



MEDICAL BOARD OF CALIFORNIA LICENSE LOOKUP SYSTEM

License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

License:	G 32036 Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the NBME examination.
License Type:	Physician and Surgeon
Name:	REID ALAN GOODMAN, M.D.
Address of Record:	455 S HUDSON ST LEVEL 2 DENVER, CO 80246
Address of Record County:	OUT OF STATE
License Status:	License Renewed & Current Licensee meets requirements for the practice of medicine in California.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	July 1, 1976
Expiration Date:	April 30, 2013
School Name:	UNIVERSITY OF COLORADO SCHOOL OF MEDICINE
Year Graduated:	1975

Survey Information:

The following information is self-reported by the licensee and has not been verified by the Board.

Activities In Medicine:	PATIENT CARE - 40+ HOURS RESEARCH - 1 TO 9 HOURS TEACHING - 10 TO 19 HOURS ADMINISTRATION - 1 TO 9 HOURS
Primary Practice Location Zip Code:	80246
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit ABMS to verify
Primary Practice Area(s):	No primary practice areas identified
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	4 YEARS
Ethnic Background:	CAUCASIAN/WHITE/EUROPEAN/MIDDLE EASTERN
Foreign Language(s):	Declined to Disclose
Gender:	Male

Public Record Action(s):

Please select the Public Record Documents tab to view the public document database. If information is posted in the Administrative Disciplinary Actions, Court Order, Administrative Citation Issued, or License Issued with Public Letter of Reprimand categories below, documents may be available for review. To find out what information is and is not available, please click [here](#).

Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

No Administrative Disciplinary Actions found.

Court Order:

This information would be provided if a physician's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

No Court Orders found.

Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

No Administrative Actions Taken by Other State or Federal Government found.

Felony Conviction:

The information provided only includes felony convictions that are known to the Board. All felony convictions known to the Board are reviewed and administrative action is taken only if it is determined that a violation of the Medical Practice Act occurred. For more information regarding felony convictions, contact the court of jurisdiction listed below.

No Felony Convictions found.

Misdemeanor Conviction:

California Business and Professions Code section 2027 (A)(7) states effective 1/1/07, any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed shall be posted on the Internet. To see if a conviction has been expunged or dismissed, please contact the court below.

No Misdemeanor Convictions found.

Administrative Citation Issued:

A citation and/or fine has been issued for a minor violation of the law. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of this matter.

No Administrative Citations found.

License Issued with Public Letter of Reprimand:

The Medical Board of California has concurrently issued the applicant a medical license and a Public Letter of Reprimand for a minor violation that does not require probationary status or warrant denial. The issuance of a Public Letter of Reprimand is not considered disciplinary action and is not reported to the National Practitioner Databank or the Federation of State Medical Boards.

No License Issued with Public Letter of Reprimand found.

Hospital Disciplinary Action:

The action taken by this healthcare facility against this physician's staff privileges to provide health care services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

No Hospital Disciplinary Actions found.

Malpractice Judgment:

A malpractice judgment is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported judgments and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the judgment report or any other information concerning the judgment. For more information contact the court of jurisdiction listed below.

No Malpractice Judgments found.

Arbitration Award:

An arbitration award is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported arbitration awards and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the arbitration award report or any other information concerning the award.

No Arbitration Awards found.

Malpractice Settlements:

A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of \$30,000 or more.

No Malpractice Settlements found.

Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.

Public Record Documents:

All imaged documents provided by the Medical Board are being made available to provide immediate access for the convenience of interested persons. While the Medical Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Medical Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. The Medical Board shall not be responsible for any errors or omissions, or for the use or results obtained from the use of this information. The types of documents which are available include, but are not limited to, accusations, decisions, suspension/restriction orders, public letters of reprimand and citations.

No documents found.

Please note that documents with an effective date prior to calendar year 2000 may not be available via the Web. To obtain a copy of the documents not posted on this site, please contact the Central File Room at (916) 263-2525 or click [here](#) for information on ordering public documents.

Disclaimer

All information provided by the Medical Board of California on this Web page, and on its other Web pages and Internet sites, is made available to provide immediate access for the convenience of interested persons. While the Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other Web pages maintained by the Board. All access to and use of this Web page and any other Web page or Internet site of the Board is governed by the Disclaimers and Conditions for Access and Use as set forth at [California Department of Consumer Affairs' Disclaimer Information and Use Information](#).

M.D. 18500
18508
001481
EDMUND G. BROWN JR., Governor



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE:

Applications and Examinations (916) 322-5040

JUN 8

124
124
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APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS G

