**PENNSYLVANIA  
Department of State**

For questions about this website, please Click Here to send an E-Mail , or to contact your Board directly, Click Here.

Click the X at the upper right corner to close this window and return to the list of licensees.

**Person Information**

Name: LEROY HARRISON CARHART

**Address Information**

Address(city state zipcode): BELLEVUE NE 68005

**License Information**

Type:	Medical Physician and Surgeon	Secondary Type:	Number:	MD0035665L
Profession:	Medicine	Status:	Active	
Issue Date:	9/27/1974	Expires:	12/31/2012	Last Renewed: 1/2/2011

**Discipline Action History**

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

Official Use Only

053920

MD - 035665 - L

CARHARNEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE \$125.00

LERoy HARRISON CARHART

STATE BOARD OF MEDICINE  
P.O. BOX 8414  
HARRISBURG, PA. 17105-8414

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2002, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 MADE PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

- (X) ( ) 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE. Nebraska, Kansas, Iowa, Indiana, Wisconsin, New Jersey, Penn.
- ( ) (X) 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- ( ) (X) 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- ( ) (X) 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- ( ) (X) 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- ( ) (X) 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.

NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

9/29/00

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE

MD035665L  
Renewal ID : 507935  
CARHART

## RENEWAL APPLICATION - MD

LEROY HARRISON CARHART

## RETURN TO:

State Board of Medicine  
PO Box 8414  
Harrisburg, PA 17105-8414

**Important Information**

You can now renew your license online by pointing your browser to [www.myLicense.state.pa.us](http://www.myLicense.state.pa.us) and following the instructions as indicated. Your license renewal will be processed easier and quicker than by mail.

- ☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Renewal must still be completed - questions answered, signed and dated.
- ☐ I am retired from practice but desire to keep my license active to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Renewal must be completed and fee required.

Name Change	Address Change
Indicate new name below. Submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)	

## THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES, to question 2, 3, 4, 5, 6, 7 or 8 - provide details AND attach certified copies of legal document(s)
X		1. Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction? List <u>IL, IN, OH</u>
	X	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any other state or jurisdiction?
	X	3. Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	X	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
	X	6. Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	X	7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	X	8. Since May 19, 2002, have any malpractice complaints been filed against you?
	X	9. I am in compliance with the professional liability insurance requirements under Section 711 of the Medical Care Availability and Reduction of Error (MCARE) Act No. 13 of 2002.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4914, relating to document falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandate)

Date 11-6-02

EXPIRATION DATE:	December 31, 2002
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA"	\$360.00
Write your license number on your payment. A \$20.00 fee will be assessed for returned payment.	MD035665L
LATE FEE - \$5.00 per month, or part of a month	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES
Late renewal fee will be assessed if postmarked after December 31, 2002	

**STATE BOARD OF MEDICINE**  
**STATUS CHANGE/REACTIVATION APPLICATION**

MD035665L  
 CARHART

LEROY HARRISON CARHART

Return to: State Board of Medicine  
 PO Box 2649  
 Harrisburg, PA 17105-2649

License expired: 12/31/2004

<p><b>Change of Name</b></p> <p>For a change of name, indicate new name below and attach 8 1/2 x 11 photocopy of a legal document verifying name change (e.g., marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.)</p>	<p><b>Signature</b></p>

**SELECT OPTION YOU ARE REQUESTING. FEES LISTED IN OPTIONS.**

- ☐ **CURRENTLY ACTIVE STATUS REQUESTING ACTIVE/RETIRED STATUS** - I am retired from practice but desire to keep my license active to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Complete section B. Return your "Active" wall and wallet licenses. Submit a \$5 check/money order made payable to the "Commonwealth of PA."
- ☐ **CURRENTLY ACTIVE/RETIRED STATUS REQUESTING ACTIVE STATUS** - I wish to reactivate my license to an active status. I have completed the required continuing education requirement and hold medical professional liability insurance. Complete Sections A and B. Return your "Active/Retired" wall and wallet licenses. Submit copies of your continuing education certificates and a \$5 check/money order made payable to the "Commonwealth of PA."
- ☐ **CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS** - I do not wish to practice Medicine and wish to place my license on an inactive status. I understand that to reactivate my license after 12/31/04 I will need to meet the continuing education requirement and obtain medical professional liability insurance. Complete Section B and return your wall and wallet licenses. No fee is required.
- ☒ **CURRENTLY EXPIRED/INACTIVE STATUS REQUESTING ACTIVE STATUS** - I wish to reactivate my license to an active status. I have completed the required continuing education requirement and will hold medical professional liability insurance. Complete Sections A, B, and C. Submit a curriculum vitae listing all periods, including month and year of employment and unemployment from the expiration date of your license to present. Submit copies of your continuing education certificates and a \$360 check/money order made payable to the "Commonwealth of PA." If practicing in PA after the license expired, in addition to \$360, submit \$5 per month, or part of month since the license expired.
- ☐ **CURRENTLY EXPIRED/INACTIVE STATUS REQUESTING ACTIVE/RETIRED STATUS** - I wish to reactivate my license to an active/retired status to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Complete Sections A, B, and C. Submit a \$360 check/money order made payable to the "Commonwealth of PA."

