

REGISTER OF ACTIONS

CASE NO. 06A518331

Francisco Covarrubias, Matilde Arteaga vs Craig Hartman MD

§
§
§
§
§
§Case Type: **Negligence - Medical/Dental**Date Filed: **03/06/2006**Location: **Department 8**Conversion Case Number: **A518331****PARTY INFORMATION**

Conversion **No Convert Value @ 06A518331**
 Extended Removed: 04/24/2009
 Connection Converted From Blackstone
 Type

Lead Attorneys

Defendant  **Hartman MD, Craig**

Kevin R. Lazar*Retained***** Confidential Phone
Number ****

Plaintiff **Arteaga, Matilde**

Andrew M Leavitt*Retained***** Confidential Phone
Number ****

Plaintiff **Covarrubias, Francisco**

Andrew M Leavitt*Retained***** Confidential Phone
Number ******EVENTS & ORDERS OF THE COURT****DISPOSITIONS**

04/29/2008 **Order of Dismissal With Prejudice** (Judicial Officer: Gates, Lee A.)

Converted Disposition:

Entry Date & Time: 05/02/2008 @ 12:03
 Description: ORDER OF DISMISSAL WITH PREJUDICE
 Debtor: Multiple Parties
 Creditor: Hartman MD, Craig
 Amount Awarded: \$0.00
 Attorney Fees: \$0.00
 Costs: \$0.00
 Interest Amount: \$0.00
 Total: \$0.00

OTHER EVENTS AND HEARINGS

03/06/2006 **Complaint**

COMPLAINT FILED Fee \$178.00

06A5183310001.tif pages

03/06/2006 **Initial Appearance Fee Disclosure**

INITIAL APPEARANCE FEE DISCLOSURE

06A5183310002.tif pages

03/17/2006 **Summons**

SUMMONS

06A5183310003.tif pages

04/10/2006 **Peremptory Challenge**

PEREMPTORY CHALLENGE McGroarty CASE REASSIGNED TO Gates

06A5183310004.tif pages

04/10/2006 **Notice of Department Reassignment**

NOTICE OF DEPARTMENT REASSIGNMENT 003989P 008517003989FC 003989008517P 003989

06A5183310005.tif pages

04/10/2006 **Answer**

DEFENDANT CRAIG HARTMAN MD'S ANSWER TO PLAINTIFFS' COMPLAINT

06A5183310006.tif pages

04/10/2006 **Demand for Jury Trial**

DEMAND FOR JURY TRIAL
06A5183310008.tif pages

04/10/2006 **Initial Appearance Fee Disclosure**
INITIAL APPEARANCE FEE DISCLOSURE
06A5183310009.tif pages

05/17/2006 **Joint Case Conference Report**
16.1 JOINT CASE CONFERENCE REPORT
06A5183310010.tif pages

06/21/2006 **Stipulation and Order**
STIPULATION AND ORDER TO ALLOW PLAINTIFF TO AMEND COMPLAINT TO CORRECT SPELLING OF PLAINTIFF
FRANCISCO COEARRUEIAS LAST NAME FROM COEARREUEIAS TO COVARRUBIAS
06A5183310011.tif pages

06/26/2006 **Notice of Entry of Order**
NOTICE OF ENTRY OF ORDER
06A5183310012.tif pages

07/14/2006 **Supplemental Case Conference Report**
PLAINTIFFS FIRST SUPPLEMENT TO 16.1 JOINT CASE CONFERENCE REPORT
06A5183310013.tif pages

07/20/2006 **Amended Complaint**
AMENDED COMPLAINT
06A5183310014.tif pages

08/30/2006 **Answer to Amended Complaint**
DEFENDANT CRAIG HARTMAN MD'S FIRST AMENDED ANSWER TO PLAINTIFFS' AMENDED COMPLAINT
06A5183310015.tif pages

10/18/2006 **Discovery Scheduling Order**
SCHEDULING ORDER
06A5183310016.tif pages

10/20/2006 **Notice**
NOTICE OF TAKING DEPOSITION OF FRANCISCO COVARRUBIAS
06A5183310017.tif pages

11/15/2006 **Conversion Case Event Type**
STATUS CHECK: MEDICAL/DENTAL MALPRACTICE (DEPT 8 - JT 10/20/08)
06A5183310018.tif pages

11/15/2006 **Order**
ORDER SETTING MEDICAL DENTAL MALPRACTICE STATUS CHECK AND TRIAL SETTING CONFERENCE
06A5183310021.tif pages

11/16/2006 **Order Setting Jury Trial**
ORDER SETTING CIVIL JURY TRIAL
06A5183310022.tif pages

02/07/2007 **Status Check: Medical/Dental Malpractice (3:30 PM)** (Judicial Officer Hardcastle, Kathy)
STATUS CHECK: MEDICAL/DENTAL MALPRACTICE(DEPT 8 - JT 10/20/08) Court Clerk: Denise Trujillo/Cheryl Case Relief Clerk:
Willa Pettice/wp Heard By: Kathy Hardcastle
Parties Present
Minutes
Result: Continuance Granted

03/13/2007 **Notice**
NOTICE OF CHANGE OF FIRM NAME
06A5183310026.tif pages

03/14/2007 **Amended**
AMENDED ORDER SETTING CIVIL JURY TRIAL
06A5183310027.tif pages

03/28/2007 **Designation of Witness**
PLAINTIFFS FIRST DISCLOSURE OF EXPERT WITNESSES
06A5183310028.tif pages

04/25/2007 **Supplemental Case Conference Report**
PLAINTIFFS SECOND SUPPLEMENT TO 16.1 JOINT CASE CONFERENCE REPORT
06A5183310029.tif pages

05/07/2007 **Designation of Witness**
DESIGNATION OF WITNESS
06A5183310030.tif pages

06/06/2007 **Substitution of Attorney**
SUBSTITUTION OF ATTORNEY
06A5183310031.tif pages

07/17/2007 **Supplemental Case Conference Report**
PLAINTIFFS SECOND SUPPLEMENT TO 16.1 JOINT CASE CONFERENCE REPORT
06A5183310032.tif pages

08/22/2007 **Status Check: Medical/Dental Malpractice (10:00 AM)** (Judicial Officer Hardcastle, Kathy)
STATUS CHECK: MEDICAL/DENTAL MALPRACTICE(DEPT 8 - JT 10/20/08) Court Clerk: Denise Trujillo/Cheryl Case Relief Clerk:
Willa Pettice/wp Heard By: Kathy Hardcastle
Parties Present
Minutes
Result: Matter Heard

08/23/2007 **Conversion Case Event Type**
STATUS CHECK: MEDICAL/DENTAL MALPRACTICE (DEPT 8)
06A5183310033.tif pages

02/06/2008 **Status Check: Medical/Dental Malpractice (10:00 AM)** (Judicial Officer Hardcastle, Kathy)
STATUS CHECK: MEDICAL/DENTAL MALPRACTICE(DEPT 8) Court Clerk: Denise Trujillo Relief Clerk: Willa Pettice/Phyllis Irby/pi
Heard By: Kathy Hardcastle
Parties Present
Minutes
Result: Matter Heard

02/08/2008 **Conversion Case Event Type**
STATUS CHECK: MEDICAL/DENTAL MALPRACTICE
06A5183310034.tif pages

04/29/2008 **Judgment**
ORDER OF DISMISSAL WITH PREJUDICE
06A5183310036.tif pages

04/30/2008 **Notice of Entry of Order**
NOTICE OF ENTRY OF ORDER
06A5183310038.tif pages

07/29/2008 **CANCELED Calendar Call** (9:00 AM) ()
Vacated

08/05/2008 **CANCELED Jury Trial** (10:00 AM) ()
Vacated

08/05/2008 **CANCELED Status Check: Medical/Dental Malpractice** (10:00 AM) (Judicial Officer Hardcastle, Kathy)
Vacated

10/07/2008 **CANCELED Calendar Call** (9:00 AM) ()
Vacated

10/14/2008 **CANCELED Jury Trial** (10:00 AM) ()
Vacated

10/14/2008 **CANCELED Jury Trial** (10:00 AM) ()
Vacated

10/20/2008 **CANCELED Jury Trial** (10:00 AM) ()
Vacated

FINANCIAL INFORMATION

Conversion Extended Connection Type No Convert Value @ 06A518331

Total Financial Assessment	279.00
Total Payments and Credits	279.00
Balance Due as of 05/21/2010	0.00

03/06/2006	Transaction Assessment		279.00
03/06/2006	Conversion Payment Receipt # 01235955	ANDREW M LEAVITT PC	(178.00)
04/10/2006	Conversion Payment Receipt # 01248218	COTKIN, COLLINS & GINSBURG	(101.00)

9. INTERNSHIP: Did you complete an internship approved by the AOA? ☒ Yes ☐ No

Name of Hospital	City, State	Dates of Internship From (Mo/Yr) To (Mo/Yr)
RIVERSIDE OSTEOPATHIC HOSPITAL	TRENTON, MI	6/97 - 6/98

10. RESIDENCY: List all residency and/or fellowship training completed.

Name of Institution	City, State	Type of Training	Dates of Training From (Mo/Yr) To (Mo/Yr)
RIVERSIDE OSTEOPATHIC HOSPITAL	TRENTON, MI	OB/GYN	6/98 - 6/01

11. Are you a Diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons? ☒ Yes ☐ No

If NO, which examination are you submitting to the Board for licensure? _____

12. Area of SPECIALTY OB/GYN

13. Are you BOARD CERTIFIED by a Board recognized by the AOA or American Board of Medical Specialties? ☐ Yes ☒ No
If YES complete the following:

Specialty Board	Certification #	Date of Certification:	Date of Re-certification:

14. Location of medical practices since graduation from Osteopathic Medical School. Account for all periods of time including military service.

