

# D. O. LICENSE RENEWAL APPLICATION

License Period: **July 1, 2007 to June 30, 2008**

Oklahoma State Board of Osteopathic Examiners  
4848 N. Lincoln Blvd, Suite 100, Oklahoma City, OK 73105  
(405) 528-8625 Office (405) 557-0653 Fax

Renewal Fees are based on practice settings beginning July 1, 2007.

**\$225 - IN-STATE PRACTICE** (also includes out-of-state physicians with satellite offices in Oklahoma, physicians working locum tenens at any time during the year in Oklahoma, and physicians engaged in telemedical practice or other provision of remote services for Oklahoma patients)

**\$200 - FULLY RETIRED PHYSICIANS** (not working at all)

**\$150 - OUT-OF-STATE PRACTICE** (physicians strictly maintaining Oklahoma licensure)

**\$200 - RESIDENTS and FELLOWS** (regardless of address)

**\$150 - LATE PENALTY** after 7/1/2007

**\$50 - DISPENSING PERMIT** in-state

Important: (a) Required by statute. Please fill out application completely and accurately. (b) Mark corrections and changes.

Principal Practice Address: (Street address required)

Preferred Mailing Address:

Larry A. Burns, D.O. #1647  
2453 Wilcox Dr  
Norman, OK 73069-3956

2453 Wilcox Dr  
Norman, OK 73069-3956

Home Address (Street address required):

[REDACTED]

Telephone (home): [REDACTED]

Home FAX:

Cell Phone:

NPI (National Physician Identifier) #: 1245355544

Telephone (office): 405-329-8120

FAX: 405-217-8635

E-mail:

Attach a list of additional Practice Locations.

PROVIDE PROOF of sixteen (16) AOA-approved Category 1 CME hours earned from 7/1/2006 to 6/30/2007.

PROVIDE PROOF of one (1) hour of Proper Prescribing credit; course attended between 07/01/2005 and 06/30/2007.

2007 STATE CONVENTION CME 26 HRS.

Specialty Information: Write out your specialty/specialties in full.

2007 STATE CONVENTION PROPR. PRET. 1 HR.

1<sup>st</sup> Specialty:

2<sup>nd</sup> Specialty:

Board Certified? Yes:  No:

Board Certified? Yes:  No:

Board Certified by AOA  ABMS  AAPS

Board Certified by AOA  ABMS  AAPS

By Other: \_\_\_\_\_

By Other: \_\_\_\_\_

Practice Settings: (check all that apply to you)

College Faculty  Private Practice  Hospital Position  Indian Hlth Services  Active Duty Military

Public Hlth Services  Military Facility  Administrative  Correctional Center  Fully-Retired

Civil Service  Veterans Admin  Comm Mental Hlth  Fed Aviation Adm  Residency

Preceptorship  Fellowship  Sabbatical  Locum Tenens

Other: \_\_\_\_\_ If in Residency or Fellowship, actual or projected completion date: \_\_\_\_\_

List where you have hospital privileges: \_\_\_\_\_

Other states where you have been licensed: \_\_\_\_\_

Do you want a **Dispensing Registration** certificate in order to dispense from your office? If "Yes," enclose \$50 fee. Yes:  No:   
(Registration required for Oklahoma practice only. Not required for dispensing professional samples or writing prescriptions.)

## IN THE PAST TWELVE (12) MONTHS:

1. Was a **professional liability lawsuit** filed against you? Yes:  No:
2. Was **disciplinary action** taken against you by *any* medical training program, hospital, managed care organization, group practice or other setting; or did you resign while under investigation; or were your privileges or contract not renewed in lieu of termination or firing? If "Yes," explain on a separate sheet. Yes:  No:
3. Was **board disciplinary action** taken against you - or **pending** - affecting your license in another state? If "Yes," explain on a separate sheet. Yes:  No:
4. Did you suffer a **personal illness or injury** that adversely affects your ability to practice osteopathic medicine? Yes:  No:
5. Did you **enter or complete a treatment program** for substance abuse? If "Yes," explain on a separate sheet. Yes:  No:
6. Were you **charged with or convicted** of a DUI or DWI? If "Yes," explain on a separate sheet. Yes:  No:
7. Were your DEA/OBNDD permits **revoked, suspended, fined or restricted**? If "Yes," explain on a separate sheet. Yes:  No:
8. Were you **convicted, indicted, arrested, or charged** with a felony or other crime relating adversely to the practice of osteopathic medicine? (*Plea of guilty, non-fault, nolo contendere or other such plea for alleged criminal activity shall be deemed a conviction.*) If "Yes," explain on a separate sheet. Yes:  No:

I certify that the information which I have provided on this application is true, complete and correct. I understand that if this application is not accurate and complete, the Board may deny my Oklahoma license renewal.  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D. A. Burns D.O.

5/10/07

BOARD USE ONLY

CME OK  
PP OK

PD \$ 275  
CK # 16149

DATE STAMP  
RECEIVED

RECEIVED

MAY 14 2007

OKLA. BOARD OF  
OSTEOPATHIC EXAMINERS

burns, Larry A.

# D.O. LICENSE RENEWAL APPLICATION

License Period: **July 1, 2008 to June 30, 2009**

Oklahoma State Board of Osteopathic Examiners

4848 N. Lincoln Blvd, Suite 100, Oklahoma City, OK 73105  
(405) 528-8625 Office (405) 557-0653 Fax

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**\$150 - OUT-OF-STATE PRACTICE** (physicians strictly *maintaining* Oklahoma licensure)

**\$200 - RESIDENTS and FELLOWS** (regardless of address)

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**\$50 - DISPENSING PERMIT** in-state

Important: (a) **Required by statute.** Please fill out application **completely and accurately.** (b) Mark corrections and changes.

