMEWER)
10.	Are you suffering from any aliment communicable to others?
	(अध्यक्षा)
	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? You

12. Was the photograph attached hereto taken within the preceding sixty (60) days of this application. Assessment of the process of the photograph attached hereto taken within the preceding sixty (60) days of this application. Assessment of the process of the p		report of hi	licant shall file attending ph	with this apysician.)	pilcation, a	detailed st	atement of his	health, dia	gnosis and p	rognosis,	supported
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President ) of West Virging University School of Medicine (SEAL OF COLLEX Secretary )  Registrar ) Date May 17	t.			1					•	*	2 ±
Registrar ) Date May 17	Pre	sident ) of.	West Vi	rginda Uni	versity S	chool o	f Medicine		) March 24 Ph (marthy common)	(SEAL OF	COLLEC
*,						Da	te May 17	***********		•	1967
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#### No. III INTERNSHIP CERTIFICATION

(Note: The applicant MUST forward this entire applicati is engaged in or has satisfactorily completed an approved in	on to the Adm sternship traini	sinistrator of ing program	the hospital v who shall con	rherein the applicant plete the following:)
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satisfactorily completed an approved internalily in the G				
1033 East McDowell Road, Phoenix,	Arizona	85006		
from July	1 1966	to	JOTA I' I	90/ PATE)
and that said program is or was approved for such trainin Hospitals of the American Medical Association.	•	period by the	Council on M	edical Education and
Title President, Good Samaritan Hospital			rei:	EAL OF HOSPITAL)
Address 1033 E. McDowell Rd., Phoenix,	-	26	16)	SAL OF HOSFITAL)
Address				
	Date	**************	5-22	1967
Note: If approved internship unavailable, see General Requ	airements (5) o	m page 2.		
DO NOT WRITE	BELOW THIS	Line		
4				
·				
ARIZONA BASIC SC	IENCE CERTIFIC	CATION		
TO: The Commissioner, Arizona State Department of Health	h, Phoenix, Ari	zona		
If applicable, please cause the following certification to be of Arizona, P. O. Box 128, Scottsdale, Arizona. If not applicable	completed and	return to the	e Board of Med n as indicated.	ical Examiners, State
This is to certify that Frederic Heil Stimmell (FULL NAME OF APPLICANT)				ic Science Certificate
No. 7566 on the 26th day of June	6	7		
tered with the Arizona State Department of Health on the	<u>/tn</u>	day of	July	, 1967
and that said certificate was obtained through (welcommon applicable,	<b>Market</b> full t	reciprocity—		ites) Strike those not
Signed Grange Spendlow M.D.	<del></del>			
Title Commissioner, Arigona State Department of	Health		(SEAL OF	DEPARTMENT)
Address 1624 W. Adms, Phoenix, Arizona 85007	. Ju	ly 7		67
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FOR OFFIC	E USE ONLY			
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License Denied on				
Appealed on 19	to	<del></del>	-2	Court.
Decision:				
License Suspended on				
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License Revoked on				
License Voided on	, 19			
Refund Claim filed on	. 19			
Refund Paid on	. 19 by V	oucher #	* - 1-0-0° - 1-0 0° -	

# BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA SATISFACTION OF REQUIREMENTS SUMMARY

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APPLICATION	Received	May 22	19 <sup>67</sup>	Completed		. 10	, ' I	
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Jane Dee Hull 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

Ram R. Krishna, M.D.

Tim B. Hunter, M.D.

Patrick Connell, M.D.

Vice Chairman

Chairman

Secretary

Telephone (602) 674-2700 • Fax (602) 255-1848 • In-State Toll Free (677) 255-2212

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

Tom adam

TA/lkm

C: Investigative File License File P.G.

