

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine that each state complete one of the verification forms...

VII. STATE LICENSURE

(If Applicable)

2017/94 BOARD OF MEDICAL EXAMINERS SUPERVISORY SERVICES

MARY CURKS BROWN

ISSUED DATE: 6/20/74 22616

ENTERED LOCATION: MISSOURI

DOB: 4/14/30

STATE OF ORIGINAL LICENSE: MO (P)

PRE-NAME: MURIEL ABERCROMBIE

REG. NUMBER: CHICAGO COL. 05/01/60

INTERESTS: WALTER REED HOSP

RESIDENCY: WALTER REED HOSP

SPECIALTY: OB/GYN

MILITARY SERVICE: 1960-7/74

RECOMMENDED BY: MEDICAL SOCIETY OF MISSOURI

EXPERIENCE:

RECEIVED  
MAR 11 1994  
A B M E

STATE OF GEORGIA  
COMPOSITE STATE BOARD OF MEDICAL EXAMINERS  
166 PRYOR ST., SW  
ATLANTA, GEORGIA 30303  
(404) 656-3913  
03/07/94

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT BROADNAX, GARY B\*\*\*\*\*  
WAS ISSUED GEORGIA MEDICAL LICENSE NUMBER 016213, ISSUED ON 08/15/74 , AND

AS OF 03/02/94 THE STATUS OF THIS LICENSE IS CURRENT.

THE DATE OF LAST RENEWAL WAS 12/15/93. THIS LICENSE EXPIRES 12/31/95.

A REVIEW OF PUBLIC RECORDS INDICATES THAT NO DISCIPLINARY ORDERS HAVE BEEN  
DOCKETED.

This 7th day of March, 1994.



ANDREW W. WATRY, EXECUTIVE DIRECTOR  
COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

Our mailing address of record for this licensee is:

BROADNAX, GARY B  
1409 WATERS EDGE DRIVE  
AUGUSTA , GA 309011045

REF: GARY B. BROADNAX, D.O.  
CCOM 173

APPROVED

MAR 22 1994

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# National Board of Osteopathic Medical Examiners

2700 River Road, Suite 407, Des Plaines, Illinois 60018 (708) 635-9955

## TRANSCRIPT

Part I passed      Scaled Score\*1      Standard Score\*2

Anatomy	82
Physiology	83
Biochemistry	79
Pharmacology	78
Pathology	88
Microbiology	82
Osteopathic Principles	N/A
Scaled Score Average OR Minimum Total Passing Score 75/400	
82	

Part II passed

Surgery	89
Obstetrics & Gynecology	86
Psychiatry	85
Community Medicine & Medical Humanities*3	90
Pediatrics	86
Internal Medicine	82
Medical Jurisprudence*3	77
Osteopathic Principles	N/A
Scaled Score Average OR Minimum Total Passing Score 75/400	
85	

Part III passed      369

### General Test of Clinical Competence

Scaled Score Average OR Minimum Total Passing Score 75/350

\*1 Examinations taken prior to February 1987 are reported as scaled scores.  
 \*2 Beginning in 1987 NBOME criteria for certification are based upon candidate's total score in Part I, Part II and Part III and not scores of individual subjects within each Part.  
 \*3 Prior to March 1990, Part II included the areas of 'Preventive Medicine and Public Health' and 'Medical Jurisprudence'. Currently, those are combined in the area of 'Community Medicine and Medical Humanities'.

I, Joseph F. Smoley, Ph.d., Executive Director of the National Board of Osteopathic Medical Examiners, inc., do hereby certify the above to be a true report of the record of

Gary Burks Broadnax, D.O.

awarded Diplomate Certificate No. 22212 on July 1, 1993.

*Joseph F. Smoley*  
Joseph F. Smoley, Ph.D.  
Executive Director

March 17, 1994  
Date Prepared

REF: GARY B. BROADNAX, D.O.  
1-CCOM 173

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ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36102

APPENDIX A

MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Gary Burks Broadnax of Augusta, Georgia matriculated in Study of medicine at Chicago College of Osteopathy to 05/25/73 and received a diploma from Chicago College of Osteopathy conferring the degree of Doctor of ~~XXXXXX~~ Osteopathy on June 4, 1973

Date March 4, 1994

*Christa Schenk Register*  
President, Secretary or Dean

(SEAL)

*need from U  
Med treatment  
AS*

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

\* → Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution.