Principal Practice Address: (Physical address **required**)

Larry A. Burns, D.O. # 1647  
2453 Wilcox Dr  
Norman, OK 73069-3956

Preferred Mailing Address:

2453 Wilcox Dr  
Norman, OK 73069-3956

Home Address (Physical address **required**):

[REDACTED]

NPI (National Physician Identifier) #: 1245355544

Telephone (office): 405-329-8120

FAX: 405-217-8635

E-mail:

Telephone (home): [REDACTED]

Home FAX:

Cell Phone:

**Attach a list of additional Practice Locations.**

**ATTACH PROOF of sixteen (16) AOA-approved Category 1A or 1B CME hours earned from 7/1/2007 to 6/30/2008.**

(CME attendance records are provided to the Board only by the OOA and OSU.)

**ATTACH PROOF of one (1) hour of Proper Prescribing credit; attended between 07/01/2006 and 06/30/2008.** (In-State DOs only)

**Specialty Information:** Write out your specialty/specialties in full.

1<sup>st</sup> Specialty: FP

2<sup>nd</sup> Specialty:

Board Certified? Yes: \_\_\_ No: \_\_\_ Exp. Date: \_\_\_\_\_

Board Certified? Yes: \_\_\_ No: \_\_\_ Exp. Date: \_\_\_\_\_

Board Certified by AOA \_\_\_ ABMS \_\_\_ AAPS \_\_\_

Board Certified by AOA \_\_\_ ABMS \_\_\_ AAPS \_\_\_

By Other: \_\_\_\_\_

By Other: \_\_\_\_\_

**Practice Settings:** (check **all** that apply to you)

\_\_\_ College Faculty \_\_\_ Private Practice \_\_\_ Hospital Position \_\_\_ Indian Hlth Services \_\_\_ Active Duty Military  
\_\_\_ Public Hlth Services \_\_\_ Military Facility \_\_\_ Administrative \_\_\_ Correctional Center \_\_\_ Fully-Retired  
\_\_\_ Civil Service \_\_\_ Veterans Admin \_\_\_ Comm Mental Hlth \_\_\_ Fed Aviation Adm \_\_\_ Residency  
\_\_\_ Preceptorship \_\_\_ Fellowship \_\_\_ Sabbatical \_\_\_ Locum Tenens

Other: \_\_\_\_\_ If in **Residency or Fellowship**, actual (or projected) completion date: \_\_\_\_\_

List where you have **hospital privileges**: \_\_\_\_\_

Other states (with license numbers) where you have been licensed: \_\_\_\_\_

Do you want a **Dispensing Registration** certificate in order to dispense from your office? If "Yes," **enclose \$50 fee.** Yes:  No: \_\_\_  
(Registration required for Oklahoma practice only. Not required for dispensing professional samples or writing prescriptions.)

## IN THE PAST TWELVE (12) MONTHS:

1. Was a **professional liability lawsuit** filed against you? Yes: \_\_\_ No:
2. Was **disciplinary action** taken against you by *any* medical training program, hospital, managed care organization, group practice or other setting; or did you resign while under investigation; or were your privileges or contract not renewed in lieu of termination or firing? If "Yes," explain on a separate sheet. Yes: \_\_\_ No:
3. Was **board disciplinary action** taken against you - or **pending** - affecting your license in another state? If "Yes," explain on a separate sheet. Yes: \_\_\_ No:
4. Did you suffer a **personal illness or injury** that adversely affects your ability to practice osteopathic medicine? Yes: \_\_\_ No:
5. Did you **enter or complete a treatment program** for substance abuse? If "Yes," explain on a separate sheet. Yes: \_\_\_ No:
6. Were you **charged with or convicted** of a DUI or DWI? If "Yes," explain on a separate sheet. Yes: \_\_\_ No:
7. Were your DEA/OBND permits **revoked, suspended, fined or restricted**? If "Yes," explain on a separate sheet. Yes: \_\_\_ No:
8. Were you **convicted, indicted, arrested, or charged** with a felony or other crime relating adversely to the practice of osteopathic medicine? (Plea of guilty, non-fault, nolo contendere or other such plea for alleged criminal activity shall be deemed a conviction.) If "Yes," explain on a separate sheet. Yes: \_\_\_ No:

I certify that the information which I have provided on this application is true, complete and correct. I understand that if this application is not accurate and complete, the Board may deny my Oklahoma license renewal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Larry A. Burns*

6/12/08

**BOARD USE ONLY**

DATE STAMP RECEIVED

CME *OK*  
PP *DD*

RECEIVED

PD \$275.00  
OK #17921

JUN 23 2008

Dispensing Permit

OSTEOPATHIC EXAMINERS

**Instructions for Required Affidavit:**

All natural persons fourteen (14) years of age or older and present in the United States, applying for a license, or renewal of an existing license, with the **Oklahoma State Board of Osteopathic Examiners** are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United States by executing this Affidavit before a notary public or other officer authorized to notarize affidavits under State law. (The Board's licensing office is staffed with a notary who is available to provide notary service for this affidavit at no cost to applicants or licensees who request same in person.)

**AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES**

**Affidavit of**

LARRY A. BURNS D.O.  
[Licensee's Name] - (Please Print or Type)

STATE OF Okla )  
COUNTY OF Cleveland ) ss:

LARRY A. BURNS D.O., of lawful age, being first duly sworn, upon oath states, under penalty of perjury, as follows:  
[Licensee's Name]

**Option 1 - Verification of Citizenship**

I am a United States Citizen.

or

**Option 2 - Affidavit Verifying Qualified Alien Status**

I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Larry Burns D.O.  
[Signature of Licensee]

Subscribed and sworn to, or affirmed, before me this 18 day of June, 2008,  
by Larry Burns.