City/State	From (Mo/Yr)	To (Mo/Yr)
INTERNSHIP/RESIDENCY: TRENTON, MI	6/97	6/01
FORT IRWIN, CA	8/01	PRESENT

22. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you ever resigned from a medical staff in lieu of disciplinary or administrative action? (This does not include suspensions or restrictions for failure to complete medical records.) ☐ Yes ☒ No
23. Have you ever been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency, hospital or medical society? ☐ Yes ☒ No
24. Have you ever been denied membership or expelled from a medical society or other professional medical organization? ☐ Yes ☒ No
25. Are you currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse? ☐ Yes ☒ No
26. Do you regularly take any prescription drug for therapeutic purposes? ☐ Yes ☒ No
27. Have you ever surrendered your state or federal controlled substance registration or had it restricted in any way? ☐ Yes ☒ No
28. Are you now or were you in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? ☐ Yes ☒ No
29. Have you ever been investigated for, charged or convicted of, or pled nolo contendere to a violation of any federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances, or to drug addiction? ☐ Yes ☒ No
30. Have you ever been arrested, investigated for, charged or convicted of, pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country? (Except violations of traffic laws resulting in fines of \$75 or less.) ☐ Yes ☒ No

NOTE: You are required to list any conviction that has been set aside and dismissed under any other provision of law.

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN THE CIRCUMSTANCES AND DISPOSITION ON A SEPARATE SHEET(S) AND ATTACH TO THIS APPLICATION.

33. If granted a license, do you intend to practice in Nevada? ☒ Yes ☐ No

If yes, LOCATION: LAS VEGAS WHEN: OCTOBER 2003

34. PERSONAL INFORMATION:

Age: 33 Height: 5'11" Weight: 165 lbs Color of hair: Brown
 Color of eyes: Brown Social Security No: [REDACTED]

35. I, CRAIG A. HARTMAN being duly sworn, depose and say: That the answers to the foregoing questions and statements made in the above application are true and correct; that I am the person named in the credentials to be submitted; and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. It is understood by me, that if any part of this application is found to be false or fraudulent, that I forfeit the right to a license to practice Osteopathic Medicine in Nevada.

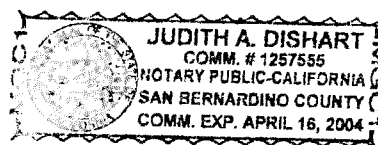
I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records required by the Nevada State Board of Osteopathic Medicine for its evaluation of my professional, ethical, and physical and mental qualifications for licensure in the State of Nevada.

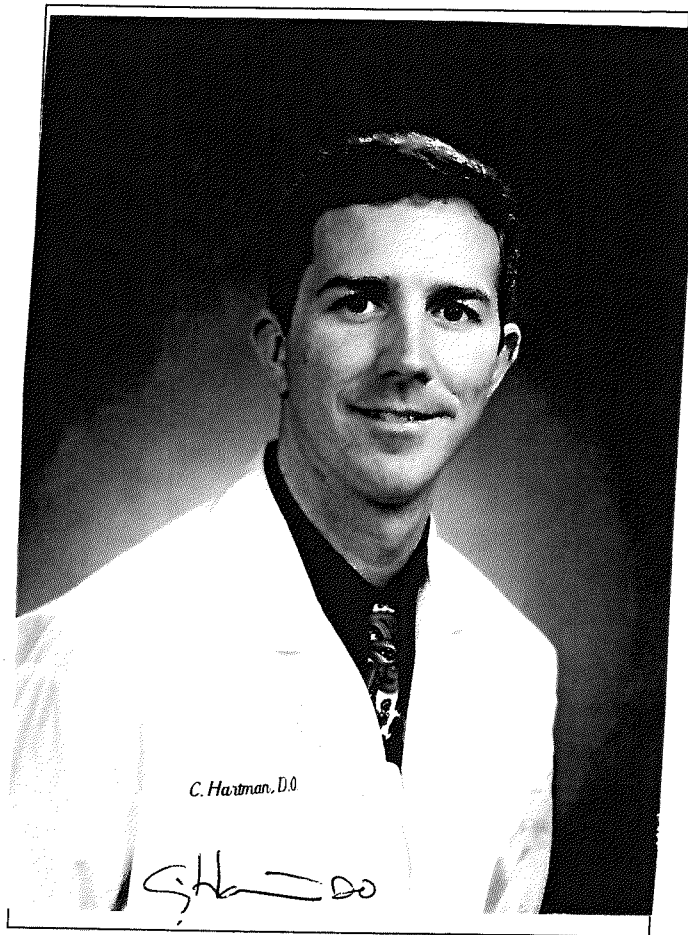
[Signature]
Signature of Applicant

(Notary Seal)

Subscribed and sworn to before me this 29th Day
day of July Month, 2003 Year

Notary Public for State of California
Lexington
Residing at Fort Irwin CA 92310





Attach a finished photograph of passport quality of your head and shoulders only.

Photo must have been taken within the last 60 days and be 3 1/2 x 5 inches in size. Sign the photo in ink across the lower portion of its front side.

Proof photos, negatives, Polaroid-type photos are not acceptable.

I hereby certify that the attached photo is a true likeness of myself taken within the last 60 days.

C.H. = DO
Signature

5 AUG 03
Date

NOTE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application not being processed or being rejected as incomplete. The information provided will be used for identification and to determine qualifications for licensure per Nevada Revised Statute 633 which authorized the collection of this information.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER
FORM "B"

A licensed D.O. or M.D. must sign this letter of recommendation.

FORT IRWIN CA 22 JULY, 2003
City State Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of CALIFORNIA to
practice either allopathic or osteopathic medicine and that I have known the applicant,

CRAIG HARTMAN, D.O., for 2 years, that I personally knew the
applicant while actively engage in the practice of osteopathic medicine; that he/she is of good moral
character and worthy of professional recognition, that he/she is free from habits liable to interfere with the
provision of professional services, has good standing in the community in which he/she resides and is
worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Adio I. Abdulhus
Signature
Adio I. Abdulhus, M.D.
Print Name

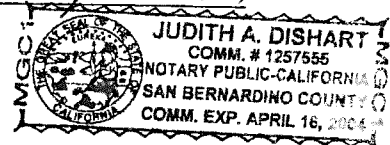
[REDACTED]
Address
[REDACTED]

Subscribed and sworn to before me on the 22nd
day of July, 2003

Judith A. Dishart
Signature of Notary

Notary Public State of California
Residing at Barstow Ca

My Commission expires 16 April 2004



Please return completed form to the:

Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road Suite G
Las Vegas, NV 89121
702/732-2147
702/732-2079 (fax)
Osteo@govmail.state.nv.us

**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER
FORM "B"**

A licensed D.O. or M.D. must sign this letter of recommendation.

Fort Irwin CA 29 July, 2003
City State Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of INDIANA to
practice either allopathic or osteopathic medicine and that I have known the applicant,

CRAIG HARTMAN, D.O., D.O. for 2 years; that I personally knew the
applicant while actively engaged in the practice of osteopathic medicine; that he/she is of good moral
character and worthy of professional recognition, that he/she is free from habits liable to interfere with the
provision of professional services, has good standing in the community in which he/she resides and is
worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Jennifer H. Potter
Signature

3956 Drinkwater Street
Address

Jennifer H. Potter
Print Name

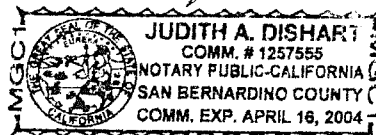
Fort Irwin CA 92314

Subscribed and sworn to before me on the 29th
day of July, 2003

Judith A. Dishart
Signature of Notary

Notary Public State of California
Working
Residing at Fort Irwin, CA

My Commission expires 16 April 2004



Please return completed form to the:

Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road Suite G
Las Vegas, NV 89121
(702) 732-2147
(702) 732-2079 (fax)
Osteo@govmail.state.nv.us

**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER
FORM "B"**

A licensed D.O. or M.D must sign this letter of recommendation.

Fort Irwin CA 8 Aug, 2003
City State Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of CALIFORNIA to practice either allopathic or osteopathic medicine and that I have known the applicant,

Craig Hartman, D.O., for 1 years, that I personally knew the applicant while actively engage in the practice of osteopathic medicine; that he/she is of good moral character and worthy of professional recognition, that he/she is free from habits liable to interfere with the provision of professional services, has good standing in the community in which he/she resides and is worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Robert L. Warner
Signature
ROBERT L. WARNER, MD
Print Name

5182-B CRACKER JACK LANE
Address
FORT IRWIN CA 92310

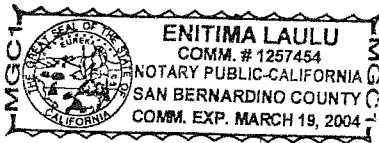
Subscribed and sworn to before me on the 7th
day of August, 20 03

[Signature]
Signature of Notary

Notary Public State of CA

Residing at Banston, CA

My Commission expires _____



lease return completed form to the:

**Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road Suite G
Las Vegas, NV 89121
702/732-2147
702/732-2079 (fax)
Osteo@govmail.state.nv.us**

15. List below all hospitals of which you are, or have ever been, a staff member at any level. If none, please indicate. Do not list internship or residency affiliation.

Hospital	Complete Mailing Address	Dates of Appointment From (Mo/Yr) To (Mo/Yr)
WHEEL ARMY COMMUNITY HOSPITAL	Bldg 166 FT IRWIN, CA 92310	8/01 - PRESENT

16. Have you ever been licensed to practice osteopathic medicine from any state or country? ☒ Yes ☐ No

If YES, complete the following information:

State or Country	License #	Date of Issuance	Dates of Practice From (Mo/Yr) To (Mo/Yr)
MICHIGAN	5101013398	12/31/97	12/97 - PRESENT

17. Have any disciplinary or administrative actions ever been taken against any healing art license which you now hold or have held? Include any disciplinary and administrative actions by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity. ☐ Yes ☒ No
18. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? ☐ Yes ☒ No
19. Have you ever had a medical license revoked, suspended, or limited in any state, country, or U.S. territory? ☐ Yes ☒ No
20. Have you ever voluntarily surrendered a license to practice in the healing arts in any state, country or U.S. territory? ☐ Yes ☒ No
21. Have you ever failed a state licensure examination, any part of FLEX, any part of the National Boards even if subsequently passed? ☐ Yes ☒ No



STATE OF NEVADA
BOARD OF OSTEOPATHIC MEDICINE
APPLICATION FOR LICENSURE



"APPLICATION MUST BE TYPED OR PRINTED LEGIBLY"

1. Name HARTMAN, CRAIG ANTHONY
Last First Middle Maiden

Other Names you have used _____

NAME YOU WISH PRINTED ON LICENSE CRAIG ANTHONY HARTMAN, D.O.

