

Interview File Supplemental Report

9/11/2006

IVAN DAVID DIAMOND

Board Date	09/20/2006	License#	MD.
Intended Location	BIRMINGHAM		
POB	CAPE TOWN SOUTH AFRICA	DOB	February 13, 1952
Original License	FLEX/TX	Date	08/24/1980
Medical	FAC OF MED UNIV OF CAPE TOWN		1970-1975
Residency	EMORY U SCH OF MEDICINE		7/80-6/84



**ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION
RECEIPT**

Receipt Number: 136926
Reference: 6795
Staff: JBaskin

Date of Receipt: 07/25/2006
Total Amount: \$175.00

Received From(Individual)	GL Code GL Description	Amount
IVAN DAVID DIAMOND 70 BATTLE RIDGE DIRVE ATLANTA, GA 30342	100-4101 License Application Fee	\$175.00

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Germantown, TN
President

Philip J. DiSaia, M.D.
Orange CA
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Sacramento, CA
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Galveston, TX

Michael L. Socol, M.D.
Chicago, IL

Ralph K. Tamura, M.D.
Chicago, IL

George D. Wendel, Jr., M.D.
Dallas, TX

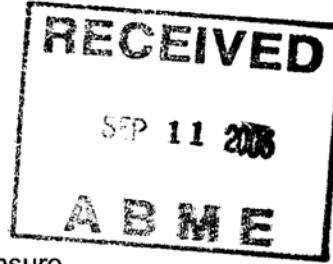
First in Women's Health

Norman F. Gant, M.D.
Executive Director

Alvin L. Brekken, M.D.
Assistant to the Executive Director

The Vineyard Centre
2915 Vine Street
Dallas, TX 75204
Phone (214) 871-1619
Fax (214) 871-1943

September 7, 2006



Alabama State Board of Medical Licensure
PO Box 946
Montgomery, AL 36101-0946

Reference: **Ivan Diamond, M.D.**
ABOG # 23763

Dear Administrator:

The above referenced physician is a **Diplomate** of the American Board of Obstetrics & Gynecology, Inc. (ABOG) certified in the 1987 examination and certificate renewed through the Recertification Examination in 1996 (expires 2007*).

This office responds to inquiries concerning the status of physicians in the certification process according to the following:

1. An individual is a registered graduate with ABOG when, at the time of application, ABOG rules that he/she has fulfilled the requirements to take the written examination.
2. An individual achieves active candidate status by passing the written examination. This status is limited to six years (five years for subspecialty) or three attempts to pass the oral examination. If active status has expired, it may be regained by repeating and passing ABOG's written examination.
3. An individual becomes a **Diplomate** of ABOG when he/she has fulfilled all requirements, has satisfactorily completed the written and oral examinations and has been awarded ABOG's certifying diploma. Diplomas issued prior to 1986 for basic Ob/Gyn and November 1987 for subspecialties are unlimited. Diplomas issued in 1986 for basic Ob/Gyn and November 1987 for subspecialties, as well as all subsequent dates, are valid for a maximum of 10 years.* The expiration date on a subspecialty diploma is the same as that of the Ob/Gyn diploma.

Sincerely yours,

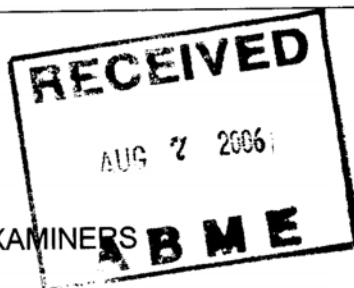
Norman F. Gant, M.D.
Executive Director

* *Certificate(s) expires on December 31 unless otherwise specified.*



JACKIE BASKIN

DIRECTOR OF LICENSURE
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. BOX 946
MONTGOMERY, AL 36101-0946



State Board Code:
001
Please include this
number on all requests

ECFMG® CERTIFICATION STATUS REPORT

USMLE™/ECFMG Identification Number: 0-246-507-8

Applicant's Name: Ivan David Diamond

Applicant's Date of Birth: 02/13/1952

ECFMG Certified: Yes

Certificate Issue Date: 07/20/1977

English Test Valid Through: Valid Indefinitely

Passing Performance on Medical Science Examinations:

Examination	Date	Two-Digit Score	Three-Digit Score
ECFMG Examination	07/23/1975	84	NA

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
Not Required for Certification	

Most Recent Passing Performance on English Test: MAY 1977

Name of Medical School and Country: UNIVERSITY OF CAPE TOWN, CAPE TOWN, SOUTH AFRICA

Degree Year: 1975

† Medical Education Credentials Status: Complete

This information is reported directly from ECFMG computer records and is current as of 07/31/2006.