Yasmin L. Rye  
[Notary Public]

My Commission Number: 00016511 expires: 10-28-2008

(Seal)

**RECEIVED**  
**JUN 23 2008**  
OKLA. BOARD OF  
OSTEOPATHIC EXAMINERS

PAUL F. BENIEN, JR, D.O.  
PRESIDENT  
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OKLAHOMA CITY

E. JOSEPH SUTTON II, D.O.  
VICE PRESIDENT  
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MEMBER  
918/473-2278  
CHECOTAH



# Board of Osteopathic Examiners

State of Oklahoma

4848 N. LINCOLN BLVD., SUITE 100  
OKLAHOMA CITY, OK 73105-3335  
405/528-8625

BARBARA FRETWELL  
PUBLIC MEMBER  
405/843-7373  
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MEMBER  
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JAMES P. RIEMER, D.O.  
MEMBER  
918/762-2522  
PAWNEE

DAVID W. SIMPSON, D.O.  
MEMBER  
405/692-2500  
OKLAHOMA CITY

April 17, 2002

Del Langham, Vice President  
PLICO – Physicians Liability Insurance Company  
5005 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105

PHYSICIAN: Larry Alan Burns, D.O.  
GRANTED: 07/05/1973

LICENSE NUMBER: 1647  
EXPIRATION DATE: 06/30/2002

Dear Mr. Langham:

This is to certify that the above-mentioned doctor is a licensed Osteopathic Physician and Surgeon, licensed by the Oklahoma State Board of Osteopathic Examiners.

Dr. Burns is in good standing with the profession. There is nothing derogatory in his file.

Sincerely,

Barbara Shepherd  
Executive Secretary

( SEAL )

Enclosure: Copy of Original Application



Physicians  
Liability  
Insurance  
Company

PO Box 26727  
Oklahoma City, OK  
73126-0727

Fax: 290-5702  
Underwriting: 290-5660  
Claims: 290-5661  
800-522-9219

The Insurance Company  
of The  
Oklahoma State  
Medical Association

RECEIVED

APR 15 2002

OKLA. BOARD OF  
OSTEOPATHIC EXAMINERS

Date: 4/12/02

To: Osteopathic Board

Attention: \_\_\_\_\_

Fax Number: 557-~~0000~~ 0653

International: \_\_\_\_\_  
Country, City, Fax#

From: Cassie Williams

# of pages: 1

If you have any trouble call: 290-5600, x341

COMMENTS:  
Please ~~send~~ send Credentialing  
information for:  
Jerry Burns, D.O.  
Lic # 1647

NOTICE NOTICE NOTICE NOTICE  
THE INFORMATION CONTAINED IN THE TRANSMISSION ACCOMPANYING THIS  
NOTICE IS CONFIDENTIAL. IT IS INTENDED ONLY FOR THE USE OF THE  
INDIVIDUAL OR ENTITY IDENTIFIED ABOVE. IF THE READER OF THIS MES-  
SAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT  
ANY DISSEMINATION OR DISTRIBUTION OF THE ACCOMPANYING COMMUNICA-  
TION IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN  
ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE  
ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES  
POSTAL SERVICE. THANK YOU.

SHORT WIGGINS MARGO & BUTTS

A PROFESSIONAL CORPORATION

LAWYERS

3100 OKLAHOMA TOWER  
210 PARK AVENUE  
OKLAHOMA CITY, OKLAHOMA 73102

AREA CODE 405  
PHONE 232-1211

TELECOPIER:  
405/235-7025

GEORGE F. SHORT  
JOHN WIGGINS  
ROBERT C. MARGO  
BENJAMIN J. BUTTS  
RANDALL L. SEWELL  
PERRY T. MARRS, JR.  
CYNTHIA L. SPARLING  
BRENT L. NEIGHBORS  
WILLIAM C. MEDLEY IV  
L. EARL OGLETTREE

December 5, 2000

Please copy the following licensure files and contact the above address.

Behm, David, D.O.  
Burns, Larry A., D.O.  
Dzurilla, Jozef, D.O.  
Goldstein, Joseph A., D.O.  
Hinahon, Priscila G., D.O.  
Hubbard, Kevin, D.O.  
Kelle, Donald R., D.O.  
Linzman, Rod F., D.O.  
Melton, Jim Greg, D.O.  
Minter, Jon E., D.O.  
Mitchell, Charles H., D.O.  
VanderLugt, Lee, D.O.

If you have any questions please contact Jessica. Thanks.

# WOSKA & HASBROOK

*A Professional Limited Liability Company  
Attorneys & Counselors at Law*

120 North Robinson, Suite 2720  
Oklahoma City, Oklahoma 73102  
Telephone (405) 235-1551  
Facsimile (405) 239-2112  
Email: help@adwoska.com

A. Daniel Woska  
T. David Hasbrook

John E. Barbush

September 28, 2000

**VIA FACSIMILE: 557-0653**

Director  
State Board of Osteopath Examiners  
4848 N. Lincoln Blvd., Suite 100  
Oklahoma City, OK 73105

Re: **Larry A. Burns, D.O.**

Dear Sir or Madam:

The purpose of this letter is to formally request the file(s) of Larry A. Burns, D.O. When this information is ready, please call the undersigned at 235-1551 and we will pick it up. I understand there will be a charge of \$.25 per page for this request.

Please call me if you have any questions.