2. Business and/or Mailing Address: WEED ARMY COMMUNITY HOSPITAL : WOMEN'S HEALTH CLINIC
Street Number

Fort Irwin CA 92310
City State Zip Code

(760) 380-3120-0 (760) 380-4875 (760) 380-3185-Floor
Business Phone Business Fax Other Phone

3. Home address: [REDACTED]
Street Number

[REDACTED] CA [REDACTED]
City State Zip Code

[REDACTED]
Home Phone

4. Date of Birth [REDACTED] Place of Birth SANTA MONICA CA L.A.
City State Country

5. Citizenship: U.S. Citizen ☒ Yes ☐ No Alien Registration #: _____

6. Have you ever applied for a license to practice Osteopathic Medicine in Nevada? ☐ Yes ☒ No

If YES, give date of previous application _____

7. List name and address of all colleges or universities attended other than schools where professional medical instruction was received.

Name	City, State	Attendance Dates From (Mo/Yr) To (Mo/Yr)	Degree Received
PEPPERDINE UNIVERSITY	Malibu, CA	8/88 - 4/92	B.S.

8. DOCTOR OF OSTEOPATHY Degree granted by: NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE

Date of issuance: 6/97

**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
CHILD SUPPORT INFORMATION
FORM "D"**

PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF APPLICATION).

☒ I AM NOT SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD.

☐ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM IN COMPLIANCE WITH THE ORDER OR AM IN COMPLIANCE WITH A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER CONTROLLING PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER; OR

☐ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM NOT IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

APPLICANTS SOCIAL SECURITY NUMBER: [REDACTED]

[Signature]
Signature of Applicant

Craig Hammond, D.O.
Applicant's Name (Printed)

5 AUG 03
Date Signed.

Please return to:

Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road, Ste. G
Las Vegas, NV 89121
(702) 732-2147
(702) 732-2079 (fax)
Osteo@govmail.state.nv.us

***Original must be mailed to the Board.**



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

RECEIVED

RECEIVED
MICHIGAN BOARD OF
OSTEOPATHIC MEDICINE

JANET OLSZEWSKI
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF OSTEOPATHIC MEDICINE & SURGERY
VERIFICATION OF LICENSURE AS OF 12/08/2003**

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
2860 E FLAMINGO ROAD STE G
LAS VEGAS NV 88121

NAME: Craig Anthony Hartman

SSN: [REDACTED]

ADDRESS: 19650 Mendian Rd Apt 41
Grosse Ile, MI 48138

BIRTHDATE: 07/26/1970

TYPE: Osteopathic Physician

ORIGINAL DATE: 07/09/1998

LICENSE NUMBER: 5101013398 STATUS: Active

EXPIRATION DATE: 12/31/2004

OBTAINED BY: NBOME

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE


SANDRA L LOVELL

RECEIVED

NOV - 3 2003

DEPT. OF CIS

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
VERIFICATION OF LICENSURE
FORM "C"

I am applying for a license to practice Osteopathic Medicine in the State of Nevada. The Nevada State Board of Osteopathic Medicine requires verification of licensure from each state wherein I hold or have held licensure. This is your authority to release information in your files, favorable or otherwise, directly to the Nevada State Board of Osteopathic Medicine at the address below.

RECEIVED

NOV 26 2003

LICENSING DIV.
CREDENTIALS

Signature of Applicant

Applicant's Name (Printed)

Address:

My license number is:

This form may be duplicated.

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE.

State of _____ License # _____ Issue Date: _____

Name of Licensee: _____

Issued by: _____ Endorsement/Reciprocity with _____

Trans Info: 510151 8767023-1 11/21/03

Chrg: 1301 Amt: \$15.00

Examination (State Board written exam) ID: 5101013398

Status of License: Active _____ Expiration Date _____

Do you have any record of disciplinary or legal action that should be considered with the physicians' application?

Yes _____ No _____

Return to:
Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road, Suite G
Las Vegas, NV 88121

SIGNED: _____

TITLE: _____

RECEIVED

NOV 04 2003

LICENSING DIV.
CREDENTIALS

STATE BOARD: _____

DATE: _____



Consumer & Industry Services



Michigan.gov
An Official State of Michigan Web Site

[Michigan.gov Home](#)

[CIS Home](#) | [CIS Sitemap](#) | [Contact CIS](#) | [Online Services](#) | [CIS Agencies](#)

BUREAU OF HEALTH SERVICES

VERIFY A LICENSE/REGISTRATION

Name and Address

Name : CRAIG ANTHONY HARTMAN

Address : [REDACTED]

Profession and License/Registration Information

Profession : Osteopathic Medicine & Surgery

Type : Osteopathic Physician

Permanent ID #

Status

Issue Date

Expiration Date

5101013398

Active

07/09/1998

12/31/2004

Complaint(s)

Open Formal Complaints

None

Disciplinary Action(s)

Disciplinary Action

Date of Action

None

[New Search](#) [Return to Search](#) The data on this web page is refreshed daily.

The Federation of State Medical Boards of the United States, Inc.

Federation Credentials Verification Service

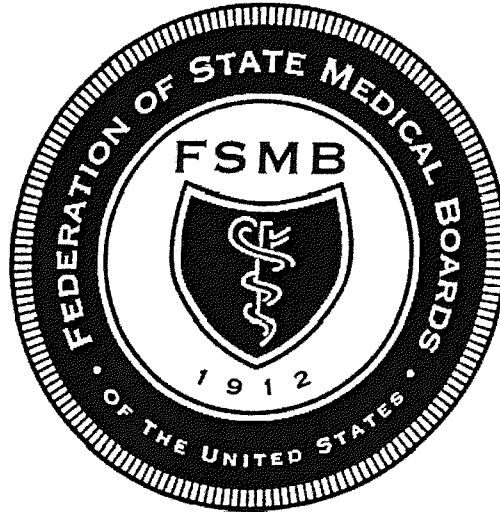
P.O. Box 619850

Dallas, Texas 75261-9850

Telephone: (817) 868-4000

Fax: (817) 868-4099

Physician Information Profile



This report is compiled exclusively for:

Name: Craig Anthony Hartman
SSN: [REDACTED]
DOB: [REDACTED]
Recipient: Nevada State Board of Osteopathic Medicine

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

FEDERATION CREDENTIALS VERIFICATION SERVICE

Table of Contents

I. FCVS / FSMB Reports

- A. Physician Information Report
- B. Omission/Discrepancy Report
- C. Board Action Data Bank Search Results

II. Identity

- A. Affidavit and Release
- B. Certified Birth Certificate or Photocopy of Original Passport

III. Medical Education

- A. Verification of Medical Education Form(s)
- B. Official Medical Education Transcripts(s)
- C. Certified Photocopy of Medical School Diploma
- D. Verification of Fifth Pathway Form(s)
- E. Photocopy of Fifth Pathway Certificate of Completion
- F. Confirmation of ECFMG Certification
- G. Photocopy of ECFMG Certificate

IV. Postgraduate Medical Education

- A. Verification of Postgraduate Medical Education Form(s)

V. Examination History / Score Transcripts (State Licensing Authorities Only)

- A. USMLE Transcript
- B. FLEX Transcript
- C. NBME Record of Scores
- D. NBME Endorsement of Certification
- E. NBOME Transcript
- F. LMCC Transcript
- G. State Board Exam Transcript

Section I

FCVS Reports

FEDERATION CREDENTIALS VERIFICATION SERVICE

Physician Information Report

Identity:

Name: **Craig Anthony Hartman**
Other Name Used: **Craig A Hartman**

Gender: **Male**
Date of Birth: **08/26/1971**
Place of Birth: **Los Angeles, CA USA**
SSN: **[REDACTED]**

Current Address: **[REDACTED]**

Permanent Address: **Same**

Telephone Numbers: Bus: **760-380-3120**
Fax: **760-380-4875**
Home: **[REDACTED]**
Other: **[REDACTED]**

Physical Description: Height: **5' 11"**
Weight: **165 lbs**
Eye Color: **Brown**
Hair Color: **Brown**

Physical Marks: Description: **N/A**
Location: **N/A**

Premedical Education (Reported by physician. Not verified by FCVS):

Institution: **Pepperdine University, Malibu, CA 90265**

Dates of Attendance: **08/1988 - 04/1992**
Degree Awarded: **Bachelor of Science**

Medical Education:

Current, valid ECFMG: **N/A**
ECFMG Number: **N/A**
Date Issued: **N/A**

Medical School: **Nova Southeastern University College of Osteopathic Medicine**
3200 University Drive
Ft Lauderdale, FL 33328

Dates of Attendance: **08/09/1993 - 05/23/1997**
Graduation Date: **05/25/1997**
Degree Awarded: **Doctor of Osteopathy**
Unusual Circumstance: **None**

Post Graduate Medical Education:

Institution:

Riverside Osteopathic Hospital
Department of Obstetrics and Gynecology
150 Truax Street
Trenton, MI 48183

Post Graduate Year:
Program Type:
Department:
Dates of Attendance:
Completion:
Accreditation:

Not Reported by the Primary Source
Internship
Obstetrics and Gynecology
07/01/1997 - 06/30/1998
Yes
AOA

Post Graduate Year:
Program Type:
Department:
Dates of Attendance:
Completion:
Accreditation:

Not Reported by the Primary Source
Residency
Obstetrics and Gynecology
07/01/1998 - 06/30/2001
Yes
AOA

Unusual Circumstance:

None

Fifth Pathway:

N/A

Examination History:

Transcripts Enclosed For:

NBOME Part I
NBOME Part II
NBOME Part III/Level 3

Board Action:

A Report of the results from a search of the Board Action Data Bank is enclosed.