279

CLASS NUMBER 100-100000

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

1. If YES to question 2, 3, 4, 5, 6, 7 or 8 - provide details AND attach certified copies of paper for evidence. IF YOU ARE READY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL YOU DO NOT NEED TO REPORT IT AGAIN	
X	1. Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction?
	NE; IA; KS; WI; IN; NJ; OH
X	2. Since your last renewal, have you had disciplinary action taken against you, including but not limited to, suspension or revocation of a license?
X	3. Since your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused or agreed not to renew for a license in any state or jurisdiction?
X	4. Since your last renewal, have you been convicted, found guilty or entered into a deferred judgment or probation without verdict as to any felony or misdemeanor involving any of the provisions of any criminal statute relating to the practice of any state or jurisdiction?
X	5. Since your last renewal, have you been arrested for criminal conduct, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
X	6. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
X	7. Since your last renewal, have you had your DEA registration denied, revoked or suspended or have you had your DEA privileges terminated by any medical oversight agency for cause?
X	8. Since your last renewal, have you been the subject of a civil complaint (a suit)? If yes, please attach a copy of the whole Civil Complaint which must include the Complaint and the Court's final decision.
**If you previously reported the complaint to the Board provide the docket number	
X	9a. Do you provide health care services in patient's with the Government Agency of RA?
X	b. If yes, is the percentage of patients that you provide care for in the Government Agency 25% or more of your practice?
X	c. If the percentage is 20% or more, do you have professional liability insurance?

### SECTION B - VERIFICATION OF INFORMATION

I verify that this form is in the original format as supplied by the Department of Health and that the form entered or otherwise completed is not aware of the criminal penalties for tampering with public records or information pursuant to 18 P.A.C.S. 3911 and 3912. Any false statement is also subject to the penalties of 18 P.A.C.S. 4954 relating to knowing falsification of a written document and may result in my records being destroyed.

Signature of Licensee (Mandator): \_\_\_\_\_

**Social Security Num.....**

Medical School

Handwritten name and year of graduation: HANSEN, JAW Year of Graduation: 1973

SECTION C - VERIFICATION OF PRACTICE / NON-PRACTICE

\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\*

LEROY HARRISON CARHART

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/activating. Then answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE YES ☒ NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE YES ☒ NO

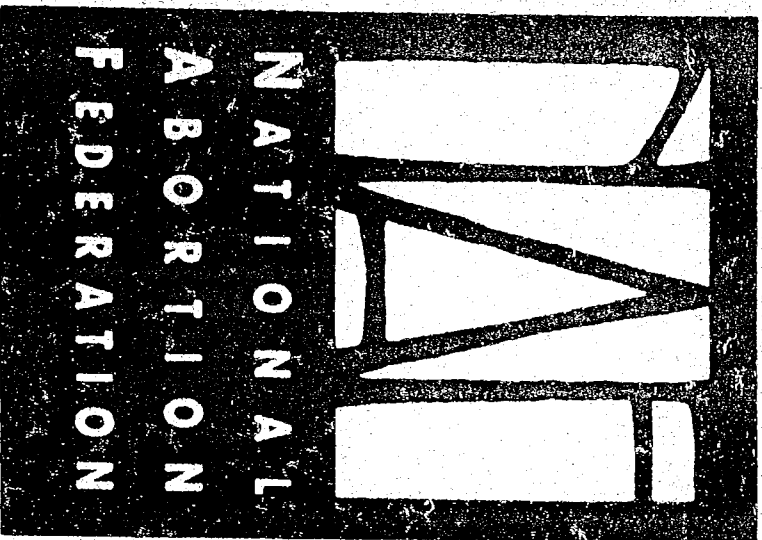
I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)

