

License 2000 - Oracle - Nebraska Department of Regulation and Licensing

File Person/Facility License Activities Window Help

Licensee: LeRoy Harrison Carhart, MD (Medicine)

General Licenses Education Employment Public Info Supp. Info.

License #	Type	Status	Probation?	Limited?	Restricted?
15162	Physician	Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address **Issue Date:** 10/17/1979 **Applicant Number:** 75843
Detail **Obtained By:** Reciprocity **My License Number:** U1431125
Supp. Info. **From State/Prov.:** **From Country:**
Additional **Expiration Date:** 10/01/2012 **Discipline:** Disciplinary Actions Exist-See Public Info
CE Credits **Date This Status:** 02/12/1985 **Last Renewal Date:** 09/09/2010 **Renewal ID:**
Reason Changed: X
Date Archived:
Effective Date: 10/17/1979
Last Reprint Date:
Reprint Count: 0

Status History for License #15162 Held By LeRoy Harrison Carhart, MD

Dates for Status	License Status	User	Reason
12/01/1983 - 02/12/1985	NonDisc Revocation		Licensee Requested
11/13/1981 - 03/05/1982	NonDisc Revocation		Licensee Requested

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Accounts - LeRoy Harrison Carhart, MD

Fees

Payments

Profession: Medicine

License Number: 15162

License Type: Physician

Date Posted	Fee Type	Date Due	Fee Amount	Fee Status	Fee Balance
07/07/2010	Two Yr Renewal Fee	10/01/2010	\$121.00	Paid in Full	\$0.00
06/04/2010	Two Yr Renewal Fee	10/01/2010	\$0.00	Cancelled	\$0.00
03/22/2010	Certification Fee		\$25.00	Paid in Full	\$0.00
03/22/2010	Certification Fee		\$25.00	Paid in Full	\$0.00
06/12/2008	Two Yr Renewal Fee	10/01/2008	\$77.00	Paid in Full	\$0.00
08/30/2006	Two Yr Renewal Fee	10/01/2006	\$77.00	Paid in Full	\$0.00
08/02/2004	Two Yr Renewal Fee	10/01/2004	\$77.00	Paid in Full	\$0.00

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Renewal Questions for License Number 15162



License Type	Sort Name	Question	Answer	Date
Physician	Carhart, LeRoy Harrison, MD	<u>(1) Inactive:</u> Have you selected Inactive Status?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(10) Have you practiced</u> your profession fraudulently?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(11) Have you practiced</u> your profession beyond its authorized scope?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(12) Have you practiced</u> your profession with gross incompetence or gross negligence?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(13) Have you practiced</u> your profession in a pattern of incompetent or negligent conduct?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(14) Have you practiced</u> your profession while your ability to do so was impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(15) Have you permitted, aided, or abetted</u> the practice of any profession by a person not credentialed to do so?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(16) Have you been denied</u> the right to take a Credentialing Examination?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(17) Have you used untruthful, deceptive, or misleading</u> advertising?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	<u>(18) Have you been convicted</u> of fraudulent or misleading advertising, or of violating the Uniform Deceptive Trade Practices Act?	N	9/9/2010
	Carhart,			

Physician	LeRoy Harrison, MD	(19) Have you unlawfully distributed intoxicating liquors, controlled substances, or drugs?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(2) Name Change: Are you requesting a name change or correction to your name?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(20) Have you invaded a field of practice for which you are not credentialed?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(21) Have you violated The Uniform Credentialing Act?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(22) Have you violated Mandatory Reporting Regulations?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(23) Have you violated The Uniform Controlled Substances Act?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(24) Have you committed any acts of unprofessional conduct relating to the practice of your profession? (Refer to the practice act and regulations for your profession)	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(25) Continuing Competency Waiver-Military: I have served in the regular armed forces of the United States or am actively engaged in military service (active duty for at least 30 days) during part of the 24 months immediately preceding the biennial licensure renewal date (October 2, 2008 through October 1, 2010). If you meet this exemption, you are not required to pay the renewal fee.	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(26) Continuing Competency Waiver-Initial License: I was first licensed within the 24 months immediately preceding the licensure renewal date (October 2, 2008 through October 1, 2010).	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(27) Continuing Competency Requirements: Have you completed one of the following immediately preceding the licensure renewal date (October 2, 2008 through October 1, 2010): 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). A licensee who has earned more than the 50 hours required for license renewal for the previous 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; OR One year of participation in an approved graduate medical education program; OR The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 24 months	Y	9/9/2010