Omission / Discrepancy Report

Physician Identification:

Name: Craig Anthony Hartman
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: [REDACTED]
Request ID: [REDACTED]

REPORT OF OMISSIONS

There are none identified.

REPORT OF DISCREPANCIES

Discrepancy 1:

Section of Profile: **Medical Education**
Discrepancy: The applicant reports graduation from Nova Southeastern UCOM on 06/14/1997. The institution reports graduation date is 05/25/1997.
Follow-Up: Left to Recipient's discretion.

Discrepancy 2:

Section of Profile: **Examination History**
Discrepancy: The applicant reports sitting for NBOME Part I as 'Date Unknown'. The NBOME transcript reports the examination date was 06/01/1995.
Follow-Up: Left to Recipient's discretion.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: **Identity**
Issue: FCVS requests the applicant provide a photocopy of a birth certificate, passport, court order, baptismal certificate, naturalization certificate, marriage certificate or divorce decree to support alternate names. If the applicant cannot provide one of these documents, we request completion of the Explanation of Alternate Name Form.
Follow-Up: For your information only.

Miscellaneous 2:

Section of Profile: **Continuity of Education**

Issue: There is a gap of approximately 1 1/2 years between completion of premedical education at Pepperdine University (ends 04/1992) and entrance into medical school at Nova Southeastern UCOM (begins 08/09/1993).

Follow-Up: This information is provided as information only. No follow up performed.

End of report for Craig Anthony Hartman

Packet Id: [REDACTED]

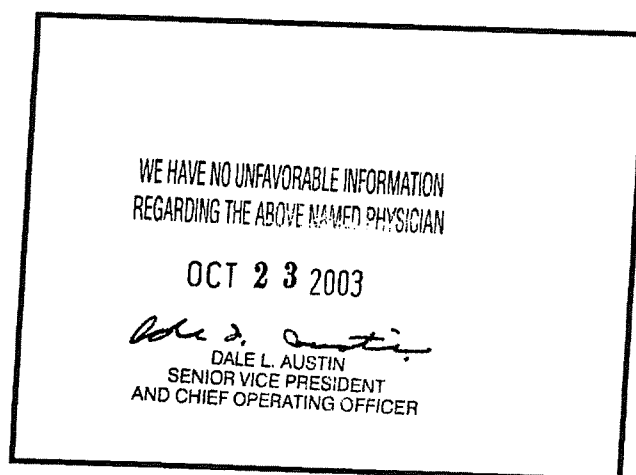
Request Id: [REDACTED]

Report Created By: DLR

Board Action Databank Search

State Queried For: Nevada State Board of Osteopathic Medicine
Physician's Name: Hartman, Craig Anthony
Date of Birth: [REDACTED]
Medical School: 010040 - Nova Southeastern UCOM
Year of Graduation: 1997
Social Security Number: [REDACTED]
ECFMG Number: N/A

Results:



Section II

Identity

AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

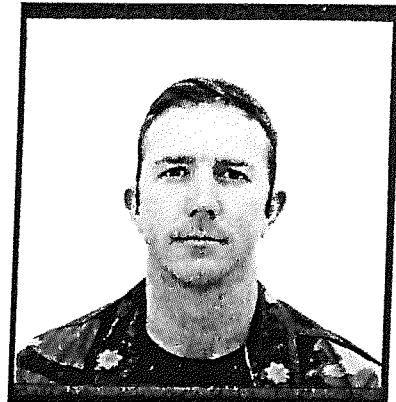
I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

[Signature]
Applicant's Signature (must be signed in the presence of a notary)

HARTMAN
Applicant's Printed Last Name

CHRIS A.
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

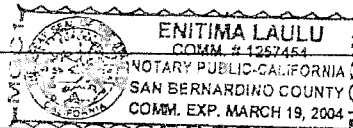
11 AUGUST 2003
Date of Signature (must correspond to date of notarization)



State of California County of San Bernardino

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 11th day of August, 2003.

Notary Public signature: [Signature]



My commission expires: _____



Federation Credentials Verification Service

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK
CERTIFIED ABSTRACT OF BIRTH



NAME: CRAIG A HARTMAN

DATE OF BIRTH: [REDACTED]

SEX: MALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH SURNAME OF MOTHER: INSKEEP

DATE FILED: AUGUST 1970

SEAL
VERIFIED

This certified document is a true
abstract of the official record
filed with the Registrar-Recorder

Beatriz Valdez

DATE ISSUED: MARCH 01, 1994

LOCAL REGISTRATION NUMBER: 0068335

BEATRIZ VALDEZ
REGISTRAR-RECORDER/COUNTY CLERK
1994-12-18



EXPLANATION OF ALTERNATE NAME FORM

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy (ies). Be certain to sign the form in the space provided at the bottom of the page.

<p>Documented Name</p> <p>The name reported here must be the name on your identity document BIRTH CERTIFICATE.</p>	<p>Last Name: <u>HARTMAN</u></p> <p>Rest of Name: <u>CRAIG A</u></p>
<p>FCVS APPLICATION DIPLOMA</p>	<p>Last Name: <u>HARTMAN</u></p> <p>Rest of Name: <u>CRAIG ANTHONY</u></p> <p>Explanation of Use of Name:</p> <p><u>X CERTIFIED ABSTRACT OF BIRTH CERTIFICATE</u></p> <p><u>ONLY LISTS MIDDLE INITIAL. MY FULL</u></p> <p><u>MIDDLE NAME IS ANTHONY.</u></p>
	<p>Last Name:</p> <p>Rest of Name:</p> <p>Explanation of Use of Name:</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>Last Name:</p> <p>Rest of Name:</p> <p>Explanation of Use of Name:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Signature: X

G. Hartman

Date: 8/27/03

Section III

Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
VERIFICATION OF MEDICAL EDUCATION
(This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. **Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. **If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).**

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: Nova Southeastern University College of Osteopathic Medicine

Complete Address: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code (Postal Code):** _____

If name of institution was different when this individual attended, please note this name below: _____

Premedical Education:

Years of education required for admission to your medical school: _____

Credential/degree presented by the applicant for admission to your medical school: _____

Enrollment and Participation: Our records indicate that Craig A. Hartman
(type/print individual's name: Last, First, Middle, Suffix)
attended our medical school for total of 4 ^{yrs.} ~~weeks~~ of medical education on the following dates (mm/dd/yy):

From 08 / 09 / 93 **To** 05 / 23 / 97
Month Date Year Month Date Year

This individual (check one):

☒ was awarded the degree of D.O. on 05 / 25 / 97
Month Date Year

☐ was NOT awarded a degree (please attach an explanation)

Certification: By my signature, I, G. Elaine Poff, certify that the above
(type/print name)
information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: G. Elaine Poff

Title: Director of the Registrar's Office

Date of Signature: 09-10-03

Phone: (254) 262-7271 **Fax:** (254) 262-3256

Email: [REDACTED]

DEPARTMENT CREDENTIALS VERIFICATION SERVICE (FCVS)
(continued)

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES ☐ NO ☒

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
Please Specify: _____				

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

Response YES ☐ NO ☒

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		
Please specify reason: _____		

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service

P.O. Box 619850
Dallas, TX 75261-9850
Telephone (817) 868-5000
FAX: (817) 868-4197

Fax Cover Sheet

TO: G Elaine Poff
[010040] Nova Southeastern University College of Osteopathic Medicine
954-262-3256

DATE: September 17, 2003

FROM: Vickie Brooks
vbrooks@fsmb.org
VLB

Packet ID: 34454
Request ID: 11537534
Craig Anthony Hartman, DO

The form you recently submitted to FCVS for Dr. Hartman was either incomplete or requires further clarification. Please address these items listed below and return by fax to the above number.

I. Premedical Education:

Years of education required for admission to your medical school: 4 yrs.

Credential/degree presented by the applicant for admission to your medical school: B.A./B.S.

Completion of the following is certification that the information above is an accurate account of the individual's records and is true and correct. This section MUST be signed by the Program Director (MD/DO only) or an appropriate representative.

Jeanne De Leo Admin. Asst. 09/18/03
Signature Title Date

Number of Pages Sent: 1

[010040]

The information contained in this document may be CONFIDENTIAL and may also be LEGALLY PRIVILEGED, intended only for the addressee. If you are not the addressee, you are hereby notified that any use or dissemination is strictly prohibited. Please notify FSMB by telephone as soon as possible if you received this document in error.

Student No: [REDACTED]

Record of: Craig A Hartman

Issued To: Fed Cred Verif Service

PO Box 619850
Dallas, TX 75261-9850

Course Level: Osteopathic Med/Dr

Date Issued: 10-SEP-2003

Page: 1



Current Program

College : Osteopathic Medicine
Major : Osteopathic Medicine

Notes:

DEMIC REQUIREMENTS COMPLETED: 05/23/97
D.O. DEGREE CONFERRED: 05/25/97

Degree Awarded : Dr of Osteopathic Medicine 31-MAY-1997
Hrs: 296.50 GPA-Hrs: 99.00 Pts: 8786.50 GPA: 88.75
Major : Osteopathic Medicine

SUBJ NO.