10.	11622	S.K., M.D. (Pts. R.S. & J.L.) vs. Robert Sorrentino (Lic. #12793) & John Beeson, M.D. (Lic. #21629)
T		Investigator Zakrzewski presented the matter to the Board.
		Dr. Schwager recused himself from this matter.
		Motion: Dr. Connell moved to dismiss the matter. Dr. Powers seconded the motion.
		Vote: 7-0
53.	11892	A.V. vs. Bruce Adams, M.D. (Lic. #12375)
		Investigator King presented the matter to the Board.
		Motion: Dr. Connell moved to table the matter. Dr. Carmona seconded the motion.
***************************************		Vote: 8-0
		This matter was untabled at 1:56 p.m.
		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.
		Dr. Schwager spoke against the motion.
		Vote: 7-1 (Dr. Schwager opposed)
<b>4</b> .	11893	P.G. vs. Frederick Stimmell, M.D. (Lic. #4796)
		Investigator Zakrzewski presented the matter to the Board.
		Motion: Dr. Schwager moved to dismiss the matter. Dr. Sattenspiel seconded the motion.
		Vote: 8-0
59.	11965	K.D. vs. Julianna S. Levai, M.D. (Lic. #18496)
		Dr. Schwager recused himself from the matter.
		Investigator King presented the matter to the Board.
		Motion: Dr. Sattenspiel moved to dismiss the matter. Dr. Connell seconded the motion.
		Vote: 7-0
89.	12095	M.L. vs. Nora Patricia Benitez-Lopez, M.D. (Lic. #21093)
		Dr. Schwager recused himself from the matter.
		Investigator Zakrzewski presented the matter to the Board.
		Motion: Dr. Carmona moved to dismiss the matter. Dr. Connell seconded the motion.
		Vote: 7-0





#### THE ARIZONA BOARD OF MEDICAL EXAMINERS

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

Governor
Bruce Babbitt

Chairman
James E. Brady, Jr., M.D.

Vice Chairman
Steven S. Spencer, M.D.

Secretary
Mario P. Valdez, M.D.

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,







Chairman Ruben Acosta, M.D. Vice Chairman William B. Helme, M.D. Secretary

Secretary
Phillip Z. Saba, M.D.
Executive Director
Paul R. Boykin

Assoc. Executive Director Douglas N. Cerl 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

DI FARE ADDRESS ALL COMMUNICATIONS TO TUS COCOUNTING DISCOSO COCOUNTS

#### 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.

1651 East Morten Avenue, Suite 210, Phoenix, Arizona 85020

### DISPENSING PHYSICIAN INITIAL REGISTRATION AND ANNUAL RENEWAL FORM \*\* Please Type or Print \*\*

PHYSICIAN'S NAME:	Stimmel1	N.	Frederic				
	(Last Name)	M.I.	First Name				
LICENSE NUMBER:	4796	SPECIALTY:	OB/GYN				
CHECK ONE:	Initial Application: XX	Renewal Applicatio	n:				
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PRIMARY PRACTICE	LOCATION:						
	Street Address:	Cky	//State/Zip Code:				
5040 N. 15th Av	e. #204	Phoenix, Az. 8501	5				
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Nubain	xx Stadol	XX Prescription-Only Drugs	XX Prescription Devices				
ADDITIONAL PRACT	ICE LOCATIONS; Street Address:	City	City/State/Zip Code:				
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#### 5840 NORTH 15TH, AVE. SUITE 204 PHOENIX, ARIZONA 85815

TELEPHONE (402) 234-3200

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 1 7 1982

of . 17 7 2 2 2

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 M. Atumble H. D.



January 2, 1968

Re: Frederic M. Stimmell, M. D.

Frederic N. Stimmell, M. D.

Dear Doctor Stimmell:

We are pleased to inform you of your successful completion of the Toxicology, Phermacology and Materia Hedica 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

post office drawer 1709 + scottsdale, arizona 85252

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Prescott

1st Vice President
Zenas B. Noon, M.D.
Nogales

2nd Vier President Howard W. Finke, M.D. Superior

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Phoenix

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Counsel
Charles T. Stevens
Phoenix

Executive Secretary
Paul R. Boykin
Scottsdale

### BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

suite 202, saferi 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. Stinmell, M. D.

#### Dear Doctor:

Pursuant to your flequest 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

PR8: nb Enc. 1

## WRITTEN EXAMINATION SCHEDULE

Thursday, December 14, 1967

8:45 A. H.

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

Report to Board's offices

Toxicology, Pharmacology and Materia Medica

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.

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.