29 June 2005

C E R T I F I C A T E O F P H Y S I C I A N A T T E N D A N C E



27th Annual Meeting

Post Graduate Seminar

April 6, 2003

Seattle, Washington

This Certifies the Attendance of

LeRoy Carhart

NAF is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

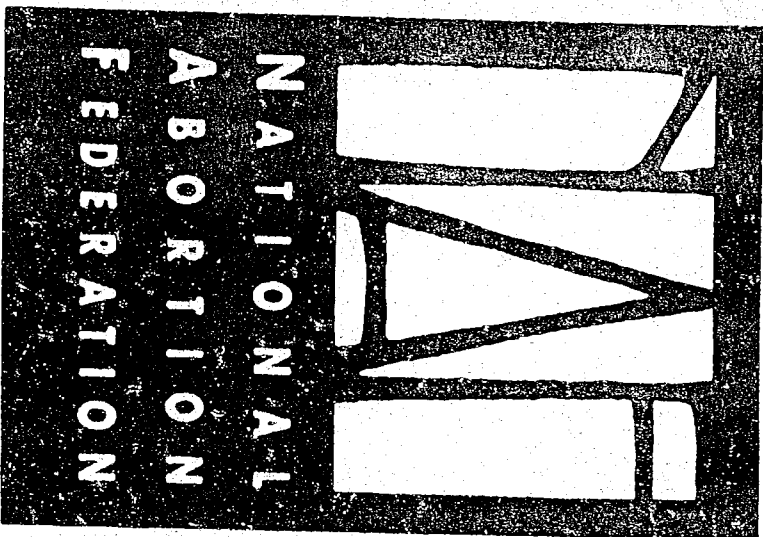
The National Abortion Federation designates this continuing medical education activity for 6 credit hours (maximum of 6 credit hours) in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 6 cognates (Formal Learning) to this program. This activity has been reviewed and is acceptable for up to 5.50 Prescribed credit hours by the American Academy of Family Physicians.

Vicki Saporta  
Vicki Saporta, President and CEO  
National Abortion Federation

Eric Schiff, MD  
Eric Schiff, MD  
Chair of the Board of Directors

C E R T I F I C A T E   O F   P H Y S I C I A N   A T T E N D A N C E



NAF's 27th Annual Meeting

30 Years of Legal Abortion: Honoring the Past, Protecting  
the Future  
April 7 & 8, 2003      Seattle, Washington

This Certifies the Attendance of

Eric Schaff, MD

NAF is accredited by the Accreditation Council for Continuing  
Medical Education to sponsor continuing medical education  
for physicians.

The National Abortion Federation designates this continuing  
medical education activity for 13 credit hours (maximum of  
13) in Category 1 of the Physicians Recognition Award of the  
American Medical Association.

The American College of Obstetricians and Gynecologists has  
assigned 14 cognates (Formal Learning) to this program.

This activity has been reviewed and is acceptable for up to  
13.75 Prescribed and 2.75 Elective credit by the American  
Academy of Family Physicians. Because some sessions run  
concurrently, no more than 13.75 credit hours may be re-  
ported.

Vicki Saporta  
Vicki Saporta, President and CEO  
National Abortion Federation

Eric Schaff, MD  
Eric Schaff, MD  
Chair of the Board of Directors



A. R. H. P

ASSOCIATION OF  
REPRODUCTIVE HEALTH  
PROFESSIONALS

*Reproductive Health 2003*

This Certifies the Attendance of

**Lee Carhart MD**

CERTIFICATE  
OF  
ATTENDANCE

ACRIP is authorized by the American Association of Reproductive Medical  
Educators to sponsor continuing education for physicians.

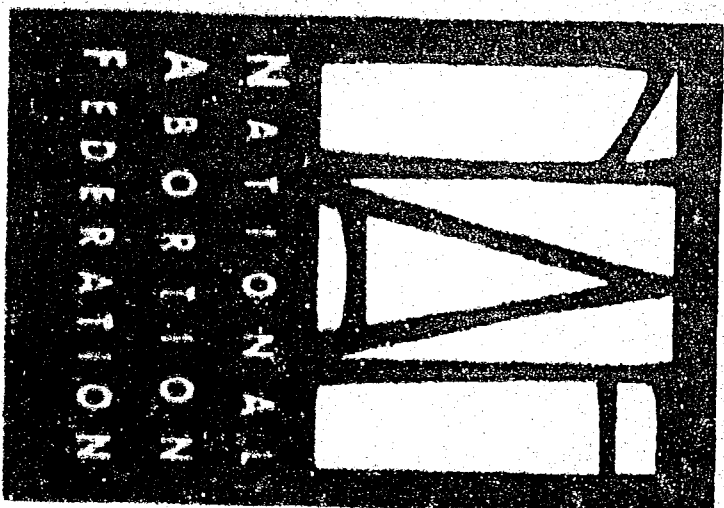
ACRIP has approved this program for a maximum of 1.00 hour of continuing medical  
education in category 1 of the American Association of Reproductive Medical  
Educators' Accreditation Board's Accreditation  
Program.