COURSE TITLE

CRED GRD PTS

R

INSTITUTION CREDIT:

Fall 1993

Osteopathic Medicine

BMED 5110 Emerg Med I (Bcls)

BMED 5112 Fam Med I

BMED 5113 Omni I

BMED 5116 Anat I (Histo/Embryo)

BMED 5117 Biochem I

BMED 5118 Anat II (Gross)

BMED 5552 Med Human I

BMED 5553 Med Human II

BMED 5557 Microbio I

BMED 5559 Physio I

Dean's List

Spring 1994

Osteopathic Medicine

BMED 1111 Dean's Hour

BMED 5111 Emerg Med II

BMED 5118 Biochem II

BMED 5127 Microbiology II

BMED 5128 Physio II

BMED 5152 Fam Med I

BMED 5221 Comm Med I

BMED 5222 Comm Med IV (Hlth Care)

BMED 5223 Omni II

Fall 1994

Osteopathic Medicine

BMED 5224 Comm Med II

BMED 5422 Anatomy III (Head/Neck)

BMED 5423 Anat IV & V

BMED 5554 Med Human II

BMED 5555 Behav Med (Phys Ex)

BMED 5556 Med Human II

BMED 5558 Princ/Pharmacology

Hrs: 30.00 GPA-Hrs: 23.00 Pts: 1956.00 GPA: 85.04

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
BMP 6112	Psychiatry	2.00	93	186.00	
FMN 6112	Clinical Correlation I	2.00	P	0.00	
FMN 6312	Clinical Practicum I	2.00	P	0.00	
FMN 6511	Clinical Nutrition	1.00	P	0.00	
FMO 6313	Omni III	3.00	95	285.00	
FMP 6111	Rehabilitation Medicine	1.00	P	0.00	
IMA 6116	Internal Medicine I	6.00	88	528.00	
OBG 6112	Gynecology	2.00	87	174.00	
PCO 6113	Pharmacology I	3.00	82	246.00	
PED 6112	Pediatrics I	2.00	86	172.00	
PTH 6114	Pathology I	4.00	83	332.00	
PTH 6311	Laboratory Medicine I	1.00	88	88.00	
SGN 6113	Surgery I	3.00	80	240.00	
Hrs: 32.00	GPA-Hrs: 26.00	Pts: 2251.00	GPA: 86.57		

Winter 1995

Osteopathic Medicine

FMC 6421 Medical Jurisprudence

FME 6220 Adv Cardiac Life Support

FME 6321 Emergency Medicine

FMG 6121 Geriatrics

FMN 6222 Clinical Correlation II

FMN 6422 Clinical Practicum IV

FMN 6621 Clinical Procedures

FMN 6722 Pre-Clerkship Seminar

FMO 6423 Omni IV

FMR 6121 Nur & Biocultural Med.

IMA 6226 Internal Medicine II

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
FMC 6421	Medical Jurisprudence	1.00	86	86.00	
FME 6220	Adv Cardiac Life Support	0.00	P	0.00	
FME 6321	Emergency Medicine	1.00	P	0.00	
FMN 6222	Clinical Correlation II	1.00	93	93.00	
FMN 6422	Clinical Practicum IV	2.00	P	0.00	
FMN 6621	Clinical Procedures	2.00	P	0.00	
FMN 6722	Pre-Clerkship Seminar	1.00	P	0.00	
FMO 6423	Omni IV	2.00	P	0.00	
FMR 6121	Nur & Biocultural Med.	3.00	91	273.00	
IMA 6226	Internal Medicine II	1.00	P	0.00	
Hrs: 32.00	GPA-Hrs: 26.00	Pts: 2251.00	GPA: 86.57		

See reverse side for legend

SEAL

VERIFIED

SEP - 9 2003

Handwritten signature and date: 11-22-04

***** CONTINUED ON NEXT COLUMN *****

Student No: [REDACTED]
Record of: Craig A Hartman
Level: Osteopathic Med/Dr

Date Issued: 10-SEP-2003

Page: 2



SUBJ NO. COURSE TITLE CRD GRD PTS R

As of January 1, 1994 Nova University and Southeastern University of the Health Sciences became Nova Southeastern University.

See reverse side for legend

VERIFIED

SEP - 9 2003

H. Seal

CA 0011 0007 0001 1

SEAL
VERIFIED

As of January 1, 1994 Nova University and Southeastern University of the Health Sciences became Nova Southeastern University.

SEP - 9 2003

See reverse side for legend

SEAL
VERIFIED

OFFICIAL TRANSCRIPTS BEAR SIGNATURE
STAMP WITH INDEPENDENT SEAL

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

OBG 6222	Obstetrics	2.00	84	168.00
PCO 6222	Pharmacology II	2.00	94	188.00
PED 6222	Pediatrics II	2.00	89	178.00
PTH 6223	Pathology II	3.00	89	267.00
PTH 6421	Laboratory Medicine II	1.00	98	98.00
SGN 6223	Surgery II	3.00	93	279.00
Dean's List		Ehrs: 33.00 GPA-Hrs: 24.00 Pts: 2164.00 GPA: 90.16		

Institution Information continued:

Ehrs: 40.00	GPA-Hrs: 0.00	Pts: 0.00	GPA: 0.00
Winter 1997			
Osteopathic Medicine			
IDC 8801	Senior Seminar	1.00	P 0.00
IME 8108	Endocrin Elec	8.00	PH 0.00
OBG 8108	Ob/Gyn Elec	4.00	P 0.00
PED 7108	Pedia/Ambul(1-M)	8.00	P 0.00
PTH 8108	Clin Patho Elec	8.00	P 0.00
Ehrs: 29.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00			

***** TRANSCRIPT TOTALS *****

Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	296.50	99.00	8786.50
TOTAL TRANSFER	0.00	0.00	0.00

OVERALL 296.50 99.00 8786.50 88.75
***** END OF TRANSCRIPT *****

Winter 1996

Osteopathic Medicine				
FMG 7108	Geriatr(1m)	8.00	PH	0.00
FMN 7108	Fam Med/Clin(1-M)	8.00	PH	0.00
PED 7108	Pedia/Ambul(1-M)	8.00	PH	0.00
PED 7208	Pedia/Hosp(1m)	8.00	PH	0.00
Ehrs: 32.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00				

Summer I 1996

Osteopathic Medicine				
FMR 8124	Ambu Rul C1(3m)	24.00	P	0.00
Ehrs: 24.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00				

- 11 1996

Osteopathic Medicine				
IME 8108	Emerg Med(1-M)	8.00	PH	0.00
FMN 8108	Fam Med Selec(1m)	8.00	P	0.00
OBG 8108	Ob/Gyn Elec	8.00	PH	0.00
PED 8108	Gen Pedia Elec	8.00	PH	0.00
SGN 7108	Gen Surg(1-M)	8.00	PH	0.00
***** CONTINUED ON NEXT COLUMN *****				



28.80.24

GRADING and QUALITY POINT SYSTEM
All Credit Hours on this Record Reflect Semester Hours

	A	A	B+	B	B-	C	C+	C	C-	D+	D	D-	F	WF	XF
CENTER FOR PSYCHOLOGICAL STUDIES	4.0														
CRIMINAL JUSTICE INSTITUTE	4.0			3.0				2.0			1.0		0.0		
FARQUHAR COLLEGE OF ARTS & SCIENCES	4.0			3.0				2.0			1.0		0.0		
FISCHLER CTR FOR ADVANCEMENT OF EDUC	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7	1.3	1.0			0.0		0.0
PROGRAMS IN EDUCATION & TECHNOLOGY				3.0											
EDUCATIONAL LEADERSHIP	4.0		3.5				2.5	2.0					0.0		
PROGRAMS IN HIGHER EDUCATION													0.0		
GRADUATE TEACHER EDUC PROGRAM	4.0			3.0									0.0		
(MASTERS EDUCATIONAL SPECIALIST)							2.0			1.0			0.0		
LIFE SPAN CARE & ADMINISTRATION	4.0			3.0									0.0		
SPEECH & LANGUAGE	4.0			3.0				2.0		1.0			0.0		
HEALTH PROFESSIONS DIVISION **								2.0		1.0			0.0		0.0
SHEPARD BROAD LAW CENTER				3.0									0.0		
OCEANOGRAPHIC CENTER	4.0		3.5	3.0			2.5	2.0					0.0		
SCHOOL OF BUSINESS & ENTREPRENEURSHIP	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7	1.3	1.0	0.7		0.0		
GRADUATE SCH OF COMPUTER & INFO SCIENCES	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7					0.0		
GRADUATE SCH OF HUMANITIES AND SOCIAL SCIENCES	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7					0.0		
							2.0			1.0			0.0		

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award bachelor's, master's, specialist degrees, and doctoral degrees. Nova Southeastern University admits students of any race, sex, age, color, non-disqualifying handicap, religion or creed, or national or ethnic origin.

The Family Educational Rights and Privacy Act of 1974 prohibits disclosure of information from this transcript to third parties.

Prior to 2000 B+ was 3.5 and C+ was 3.6
...HPD Numeric Grading - Equivalent Alpha Grade

90 - 100
80 - 89

SEP 15 A B

DEFINITIONS: AFECTIS G.P.A.
WF - Withdrawal While Failing
XF - Unofficial Withdrawal

70 R - Repeated Course
70 E - Failed Course
75 R - Repeated Course
75 E - Failed Course
80 R - Repeated Course
80 E - Failed Course

COMMENTS
E - EXCLUDED FROM GPA
I - INCLUDED IN GPA

[illegible]

Definitions: Grades that do Not Affect G.P.A.
AU - Audit

Grades that do NOT Affect G.P.A.	
AU	Audit
CE	Credit by Exam
CL	CLEP
EQ	Credit awarded based on prior experience
I	Incomplete
IF	Incomplete Failure
IP	Incomplete Pass / In Progress
IW	Incomplete Withdrawal
NG	No Grade Submitted
NP	No Pass
NPR	No Progress
P	Pass
PH	Passing with Honors
PM	Pass Marginally
PR	Progress
RP	Pass Remediated
RSC	Required Summer Institute Completed
S	Satisfactory (highest grade possible in this
W	Withdrawal Without Penalty
WP	Withdrawal, while passing, Without Penalty
WU	Administrative Withdrawal
UPS	Un Paid Seat
Z	No Grade Submitted by Instructor
ZZ	Conversion Grade

Nova Southeastern University
Health Professions Division
College of Osteopathic Medicine

The Trustees of the University
on the Recommendation of the Faculty confer upon

Craig Anthony Hartman

the Degree of

Doctor of Osteopathic Medicine

With All Rights, Privileges and Responsibilities thereto appertaining.