immediately preceding the expiration date of your license). NOTE: If you answer "Yes" to question 27, you should answer "No" to the CE Waiver questions 25-26. If you answer "No" to question 27, you MUST answer "Yes" to at least one of the CE Waiver questions 25 or 26.

Physician	Carhart, LeRoy Harrison, MD	(3) Have you been convicted in any jurisdiction(s) of any misdemeanor or felony during this renewal (October 2, 2008 through October 1, 2010) that has not been previously reported?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(4a) Do you hold a credential that was issued by another jurisdiction(s) to provide health services, health-related services, or environmental services? (If you answer "No" to 4a, answer "No" to 4b)	Y	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(4b) Has any credential you hold in the other jurisdiction(s) been denied, refused renewal, or disciplined by the other jurisdiction(s) during this renewal (October 2, 2008 through October 1, 2010) that has not been previously reported? (If NOT credentialed in another jurisdiction answer "No")	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(5a) I am a citizen of the United States.	Y	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(5b) I am an alien lawfully admitted into the United States for permanent residence under the Immigration and Naturalization Act (INA and who is eligible for a credential under the Uniform Credentialing Act).	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(5c) I am a non immigrant whose visa for entry, or application for visa for entry, is related to such employment in the United States.	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(6) Are you of good character?	Y	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(7) Are you mentally and physically capable of practicing your profession?	Y	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(8) Have you committed any immoral or dishonorable acts that would evidence unfitness to practice your profession?	N	9/9/2010
Physician	Carhart, LeRoy Harrison, MD	(9) Have you abused or become dependent on or actively addicted to alcohol, any controlled substance, or any mind-altering substance?	N	9/9/2010

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

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Renewal Questions for License Number 15162

License Type	Sort Name	Question	Answer	Date
Physician	Carhart, LeRoy Harrison, MD	<u>(1a) Inactive or Lapsed</u> Have you selected Inactive or Lapsed Status? If yes you may enter "No" in all of the questions relating to continuing education.	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	<u>(10) Practice in Nebraska AFTER Expiration Date:</u> Have you practiced in Nebraska following the expiration of your license (on or after October 2, 2006)? Answer "NO" if you are renewing prior to the expiration date.	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	<u>(2) Name Change:</u> Are you requesting a name change or correction to your name?	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	<u>(3) Conviction:</u> Have you been convicted of a misdemeanor or felony that has not been previously reported to our office?	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	<u>(4) Discipline:</u> Has your license in any health care profession in another State been revoked, suspended, limited, placed on probation, or disciplined in any manner AND this has not been previously reported to our office?	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	<u>(5)Continuing Competency Requirements:</u> Have you completed one of the following: <ul style="list-style-type: none"> • 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the American Osteopathic Association (AOA). A licensee who has earned more than the 50 hours required for license renewal for the previous 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; OR • One year of participation in an approved graduate medical education program; OR • The AMA Physician's Recognition Award or the AOA CME certification (awarded within the 24 months immediately preceding the expiration date of your license). 	Y	9/12/2006
		<u>(6) Military:</u> I have served in the regular armed		