This course has been approved for \_\_\_\_\_ credits. Issued by the  
American Association of Reproductive Medical Educators.

*Lee H. Stewart MD*

Lee H. Stewart MD  
September 11 - 13, 2003

# CERTIFICATE OF PHYSICIAN ATTENDANCE



## Risk Management Seminar

### Common Goals:

#### Examining Abortion Care Applications

September 21-22, 2003

Albuquerque, New Mexico

#### This Certifies the Attendance of

NAF is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

NAF designates this continuing medical education activity for a maximum of 12 credit hours in Category 1 credit hour and the AMA Physicians Recognition Award. Physicians should claim only those hours of credit that are spent in the activity.

#### Number of credits claimed:

The American College of Obstetricians and Gynecologists has assigned 12 cognates (formal learning) to this program.

This program has been reviewed and is acceptable for up to 10 hours of Prescribed Credit Hours by the American Academy of Family Physicians.

Official Signature  
Prescribing and CME

Official Signature  
Chair of the Board of Governors

**NATIONAL  
ABORTION  
FEDERATION**

**Post-Operative Secondary Clinical Issues in Abortion Care**  
**April 14, 2004**  
**Room Orleans, Longshore**

Lee Corhart, MD

The National Aeronautics Administration has begun the carrying out of extensive study for C-119 under (purchase of 10 in Category 1 of the Republic Acquisition Board of the American Aircraft Association.

The records have been submitted and are incorporated by reference in the above-mentioned report. The records are being submitted for the purpose of being made a part of the permanent record of the Commission and for the purpose of being made available to the public. The records are being submitted for the purpose of being made a part of the permanent record of the Commission and for the purpose of being made available to the public.

Mich. Santa

1000

## C E R T I F I C A T E   O F   P H Y S I C I A N   A T T E N D A N C E

N A T I O N A L  
A B O R T I O N  
F E D E R A T I O N

## NAF's 2003 Annual Meeting

Investigating the Barriers Abortion Care in 2004 and Beyond  
 April 19 & 20, 2004      New Orleans, Louisiana

This Certifies the Attendance of

Lee Carhart, MD

NAF is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The National Abortion Federation designates this continuing medical education activity for 13 credit hours (maximum of 15 in Category 1 of the Physician Recognition Award of the American Medical Association).

The American College of Obstetrics and Gynecologists has assigned 13 category 1 credits (maximum of 15) to this program.

When reporting CME credit hours, ACOG members should report both Obstetrics and Gynecology hours earned for this activity. It is the responsibility of the member to report the hours in accordance with the standards of the American Medical Association for CME credit reporting.

Michelle Swanda

Eric Swank, MD

*na*  
NATIONAL  
ABORTION  
FEDERATION

Bringing Science to the Debate  
October 3 & 4, 2004

NEW YORK, NEW YORK

**This Certifies the Abundance of**

1. The Government of the United States of America, in the name of the President, hereby certifies that the following is a true and correct copy of the original document on file in the Department of State:

1. The Board of Directors of the Corporation shall have the right to elect and remove the President, Vice President, Secretary and Treasurer of the Corporation, and to elect and remove any other officers or directors of the Corporation.

[illegible][illegible]

U.S. DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

[illegible]

# Certificate of Completion

CME Resource certifies that  
LeRoy H. Carhart 15162  
has participated in the educational activity titled  
#9420 Vaccinia: The Vaccine That Protects Against  
Smallpox  
on September 30, 2004  
and is awarded 5 category 1 credit(s)  
toward the AMA Physician's Recognition Award.

AAFP Prescribed Credit Approved.

*Frederic S. Offord*  
Frederic S. Offord  
Executive Director, Accrediting Activity

*Eric K. Moynier*  
Eric K. Moynier  
Executive Director

CME Resource is an Accredited Provider of Continuing Medical Education to Physicians by the American Board of Medical Certification.

This activity has been approved for up to 5 Prescribed credits by the American Board of Medical Certification. Credits are valid for one year from beginning distribution date.

For more information, contact CME Resource at 1-800-541-5555.