Cordielly,

BOARD OF MEDICAL EXAMINERS STATE OF ARIZONA

Paul R. Boykin **Executive Secretary** 

PRB: nb

May 22, 1967

Re: Frederic Hell Stimmell, H. O. License through Written Examination

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

<u>Frederic N. Stismell. M. D.</u>

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 past office drawer 1709 + scattsdale, arizona 85252

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

3/15/17 W/E appear

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

AZ MD Lic#: 4796 Frederic N. Stimmell, MD 2605	Renewal Fee: \$450 \$800 (# postmarked after 06/01/2002)
CERRENT INFORMATION Place laview and make processory 4	
OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
5040 N 15th Ave Ste 204	The state of the s
Phoenix AZ 85015-3330	DEPENDED.
	1012101210
Phone #: <u>(602):234-3300</u> Fax #: (602) 234-1933	Phone #:
E-Mail: MAILING ADDRESS	E-Mail: WAR 2 8 ZUUZ U
5040 N 15th Ave Ste 204	FAILING AUDRESS
Phoenix AZ 85015-3330	By
HOME ADDRESS	HOME ADDRESS
Phone #: Fex #:  E-Mail:	Phone #: Fax #:
- (************************************	Cell Phone #: (Optional)
AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:	Select from the attached list of Self-Designated "Fleld of Practice" Codes
Certified? Practicing?	Certified? Practicing?
OBG N Y Make correct	
necessi	
I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:	
the board has not commenced any disciplinary proceeding against me, and I am totall United States or foreign country. I understand that once inactive status is granted, Bit that I may not engage in the practice of medicine, hold registration with the Drug Enfi inactive. I further understand that if request reactivation of my license, I may be request physical examination, psychiatric, psychological evaluations and interviews it deems no CANCELLATION: Please cancel my Arizona license. My signature below serves to	ired to pass the SPEX examination and that the Board may require any combination of
PLEASE ANSWER THE FOLLOWING QUESTIONS:	· · · · · · · · · · · · · · · · · · ·
<ol> <li>Other than in Arizona, are you currently under investigation by any medical board or p</li> </ol>	eer review body? O Yes Mo
Other than in Arizona, since your last renewal have you had a medical license discipling surronder or cannellation during an investigation?	ed resulting in revocation, suspension, limitation, restriction, probation, voluntary
Since your last renewal have you had hospital privileges revoked, denied, suspended of the same o	v restricted?
<ol> <li>Since your last renewal, have you been subjected to any regulatory disciplinary action.</li> </ol>	including censure, practice restriction, suspension, sanction, or removal from practice,
imposed by any agency of the faderal or state government?	er medications limited rectricted modified denied companies or marked by
a federal or state agency?	D Yes Date
<ol><li>Within the last 5 years, have you had or do you have a medical condition that impairs</li></ol>	or limits your ability to safety practice medicine?
<ol> <li>Do you engage in the Begal use of any controlled substance, habit-forming drug, or pr</li> <li>Have you consumed intoxicating beverages resulting in your present ability to exercise</li> </ol>	escription medication? Yes Capo the judgment and skills of a medical professional, being impaired or limited? Yes Capo
9. Have you been denied a license in another state? If yes,	
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 piez of no conte	st to a felony, or misdemeanor involving moral turpitude in any state? 🖸 Yes 🖼
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 majoractice matter. If settlements or judgments in past 5 years, please attach a copy of the Nati	currently pending or that resulted in a settlement or judgment against you? [2] Yes Edito
	mplete written explanation even if submitted with a previous renewal.
I hereby certify, under partially of perjury, that all footmation on this form is currently accumulation of an certify by continuing a click begin to be continued by A.R.S. §32-143	rate. I also certify that during calendar years 2000 and 2001, I have completed a 4 and A.A.C. § R4-16-101.
1 House	3/24/02 gate
Signature of Accertsee (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