Very truly yours,



T. David Hasbrook

TDH/sad

#1647

OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS  
4848 NORTH LINCOLN BOULEVARD  
SUITE 100  
OKLAHOMA CITY, OKLAHOMA 73105  
405/528-8625

STATEMENT

STUART K. BENSCH  
P.O. BOX 755  
BLACKWELL, OK 74631 0755

PLEASE RETURN THIS STATEMENT WITH YOUR REMITTANCE.

\$ 5.00

---

DATE	COPY OF THE FILE OF	
7/14/97	LARRY A. BURNS, D.O.	
	20 pages @.25 each	\$ 5.00

PAY LAST AMOUNT IN BALANCE COLUMN



Stuart K. Bensch  
P.O. Box 755  
Blackwell, Oklahoma 74631-0755  
(405) 628-2426 (home)  
sbensch@juno.com  
7 June 1997

Attn: Physician Files  
Board of Osteopathic Examiners  
4848 N. Lincoln Blvd.  
Oklahoma City, Oklahoma 73105-3335  
405/528-8625

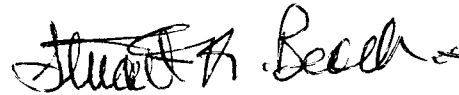
RECEIVED  
JUN 13 1997  
OKLA. BOARD OF  
OSTEOPATHIC EXAMINERS

Physician Files:

Please mail me a copy of the file of Dr. Lawrence Alan  
Burns, DO.

Thanks!

Sincerely,



Stuart K. Bensch

Law Offices

**FOLIART, HUFF, OTTAWAY & CALDWELL**  
A Professional Corporation

James D. Foliart  
Glen D. Huff  
Larry D. Ottaway  
M. Dan Caldwell  
Monty B. Bottom  
Michael C. Felty\*  
Susan A. Short  
David A. Branscum\*\*  
Timothy M. Melton\*\*\*  
Darrell W. Downs  
David K. McPhail  
Kevin E. McCarty  
Michael T. Maloan  
Jeffrey R. Atkins

Twentieth Floor  
First National Center  
120 North Robinson  
Oklahoma City, Oklahoma 73102

Telephone  
(405) 232-4633  
Fax  
(405) 232-3462

January 17, 1995

JAN 17 1995  
STATE BOARD OF  
OSTEOPATHIC EXAMINERS

\*Admitted U.S. Patent &  
Trademark Office  
\*\*Also admitted in Minnesota  
\*\*\*Also admitted in District of  
Columbia and Colorado

State Board of Osteopathic Examiners  
4848 N. Lincoln, Suite 100  
Oklahoma City, OK 73105

Re: Larry A. Burns, D.O.  
Office Address: 2453 Wilcox Dr., Norman, OK 73072  
Home Address: [REDACTED]  
Our File: Liddington v. Burns

Gentlemen:

Please send us a copy of the public information file regarding Dr. Larry A. Burns. If you will call me or my secretary, Lynne Cooper, and let us know the cost of obtaining this information, we will send someone with a check to pick up the copies.

Thank you for your assistance.

Very truly yours,

FOLIART, HUFF, OTTAWAY & CALDWELL

By

  
Vickie L. Gray  
Legal Assistant

VLG\mlc\1770

OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS  
4848 NORTH LINCOLN BOULEVARD  
SUITE 100  
OKLAHOMA CITY, OKLAHOMA 73105  
405/528-8625

STATEMENT

FOLIART, HUFF, OTTAWAY & CALDWELL

PLEASE RETURN THIS STATEMENT WITH YOUR REMITTANCE.

\$ 4.50

---

---

DATE

1/31/95

COPY OF THE FILE OF  
LARRY A. BURNS, D.O.

18 pages @ .25 each \$ 4.50

---

FAY LAST AMOUNT IN BALANCE COLUMN

---

LARRY R. KEELER, D.O.  
PRESIDENT  
405/234-3371  
ENID



W.W. STOEVER, D.O.  
MEMBER  
918/582-7711  
TULSA

DAVID W. SIMPSON, D.O.  
VICE PRESIDENT  
405/692-2500  
OKLAHOMA CITY

BARBARA FRETWELL  
PUBLIC MEMBER  
405/843-7373  
OKLAHOMA CITY

GLENN L. SMITH, D.O.  
SECRETARY-TREASURER  
405/682-4651  
OKLAHOMA CITY

# Board of Osteopathic Examiners

State of Oklahoma

4848 N. LINCOLN BLVD.  
OKLAHOMA CITY, OK 73105  
405/528-8625

MAURICE W. PAYNE, D.O.  
MEMBER  
918/473-2278  
CHECOTAH

RAY F. THOMASON  
PUBLIC MEMBER  
918/756-6389  
OKMULGEE

THOMAS R. PICKARD, D.O.  
MEMBER  
918/582-1980  
OKMULGEE

January 19, 1993

Ms. Carole Noviehl  
701 S.W. 16th CT.  
Ft. Land FL 33315


LARRY A. BURNS, D.O.  
Granted: 7/5/73

License Number: 1647  
Expiration Date: 6/30/94

Dear Ms. Noviehl:

This is to certify that the above mentioned doctor is a licensed Osteopathic Physician and Surgeon, by the Oklahoma State Board of Osteopathic Examiners and is in good standing with the profession.

Sincerely,

  
MARY L. PLENDER  
Administrator

mlp

Oklahoma 10-7/13  
1/5/13 12/93

Please verify license +  
send copies of all  
disciplinary actions  
taken against:

D.O. ? Dr. LARRY BURNS  
17870 Dr. JAMES THOMAS CANAVAN

1-10-94

Over please

J. Hanks

Carole Novick  
701 SW 16th Ct  
FT LAUDERDALE 33315

W.W. STOEVER, D.O.

