



Dora

Department of Regulatory Agencies

Division of Professions
and Occupations
Lauren Larson
Division Director

Colorado Medical Board
Marschall S. Smith
Program Director

John W. Hickenlooper
Governor

November 19, 2012

Barbara J. Kelley
Executive
Director

Jaden Ling
via email jadenling@hushmail.com

RE: Reid A. Goodman, M.D., Colorado Medical License #20594

Dear Jaden Ling:

The Colorado Medical Board ("Board") received your request for information on the above-mentioned physician. The Board records have been reviewed to determine which materials may be responsive to your request.

Please be advised that, pursuant to section 12-36-118(10), C.R.S., information regarding any complaint that may have been received by the Board is confidential and not available for public inspection. If disciplinary action is taken by the Board, then information regarding a complaint may be incorporated into a public document open for inspection by the public.

Dr. Goodman had no public board action taken by the Colorado Medical Board against his medical license. Enclosed please find the responsive licensure documents for Dr. Goodman.

1. Colorado State Board of Medical Examiners (Colorado Medical Board), Application, (4 pages).
2. Colorado State Board of Medical Examiners (Colorado Medical Board), Certificate of Medical Education, (1 page).
3. Colorado State Board of Medical Examiners (Colorado Medical Board), Report of Practice History, (0 page).

Please feel free to contact me with any questions or concerns via phone at 303-894-7704 or via e-mail at marschall.smith@dora.state.co.us.

Sincerely,

FOR THE COLORADO MEDICAL BOARD

Marschall S. Smith
Program Director

MSS:jrr

Enclosure



Do Not write in space below

**BOARD OF MEDICAL EXAMINERS
STATE OF COLORADO
APPLICATION FOR LICENSE TO
PRACTICE MEDICINE
Based Upon Certificate of National Board**

Application No. 20594 Date 12-10-76
 Fee \$ 85 Receipt No. 23535
 Credentials Checked 12-10-76
 License ☐ Granted ☐ Denied Date 1-11-77

TO THE COLORADO STATE BOARD OF MEDICAL EXAMINERS:

I hereby make application for a license to practice medicine in the State of Colorado, on the basis of a certificate granted me by the National Board of MEDICAL EXAMINERS after written examination, and submit the following statements concerning my age, moral character, preliminary and medical education and practice:

1. Name in full REID, ALAN GOODMAN
 First Name Middle Name (Use no initials) Surname

Present mailing address 4064 HUERFANO AVE. #263, SAN DIEGO, CALIF. 92117

If granted, send license to me at 4064 HUERFANO AVE. #263, SAN DIEGO, CALIF. 92117

2. Place and Date of Birth DENVER, COLORADO Mo. Day Yr. Age 27

3. Are you a citizen of the United States? YES Are you a registered alien?
 (Native born citizen must submit certified copy of birth certificate; foreign born must exhibit citizenship certificate. Registered Alien must submit I.D. Card.)

4. **PRELIMINARY EDUCATION** (Beginning with High School. Give names of institutions attended and location, with concise statement of periods of study.)

High School GIBBER WASHINGTON HIGH SCHOOL - DENVER, COLORADO SEPT '64 - JUNE '67
 (Name, location, dates of attendance)

College UNIVERSITY OF COLORADO - BOULDER, COLORADO SEPT '67 - JUNE '71
 (Name, location, dates of attendance)

Academic Degree of B.A. From UNIVERSITY OF COLORADO on Date

5. **MEDICAL OR OSTEOPATHIC EDUCATION** (Courses must have been at a Medical or Osteopathic School recognized by this Board)

I have spent 4 years in the study of MEDICINE each year comprising 9 months, in the following institutions:
 (Indicate dates of EACH COURSE, i.e., Freshman, Sophomore, Junior and Senior)

1st Year UNIVERSITY OF COLORADO - DENVER, COLORADO from 9 Mo. 1971 to 6 Mo. 1972
 (Name and location of medical or osteopathic school)

2nd Year SAME from 9 Mo. 1972 to 6 Mo. 1973
 (Name and location of medical or osteopathic school)

3rd Year SAME from 9 Mo. 1973 to 6 Mo. 1974
 (Name and location of medical or osteopathic school)

4th Year SAME from 9 Mo. 1974 to 6 Mo. 1975
 (Name and location of medical or osteopathic school)

from 19 Mo. 19 to 19 Mo. 19
 (Name and location of medical or osteopathic school)

I received the degree of Doctor of MEDICINE from UNIVERSITY OF COLORADO, DENVER, COLORADO
 (Name and location of institution)

on the 23 day of MAY, 1975. A legible copy of my diploma is submitted herewith.