# Certificate of Completion

CME Resource certifies that  
LeRoy H. Carhart 15162  
has participated in the educational activity titled  
#9901 Osteoporosis: Diagnosis and Treatment  
on September 30, 2004  
and is awarded 5 category 1 credit(s)  
toward the AMA Physician's Recognition Award.

*Joseph N. O'Hara*  
Joseph N. O'Hara  
Executive Director of Accrediting Affairs

*Erin K. Moynihan*  
Erin K. Moynihan  
Executive Director

CME Resource is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physician's Recognition Award (PRA) is a Board of Medicine



# Certificate of Completion

CME Resource certifies that  
LeRoy H. Carhart, 15162  
has participated in the educational activity titled  
#715 Medical Ethics for Physicians  
on September 30, 2004  
and is awarded 5 category 1 credit(s)  
toward the AMA Physician's Recognition Award.

*Frank R. O'Brien*  
Frank R. O'Brien  
Director of Academic Affairs

*Eric K. Munyer*  
Eric K. Munyer  
Executive Director

This document is authorized by the Association to Council for Continuing Medical Education to  
provide Category 1 credit for physicians.

Approved by the American Medical Association on September 30, 2004.





# Certificate of Completion

CME Resource certifies that  
LeRoy H. Carhart 15162  
has participated in the educational activity titled  
#9609 Eating Disorders  
on September 30, 2004  
and is awarded 15 category 1 credit(s)  
toward the AMA Physician's Recognition Award.

*David S. O'Brien* *Leon K. Meenyer*  
David S. O'Brien Leon K. Meenyer  
Executive Director of Academic Affairs Executive Director

CME Resource is accredited by the Accreditation Council for Continuing Medical Education to  
provide continuing medical education for physicians.

CME Resource is approved by the American Board of Medical Specialties.



# CERTIFICATE OF PHYSICIAN ATTENDANCE

## NATIONAL ABORTION FEDERATION

NAF's 29th Annual Meeting

Coming Together: Science, Politics, and Ethics  
April 18 & 19, 2005 Montreal, Québec

This Certifies the Attendance of

Dr. Robert M.D.

NAF is pleased to have you at this important meeting. Your presence is a valuable contribution to the ongoing dialogue between physicians and the public.

The NAF's 29th Annual Meeting was held in Montreal, Québec, on April 18 & 19, 2005. The meeting was held at the Sheraton Hotel, a beautiful location with a view of the St. Lawrence River.

The meeting was held in a beautiful location with a view of the St. Lawrence River. The meeting was held in a beautiful location with a view of the St. Lawrence River.

The meeting was held in a beautiful location with a view of the St. Lawrence River.

The meeting was held in a beautiful location with a view of the St. Lawrence River. The meeting was held in a beautiful location with a view of the St. Lawrence River.

The meeting was held in a beautiful location with a view of the St. Lawrence River.

John Smith

JOHN SMITH  
President and CEO

John Smith

JOHN SMITH, M.D. MRCOG  
Chair of the Board of Directors

USC

UNIVERSITY  
OF SOUTHERN  
CALIFORNIA

Keck School of Medicine  
University of Southern California

LETTER OF COMPLETION

OFFICE OF CONTINUING  
MEDICAL EDUCATION

MAY 11, 2003

The Keck School of Medicine of the University of Southern California certifies  
that **LeRoy Carhart** has participated in the educational activity entitled  
**DEBLOGUS IN CONTRACEPTION NEWSLETTER, VOLUME 8,  
NUMBER 1** distributed in the Winter of 2003 and is awarded CME category 1  
credit hour and the AMA Physician's Recognition Award.



Allen V. Adkins, MD

Associate Dean

Office of Continuing Medical Education

USC

UNIVERSITY  
OF SOUTHERN CALIFORNIA  
KECK SCHOOL OF MEDICINE

Keck School of Medicine  
University of Southern California

Office of Continuing  
Medical Education

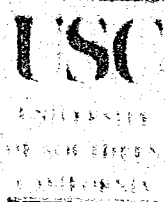
## LETTER OF COMPLETION

May 17, 2005

The Keck School of Medicine of the University of Southern California certifies that **LeRoy Carhart** has participated in the educational activity entitled **DEBATE IN CONTRACEPTION NEWSLETTER, VOLUME 8, NUMBER 3** distributed in the Fall of 2004 and is awarded 1.5 category 1 credits toward the AMA Physician's Recognition Award.