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete history of and scores for USMLE Step examination(s) that may have been taken by this individual, contact the appropriate registration entity to request a USMLE transcript.

† Since July 1986, ECFMG has verified medical school credentials directly with the medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG certification for the purpose for which the physician provided authorization.

Nadine Becker, M.D.
 Ivan Diamond, M.D.
 Laura Elliott, M.D.
 Gail K. Gross, M.D.
 Manjeeri Sangvai, M.D.
 Lawrence Weinstein, M.D.
 Julie Zimmermann, M.D.



Judy P. Fielder, C.N.M., M.N.
 Virginia Hawk, C.N.M., M.N.
 Amy Kayler, C.N.M., M.N.
 Ruth Roser, C.N.M., M.N.
 Laura Stewart, C.N.M., M.N.

Gynecology & Obstetrics

**Alabama State Board of Medical Examiners
 P.O. Box 946
 Montgomery, Alabama 36101
 Attn: Jackie Baskin**

The following were my professional activities from 1/75 to 12/79:

1/75 - 12/75 Final (6th) year of medical school, graduated 12/75

1/76 - 12/76 Rotating internship at Woodstock Hospital, Woodstock, Cape, South Africa (hospital has subsequently closed)

1/77 - 12/78 General Medical Officer, South African Medical Services (South African military medical services branch) completing my national service obligation.

1/79 - 12/79 Resident, University of Cape Town School of medicine, Department of Obstetrics and Gynecology (Groote Schuur Hospital and Peninsula Maternity Hospital)

Contact me if you have any further questions

Ivan D Diamond M.D.

Alpharetta Location
 1015 Mansell Road
 Alpharetta, GA 30076
 PHONE: 678/352-0254
 FAX: 678/352-1458
 NURSES: 678/352-0650

Northside Location
 980 Johnson Ferry Road, Suite 620
 Atlanta, Georgia 30342
 PHONE: 404/255-2057
 FAX: 404/256-4238
 NURSES: 404/257-0553

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR
LaSharn Hughes, MBA



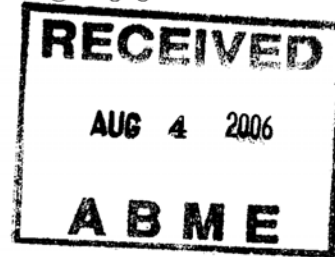
MEDICAL DIRECTOR
Jim H. McNatt, MD

2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • Fax 404.656.9723
<http://www.medicalboard.georgia.gov> E-Mail: Medbd@dch.ga.gov

Thursday, August 3, 2006

RE: **Ivan Diamond, MD**

TO WHOM IT MAY CONCERN:



This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **23040** and was issued on **October 07, 1981**

The current license status is **Active**

The license expiration date is **February 28, 2007**.

Board Actions A review of public records indicates that no public board orders have been docketed.

Certified this day Thursday, August 3, 2006

Composite State Board of Medical Examiners

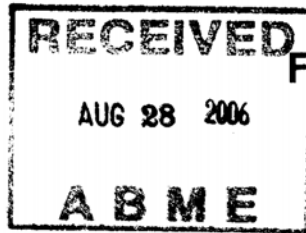
LaSharn Hughes
Executive Director

LLH/

App A



UNIVERSITY OF CAPE TOWN



Faculty of Health Sciences

Anzio Road
OBSERVATORY 7925
Telephone Number: (021) 406-6346
Fax Number: (021) 447-8955
Email address: medfac@curie.uct.ac.za

16 August 2006

Alabama Board of Medical Examiners
P O Box 946
Montgomery
Alabama
36101

Dear Sir/Madam

MEDICAL SCHOOL CERTIFICATION: DR IVAN DAVID DIAMOND

I confirm that the degree of Bachelor of Medicine and Bachelor of Surgery of this University was conferred upon Dr Diamond on 11 December 1975.