Witnessed with the Authorized Signatures and University Seal on
May 25, 1997

Chris C. Lewis, J.S.D.
President



Mark Tamm, D.O., F.A.C.O.T.
Chancellor

Matthew Tamm, D.O., F.A.C.O.T.
Dean

El N. P.
Director of the Registrar's Office
09/10/03

SEAL
VERIFIED

Section IV

Postgraduate Training

Federation Credentials Verification Service (FCVS)

Federation Place, P.O. Box 619850, Dallas, TX 75261-0850
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Postgraduate Medical Education			
Institution: Riverside Osteopathic Hospital		Attention: Program Director	
Address: Department of Obstetrics and Gynecology Trenton, MI 48183		University: _____	
Verification For:	Name: Hartman, Craig Anthony SSN: [REDACTED] DOB: [REDACTED] Individual's Name on Record (if different from above): _____		
Program Participation: Important: Report incomplete postgraduate years (PGY) separately from those that were successfully completed. If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: _____ <input checked="" type="checkbox"/> Internship _____ Residency _____ Fellowship _____ Research	Department/Specialty: OB/GYN From: 7/01/97 To: 6/30/98 Successfully Completed?: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input checked="" type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
	PGY: _____ <input type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency _____ Fellowship _____ Research	Department/Specialty: OB/GYN From: 7/1/98 To: 6/30/01 Successfully Completed?: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input checked="" type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
	PGY: _____ <input type="checkbox"/> Internship <input type="checkbox"/> Residency _____ Fellowship _____ Research	Department/Specialty: _____ From: ____/____/____ To: ____/____/____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these	
Unusual Circumstances: Circle the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	Did this individual ever take a leave of absence or break from his/her training? Yes <input type="radio"/> No <input checked="" type="radio"/> Was this individual ever placed on probation? Yes <input type="radio"/> No <input checked="" type="radio"/> Was this individual ever disciplined or placed under investigation? Yes <input type="radio"/> No <input checked="" type="radio"/> Were any negative reports ever filed by instructors? Yes <input type="radio"/> No <input checked="" type="radio"/> Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes <input type="radio"/> No <input checked="" type="radio"/> Please explain any "Yes" response from above: _____ _____ _____		
Certification: Affix your official seal in this space. If you must have this form notarized.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section MUST be signed by the Program Director (M.D./D.O. only) Name: David Wolf D.O. Signature: [Signature] Title: Program Director OB/GYN Date of Signature: 9/9/03 Tel: _____ Fax: 734 6253023 E-Mail: d.wolf@cedimed.com		

Section V

Examination History/Score Transcripts

National Board of Osteopathic Medical Examiners

8765 W. Higgins Road, Suite 200, Chicago, IL 60631 (773)714-0622 Fax (773)714-0631

Federation Credentials Verification Svcs
Federation Place
400 Fuller Wiser Rd., Ste 300
Euless, TX 76039-3855

NBOME OFFICIAL TRANSCRIPT

	Completion Date	Standard Score
NBOME Part I Passed		
Total Score	JUNE 1995	637
Minimum Total Passing Standard Score is 400.		
COMLEX Level 2 Passed		
Total Score	MARCH 1997	643
Minimum Total Passing Standard Score is 400.		
COMLEX Level 3 Passed		
Total Score	FEBRUARY 1998	718
Minimum Total Passing Standard Score is 350.		

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

Craig Anthony Hartman, D.O.

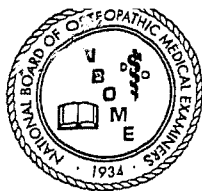
awarded Certificate of Completion No. 31329 on April 21, 1998

September 2, 2003

Date Prepared



Joseph F. Smoley, PhD.
Executive Director



National Board of Osteopathic
Medical Examiners, Inc.

NBOME

NBOME SCORE INTERPRETATION

PART I, PART II, & PART III:

SCALED SCORES. Examinations taken prior to 1987 are reported as scaled (2 digit) scores. Most examinees received scaled scores ranging from **60 to 100**. The scale has an average of 80 for the reference group of examinees.

The minimum passing scaled score for Part I, Part II and Part III is a score of **75** for each subject.

STANDARD SCORES. Part I, Part II and Part III standard (3 digit) scores are reported on a scale which has a mean of 500 and standard deviation of 100 for the criterion group of examinees. Most examinees receive a score between **200 and 800**. The standard error of measurement for the total standard score is within the range of 27 to 32. The criterion group is made up of examinees who had taken that examination in the past.

Passing Part I or Part II is solely based upon achieving a total score of **400 or higher**. **Passing Part III** is solely based upon achieving a total score of **350 or higher**. The total score is derived from the number of questions answered correctly in the entire exam, not by averaging subjects scores. Criteria for certification are based upon the total scores of each Part, not scores of individual subjects within each Part.

COMPLEX LEVEL 1, 2, & 3:

Level 1, Level 2 and Level 3 examinations of the Comprehensive Osteopathic Medical Licensing Examination – USA (COMLEX-USA) replaced the Part I, Part II, and Part III examinations in 1998, 1997, and 1995 respectively.

STANDARD SCORES. The total standard score is derived from the number of items answered correctly in the entire examination. The scores scale is defined to have a **mean of 500 for all three levels**. Passing Level 1 or Level 2 is based upon achieving a total score of **400 or higher**. Passing Level 3 is based upon achieving a total score of **350 or higher**. For all levels, most examinees receive a score between **200 and 800**.

Level 1 has a standard deviation of 79 since year 2002 and the standard error of measurement is within the range of 15-20 points. **Level 2** has a standard deviation of 73 since year 2001 and the standard error of measurement is within the range of 20-25 points. **Level 3** has a standard deviation of 120 since year 2000. The standard error of measurement is within the range of 30-35 points.

These minimum passing scores reflect the standards recommended by the COMLEX-USA. Individual licensing authorities may accept the COMLEX USA recommended pass/fail standard or may set a different passing score for their own jurisdictions.

The Federation of State Medical Boards of the U.S., Inc.
Federation Credentials Verification Service
PO Box 619850
Dallas, TX 75261-9850
Tel: (817) 868-5000
Fax: (817) 868-5099

October 24, 2003

Trey Delap
Deputy Executive Director
Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road, Suite G
Las Vegas, NV 89121-5270
702-732-2147
702-732-2079 (Fax)

Please find the original examination transcripts and/or ECFMG Confirmations attached for the following physicians.

PHYSICIAN NAME	DATE OF BIRTH	FCVS PACKET ID#	DATE PDF FILE EMAILED TO BOARD	ECFMG	EXAMINATION TRANSCRIPTS
Ziering, Craig	09/22/0963	32232	10/23	N/A	NBOME
McGrath, Daniel	10/19/1963	34744	10/21	N/A	NBOME
Baughman- Cortez, Barbara	10/28/1970	7099	10/21	N/A	NBOME
Cortez, Francis	11/16/1968	6499	10/21	N/A	NBOME
Hartman, Craig	10/26/1970	34454	10/23	N/A	NBOME

If you have any questions, please contact me at 817-868-5004.

Thank you,

Deborha L. Reed
Quality Assurance Supervisor
Federation Credentials Verification Service
Federation of State Medical Board of the US
dreed@fsmnb.org

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 5500000031666144
Process Date: 11/18/2003
Page: 1 of 2
For authorized use by:
NV STATE BOARD OF OSTEOPATHIC
MEDICINE

RESPONSE TO INFORMATION DISCLOSURE REQUEST

A. REQUESTOR IDENTIFICATION

Data Bank Identification

Number(DBID): 222325100000015

Entity Name: NV STATE BOARD OF OSTEOPATHIC MEDICINE

Address: 2860 E FLAMINGO RD, SUITE G

City, State, ZIP: LAS VEGAS, NV 89121-5208

Telephone: (702) 732-2147

Authorized Agent:

Agent Phone:

Authorized Submitter's Name: JOHN E DELAP III

Authorized Submitter's Title: DEPUTY EXECUTIVE DIRECTOR

Authorized Submitter's Telephone: (702) 732-2147 EXT.223

B. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: HARTMAN, CRAIG ANTHONY

Gender: MALE

Date of Birth: [REDACTED]

Other Name Used:

Organization Name:

Organization Type:

Other, as Specified:

Work Address: 4053 DAISY MINE COURT
APT. A

City, State, ZIP: FORT IRWIN, CA 92310

Country:

Home Address: [REDACTED]

City, State, ZIP: [REDACTED]

Country:

Social Security Numbers (SSN): [REDACTED]

Professional School(s) & Year of Graduation: NOVA SOUTHEASTERN UCOM 1997

Occupation/Field of Licensure (Code): OSTEOPATHIC PHYSICIAN (DO) (020)

State License Number, State of Licensure: 5101013398, MI

Other, as Specified:

Specialty: OBSTETRICS & GYNECOLOGY (50)

Drug Enforcement Administration (DEA) Numbers:

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 5500000031666144
Process Date: 11/18/2003
Page: 2 of 2
For authorized use by:
NV STATE BOARD OF OSTEOPATHIC
MEDICINE

National Provider Identifiers (NPI):

Federal Employer Identification Numbers (FEIN):

Unique Physician Identification Numbers (UPIN):

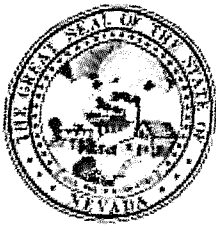
C. SEARCH RESULT

Based on the subject identification information provided by you in Section B above, a search of the NPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section B is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the NPDB is confidential and must be used solely for the purpose for which it was disclosed. Any person who violates the confidentiality provisions as specified in Title IV is subject to a civil money penalty of up to \$11,000 for each violation. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Dr., Unit 180

Henderson, NV 89014

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

Craig Hartman, D.O. 1136

September 08, 2011

9-30-11
Sent
10-3-11

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/11

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card **ONLINE**. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2011) the **CME Requirement**.
3. You have a Visa, MasterCard, or Discover Card for **ONLINE** payment.

You **MAY NOT RENEW ONLINE IF**:

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

DOWNLOAD and **PRINT** the 2012 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.