9999

nur

# ARIZONA MEDICAL BOARD 2004 BIENNIAL MD LICENSE RENEWAL APPLICATION

3085

Z MD Lic#: 4796 Frederic N. Stimmell, MD	Acnewal Fee: \$500	\$850 (If postmarked after 96/01/	<u>/2004)</u>
ACCOUNTS OF FULL STREET OF STREET STR	\$4.	144.0.653	
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INACTIVE STATUS: Please inactivate my Arizona license. My signature below since the board has not commenced any disciplinary proceedings against me, and I am too the United States or foreign coupty. I understand that once inactive status is grante understand that I may not engage in the practice of medicine, hold registration with a classified as inactive. I further understand that if I request reactivation of my license combination of physical examination, psychiatric, psychological evaluations and internmedicine.  CANCELLATION: Please cancel my Arizona license. My signature below serves to has not commenced any disciplinary proceedings against me; and that I am requesting that no commenced any disciplinary proceedings against me; and that I am requesting that the number of the train in Arizona, are you currently under investigation by any medical board or Other than in Arizona, since your last renewal have you had hospital privileges revoked, denied, suspended since your last renewal have you had hospital privileges revoked, denied, suspended Since your last renewal, have you been subjected to any regulatory disciplinary action imposed by any agency of the federal or state government? (see instructions).  Since your last renewal, have you had or do you have a medical condition that impairs Do you engage in the lilegal use of any controlled substance, habit-forming drug, or place you consumed introducting beverages resulting in your present ability to exercis have you consumed introducting beverages resulting in your present ability to exercis have you been denied a license in another state? If yes, State  Date of Denial  Since your last renewal, have you been found guity or entered into a plea of no contribute, you been denied a license in another state? If yes, pleases attach an explanation and applicable court doctout. See instructions are your last renewal, have you been found guity or entered into a plea of no contribute your pleases attach an explanation and applicable court doctout. See instructions are	ervise to certify the following: That I am ally retired from the practice of imedicine is do, the board will wishly the annual remove the Drug Enforcement Administration, or I may be required to pass the SPEX examines it defins necessary to determine my certify the following: That I am not prese cancellation for the reason that I am no is peer review body? That I am not present cancellation for the reason that I am no is peer review body? The restricted? (see instructions).  Including censure, practice restriction, so the medications limited, restricted, modification in the present production of the present production of the productio	not presently under investigation by the bin this state or any state, territory, or district if fees and requirements for CHE. If further write prescriptions as long as my license is invasion and that the board may require a ability to safely engage in the practice of pitty under investigation by the board; the origer practicing medicine in the State of A mitation, restriction, probation, voluntary asspension, sanction, or removal from practices, sanction, or removal from practicing medicine? (see instructions)	res of the second of the secon
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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 poster	arked after 06/01/2006)
CURRENT INFORMATION		CORRECTIONS	A CONTRACTOR OF THE PARTY OF TH
Please review and make corrections as necessary		CORRECTIONS:	
PUBLIC ADDRESS & PHONE NUMBER			
5040 N 15th Ave Ste 204			
Phoenix AZ 85015-3330			
The 41 (002) 224 2200	Phone #:	Fax #:	
Phone #: (602) 234-3300 Fax #: 602 274.933 E-Mail:	E-Mail:	rax e.	
MAJUING ADDRESS CENTER	MAILING ADDRESS		·
5040 N 15th Ave Ste 244			
Phoenix AZ 85015-3338			
Phoenix AZ 85015-3338 APR 1 2 2006			
HOME ADDRESS LAEDICAL SOLS	HOME ADDRESS		
RIZONA MED OPERATIONS			
HOME ADDRESS  RIZONA MEDICAL BUNIS  BUSINESS OPERATIONS			
Doo			
Phone:#	Phone #		
E-Mail:	E-Mail:		- Vanis
•	Cell Phone #:		(Optional)
AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE: Se	lect from the attached list of Self-De	signated "Field of Practice"	Codes
Certified? Practicing?		Certified?	Practicing?
ORG N Y Make o	corrections if		
· · · · · · · · · · · · · · · · · · ·	cessary		
PREQUEST THE POLLOWING CHANGE IN LICENSE STATUS:		NOTICE OF STREET OF SEC. 1	SATING STATES
☐ INACTIVE STATUS: Please inactivate my Arizona license. My signature be			
the board has not commenced any disciplinary proceedings against me, and I are	m totally retired from the practice of me	edicine in this state or any state	territory, or district of
the United States or foreign country. I understand that once inactive status is g	ranted, 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			
classified as inactive. 1 further understand that if I request reactivation of my lic combination of physical examination, psychiatric, psychological evaluations and i			
medicine.	enter recess is opposite the containing to contain	mile my achiery to savery engage	an and heartest or
☐ CANCELLATION: Please cancel my Arizona license. My signature below serv	es to certify the following: ,That I am n	ot presently under investigation	by the board; the board
has not commenced any disciplinary proceedings against me; and that I am requi	esting cancellation for the reason that ${f 1}$	am no longer practicing medicin	e in the State of Arizona.
PLEASE ANSWER THE FOLLOWING QUESTIONS:	Carlos Callanda and Callanda an		<b>的神经不能性</b>
1. Other than in Arizona, are you currently under investigation by any medical boar	rd or peer review body?	*************************************	🖸 Yes 🗚 🙌
2. Other than in Arizona, since your last renewal have you had a medical license di			
surrender or cancellation during an investigation? (see Instructions on back).  3. Since your last renewal have you had hospital privileges revoked, denied, susper	rded or restricted? (see instructions)		
4. Since your last renewal, have you been subjected to any regulatory disciplinary a	action, including censure, practice restr	riction, suspension, sanction, or	removal from practice,
imposed by any agency of the federal or state government? (see instructions)	EDD-9771 %14P		🖸 Yes <b>85</b> No
5. Since your last renewal, have you had the authority to prescribe, dispense or ad-			
a federal or state agency? (see.instructions)	maximum and the same of the sa		
<ol> <li>Within the last 5 years, have you had or do you have a medical condition that in</li> <li>Do you engage in the illegal use of any controlled substance, habit-forming drug</li> </ol>			
<ol> <li>bo you engage in the megal use of any controlled solutioner, habit-diffinity drog</li> <li>Have you consumed intoxicating beverages resulting in your present ability to ex</li> </ol>	ercise the judgment and skills of a me	dicai professional, beino impair	ed or limited? Yes & No
9. Have you been denied a license in another state? If yes,			C) Yes 840
State Date of Denial Reason for Denial  10. Since your last renewal, have you been found guilty or entered into a plea of no	and the state of t	making paged bookings in ano	
<ol> <li>Since your last renewal, have you been found guity or entered into a plea or no.</li> <li>If yes, please attach an explanation and applicable court docket. See</li> </ol>		PROPERTY IN COLUMN THE PROPERTY OF THE STORY	etata? 🖺 Van Main
			state? 🖸 Yes 📜 No
11. Since your last renewal, has a malpractice lawsuit resulted in a settlement or jud	Instructions on back. Igment against you?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
11. Since your last renewal, has a malpractice lawsuit resulted in a settlement or jud  If the answer is "yes" to any of the above questions, please provid  reported, please include: a copy of the	instructions on back. igment against you? e a complete written explanatio	n to include dates If mi	D Yes & No
If the answer is "yes" to any of the above questions, please provided reported, please include: a copy of the I hereby certify, under penalty of perjury, that all information on this form is current	instructions on back.  Igment against you?  e'a complete written explanation complaint and settlement agree  by accurate. I also certify that during a	in to include dates If ini ament/judgment.	D Yes Sono
If the answer is "yes" to any of the above questions, please provider reported, please include: a copy of the	instructions on back.  Igment against you?  e'a complete written explanation complaint and settlement agree  by accurate. I also certify that during a	in to include dates If ini ament/judgment.	I have completed a