Dr Diamond completed the six years of degree study in even time with no history of failure whatsoever. He maintained a satisfactory and steady progress during this period and was a conscientious and reliable student who related well to both his peers and the staff of the Faculty.

Dr Diamond left the University in good standing

Yours sincerely

K. Blerk

**MS KAREN VAN BLERK
UNDERGRADUATE STUDENT ADMINISTRATION**

*U Cape Town
JTB*

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101

APPENDIX A
MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that _____ of _____
matriculated in _____ at _____ from _____
to _____ and received a diploma from _____
conferring the degree of Doctor of Medicine on _____

Date _____

President, Secretary or Dean

(SEAL)

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 certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104



APPENDIX B
POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, B. Denise Reynor, Administrator, Medical Education Director or Director of Residency Training Pro-
gram (indicate which one) of Grady/Emory Programs Hospital at 80 Jesse Hill Dr Dr certify that
the records of this Hospital show that Ivan Diamond has successfully com-
pleted *(1 year / 3 years) post graduate education training in this hospital extending from 7/1/80 to
6/30 2004

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

Date 7/26/06

(SEAL OF HOSPITAL)

B. Denise Reynor
Administrator of Hospital
Medical Education Director
Director of Residency Training
B. Denise Reynor, MD

Emory U Sch Med
JHS

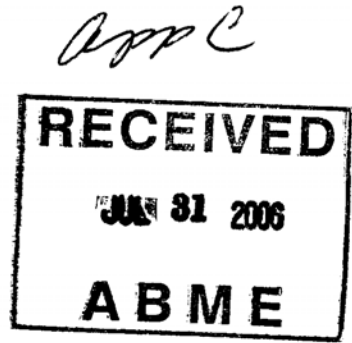
*Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.
*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

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 certificate unless it is received directly from the institution.
Rev. 9/02



Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P. O. BOX 946
MONTGOMERY, AL 36101-0946

July 26, 2006

For: ALABAMA STATE BOARD OF MEDICAL EXAMINERS

In response to a recent request, we verify the following information:

Physician: IVAN DAVID DIAMOND, MD
License: F6577
Date Issued: 08/24/1980
Licensed by: Examination
Date of Birth: 1952
Medical School: UNIV OF CAPE TOWN, CAPE TOWN
Graduation Year: 1975
Permit Expires: 11/30/1996

Registration Status:

This is to certify that the above-named physician's license was cancelled for non-payment of registration fees by the Board.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

If you have any further questions, please contact the Verification division

Sincerely,

Abigail Howard
Customer Information Center

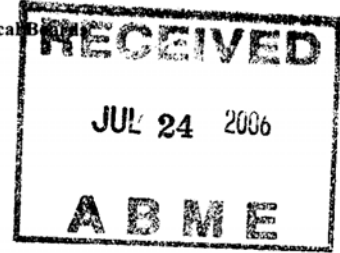
BOARD SEAL

*To med Board
JTB*



FEDERATION LICENSING EXAMINATION (FLEX)
Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards



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

EXAMINEE: Diamond, Ivan
USMLE ID#: 2-080-445-6
DOB: 02/13/1952
ALT. NAME(S): Diamond, Ivan David

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:

FIN: 520213007

Date of Certification: 7/19/2006

Examination Date: 06/1980
State Taken For: 044

BASIC SCIENCE

Anatomy: 74.00
Physiology: 80.00
Biochemistry: 71.00
Pathology: 87.00
Microbiology: 71.00
Pharmacology: 88.00
Behavioral Science: 83.00

Basic Science Avg: 79.14

CLINICAL SCIENCE

Medicine: 88.00
Surgery: 84.00
Obstetrics: 89.00
Public Health: 84.00
Pediatrics: 92.00
Psychiatry: 85.00