REF: GARY B. BROADNAX, D.O.  
CCOM 173

The Federation of State Medical Boards  
of the United States

INCORPORATED

6000 WESTERN PLACE, SUITE 707  
FORT WORTH, TEXAS 76107-4618  
(817) 735-8445

RECEIVED

MAY 13 1994

A B M E

ADDRESSEE: GARY BURKS BROADNAX

Larry D. Dixon  
Executive Director  
Alabama State Board of Medical Examiners  
P.O. Box 946  
Montgomery, AL 36101-0946

It is certified that the above named physician took the Federation  
licensing Examination on the date(s) entered below for the State Medical  
licensing Board(s) listed and obtained the following scores:

Date of Certification: 05/06/94

FIN: 450601510

EXAMINATION DATE: 12/73  
STATE TAKEN FOR: 111

BASIC SCIENCE

Anatomy: 70.00  
Physiology: 69.00  
Biochemistry: 65.00  
Pathology: 75.00  
Microbiology: 63.00  
Pharmacology: 65.00  
Behavioral Science: .00

BASIC SCIENCE AVG.: 67.80

CLINICAL SCIENCE

Medicine: 75.00  
Surgery: 81.00  
Obstetrics: 87.00  
Public Health: 78.00  
Pediatrics: 72.00  
Psychiatry: 77.00

CLINICAL SCIENCE AVG.: 78.30

CLINICAL COMPETENCE AVG. 76.90

FLEX WEIGHTED AVG.: 75.90

\* \* \* \* \*  
Furthermore: A search of the Federation's Board Action Data Bank  
reveals no reported information on the above named  
physician.

JKP

Handwritten initials or signature.

RECEIVED

APR 11 1994

ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 946 - Montgomery Alabama 36102

APPENDIX B  
INTERNSHIP CERTIFICATION

CERTIFICATION OF INTERNSHIP OR FIRST YEAR RESIDENCY

I, WANDA F. CLARK, Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of WALTER REED ARMY MEDICAL CENTER Hospital at \_\_\_\_\_ certify that the records of this hospital show that GARY BURKS BROADNAX, D.O. has successfully completed an internship or first year residency in this hospital extending from July 1, 1973 to June 30, 1974 and our records do not reflect any derogatory information concerning this physician.

I further certify that in so far as the records reveal the said Dr. BROADNAX is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Wanda F. Clark

WANDA F. CLARK  
Administrator of ~~Montgomery~~  
Medical Education Director  
Director of Residency Training

Date 5 April 1994

(SEAL OF HOSPITAL)

*Recd from  
Walter Reed  
AS*

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:  
Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution.

RECEIVED

APR 15 1974

ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 946 — Montgomery, Alabama 36102

APPENDIX B  
INTERNSHIP CERTIFICATION

CERTIFICATION OF INTERNSHIP OR FIRST YEAR RESIDENCY

I, LYNN S. FARNSWORTH, M.D. <sup>Dept. Chief</sup> Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of Walter Reed Army Medical Center Hospital at Washington, DC certify that the records of this hospital show that Dr. Gary B. Bradburn has successfully completed an internship or first year residency in this hospital extending from July 19 73 to 30 June 1974

I further certify that in so far as the records reveal the said Dr. Gary B. Bradburn is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 2 April, 1974

Lynn S. Farnsworth, M.D.  
Administrator of Hospital  
Medical Education Director  
Director of Residency Training  
Dept. Chief, Dept. OB-Gyn

(SEAL OF HOSPITAL)

COL LYNN S. FARNSWORTH, MC  
CHIEF, DEPT. OF OB/GYN  
WALTER REED ARMY MEDICAL CENTER  
WASHINGTON, D.C. 20307-5001

COL LYNN S. FARNSWORTH, MC  
CHIEF, DEPT. OF OB/GYN  
WALTER REED ARMY MEDICAL CENTER  
WASHINGTON, D.C. 20307-5001

*rec'd from Walter Reed AMC  
yew*

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

→ Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution.