PRESIDENT  
918748-8008  
TULSA

GLENN L. SMITH, D.O.

VICE PRESIDENT  
405482-4881  
OKLAHOMA CITY

O.J. LOOPER, D.O.

SECRETARY-TREASURER  
918643-8881  
MOORE



LARRY R. KEELER, D.O.

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405424-3371  
BIRD

ROBERT L. PRACHT, D.O.

MEMBER  
405428-3881  
GUTHRIE

DAVID W. SIMPSON, D.O.

MEMBER  
405488-3888  
OKLAHOMA CITY

BARBARA FRETWELL

LAY MEMBER  
405443-7373  
OKLAHOMA CITY

# Board of Osteopathic Examiners

State of Oklahoma

4848 N. LINCOLN BLVD.  
OKLAHOMA CITY, OK 73105  
405/528-8625

June 25, 1990

Larry A. Burns, D.O.  
2453 Wilcox Dr.  
Norman, OK 73072

Dear Dr. Burns:

This office has received your fee to renew your Oklahoma Osteopathic Physician and Surgeon license, and/or Dispenser license, however, you will need to provide this office with the following before July 1, 1990:

- \_\_\_\_\_ Renewal fee of One Hundred Dollars (\$100.00).
- \_\_\_\_\_ Proof of Sixteen (16) Hours Category 1A Continuing Medical Education (CME) obtained between July 1, 1989, and June 30, 1990.
- ✓ \_\_\_\_\_ Twenty Five Dollar (\$25.00) dispensing fee.
- ✓ \_\_\_\_\_ Proof of attendance of 1 hour of CME regarding Controlled Dangerous Substances.

Courses will be presented in June by the OOA office at 405 528 4848; Hillcrest Health Center 405 685 6671 and the College of Osteopathic Medicine 918 582 1972.

If our records are in error or you have any questions regarding this matter, please contact this office.

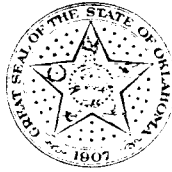
Sincerely,  
MARY L. PLENDER  
Administrator

*Oklahoma  
Homecoming*

EDWARD A. FELMLEE, D.O.  
PRESIDENT  
918-583-3161  
TULSA

ROBERT L. PRACHT, D.O.  
VICE PRESIDENT  
405-338-3361  
GUYMON

LARRY R. KEELER, D.O.  
SECRETARY-TREASURER  
405-234-3371  
ENID



OJ. LOOPER, D.O.  
MEMBER  
918-542-5551  
MIAMI

GLENN L. SMITH, D.O.  
MEMBER  
405-682-4651  
OKLAHOMA CITY

# Board of Osteopathic Examiners

## State of Oklahoma

1320 CITIZENS TOWER BUILDING • 2200 CLASSEN BLVD  
OKLAHOMA CITY, OKLAHOMA 73106 • TELEPHONE 405/528-8625

June 18, 1984

Larry A. Burns, D.O.  
2453 Wilcox Dr.  
Norman, OK 73069

Re: Oklahoma Osteopathic Licensure Renewal

Dear Dr. Burns:

This office has not received your renewal fee of \$50.00 for your 1984-85 Oklahoma Osteopathic Physician and Surgeons license. The proof of attendance of 16 hours Category 1-A CME has not been provided either. THESE HOURS MUST BE ACQUIRED BETWEEN JULY 1, 1983 AND JUNE 30, 1984.

If our records are in error, or there are any questions regarding this matter, please do not hesitate to contact this office.

Sincerely,

Mary L. Plender  
Administrative Assistant

mlp

**Blue Cross  
Blue Shield**

of Indiana

July 27, 1981

120 West Market Street  
Indianapolis, Indiana 46204  
Customer Service 634-4141 (Area Code 317)  
General Offices 263-8000 (Area Code 317)

Oklahoma Board of Osteopathic Examiners  
1320 Citizens Tower  
Oklahoma City, OK 73106

We have recently issued an Indiana Provider Code number to the following doctor(s). Please indicate the Oklahoma State license number for each, and the date the license was issued.

Larry A. Burns, D.O. #1647  
2241 W. Lindsey #500  
Norman, OK 73069

Thank you for your cooperation in this matter. A self-addressed envelope is enclosed for your convenience.

Sincerely,



Patricia A. Eckstein  
Master Provider Unit

Enclosure

Larry A. Burns, D.O. was issued Oklahoma Osteopathic Physician and Surgeons License number 1647 on July 5, 1973.



Province of  Saskatchewan

MEDICAL CARE INSURANCE COMMISSION

3211 ALBERT STREET - REGINA S4S 0A8

Jan. 5, 1977

YOUR REF. \_\_\_\_\_

PLEASE REFER  
TO OUR FILE \_\_\_\_\_

Board of Osteopathic Examiners  
1320 Citizens Tower  
Oklahoma City, Oklahoma 73106

Dear Sir:

As a footnote to this letter, will you please confirm that the Doctor(s) listed below is (are) authorized to practise as a Medical Doctor.

- |   |    |
|---|----|
| 1. Dr. Larry A. Burns<br>Wilburn Plaza<br>500 - 2241 West Lindsey<br>Norman, Oklahoma | 2. |
|---|----|

Yours sincerely,

E. Severson,  
Assistant Director,  
Receiving & Coding Division.

1. Authorized to practise as a Medical Doctor yes (Yes or No)  
Specialty AP (Please designate - G.P., Radiology, etc.)
2. Authorized to practise as a Medical Doctor \_\_\_\_\_ (Yes or No)  
Specialty \_\_\_\_\_ (Please designate - G.P., Radiology, etc.)