From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.

Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.

Read the renewal form carefully and follow the instructions on the form.

Please allow up to 10 - 14 days for manual processing of renewals.

may request renewal forms by e-mail to: tsine@bom.nv.gov



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)
[Options: Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License **Date Submitted:** 2011-09-30

Application Status: Approved **Application Type:** Renewal

Comments: 2012 license

Requirements:

✓ **CME Completion Affidavit**

✓ **Date Completed:** 2011-09-30

[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2011-09-30

N/A

[Expand](#)

✓ **Mailing Address Verified**

✓ **Date Completed:** 2011-09-30

[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2011-09-30

N/A

[Expand](#)

✓ **Medical Specialty**

✓ **Date Completed:** 2011-09-30

[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2011-09-30
N/A
[Expand](#)

✓ **Public Address**
Date Completed: 2011-09-30
[Expand](#)

Renewal Application Complete
✓ **Received By:** Tammy Sine **Date Completed:** 2011-09-30
reviewed
[Expand](#)

✓ **Renewal Fee**
Date Completed: 2011-09-30
[Hide](#)

Comments:

[Update Comments](#)

This fee is paid in full.

Fee Amount: \$500.00
Amount Paid: \$500.00
Amount Due: \$0.00

Enter new payment:

Date: 10/03/2011 ☐ Payment Received By Sine, Tammy
Type: None Amount: 0.00 Number: Comments:
Credit Card Type: None
[Add Payment](#)

Payments Made:

Date	Amount	Type	Number	Comments	Action
2011-09-30	500.0	Credit Card			

✓ **Renewal Survey**
Date Completed: 2011-09-30
[Hide](#)

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No
#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No
#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No
#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)? No
#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	No
#5 - Explain	
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	No
#9 - Explain	
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No
#10 - Explain	
#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse?	No
#11 - Explain	
#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?	No
#12 - Explain	
#13 - Subject to a court order for the support of a child?	No
#13 - Explain	
#14 - In compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Not in compliance with court order for the support of a child?	No
#15 - Explain	
<div>Mark as Incomplete Update Comments</div>	

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
901 American Pacific Dr., Unit 180
Las Vegas, NV 89014
702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov
www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE

Craig Hartman, D.O. 1136

5380 South Rainbow Blvd.
Suite 103
Las Vegas, NV 89113

104-10
Sept 10-5-10
September 14, 2010

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/10

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2010) the **CME Requirement**.
3. You have a Visa, MasterCard, American Express or Discover Card for ONLINE payment.

You **MAY NOT RENEW ONLINE IF:**

1. You require an **EXTENSION TO COMPLETE THE CME Requirement**.
2. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. **Your Username is:** [REDACTED]
 - b. **Your Password is:** [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in-the mail within 3-5 days.

IF you **ARE UNABLE TO RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

DOWNLOAD and **PRINT** the 2011 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office. Read the renewal form carefully and follow the instructions on the form. Please allow up to 10 - 14 days for manual processing of renewals.

may request renewal forms by e-mail to: tsine@bom.nv.gov
may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary **Applications** Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2010-10-04

Application Status: Approved Application Type: Renewal

Comments: 2011 license

Requirements:

✓ **CME Completion Affidavit**
Date Completed: 2010-10-04
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2010-10-05
N/A
[Expand](#)

✓ **Mailing Address Verified**
Date Completed: 2010-10-04
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2010-10-05
N/A
[Expand](#)

✓ **Medical Specialty**
Date Completed: 2010-10-04
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2010-10-05
N/A
[Expand](#)

✓ **Public Address**

Date Completed: 2010-10-04

[Expand](#)

Renewal Application Complete

✓ **Received By:** Tammy Sine **Date Completed:** 2010-10-05

reviewed and rcvd approval from the Dr to change the answers on #2 & #10 of the survey.

[Expand](#)

✓ **Renewal Fee**

Date Completed: 2010-10-04

[Hide](#)

Comments:

[Update Comments](#)

This fee is paid in full.

Fee Amount: \$500.00

Amount Paid: \$500.00

Amount Due: \$0.00

Enter new payment:

Date: 10/05/2010 ☐ Payment Received By Sine, Tammy

Type: None Amount: 0.00 Number: Comments:

Credit Card Type: None

[Add Payment](#)

Payments Made:

Date	Amount	Type	Number	Comments	Action
2010-10-04	500.0	Credit Card	[REDACTED]		

✓ **Renewal Survey**

Received By: Tammy Sine **Date Completed:** 2010-10-05

[Hide](#)

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony?

No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine?

Yes

#2 - Explain

I had a settlement agreement with the NV Osteopathic Board for non-reporting.

#3 - Surrendered controlled substance registration or had it revoked or restricted?

No

#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?

No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?

No

#5 - Explain

#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? No

#6 - Explain

#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory? No

#7 - Explain

#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory? No

#8 - Explain

#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? No

#9 - Explain

#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society? Yes

#10 - Explain

I had a settlement agreement with the NV Osteopathic Board for non-reporting of a malpractice claim.

#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse? No

#11 - Explain

#12 - Since last renewal, has surrendered state or federal controlled substance registration or had it restricted in any way? No

#12 - Explain

#13 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? No

#13 - Explain

#14 - Subject to a court order for the support of a child? No

#14 - Explain

#15 - In compliance with court order for the support of a child? No

#15 - Explain

#16 - Not in compliance with court order for the support of a child? No

#16 - Explain

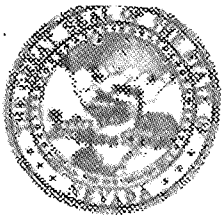
Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
2860 E. Flamingo Road, Ste. D
Las Vegas, NV 89121-5270
702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov
www.bom.nv.gov
FIRST AND FINAL RENEWAL NOTICE

Craig Hartman, D.O. 1136

11-6-7
11-9-7
September 03, 2009

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/09

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2009) the **CME Requirement**.
3. You have a Visa, MasterCard, American Express or Discover Card for ONLINE payment.

You **MAY NOT RENEW ONLINE IF:**

1. You require an **EXTENSION TO COMPLETE THE CME Requirement**.
2. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

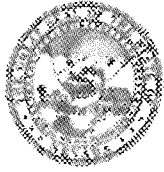
1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF you **ARE UNABLE TO RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2010 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

- I may request renewal forms by e-mail to: tsine@bom.nv.gov
I may request renewal forms by faxing us at 702-732-2079 attention Tammy Sine.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine:
([Logout](#))

Home Recent Actions Application Board Enforcement Reports
Options: [Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2009-11-06

Application Status: Approved Application Type: Renewal

Comments: 2010 license

Requirements:

✓ CME Completion Affidavit

✓ Date Completed: 2009-11-06

[Expand](#)

✓ Mailing Address Verified

✓ Date Completed: 2009-11-06

[Expand](#)Medical Malpractice Claims Survey - [Click Here to View Claims](#)

✓ Received By: Tammy Sine Date Completed: 2009-11-09

N/A

[Expand](#)

✓ Medical Specialty

✓ Date Completed: 2009-11-06

[Expand](#)✓ Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ Date Completed: 2009-11-06

[Expand](#)

✓ Public Address

✓ Date Completed: 2009-11-06

[Expand](#)

✓ Renewal Application Complete

✓ Received By: Tammy Sine Date Completed: 2009-11-09
reviewed

[Expand](#)**Renewal Fee**✓ **Date Completed:** 2009-11-06[Hide](#)**Comments:****This fee is paid in full.****Fee Amount:**

\$500.00

Amount Paid:

\$500.00

Amount Due:

\$0.00

Enter new payment:

Date: 11/09/2009

☒ Payment Received By Sine, Tammy

Type: None

Amount: 0.00

Number:

Comments:

Credit Card Type: None

Payments Made:

Date	Amount	Type	Number	Comments	Action
2009-11-06	500.0	Credit Card			

Renewal Survey✓ **Date Completed:** 2009-11-06[Hide](#)**Comments:**

#1 - Since last renewal, has been investigated for, arrested, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor or felony? (This includes any violation from any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances) No

#1 - Explain

#2 - Since last renewal, has been investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency? No

#2 - Explain

#3 - Since last renewal, has surrendered your state or federal controlled substance registration or had it revoked or restricted in any way? No

#3 - Explain

#4 - Since last renewal, has had any claims, settlements, or judgments involving professional liability (malpractice)? No

#4 - Explain

#5 - Performs ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada. Yes

#5 - Explain

Dilation and
Curettage for
missed abortion,

#6 - Since last renewal, has been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No	ablations
#6 - Explain		
#7 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country or U.S. territory?	No	
#7 - Explain		
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No	
#8 - Explain		
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? (This does not include suspensions or restrictions for failure to complete medical records).	No	
#9 - Explain		
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross malpractice, malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No	
#10 - Explain		
#11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse?	No	
#11 - Explain		
#12 - Since last renewal, has surrendered your state or federal controlled substance registration or had it restricted in any way?	No	
#12 - Explain		
#13 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?	No	
#13 - Explain		
#14 - Subject to a court order for the support of a child?	No	
#14 - Explain		
#15 - In compliance with court order for the support of a child?	No	
#15 - Explain		
#16 - Not in compliance with court order for the support of a child?	No	
#16 - Explain		
<div>Mark as Incomplete</div> <div>Update Comments</div>		

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

0 E. Flamingo Road, Ste. D

Las Vegas, NV 89121-5270

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE

RENEWAL RECEIVED:
DATE: 9-26-08
ONLINE: 9
MAILED IN: _____

Craig Hartman, D.O. 1136

September 09, 2008 1

5380 South Rainbow Blvd.
Suite 108
Las Vegas, NV 89118

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/08

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2008) the **CME Requirement**.
3. You have a Visa, MasterCard, American Express or Discover Card for ONLINE payment.