Alan V. Abbott, MD  
Associate Dean  
Office of Continuing Medical Education



Keck School of Medicine  
University of Southern California

LETTER OF COMPLETION

Office of Continuing  
Medical Education

May 13, 2005

The Keck School of Medicine of the University of Southern California certifies that **LeRoy Carhart** has participated in the educational activity entitled **DIALOGUES IN CONTRACEPTION NEWSLETTER, VOLUME 8, NUMBER 8** distributed in the Winter of 2004 and is awarded 1.5 category 1 credits toward the AMA Physician's Recognition Award.

Armin A. Kohnert, M.D.  
Associate Dean  
Office of Continuing Medical Education

Nebraska Health and Human Services System



Department of Services and Support of the Department of Health and Human Services

Division of Health and Support

 Licensure Division  
 P.O. Box 9999, Lincoln, NE 68509-0999  
 Phone: (402) 463-4400 Fax: (402) 463-4401

State of Nebraska

Licensure Division

# Verification of Nebraska Licensure

Page 1 of 1

Date Verification Created: Wed, Sep 21, 09 11:51:51 -0600  
 License Number: 15162  
 Profession: Medicine  
 License Type: Physician

## General License Information

Name on License: Dr. David Harrison Calhoun, MD  
 Address on License:  
 Country: United States  
 Date of Birth:  
 Profession Name: Medicine  
 License Type: Physician  
 License Number: 15162  
 Date of Issuance: 10/12/1979  
 Date of Expiration: 10/01/2006  
 License Status: Active  
 Effective Date of Status: 02/12/1985  
 Reason for License Status: X

## School Information

School	Date
MANHEIM HED. COL.	06/07/1973

## Disciplinary Action Information

Start	End	Disciplinary/Non-disciplinary Action
05/25/1993		Non-disciplinary: Assurance of Compliance

### Disclaimer

The information displayed on this page is for informational purposes only and does not constitute a license. The information is provided as a service to the public and is not intended to be used for legal or other purposes. The information is subject to change without notice. The information is provided as a service to the public and is not intended to be used for legal or other purposes.

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE  
DEPARTMENT OF FINANCE AND SUPPORT

Regulation & Licensure, Credentialing Division  
301 Centennial Mall South, 3<sup>rd</sup> Floor, P.O. Box 94986  
Lincoln, NE 68509-4986  
Phone (402) 471-2115 Fax (402) 471-3577

STATE OF NEBRASKA  
DAVE HEINEMAN, GOVERNOR

July 20, 2005

Joanne Troutman, Chief  
Physician Podiatrist Unit  
PA Board of Medicine  
PO Box 2649  
Harrisburg PS 47105

RE: Certification of Public Documents

Dear Ms. Troutman:

We are in receipt of your letter dated July 7, 2005, requesting Certified copies of the actions taken against LeRoy Carhart, MD, License #15162. This letter was received in our office on July 15, 2005.

The public documents for this licensee consist of four (4) pages, the Non-Disciplinary Assurance of Compliance issued in 1993. Since this request has less than ten pages it can be issued to any requesting party via U.S. mail, free of charge, with a cover letter from our Division stating that the documents are "from the public records that are on file in the Credentialing Division, Department of Health and Human Services Regulations and Licensure, Lincoln, Nebraska." However, the cover letter described is not a "Certified" letter in that it does not have the raised seal of the Department. In order to issue the copies of documents under Certification of the Department, with the raised seal, we are required to charge a fee of twenty-five dollars (\$25.00) in accordance with the Nebraska Revised Statutes: 71-162.04 & 71-145. Copies of these statutes are enclosed for your reference.

In order to process your request for "Certified Documents" we will first need to obtain the fee for certification in full. Upon receipt of said fee our Division will issue the "certified" copy of the documents under the seal of our Department.

Sincerely,

*Helen I. Meeks*  
Helen I. Meeks, Administrator  
Credentialing Division

Enclosure

HLM:ch

(3) Costs for travel by members of the appropriate board and employees of the department related to a particular profession or occupation, including car rental, gas, and mileage charges but not salaries; and

(4) Other reasonable and necessary costs as determined by the appropriate board or the department

Source: Laws 2003, LB 242, § 25. Operative date July 1, 2004

**71-162.03. (Operative date July 1, 2004.) Adjustments to the cost of credentialing.** Adjustments to the cost of credentialing include, but are not limited to

(1) Revenue from sources that include, but are not limited to

(a) Interest earned on the Professional and Occupational Credentialing Cash Fund, if any;

(b) Certification and verification of credentials;

(c) Late fees;