Physician	Carhart, LeRoy Harrison, MD	forces of the United States during part of the twenty four (24) months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	(7) <u>Illness/Disability</u> : I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty four (24) months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period).	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	(8) <u>Non-Practice</u> : I hold a Nebraska license as a Physician but am not practicing Medicine and Surgery in Nebraska.	N	9/12/2006
Physician	Carhart, LeRoy Harrison, MD	(9) <u>Initial License</u> : I was first licensed within the twenty four months immediately preceding the licensure renewal date. You must have obtained your NE license on or after October 1, 2004.	N	9/12/2006



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Renewal Questions for License Number 15162



License Type	Sort Name	Question	Answer	Date
Physician	Carhart, LeRoy Harrison, MD	<u>(1a) Inactive or Lapsed</u> Have you selected Inactive or Lapsed Status? If yes you may enter "No" in all of the questions relating to continuing education.	N	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	<u>(10) Practice in Nebraska AFTER Expiration Date:</u> Have you practiced in Nebraska following the expiration of your license (on or after October 2, 2008)? Answer "NO" if you are renewing prior to the expiration date.	N	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	<u>(2) Name Change:</u> Are you requesting a name change or correction to your name?	N	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	<u>(4a) Discipline:</u> Do you hold a license in any health care profession in another state. Or do you hold a license in Nebraska in a profession other than the license you are currently renewing? (If you answer "No" to 4a, answer "No" to 4b and 4c)	Y	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	<u>(4b) Discipline:</u> Has this license been revoked, suspended, limited, placed on probation, or disciplined in any manner since 10/01/2006? (If NOT licensed in another state answer "No")	N	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	<u>(4c) Discipline:</u> Has this discipline been previously reported to our office? (If you answer "No" to 4b, please answer "No" to 4c)	N	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	(3a) Conviction: Have you been convicted of a misdemeanor or felony since 10/01/2006?	N	9/25/2008
Physician	Carhart, LeRoy Harrison, MD	(3b) Conviction: Has this conviction been previously reported to our office? (If you answer "No" to 3a, please answer "No" to 3b)	N	9/25/2008

(5) Continuing Competency Requirements: Have you completed one of the following:

- 50 hours of Category 1 continuing education approved by the Accreditation Council for Continuing Medical Education (ACCME) or the

American Osteopathic Association (AOA). A licensee who has earned more than the 50 hours required for license renewal for the previous 24 month renewal period is allowed to carry over up to 25 hours to the next 24 month renewal period; **OR**

Physician Carhart, LeRoy Harrison, MD

- One year of participation in an approved graduate medical education program; **OR**
- The AMA Physician's Recognition Award or the AOA CME certification (**awarded** within the 24 months immediately preceding the expiration date of your license).

Y 9/25/2008

NOTE: If you answer "Yes" to question 5, you should answer "No" to the CE Waiver questions 6-9. If you answer "No" to question 5, you **MUST** answer "Yes" to at least one of the CE Waiver questions 6-9.

Physician Carhart, LeRoy Harrison, MD

(6) Military: I have served in the regular armed forces of the United States during part of the twenty four (24) months immediately preceding the biennial licensure renewal date. (Attach official documentation stating dates of service) If you meet this exemption, you are not required to pay the renewal fee.

N 9/25/2008

Physician Carhart, LeRoy Harrison, MD

(7) Illness/Disability: I have suffered a serious or disabling illness or physical disability, which prevented completion of the required number of continuing education hours during the twenty four (24) months immediately preceding the licensure renewal date. (Attach a statement from treating physician(s) stating that the licensee was injured or ill, the duration of the illness or injury and of the recovery period, and that the licensee was unable to attend continuing education programs during that period).

N 9/25/2008

Physician Carhart, LeRoy Harrison, MD

(8) Non-Practice: I hold a Nebraska license as a Physician but am not practicing Medicine and Surgery in Nebraska.

N 9/25/2008

Physician Carhart, LeRoy Harrison, MD

(9) Initial License: I was first licensed within the twenty four months immediately preceding the licensure renewal date. You must have obtained your NE license on or after October 1, 2006.

N 9/25/2008