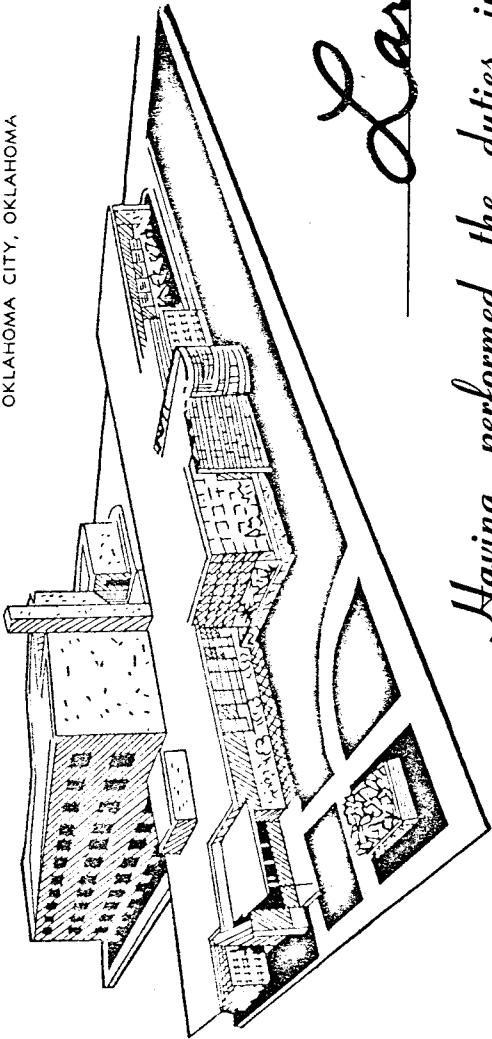
DATE 1-15-77

David W. Severson D.O.  
Registrar

Copy for your files

# Hillcrest Osteopathic Hospital

2129 S. W. 59th Street  
OKLAHOMA CITY, OKLAHOMA



# CERTIFICATE OF INTERNSHIP

We it known that

Larry A. Burns, D.O.

Having performed the duties in the various departments faithfully and satisfactorily from July 1, 1972 to June 30, 1973 is hereby granted this certificate of internship.

In witness whereof, we have affixed our hands and the seal of the corporation on this the 30 day of June, a.d. 1973

[Signature]

CHAIRMAN, BOARD OF TRUSTEES

[Signature]

ADMINISTRATOR

[Signature]

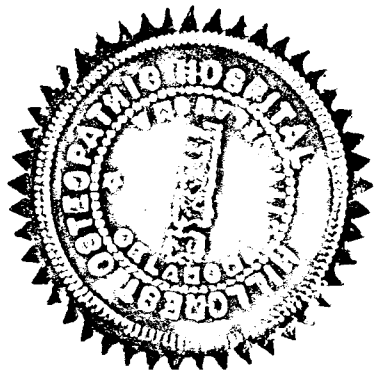
CHIEF OF STAFF

[Signature]

CHAIRMAN, INTERN TRAINING

[Signature]

CHAIRMAN, CREDENTIALS COMMITTEE



JOE M. ANDERSON, D.O., INC.  
5835 SOUTH PENNSYLVANIA  
OKLAHOMA CITY, OKLAHOMA 73119

681-0745

June 15, 1973

Board of Osteopathic Examiners  
Dr. Frank Stickney, President  
Box 607  
Comanche, Oklahoma

Dear Dr. Stickney:

This is in regards to Dr. Larry A. Burns who has applied for Osteopathic License in the state of Oklahoma. He has served the satisfactory internship at Hillcrest Osteopathic Hospital and is well recommended by myself.

If I may be of any further assistance on this please contact me.

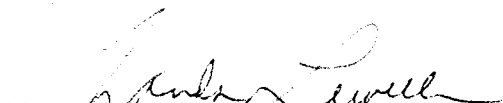
Sincerely,



Joe M. Anderson, D.O.

JMA:tm

Subscribed and sworn before me this 15 day of June  
1973.

  
Notary

My commission expires 8-31-76

Hillcrest OSTEOPATHIC HOSPITAL, INC.

P. O. BOX 19350 • 2129 SOUTHWEST 59th STREET • PHONE 405 / 685-6671

OKLAHOMA CITY, OKLAHOMA 73119

June 12, 1973

Mr. Frank Stickney  
Oklahoma State Board of  
Comanche, Oklahoma

Dear Dr. Stickney:

I have known Dr. Larry Burns for the past year and have observed him during his internship here at Hillcrest Hospital. I find him to be of good moral character and a good physician.

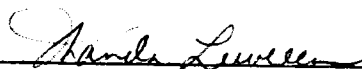
I hereby recommend him to your Board for a license in the state of Oklahoma. We are happy to have him practice in our area and have him as a member of our staff.

Sincerely,

  
E. E. Blackwood, D.O.

Chairman, Department of Surgery

Subscribed and sworn before me this 12 day of  
June, 1973.

  
\_\_\_\_\_  
Wanda Lewellen, Notary

My commission expires 8-31-76



UNITED STATES DEPARTMENT OF JUSTICE

BUREAU OF NARCOTICS AND DANGEROUS DRUGS

1100 Commerce Street, Room 4A5

Dallas, Texas 75202

8-31-73

STATE BOARD OF DENTAL EXAMINERS  
STATE BOARD OF HEALTH  
STATE BOARD OF MEDICAL EXAMINERS  
STATE BOARD OF OSTEOPATHIC EXAMINERS   xxx  
STATE BOARD OF PHARMACY  
STATE BOARD OF PODIATRY EXAMINERS  
STATE BOARD OF VETERINARY EXAMINERS

Dear Sir:

Please indicate below whether the following is/are legally qualified and lawfully entitled under the laws of the state of Okla. for registration under the Controlled Substances Act of 1970 in Schedules 2 thru 5 as a osteopath.