RECEIVED

APR 4 1994

A B N E

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36102

APPENDIX C  
ORIGINAL LICENSURE

CERTIFICATE OF EXECUTIVE DIRECTOR OF BOARD ISSUING ORIGINAL LICENSE

I, Andrew Watry Executive Director of Composite State Board of Medical Ex.  
Board of Medical Examiners, certify that Gary B. Broadnax, MD was granted Certificate/License  
NO. 16213 to practice medicine in the State of Georgia on \_\_\_\_\_ on  
the 8/15/74 Day Year based on 12/73 FLEX Exam  
and that said certificate or license has not been revoked or subject to disciplinary action.  
I further certify that \_\_\_\_\_ in his written exam before this Board, obtained a general

<b>BROADNAX GARY B</b>	<b>ST. BD. NO. 16</b>	<b>FLEX WEIGHTED AVERAGE</b>
<b>TP. NO. 17161</b>	<b>ANAT PHYS</b>	<b>BIO PATH MICR PHAR B.S. AVG</b>
<b>BASIC SCIENCE 70</b>	<b>69 65 63 75 63 65</b>	<b>67.8</b>
<b>MED SURG 81</b>	<b>87 78 72 77</b>	<b>C.S. AVG</b>
<b>CLINICAL SCIENCE 75</b>	<b>CLINICAL COMPETENCE AVERAGE</b>	<b>76.9</b>

Acting on behalf of the Georgia Board of Medical Examiners, I hereby certify to the reputability of Dr. Broadnax based on the records, and recommend him to the Alabama Board of Medical Examiners.

*Andrew Watry*  
Executive Director, Secretary, Chairman

Date 3/30/94  
Place Atlanta, Georgia

(SEAL OF BOARD)

*recd from LaBelle*

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:  
Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the State Board.

REF: GARY B. BROADNAX  
GA # 16213



**ALABAMA BOARD OF MEDICAL EXAMINERS**  
P.O. Box 946 - Montgomery, AL 36104  
MAR 14 1994

**APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT**

*ch  
reel*

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full GARY BURKS BROADNAX D.O.
2. Address 1409 WATERS EDGE DR., AUGUSTA, GA, 30901-1045
3. Place of Birth AIKEN, S. C. Date of Birth 1 JUNE 1945
- Social Security # \_\_\_\_\_ Sex M Telephone (H) (906) 724-6633 (W) (906) 791-6395

	YES	NO
4. Have you ever been convicted of a felony?	_____	_____ <input checked="" type="checkbox"/>
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	_____	_____ <input checked="" type="checkbox"/>
6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	_____	_____ <input checked="" type="checkbox"/>
7. Have you ever been denied a state or federal controlled substances certificate?	_____	_____ <input checked="" type="checkbox"/>
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	_____ <input checked="" type="checkbox"/>
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	_____ <input checked="" type="checkbox"/>
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	_____ <input checked="" type="checkbox"/>
11. Are you now, or have you ever been addicted to the use of alcohol or controlled substances?	_____	_____ <input checked="" type="checkbox"/>
12. Have you ever been diagnosed and/or treated for a mental illness and/or serious physical illness?	_____	_____ <input checked="" type="checkbox"/>
13. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	_____ <input checked="" type="checkbox"/>
14. To your knowledge, have you ever been or are you now, the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	_____ <input checked="" type="checkbox"/>

**IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.**

15. Military Service, Branch MEDICAL CORPS, U.S. ARMY Dates JUNE 1969 -> PRESENT
16. Place of Intended Residence in Alabama TUSCALOOSA

**I. PRELIMINARY AND PRE-MEDICAL EDUCATION**

List all schools attended, elementary through college and post-graduate work other than medical school.

Name of School	Dates Attended	Degree Conferred
1. <u>DENTONVILLE ELEM., DENTONVILLE, S.C.</u>	<u>9/51-6/52</u>	<u>N/A</u>
2. <u>CITY ELEM., RALEIGH, N.C.</u>	<u>9/52-6/53</u>	<u>N/A</u>
3. <u>71<sup>ST</sup> DISTRICT SCHOOL, PAYETTEVILLE, N.C.</u>	<u>9/54-6/55</u>	<u>N/A</u>
4. <u>NICOLSON ELEM., NICOLSON, MS.</u>	<u>9/55-6/56</u>	<u>N/A</u>
5. <u>71<sup>ST</sup> DISTRICT, PAYETTEVILLE, N.C.</u>	<u>9/56-6/57</u>	<u>N/A</u>
6. <u>MUNICH AMERICAN H.S., MUNICH, GERMANY</u>	<u>9/58-6/62</u>	<u>DIPLOMA</u>
7. _____	_____	_____

II. MEDICAL EDUCATION

List all medical schools attended, dates and complete addresses of institutions. Do not list internship and/or residency training.