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: Last First Middle Maiden GOODMAN REID ALAN				2. Social Security No.: NOT REQUIRED	
3. List other names, if any, you have used: NONE					
4. Address: Street and No./Rural Route [REDACTED]			City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]
5. Name you wish on License: REID ALAN GOODMAN				Birthdate: (Month - Day - Year) [REDACTED]	
6. Premedical Education: Name of College or University UNIVERSITY OF COLORADO				Location BOULDER, COLORADO	
Period of attendance: From: 9-67 To: 6-71			Check premed courses successfully completed: <input checked="" type="checkbox"/> Chemistry <input checked="" type="checkbox"/> Physics <input checked="" type="checkbox"/> Biology or Zoology		
7. Medical School:					
Year	Name of Institution	Location	From	To	
1st	UNIVERSITY OF COLORADO MEDICAL CENTER	DENVER, COLORADO	9-71	5-75	
2nd					
3rd					
4th					
5th					
6th					
8. Doctor of Medicine Degree granted by: UNIVERSITY OF COLORADO SCHOOL OF MEDICINE			Date 5/23/75	For office use only School Code: CO 2	
9. 1st Year Postgraduate Training (Internship):					
Location UNIVERSITY HOSPITAL OF SAN DIEGO CITY - SAN DIEGO, CA.		Type of Service OB-GYN	From 6-75	To 7-76	
10. List all States in which you have been licensed to practice medicine: NONE					
11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, indicate below:					
State	Date	Charge	Disposition		
12. Have you ever been denied a license to practice medicine in any State or Country? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, indicate below:					
State or Country	Date of Denial	Reason for Denial			
13. Are you now or have you ever been addicted to narcotic drugs? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

14. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? Yes No

15. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.) Yes No

10. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition



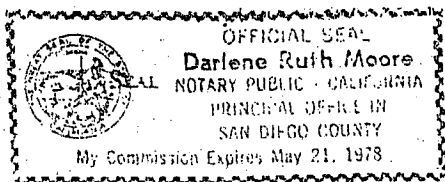
Applicant: Please complete the following:
 Height: Ft. In. Weight: Lbs.
 Hair color: Eye color:
 Identifying marks:

NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Reid Alan Goodman
 Date June, 1, 1976

Subscribed and sworn to before me this 1st day of June 1976



Signature of Notary Darlene Ruth Moore
 Address 225 West Dickinson Street
San Diego California

My commission expires: May 21, 1978

92103

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 03/16/2011 To Date: 03/16/2011

[REDACTED]
10-DEC-12 09:42:39

Person Id : [REDACTED] Name : Goodman,Reid

Question

Answer

I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.

I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.

Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.

I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.

I Have Read My Profile On The Medical Board Web Site At www.mbc.ca.gov And Acknowledge The Information Contained Therein As Current And Accurate.

Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?

Total Questions Asked For Person : [REDACTED]

8



**License Renewal Application
Physician and Surgeon**

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U.S., or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING

YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: Reid Alan Goodman DATE: 5/6/09

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 05/30/09
\$ 830.00	\$ 910.50
\$	\$

LICENSE NO. **G 32036**
EXPIRES **04/30/09**
VOLUNTARY FEE = \$
TOTAL ENCLOSED = \$

ACTIVE REID ALAN GOODMAN
455 S HUDSON ST LEVEL 2
DENVER CO 80246

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

G. FINANCIAL INTEREST STATEMENT

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Reid Alan Goodman
Signature required here

630107000070006000320366010430090008300000091050

OVER

000182
BANK OF AMERICA 148 DR ST TREAS-DEPT OF CONSUM

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Name Health-Related Facility Address

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 03/16/2011 To Date: 03/16/2011

11-DEC-12 13:43:40

Person Id : [REDACTED] Name : Goodman,Reid

Question

Answer

I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.

I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.

Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.

I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.

I Have Read My Profile On The Medical Board Web Site At www.mbc.ca.gov And Acknowledge The Information Contained Therein As Current And Accurate.

Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?

Total Questions Asked For Person : [REDACTED]

8

003/84 12/ 63010/00004 000320366 020707 11 895.00
 BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
 DEPARTMENT OF CONSUMER AFFAIRS
 PO BOX 942520
 SACRAMENTO CA 94258-0520

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

SMBCLS 02/28/05

PART 3



**MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION
 PHYSICIAN AND SURGEON**

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

H. YES, I WISH TO CONTRIBUTE \$50 FOR THE S.M. THOMPSON LOAN REPAYMENT PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: [Signature] DATE: 2/11/07

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 05/30/07
\$805.00	\$885.50
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$ <u>805</u>	\$

E. FOR ADDRESS CHANGE ONLY
 IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

G LICENSE NO. 32036 EXPIRES 04/30/07

ACTIVE REID ALAN GOODMAN
 455 S HUDSON ST LEVEL 2
 DENVER CO 80246

G. FINANCIAL INTEREST STATEMENT
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

SIGNATURE REQUIRED HERE: [Signature]

6301070000700006000320366010430070008050000088550

000182 87 63010700006 000320366 032709
BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

G. Financial Interest Statement

Please print of type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Name Health-Related Facility Address

Table with 3 columns: Name, Health-Related Facility, Address. The table is mostly blank with a large blacked-out area in the first row.

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

SMBCLS 02/28/05

License Renewal Application
Physician and Surgeon

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITION WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
SIGNATURE REQUIRED HERE: [Signature] DATE: 3/16/09

Table with 2 columns: AMOUNT DUE NOW, DELINQ. FEE IF POSTMARKED AFTER 05/30/09. Row 1: \$830.00, \$910.50. Row 2: \$, \$.

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

LICENSE NO. 32036
EXPIRES 04/30/09

VOLUNTARY FEE = \$
TOTAL ENCLOSED = \$

ACTIVE REID ALAN GOODMAN
455 S HUDSON ST LEVEL 2
DENVER CO 80246

G. FINANCIAL INTEREST STATEMENT

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST. OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

[Signature]
Signature required here

OVER

63010700000700006000320366010430090008300000091050