You **MAY NOT** RENEW ONLINE IF;

1. You require an **EXTENSION TO COMPLETE THE CME Requirement**.
2. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'

a. Your Username is: [REDACTED]

b. Your Password is: [REDACTED]

5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF you **ARE UNABLE TO RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2009 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 – 14 days for manual processing of renewals.

you may request renewal forms by e-mail to: tsine@bom.nv.gov

you may request renewal forms by faxing us at 702-732-2079 attention Tammy Sine.

The renewal form that is available online contains detailed instructions, please read it thoroughly BEFORE calling or e-mailing the office with specific queries.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine:
([Logout](#))

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)
[Options: Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2008-09-26

Application Status: Approved Application Type: Renewal

Comments: 2009 license

Requirements:

☒ **CME Completion Affidavit**
Date Completed: 2008-09-26
[Expand](#)

☒ **Mailing Address Verified**
Date Completed: 2008-09-26
[Expand](#)

☒ **Medical Specialty**
Date Completed: 2008-09-26
[Expand](#)

☒ **Office-Based Procedures Survey** - [Click Here to View Responses](#)
Date Completed: 2008-09-26
[Expand](#)

☒ **Public Address**
Date Completed: 2008-09-26
[Expand](#)

Renewal Application Complete

☒ **Received By:** Tammy Sine **Date Completed:** 2008-09-28
Reviewed
[Expand](#)

☒ **Renewal Fee**
Date Completed: 2008-09-26
[Hide](#)

Comments:

Update Comments

This fee is paid in full.

Fee Amount: \$400.00

Amount Paid: \$400.00

Amount Due: \$0.00

Enter new payment:

Date: 05/25/2010 Payment Received By Sine, Tammy

Type: None Amount: 0.00 Number: Comments:

Credit Card Type: None

Add Payment

Payments Made:

Date	Amount	Type	Number	Comments	Action
2008-09-26	400.0	Credit Card			

Renewal Survey

Date Completed: 2008-09-26

Hide

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, settlements, or judgments involving malpractice? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

#5 - Explain

I use Nubain, Versed, and Fentanyl for IV and local analgesia when performing D&Cs or cone biopsies in the office

#6 - Subject to a court order for the support of a child? No

#6 - Explain

#7 - In compliance with court order for the support of a child? No

#7 - Explain

#8 - Not in compliance with court order for the support of a child? No

#8 - Explain

Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.
This application type does not allow any uploaded documents.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine:
([Logout](#))

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)
[Options: Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman **License Number: 1136**

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License **Date Submitted:** 2007-11-27

Application Status: Approved **Application Type:** Renewal

Comments:

Requirements:

✓ **CME Completion Affidavit**

✓ **Date Completed:** 2007-11-27

[Expand](#)

✓ **Mailing Address Verified**

✓ **Date Completed:** 2007-11-27

[Expand](#)

✓ **Medical Specialty**

✓ **Date Completed:** 2007-11-27

[Expand](#)

✓ **Office-Based Procedures Survey** - [Click Here to View Responses](#)

✓ **Date Completed:** 2007-11-27

[Expand](#)

✓ **Public Address**

✓ **Date Completed:** 2007-11-27

[Expand](#)

Renewal Application Complete

✓ **Received By:** Tammy Sine **Date Completed:** 2007-11-28

Reviewed

[Expand](#)

✓ **Renewal Fee**

✓ **Date Completed:** 2007-11-27

[Hide](#)

Comments:

Update Comments

This fee is paid in full.

Fee Amount: \$400.00

Amount Paid: \$400.00

Amount Due: \$0.00

Enter new payment:

Date: 05/25/2010 Payment Received By: Sine, Tammy

Type: None Amount: 0.00 Number: Comments:

Credit Card Type: None

Add Payment

Payments Made:

Date	Amount	Type	Number	Comments	Action
2007-11-27	400.0	Credit Card			

Renewal Survey

Date Completed: 2007-11-27

Hide

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, settlements, or judgments involving malpractice? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

#5 - Explain

I use Nubain, Versed, and Fentanyl for IV and local analgesia when performing D&Cs or cone biopsies in the office

#6 - Subject to a court order for the support of a child? No

#6 - Explain

#7 - In compliance with court order for the support of a child? No

#7 - Explain

#8 - Not in compliance with court order for the support of a child? No


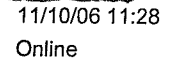
#8 - Explain

Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.
This application type does not allow any uploaded documents.

LastName	Hartman
FirstName	Craig
MiddleName	Anthony
FileNumber	
DOB	
RenewalQuestionnaireCreated	11/10/06 11:28
RenewalRecordCreatedBy	Online
LicenseType	DO Renewal
LicenseNumber	1136
LicenseDateEnding	12/31/2007
RenewalQuestion1Text	1. In the past year have you been investigated for, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding minor traffic offenses or any violation of any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances?
RenewalQuestion1	0
RenewalComment1Text	Comment:
RenewalComment1	NULL
RenewalQuestion2Text	2. In the past year have you been investigate for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?
RenewalQuestion2	0
RenewalComment2Text	Comment:
RenewalComment2	NULL
RenewalQuestion3Text	3. In the past year have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?
RenewalQuestion3	0
RenewalComment3Text	Comment:
RenewalComment3	NULL
RenewalQuestion4Text	4. In the past year have you had any claims, settlements, or judgments involving professional liability (malpractice)? If YES, please attach a separate sheet listing EACH claim, settlement, or judgment listing the plaintiff, defendant, insurer, and disposition of the claim.
RenewalQuestion4	0
RenewalComment4Text	Comment:
RenewalComment4	NULL
Question1Text	5. Do you perform ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada. A 'yes' answer does not require an explanation at this time. Rather, a survey form will be sent to you as required by law.
Question1	0
ChildSupportQuestion1Text	1. I am subject to a court order for the support of a child or children.
ChildSupportQuestion1	0
ChildSupportQuestion2Text	2. I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or
ChildSupportQuestion2	0
ChildSupportQuestion3Text	3. I am subject to a court order for the support on one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
ChildSupportQuestion3	0

LastName	Hartman
FirstName	Craig
MiddleName	Anthony
FileNumber	
DOB	
RenewalQuestionnaireCreated	12/5/05 8:42
RenewalRecordCreatedBy	Online
LicenseType	DO Renewal
LicenseNumber	1136
LicenseDateEnding	12/31/2006
RenewalQuestion1Text	1. In the past year have you been investigated for, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding minor traffic offenses or any violation of any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances?
RenewalQuestion1	0
RenewalComment1Text	Comment:
RenewalComment1	NULL
RenewalQuestion2Text	2. In the past year have you been investigate for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?
RenewalQuestion2	0
RenewalComment2Text	Comment:
RenewalComment2	NULL
RenewalQuestion3Text	3. In the past year have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?
RenewalQuestion3	0
RenewalComment3Text	Comment:
RenewalComment3	NULL
RenewalQuestion4Text	4. In the past year have you had any claims, settlements, or judgments involving professional liability (malpractice)? If YES, please attach a separate sheet listing EACH claim, settlement, or judgment listing the plaintiff, defendant, insurer, and disposition of the claim.
RenewalQuestion4	0
RenewalComment4Text	Comment:
RenewalComment4	NULL
Question1Text	5. Do you perform ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada. A 'yes' answer does not require an explanation at this time. Rather, a survey form will be sent to you as required by law.
Question1	0
ChildSupportQuestion1Text	1. I am subject to a court order for the support of a child or children.
ChildSupportQuestion1	0
ChildSupportQuestion2Text	2. I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or
ChildSupportQuestion2	0
ChildSupportQuestion3Text	3. I am subject to a court order for the support on one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
ChildSupportQuestion3	0



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2860 E. Flamingo Road, Ste. D

Las Vegas, NV 89121-5270

702-732-2147 Fax: 702-732-2079 E-mail: osteop@govmail.state.nv.us

www.osteop.state.nv.us

RECEIVED

DEC 09 2004

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

FIRST AND FINAL RE-REGISTRATION NOTICE

Craig Anthony Hartman, D.O.
Weed Army Community Hospital
Women's Health Clinic
Fort Irwin, CA 92310

COMPLETED

October 13, 2004

License # 1136

Original Issue Date: 11/22/2003

Expiration: 12/31/2004

PAID 5061

OK CME

✓ FC

REQUIREMENTS FOR RENEWAL OF NEVADA OSTEOPATHIC MEDICAL LICENSE

1. Re-Registration fee of **\$300.00** is now due for the year ending **December 31, 2005**. Make check payable to the **Nevada State Board of Osteopathic Medicine**.
2. Include verification of 35 hours of CME credit **received between January 1, 2004 and December 31, 2004** (see back for explanation of acceptable credits).
3. Mail this form, verification of CME credit, and fee in the enclosed envelope to the Executive Director.
4. Your license will not be renewed without a complete renewal application, proof of CME credit, and full fee (including late fees, where applicable).
5. **If you chose not to renew your Nevada license**, you must notify the board in writing of your intention not to renew before December 31, 2004. Failure to do so will result in automatic administrative revocation, a reportable action (NRS 633.481).
6. Requests for extensions must be made in writing prior to December 31, 2004. The Executive Director may approve or deny any extension request for any reason. Further, the Executive Director may stipulate the conditions of an extension. **THERE IS NO AUTOMATIC EXTENSION**
7. Renewal applications **RECEIVED** by the Board on or after 12:01AM, January 1, 2005, are subject to an automatic late penalty of \$100.00 plus registration fee.

If your name or address has changed from that printed on this form, clearly indicate the change below. A notarized or certified copy of the document authorizing your name change (marriage license, etc.) must be included as well.

Name: CRAIG ANTHONY HARTMAN, D.O.

Mailing Address: [REDACTED]

City: [REDACTED] State: NV ZIP: [REDACTED]

Phone: [REDACTED] Fax: [REDACTED]

If you have retired or moved your practice, please indicate where your former patients may access their medical records:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

MEDICAL SPECIALTY

Please indicate your specialty here: OB/GYN

If you are certified by a specialty board of the AOA, or ABMS, please list all board certifications here:

AMERICAN OSTEOPATHIC BOARD OF OB/GYN Date of Last Certification: 5/16/2004

Date of Last Certification: _____