- 1. From 9/69 to 6/73 Name of School CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE Address 555 31<sup>ST</sup> STREET DOWNERS GROVE, ILLINOIS 60515
- 2. From \_\_\_\_\_ to \_\_\_\_\_
- 3. From \_\_\_\_\_ to \_\_\_\_\_

III. INTERNSHIP AND/OR RESIDENCY TRAINING

List all internship and/or residency training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

- 1. From 7/73 to 6/74 Hospital/Institution WALTER REED ARMY MEDICAL CENTER Address DEPT. OF <sup>ADJ</sup>OB/GYN WASHINGTON, D.C. 20307-5001
- 2. From 7/74 to 6/77 Hospital/Institution WALTER REED ARMY MEDICAL CENTER Address DEPT. OF OB/GYN WASHINGTON, D.C. 20307-5001
- 3. From \_\_\_\_\_ to \_\_\_\_\_
- 4. From \_\_\_\_\_ to \_\_\_\_\_
- 5. From \_\_\_\_\_ to \_\_\_\_\_
- 6. From \_\_\_\_\_ to \_\_\_\_\_
- 7. From \_\_\_\_\_ to \_\_\_\_\_
- 8. From \_\_\_\_\_ to \_\_\_\_\_

Specialty(s) OB/GYN - BOARD CERTIFIED  
1981

IV. ORIGINAL LICENSE (If Applicable)

I was issued my original (first) license in the State of GEORGIA, based upon FLEX on 15 AUGUST 1974, license number 16213 examination. I certify that this license has not been the subject of any disciplinary action. If so please explain on attached sheet.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete addresses. Use separate sheet if necessary.

- 1. From 7/79 to 3/94 Place PRESENT EISENHOWER ARMY MEDICAL CENTER Address DEPT. OF OB/GYN FORT GORDON, GA. 30905-5650
- 2. From \_\_\_\_\_ to \_\_\_\_\_
- 3. From \_\_\_\_\_ to \_\_\_\_\_
- 4. From \_\_\_\_\_ to \_\_\_\_\_
- 5. From \_\_\_\_\_ to \_\_\_\_\_
- 6. From \_\_\_\_\_ to \_\_\_\_\_
- 7. From \_\_\_\_\_ to \_\_\_\_\_
- 8. From \_\_\_\_\_ to \_\_\_\_\_

- 2. From \_\_\_\_\_ to \_\_\_\_\_
- 3. From \_\_\_\_\_ to \_\_\_\_\_
- 4. From \_\_\_\_\_ to \_\_\_\_\_
- 5. From \_\_\_\_\_ to \_\_\_\_\_
- 6. From \_\_\_\_\_ to \_\_\_\_\_
- 7. From \_\_\_\_\_ to \_\_\_\_\_
- 8. From \_\_\_\_\_ to \_\_\_\_\_
- 9. From \_\_\_\_\_ to \_\_\_\_\_
- 10. From \_\_\_\_\_ to \_\_\_\_\_

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

- |  |   |   |
|--|---|---|
| 1. From <u>7/77</u> to <u>3/94</u><br><u>PRESENT</u> | Hospital<br><u>EISENHOWER ARMY</u><br><u>MEDICAL CENTER</u> | Address<br><u>DEPT. OF OB/GYN</u><br><u>FORT GORDON, GA. 30905-5650</u> |
| 2. From _____ to _____                               |   |   |
| 3. From _____ to _____                               |   |   |
| 4. From _____ to _____                               |   |   |
| 5. From _____ to _____                               |   |   |
| 6. From _____ to _____                               |   |   |
| 7. From _____ to _____                               |   |   |
| 8. From _____ to _____                               |   |   |
| 9. From _____ to _____                               |   |   |
| 10. From _____ to _____                              |   |   |
| 11. From _____ to _____                              |   |   |
| 12. From _____ to _____                              |   |   |
| 13. From _____ to _____                              |   |   |
| 14. From _____ to _____                              |   |   |

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ALABAMA BOARD OF MEDICAL EXAMINERS

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VII. STATE LICENSURE  
(If Applicable)

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

GEORGIA

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII. SPEX

1. Have you successfully completed a written licensing examination within the last ten years?  
YES - NBOR 1993 If Appendix C of this application does not reflex this exam, please submit such evidence.
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years?  
\_\_\_\_\_ If so please have the Specialty Board send verification of your certification.

IX. AFFIDAVIT AND RELEASE

1. GARY B. BROADNAX certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.  
I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or organization from any liability for the release of information.

Date 11 March 1994

*A Broadnax*  
Applicant's Signature

County of Piedmont

State of Georgia

SWORN to and subscribed before me this 11th day of March, 19 94

(SEAL)

*Shelia J. Wallace*  
Notary Public  
My Commission Expires: 15 Aug 95