Clinical Science Avg: 87.00

Clinical Comp Avg: 86.98

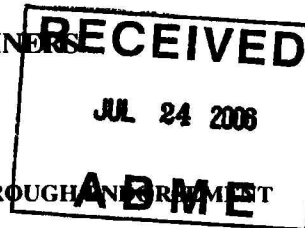
Flex Weighted Avg: 85.00

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

175.00 rec'd

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, AL 36101
848 Washington Avenue - 36104
(334) 242-4116



APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ABME

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 Ivan David Diamond
2. Address 70 Battle Ridge Dr. Atlanta Ga. 30342
3. Place of Birth Cape Town South Africa Date of Birth 2/13/1952
Social Security # _____ Sex M Telephone (H) (404) 2524622 (404) 2552057

	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 substance 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. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	<input checked="" type="checkbox"/>
12. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	<input checked="" type="checkbox"/>
13. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	<input checked="" type="checkbox"/>
14. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?'	_____	<input checked="" type="checkbox"/>
15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	<input checked="" type="checkbox"/>
16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	<input checked="" type="checkbox"/>
17. Are you currently engaged in the illegal use of controlled dangerous substances?'	_____	<input checked="" type="checkbox"/>
18. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?'	_____	<input checked="" type="checkbox"/>
19. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	<input checked="" type="checkbox"/>
20. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	<input checked="" type="checkbox"/>

"The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

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

21. Military Service, Branch _____ Dates _____

22. Place of Intended Residence in Alabama Birmingham

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.	University of Cape Town School of Medicine	1970-1975	M.D.
2.			
3.	Meru University	1997-1998	MBA
4.			
5.			
6.			
7.			

II. MEDICAL EDUCATION

List all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

	From	To	Name of School	Address
1.	1970	1975	University of Cape Town	Faculty of Health Sciences Private Bag
2.				Observatory 7935 Cape Town South Africa.
3.				

III. POST GRADUATE MEDICAL EDUCATION TRAINING

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

	From	To	Hospital/Institution	Address
1.	1980	1984	Emory University Affiliated Hospitals	WHSCAB 1440 Clifton Road Atlanta Ga 30322
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Specialty(s) OB/GYN

IV. ORIGINAL LICENSE (If Applicable)

I was issued my original (first) license in the State of Texas on 8/24/1980 license number FG577 based upon FLEX 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 address. Use separate sheet if necessary.

	Place	Address
1. From <u>1984</u> to <u>1993</u>	<u>Gynecology and Obstetrics</u>	<u>2801 North Decatur Road</u>
2. From _____ to _____	<u>Delcabs.</u>	<u>Side 190</u>
3. From _____ to _____		<u>Decatur Ga 30033</u>
4. From <u>1993</u> to <u>Present</u>	<u>Northside Womens Specialists</u>	<u>980 Johnson Ferry Road</u>
5. From _____ to _____		<u>Atlanta Ga 30342</u>
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.

	Hospital	Address
1. From <u>1984</u> to <u>present</u>	<u>Delcabs Medical Center</u>	<u>2701 North Decatur Road</u>
2. From _____ to _____		<u>Decatur Ga 30033</u>
3. From <u>2000</u> to <u>present</u>	<u>Northside Hospital</u>	<u>1000 Johnson Ferry Road</u>
4. From <u>2002</u> to <u>present</u>	<u>Emory Dunwoody Medical Center</u>	<u>Atlanta Ga 30342</u>
5. From _____ to _____		<u>4575 Shallowford Road</u>
6. From <u>1996</u> to <u>2003</u>	<u>Emory Eastside Medical Center</u>	<u>Atlanta Ga 30338</u>
7. From _____ to _____		<u>1700 Medical Way</u>
8. From _____ to _____		<u>Snellville Ga 30078</u>
9. From _____ to _____		
10. From _____ to _____		
11. From _____ to _____		
12. From _____ to _____		
13. From _____ to _____		
14. From _____ to _____		

**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.

<u>Texas</u>	_____	_____
<u>Georgia</u>	_____	_____
_____	_____	_____
_____	_____	_____

VIII. SPEX

1. Have you successfully completed a written licensing examination within the last ten years? YES _____ NO ✓
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years? YES ✓ NO _____

IX. AFFIDAVIT AND RELEASE

I, Ivan David Diamond, 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 is a true likeness of myself and was taken within sixty 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 my 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 connect 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 any organization from any liability for the release of information.