6. **INTERNSHIP:**
UNIVERSITY HOSPITAL OF SAN DIEGO, 225 W. DICKINSON, SAN DIEGO, CALIF. 92103
 Name and complete address of hospital

Department Head: S.S.C. YEN Dates: 6/24/75 - 6/27/76

(Legible copy of Certificate showing completion of at least 1 year of approved internship must be submitted)

7. RESIDENCIES or SPECIALTY TRAINING:

Specialty OB/GYN Hospital and Address UNIVERSITY HOSPITAL OF SAN DIEGO, 225 W. DICKINSON, SAN DIEGO, CA. 92103 Dept. Head S.S.C. YEN Dates 6-75 - CURRENTLY UNTIL 6-79

Certified by NOT CERTIFIED AT THIS TIME on Date

8. **MILITARY SERVICE:** Date of Entry NOT APPLICABLE Date of Release
 Branch of Service Rank Character of Discharge

9. **COLORADO STATE CERTIFICATE IN THE BASIC SCIENCES:**
 Number 10360 was issued to me on SEPTEMBER 6, 1974 Date
 By Examination SEPTEMBER 6, 1974 By Reciprocity with

10. **LICENSES IN OTHER STATES:**
 State CALIFORNIA Date licensed JULY 1, 1976 How Obtained NATIONAL BOARD
 State Date licensed How Obtained
 State Date licensed How Obtained
 State Date licensed How Obtained
 State Date licensed How Obtained

1. State the year(s) of practice (Give location and date of practice in each place)
RESIDENT TRAINING SAN DIEGO, CALIFORNIA 1975 - CURRENT
2. Have you ever been licensed to practice in the profession of Medicine or Osteopathy since receiving your professional degree? YES
 Yes or No
3. Have you ever been licensed to practice medicine in Colorado or any other state? NO
 Yes or No
4. Have you ever practiced any other branch of the healing art? [REDACTED]
5. Have you ever been granted a license to practice medicine in any state, territory or the District of Columbia, or the right to take an examination? NO
 Yes or No
6. Have you ever been admitted to practice in any state or territory of the United States, or in any foreign country, ever been suspended or expelled? [REDACTED]
7. Have you ever been notified by the State Medical Board or any Medical or Osteopathic Society of any complaint against you relative to the practice of Medicine? [REDACTED]
 Yes or No
8. Are you now or have you ever been addicted to narcotic or other habit-forming drugs or alcoholic beverages? Have
 or ever been charged with addiction or with treatment of addiction of any habit? [REDACTED]
9. Have you ever appeared before a Federal, state or local law enforcement officer in connection with a violation of a Federal or state statute law or under an order in compliance with the National Board? [REDACTED]
10. Have you ever been charged with violation of any Federal, State or Local Statute (other than traffic offense), or the laws of any foreign country? [REDACTED]

11. Have you ever practiced as an Advertising Specialist or Illegitimate Physician or been connected, directly or indirectly, with any company, corporation, institution or individual medical advertising organization? NO
 Yes or No Particulars
12. Do you intend to locate to practice medicine? YES Intended location DENVER, COLORADO
13. My physical description is as follows: Race WHITE Complexion Dark height 5'7" weight 150# color of hair Brown Mannerisms mark NONE
- (Signed) Reid Alan Goodman, M.D.
 Name in full - use no initials

14. STATE OF CALIFORNIA
 COUNTY OF SAN DIEGO

Reid Alan Goodman being duly sworn, says that he is the person referred to in the foregoing application for a license to practice medicine in the State of Colorado; that the statements contained herein are true in every respect; that the attached photograph is a true likeness of himself taken within the past 60 days.