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

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Phoenix AZ	85015-3330							
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		N LICENSE STA						
U INACTI	VE STATUS (I ha	ive read and meet	the requirements fo	r Inactive	status as list	ted in the inst	ructions)	
CANCE!	TAITON (1 nave	read and meet the	requirements to ca	incel my lic	cense as liste	ed in the instr	uctions)	
I hereby cer	tify, under nene	dhe of navious he	· · · · · · · · · · · · · · · · · · ·	<b>22</b>				
· I am a U	S. Citizen or a <i>c</i>	qualified/register	my signature bel	ow that s	ili intormat	ion on this	form is currently	accurate and:
• I have co	mpleted a minir	num of 40 credit	hours of continuing	na medic:	al education	n durina cala	nda	
as require	EG DV A.K.S. 43,	2-1434 and A.A.C	6 R4-16-101					
<ul> <li>I have a</li> </ul>	written protocol	in place for the	secure storage, tra	ansfer an	d access of	the medical	records of my n	ationte chauld
my practi	ce close as requ	rired by N.R. §.	32-3211.	,		STATE STRUCTURE	records or my p	anciles SIMBIG
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Signature of	f Licensee (Sign : N. Stimmell, MD	eture stamp will	not be accepted)		/ Dát	e		
7/30 FIEGETIC	. rt. Summer, MD		PAG	·æ 4		1		· ·
			rag			}	SEE REVER	SE SIDE

Since your last renewal have you had any application for any professional license refused or denied by any licensing authority?	YES 🗆	NO SE
2. Since your last renewal have you been refused or denied the privilege of taking an examination required for any professional licensure?	YES 🗆	NO 🗷
3. Since your last renewal have you voluntarily surrendered any healthcare license?	YES 🗆	NO X
4. Since your last renewal have you had any healthcare license revoked?	YES 🗆	NO D
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 🗆	NO X
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 🗆	NO 🕱
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 []	мо ф′
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 🗆	NO 🕱
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 🗆	NO ÞK
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 🗆	NO (X)
11. Since your last renewal have you been court martialed or discharged other than honorably from the armed service?	YES 🗆	NO K
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 🗆	NO 🍂
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 🗆	NO 🐹

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

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