Date 7/19/06

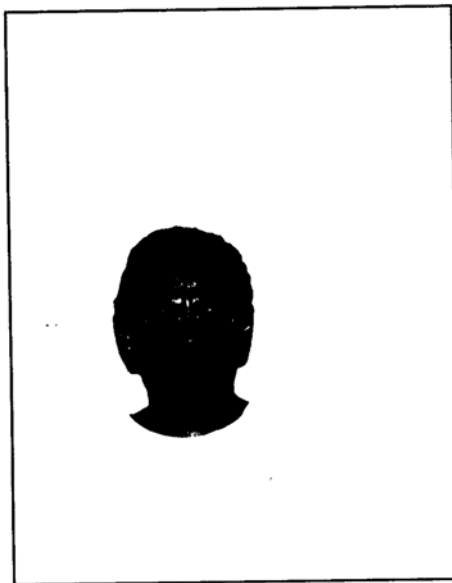
County of Fulton

State of Georgia

SWORN to and subscribed before me this 19th day of July, 2006

Ivan David Diamond
Applicant's Signature

Carol B. Taylor
Notary Public
My Commission Expires: 8-13-09





Diamond

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
or (334) 242-4116
FAX: (334) 240-3388
EMail: jbaskin@albme.org

July 26, 2006

Ivan David Diamond, M.D.
70 Battle Ridge Drive
Atlanta, GA 30342

Dear Dr. Diamond:

Your endorsement application was received in this office today. Before it can be considered by the Board, at its meeting on **September 20, 2006** the following items must be submitted by **August 30, 2006**. You will be notified once your application is complete.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Check for \$175 | <input type="checkbox"/> FLEX Scores (from Federation) |
| <input type="checkbox"/> Completion of Section I | <input type="checkbox"/> NBME Scores (from NBME) |
| <input type="checkbox"/> Completion of Section II | <input type="checkbox"/> USMLE Scores (from Federation) |
| <input type="checkbox"/> Completion of Section III | <input type="checkbox"/> NBOME Endorsement of Certification |
| <input type="checkbox"/> Completion of Section IV | <input type="checkbox"/> SPEX Scores (from Federation) |
| <input type="checkbox"/> Completion of Section V | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Completion of Section VI | <input type="checkbox"/> LMCC Certification |
| 8/4 <input checked="" type="checkbox"/> Completion of Section VII
We have not yet received
verification from the state(s)
of <u>GA</u> | 8/7 <input checked="" type="checkbox"/> ECFMG Certification (from ECFMG) |
| <input type="checkbox"/> Completion of Section VIII | 9/7 <input checked="" type="checkbox"/> Board Certification (from AMA/AOA
approved Specialty Board) |
| 8/28 <input checked="" type="checkbox"/> Appendix A (medical school) | <input type="checkbox"/> Passport |
| 7/31 <input checked="" type="checkbox"/> Appendix B (post graduate training)
(3 yrs.) | <input type="checkbox"/> APHP Recommendation (see enclosed) |
| 7/31 <input checked="" type="checkbox"/> Appendix C (original state board)
(TX) | 9/7 <input checked="" type="checkbox"/> Period Unaccounted For
1/76-12/79 |

Sincerely,

Jackie Baskin



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

JACKIE BASKIN, DIRECTOR OF LICENSURE

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September 7, 2006

Ivan David Diamond, M.D.
70 Battle Ridge Drive
Atlanta, GA 30342

Dear Dr. Diamond:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on **September 20, 2006**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to the Commission's office with the required fee of \$75.** The Commission will meet on **September 21, 2006**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Once you receive your Alabama license please complete the application, **to include your full name and correct address, and return it with the required fee of \$110.** In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. Also enclosed is information relative to the requirement of continuing medical education. If you have any questions or if this office can be of further assistance to you please contact us.

Sincerely,

Jackie Baskin
Director of Licensure

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Encs.