Reid Alan Goodman
 Signature of applicant in full - Use no initials

Notary Public in and for the State of California
William M. Peterson
 Notary Public - California
 Principal Office
 My Commission Expires 12/31/76

15. Give the name of the two physicians from each State in which you have practiced. If you have not practiced in any State, give the names and full addresses of two physicians with whom you have worked and/or who have known you for two years.
[REDACTED]



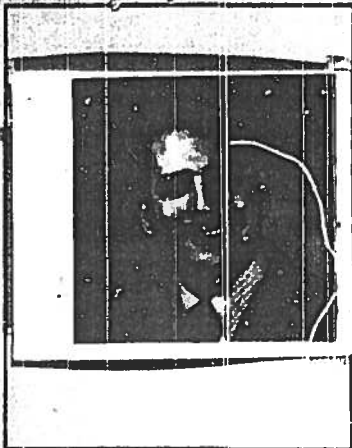
16. List hospital staff positions (complete address and dates of service)
Resident DR/ at University Hospital of San Diego 6-75 - 6-79
275 W. Dickinson
San Diego, CA 92103
17. Have you ever held Staff Membership in any hospital? NO If answer is Yes, explain fully.
18. Have you ever been warned, or censured by, or requested to withdraw from any Hospital in which you have trained, been a Staff member, or held Hospital privileges? NO If answer is Yes, explain fully.

NOTE: This affidavit and the endorsements required on the following pages must be dated within 60 days of the filing of this application. After you have completed all data required on pages 1 and 2, affix your affidavit. THEN send this blank to the Secretary of the National Board who will endorse on the following page. The dates of these endorsements must FOLLOW THE DATE OF YOUR AFFIDAVIT ABOVE.

DO NOT WRITE BEYOND THIS LINE

3 LS
 18-13-74

The Colorado State Board of Examiners in the Basic Sciences



CERTIFICATE NUMBER 10360 DATE 9-6-74

BY RECIPROCITY, STATE _____ BY EXAMINATION X

BY WAIVER - NATIONAL MEDICAL _____ OSTEOPATHIC _____ PODIATRY _____

BY VALID LICENSE, STATE _____ BRANCH _____

NAME REID ALAN GOODMAN REG. NO. 11773

ADDRESS 1329 Jasmine Street, Denver, Colorado 80220

DATE OF BIRTH [REDACTED] HEIGHT 5'6" WEIGHT 160

COLOR OF HAIR BROWN COLOR OF EYES BROWN

Norman F. Hill
PRESIDENT

E. L. B. Smith
SECRETARY

AMERICAN MEDICAL ASSOCIATION
535 NDRTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
DEPARTMENT OF PHYSICIAN STATISTICS

NAME: GOODMAN, REID ALAN, M.D. MEDICAL EDUCATION NUMBER: 00702750415
ADDRESS: UNIV HOSP OF SAN DIEGO CO-OBG SAN DIEGO CA 92103
BIRTHPLACE: DENVER, CO BIRTHDATE: [REDACTED]
MEDICAL EDUCATION (SCHOOL YEAR):
UNIVERSITY OF COLORADO SCHOOL OF MEDICINE, DENVER 1975
NATIONAL BOARD CERTIFICATION: 1976
LICENSES:
CA 1976
PHYSICIAN'S PROFESSIONAL ACTIVITIES:
RESIDENT
PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY
SECONDARY SPECIALTY: UNSPECIFIED
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE
CURRENT MEDICAL TRAINING: RESIDENT
HOSPITAL: UNIV HOSP OF SAN DIEGO CO SAN DIEGO 92103
DATES OF TRAINING: 07/76-06/77
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED
INTERNSHIP:
HOSPITAL: UNIV HOSP OF SAN DIEGO CO SAN DIEGO 92103
DATES OF TRAINING: 07/75-06/76
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED
RESIDENCY:
NOT REPORTED TO DATE

*** AMA FILES HAVE BEEN CHECKED ***

UNIVERSITY OF CALIFORNIA SAN DIEGO
SCHOOL OF MEDICINE

CERTIFICATE OF POSTGRADUATE MEDICAL STUDY

This is to certify that

REID ALAN GOODMAN, MD

*has successfully completed academic and clinical studies as
FIRST POSTGRADUATE YEAR IN
OBSTETRICS-GYNECOLOGY*

at the University of California from JUNE 24, 1975 to JUNE 27, 1976



John H. ...
DEAN

...

CHAIRMAN OF DEPARTMENT