(d) Administrative fees;

(e) Reinstatement fees;

(f) General Funds and federal funds;

(g) Fees for miscellaneous services, such as production of photocopies, lists, labels, and diskettes;

(h) Gifts; and

(i) Grants; and

(2) Transfers to other funds for costs related to the Nebraska Regulation of Health Professions Act and section 71-143

Source: Laws 2003, LB 242, § 26. Operative date July 1, 2004

**71-162.04. (Operative date July 1, 2004.) Credentialing fees; establishment and collection.** (1) The department, upon recommendation of the appropriate board if applicable, or the Water Well Standards and Contractors' Licensing Board as provided in section 71-162, shall adopt and promulgate rules and regulations to establish and collect the fees for the following credentials

(a) Initial credentials, which include, but are not limited to

(i) Licensure, certification, or registration;

(ii) Add on or specialty credentials;

(iii) Temporary, provisional, or training credentials; and

(iv) Supervisory or collaborative relationship credentials;

(b) Applications to renew licenses, certifications, and registrations;

(c) Approval of continuing education courses and other methods of continuing competency; and

(d) Inspections and reinspections

(2) When a credential will expire within one hundred eighty days after its initial issuance date and the initial credentialing fee is twenty-five dollars or more, the department shall collect twenty-five dollars or one-fourth of the initial credentialing fee, whichever is greater, for the initial credential, and the credential shall be valid until the next subsequent renewal date.

Source: Laws 2003, LB 242, § 27. Operative date July 1, 2004

**71-162.05. (Operative date July 1, 2004.) Administrative and other fees; amount.** (1) The department shall retain a twenty-five-dollar administrative fee from each credentialing fee established under section 71-162.04 for a denied credential or a withdrawn application, except that (a) if the credentialing fee is less than twenty-five dollars, the fee shall be forfeited and (b) an examination fee shall not be returned

(2) The department shall collect fees for services as follows

(a) Ten dollars for a duplicate original or reissued credential;

(b) Twenty-five dollars for certification of a credential pursuant to section 71-143;

(c) Five dollars for verification of a credential pursuant to section 71-143;

(d) A late fee of twenty-five dollars in addition to the renewal fee to renew a credential (i) within thirty days after the credential's expiration date for professions and occupations listed in section 71-162 other than individuals in the practice of constructing or decommissioning water wells and installing water well pumps and pumping equipment and (ii) within sixty days after the credential's expiration date for individuals in the practice of constructing or decommissioning water wells and installing water well pumps and pumping equipment;

(e) A late fee of thirty-five dollars in addition to the renewal fee to reinstate a credential for professions and occupations specified in section 71-102 or regulated under the Nebraska Cosmetology Act, the Occupational Therapy Practice Act, or sections 71-4701 to 71-4719 or 71-6053 to 71-6068 not more than one year after the date of revocation for failure to meet the renewal requirements;

(f) A late fee of seventy-five dollars in addition to the renewal fee to reinstate a credential for professions and occupations specified in section 71-102 or regulated under the Nebraska Cosmetology Act, the Occupational Therapy Practice Act, or sections 71-4701 to 71-4719 or 71-6053 to 71-6068 more than one year after the date of revocation for failure to meet the renewal requirements; and



standards, the department shall submit to the appropriate professional board any question that requires the exercise of expert knowledge.

Source: Laws 1927, c. 167, § 40, p. 464; C.S. 1929, § 71-502; R.S. 1943, § 71-141; Laws 1996, LB 1044, § 272; Laws 1999, LB 807, § 116; Laws 1999, LB 828, § 40. Effective date August 28, 1999.

**71-142. Reciprocal licenses or certificates; retaliatory refusal of admission; power of department.** Where the licensing authority in any other state shall refuse to accept applicants from Nebraska who are qualified to be admitted under the laws of that state, and have been properly certified by the Department of Health and Human Services Regulation and Licensure of this state, then the department may decline to admit without examination licensees from that state.

Source: Laws 1927, c. 167, § 41, p. 465; C.S. 1929, § 71-503; R.S. 1943, § 71-142; Laws 1996, LB 1044, § 273. Operative date January 1, 1997.

**71-143. Reciprocal licenses or certificates; practical work; special examinations.** In those professions requiring a practical examination in connection with the admission of applicants from other states without general examination, if the appropriate professional board is not expected to be in session within thirty days, the department may ask at least one-third of that board to give a special examination and may fix reasonable compensation therefor in addition to traveling expenses.