Sincerely,

*Jack Walter*

~~Regional Director~~  
Regional Administrator

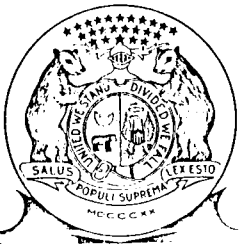
Applicant's Name and Address	License or Permit No.	Date of Issuance
1. Larry Alan Burns, DO Utica Square Medical Center Suite 215 Tulsa, Okla. 74114	: 1647 : : :	: 7-5-73 : : :

34484

Examin

# The State Board

# Registration for



# the Healing Arts

## OF MISSOURI

*By Authority of Law Hereby Licenses*

LARRY ALAN BURNS, D. O.

*Graduate of*

KIRKSVILLE COLLEGE OF OSTEOPATHY AND SURGERY

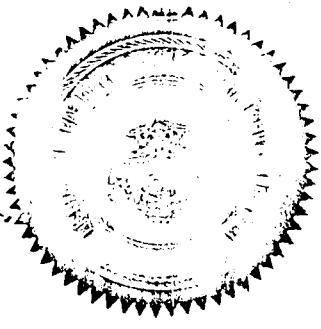
*To Practice As*

# Physician and Surgeon

*Given Under the Hands and Seal of The State Board of Registration for the Healing Arts of Missouri*

this 24th day of June in the year A.D. 1972

James T. Brown, M.D.  
Walter A. Monop, M.D.  
Lee E. Davidson, D.D.  
Ernest Williams, M.D.



William C. Kester, D.O. PRESIDENT  
S. B. Douglas, M.D. SECRETARY  
Harry S. Seltzer

# Kirkville College of Osteopathic Medicine

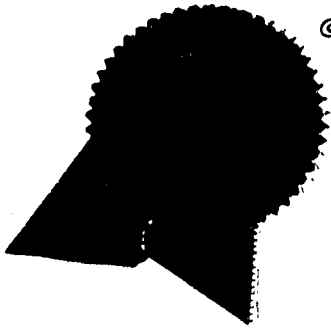


*By the authority of the Board of Trustees of the Kirkville College of  
Osteopathic Medicine and upon recommendation of the faculty*

**Larry Alan Burns**

*has been admitted to the degree of  
Doctor of Osteopathy*

*and is entitled to all rights, honors and privileges pertaining thereto  
witness the seal of the college and the signatures of its officers at  
Kirkville, Missouri this twenty-second day of May, 1972*



*W. A. Blood, D.O., F.A.O.*  
*Chairman of the Board of Trustees*

*W. J. Ligon, D.O., F.A.O., C.O.*  
*President of the College*

*Ralph L. Willard, D.O., F.A.O.*  
*Dean of the College*





OK DA 8

1647

BOARD OF OSTEOPATHY  
STATE OF OKLAHOMA

Application for License by ~~Examination~~ or Reciprocity  
(Cross Out One)

NOTE: Please type or print plainly. The fee must accompany this application, and it should be money order or cashier's check as personal checks are not accepted.

I hereby apply for a license to practice { ~~osteopathy~~ } in the State of Oklahoma and submit the following proofs as required by law and the rules of the board.

- 1. Name in full LARRY ALAN BURNS Sex M
- 2. Birthday: [REDACTED] Birthplace: [REDACTED]
- 3. Present address 2313 FINLEY OKC, OKLA 73120
- 4. Intended residence 2313 FINLEY OKC, OKLA 73120
- 5. Preliminary highschool and pre-osteopathic education (be specific, giving dates, length of course and any degrees received) 10<sup>TH</sup> NORTH KANSAS CITY HIGH 1961  
11<sup>TH</sup> + 12<sup>TH</sup> KIRKSVILLE SENIOR HIGH 62-63 - 6  
NORTHEAST MISSOURI STATE COLLEGE - 63-67 BS-

6. I was conferred the degree of Doctor of Osteopathy from the KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE  
(College of Osteopathy and Surgery)  
KIRKSVILLE, MISSOURI 63501  
(Address of the College)  
after personal attendance of 4 years of 9 months each, on MAY 22, 1972  
(Date in Full on Your Diploma)

I also received the following graduate training at:  
HILLCREST OSTEOPATHIC HOSP. OKC, OKLA.  
(Internship)  
(Residency)

I am certified (or board approved) in \_\_\_\_\_ (Give Specialty)  
By \_\_\_\_\_ (Certifying Board or College)

7. I have practiced in the following locations (list all, with dates) \_\_\_\_\_

8. List all osteopathic associations and societies in which you are a member AOA,  
OOA, KIRKSVILLE OSTEOPATHIC ALUMNI ASSOCIATION,  
AMERICAN COLLEGE OF GENERAL PRACTITIONERS

9. Have you always conducted yourself according to the code of ethics, of the American Osteopathic Association in your practice? YES

10. Do you promise to conduct yourself in accordance with said code of ethics, and in all respects to comply with the laws of the state relating to your practice, if granted a License to practice in Oklahoma? YES

**AFFIDAVIT OF APPLICANT**

State of OKLAHOMA County of OKLAHOMA SS.  
LARRY ALAN BURNS D. O. of 2313 FINLEY, OKC, OKLA.  
(Present Address)

being duly sworn (or affirmed) states that HE is the person referred to on this application  
(He, She)  
 for a license in Oklahoma, and that a license was issued to Him by STATE BOARD  
OF REGISTRATION FOR THE HEALING ARTS OF MISSOURI  
(Full Name of the Examining Board)

on the basis of a D.O. DEGREE & EXAMINATION  
(D. O. Degree and Examination—Or Other)  
 on the 24 day of JUNE, 1972; and that all of the foregoing statements

made by Him are each and all true in every respect to the best of His knowledge and  
(Him or Her)  
 belief; and HE further swears (or affirms) that HE is not now or ever has been  
(He or She)

addicted to any habit forming drugs and that HE is not a habitual alcoholic drinker and  
(He or She)  
 has never been convicted of a felony and in conclusion HE fully understands that under Sec.  
(He or She)  
 17 (b) of the Oklahoma Practice Act the Oklahoma board may refuse to issue or may revoke a  
 license obtained by fraudulent misrepresentations.

Larry A. Burns, D.O. D. O.  
(Applicant)

Subscribed and sworn (or affirmed) to before me this day 14 day of May 1972.  
Janis Luvell  
(Notary Public)

My commission expires 8.31, 1976  
 (Affix notary seal here.)

**CERTIFICATE OF SECRETARY**

I, John A. Hailey of Jefferson City, Mo., Executive Secretary  
(Address of Board)  
 of the St. Bd. of Registration for the Healing Arts do this date certify that

License or Certificate No. 34484 was issued on the 24th day of June, 1972,  
 to Larry Alan Burns, D. O., of Oklahoma, upon the  
 following qualifications: \_\_\_\_\_

I further certify that in a written examination he made the following grades:  
(Written, Oral) (He or She)

Anatomy & Hist.	74	Physiology	75	Hygiene & Sani.	78
Histology		Pathology	75	Juris. and Tox.	
Chemistry	72	<del>Prac.</del> Medicine	75	Diagnosis, Physical	76
Prin. Osteopathy		Prac. Osteopathy		Bacteriology	75
Obstetrics	80	Surgery, <del>Minor</del>	77	Other Pediatrics	80
Gynecology	77	Surgery, Major		Other	

Acting on behalf of the above named board I do hereby certify to the reputation of said  
Larry Alan Burns D. O. as to his moral and ethical conduct and recom-  
(His, Her)  
 mend the applicant to the Oklahoma Board of Osteopathy as a fit and proper person to receive License  
 to practice.

(Affix Seal Here)

John A. Hailey  
 Executive (Secretary of Board)  
 Dated this 21st day of May, 1972  
 at Jefferson City, Missouri

**CERTIFICATE OF ETHICAL, PROFESSIONAL AND MORAL CHARACTER FROM LOCAL, DISTRICT, OR STATE OSTEOPATHIC ASSOCIATION OR SOCIETY**

I hereby certify that I am personally acquainted with Dr. BURNS of 2313 FINLEY, OKC (Present Address) and know him to be an osteopathic physician in good standing in this state, and that he is an ethical practitioner and of good moral and professional character and that he is not addicted to the use of intoxicants or narcotics. I further certify that Dr. BURNS has been in the reputable practice of osteopathy in the state of OKLAHOMA for 1 1/2 years from about JULY 72 to about MAY 73 and that he has never been an itinerant or advertising doctor during this period. I certify that the following is a correct description of the said Dr. BURNS:  
 Complexion DARK Height 5' 9 1/2" Color of eyes Brown  
 Color of hair DARK BROWN Weight 155 Stout, medium or thin MEDIUM  
 The above statements are true to the best of my knowledge and belief.

Secretary, *Donna* *Smith Central*, D. O.  
 Osteopathic Association or Society

President, \_\_\_\_\_, D. O.  
 Osteopathic Association or Society

Photographic copies of the substance of the originals to the Board, and

*Dr La Burns*

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S).  
REQUIRED FEE(S) PAID.

Show to whom, date and address where delivered       Deliver ONLY to addressee

**RECEIPT**  
 Received the numbered article described below.

REGISTERED NO.		SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO. <u>640266</u>		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED		SHOW WHERE DELIVERED (only if requested)

(Do not fill blanks below)

**OKLAHOMA BOARD  
OF  
OSTEOPATHY**  
Application for License by  
Examination or Reciprocity

Attach here a recent unmounted  
photograph of yourself, clearly  
showing your face.

Write your usual signature

Example: John Henry Doe, D.O.  
John H. Doe, D.O.  
J. Henry Doe, D.O.  
J. H. Doe, D.O.

across the bottom of the photo-  
graph.

Name LARRY ALAN BURNS, D.O.  
Address HILL CREST, O.H.  
OKLA. CITY, OKLA.

~~refused~~  
License granted 7-5 73, 1973

License No. 1647 Sent by ZAD  
Carlson 7-16-73

Remarks: on page 1



Larry A. Burns D.O.



**OKLAHOMA**  
State Board of Osteopathic Examiners

DISPENSING REGISTRATION  
REGISTRATION NO. 00010

License No. 1647

Amount \$50.00

Expires June 30, 2008

The Doctor of Osteopathic Medicine named below, who is licensed under the laws of this state, having paid the fee hereon stated, is hereby licensed to dispense.

LARRY A BURNS, DO

*Catherine C. Joffe*

Board Secretary

**This Certificate Should Be Prominently Displayed**



**OKLAHOMA**  
State Board of Osteopathic Examiners

DISPENSING REGISTRATION  
REGISTRATION NO. 00026

License No. 1647

Amount \$50.00

Expires June 30, 2009

The Doctor of Osteopathic Medicine named below, who is licensed under the laws of this state, having paid the fee hereon stated, is hereby licensed to dispense.

Larry A. Burns, D.O.

*Catherine C. Joffe*

Board Secretary

**This Certificate Should Be Prominently Displayed**