Source: Laws 1927, c. 167, § 42, p. 465; C.S. 1929, § 71-504; R.S. 1943, § 71-143; Laws 1996, LB 1044, § 272; Laws 1999, LB 828, § 41. Effective date August 28, 1999.

**71-144. Reciprocal licenses or certificates; rules; power of department.** The department, with the consent of the appropriate professional board, shall have power to establish the necessary rules, not inconsistent with the law, to carry out the reciprocal relations with other states which are authorized in the Uniform Licensing Law.

Source: Laws 1927, c. 167, § 43, p. 465; C.S. 1929, § 71-505; R.S. 1943, § 71-144; Laws 1996, LB 1044, § 280; Laws 1999, LB 828, § 42. Effective date August 28, 1999.

**71-145. (Operative date July 1, 2004.) Certification and verification of credentials.** (1) Upon request and payment of the required fee, the department shall provide certification of a credential which shall include a certified statement that provides information regarding the basis on which a credential was issued, the date of issuance, and whether disciplinary action has been taken against the credential. The certification shall be issued under the name and seal of the department.

(2) Upon request and payment of the required fee, the department shall provide verification of a credential which shall include written confirmation as to whether a credential is valid at the time the request is made.

Source: Laws 1927, c. 167, § 44, p. 465; C.S. 1929, § 71-506; R.S. 1943, § 71-145; Laws 1986, LB 286, § 44; Laws 1986, LB 579, § 36; Laws 1994, LB 1210, § 24; Laws 1996, LB 1044, § 381; Laws 2003, LB 247, § 19. Operative date July 1, 2004.

**71-146. Repealed.** Laws 1989, LB 24, § 12.

8°

#### (C) REVOCATION OF LICENSES AND CERTIFICATES

**71-147. License, certificate, or registration to practice a profession; disciplinary actions; grounds.** A license, certificate, or registration to practice a profession may be denied, refused renewal, limited, revoked, or suspended or have other disciplinary measures taken against it in accordance with section 71-155 when the applicant, licensee, certificate holder, or registrant is guilty of any of the following acts or offenses:

(1) Fraud, forgery, or misrepresentation of material facts in procuring or attempting to procure a license, certificate, or registration;

(2) Grossly immoral or dishonorable conduct evidencing unfitness or lack of proficiency sufficient to meet the standards required for practice of the profession in this state;

(3) Habitual intoxication or dependence or failure to comply with a treatment program or an aftercare program entered into under the Licensee Assistance Program established pursuant to section 71-172.01;

(4) Conviction of a misdemeanor or felony under state law, federal law, or the law of another jurisdiction and which, if committed within this state, would have constituted a misdemeanor or felony under state law and which has a rational connection with the applicant's, licensee's, certificate holder's, or registrant's fitness or capacity to practice the profession;

(5) Practice of the profession (a) fraudulently, (b) beyond its authorized scope, (c) with manifest incapacity, (d) with gross incompetence or gross negligence, or (e) in a pattern of negligent conduct. Pattern of negligent conduct shall mean a continued course of negligent conduct in performing the duties of the profession;

(6) Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, narcotic drugs, physical disability, mental disability, or emotional disability;

(7) Physical or mental incapacity to practice the profession as evidenced by a legal adjudication or a determination



## State of Wisconsin

### Department of Regulation & Licensing

Ensuring the availability of safe and competent health professionals

Home > License Lookup > About DRL > About DRL > License Lookup > Details

Real Estate & Direct Licensing > Business & Design > Health Professionals > About DRL > License Lookup > Health professionals > Details

#### Health professional details

Name: **CARHART MD, LEROY H.**

Profession: **Medicine and Surgery, MD  
(20)**

License number: 35028

Current through: 12/31/2008

Location: BELLEVUE, WI 53005

Status: ACTIVE

Additional information:

Eligible to practice: yes

Granted on: 12/01/1990

View payment history

Discipline: No

Specialty description: Board Certified  
in HIRA

Consistent with JCAHO and NCQA standards for primary source verification

Wisconsin Department of Regulation & Licensing. All Rights Reserved.  
Do not claim. Privacy Policy

myLicense Renewal Question Responses

License Number: MD035665L

Name : LEROY HARRISON CARHART

Online Submission Date : 12/28/2006 8:00:53AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date : 10/10/2008 7:45:34AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date : 1/2/2011 12:15:29AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N

myLicense Renewal Question Responses

License Number: MD035665L

Name : LEROY HARRISON CARHART

Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?

N

Do you maintain current medical professional liability insurance in the Commonwealth?

N

Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?

N