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

No disciplinary actions were found for this license.

Discipline Action History

License Information

Issue Date: 9/27/1974

Status: Active

Type: Medical Physician and Surgeon

License Number: MD036665L

Address Information

Address (City, State, Zipcode): BELLEVue NE 68005

Name: LEROY HARRISON CARHART

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

For questions about this website, please click here to send an email or contact your board directly. Click here.
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 $35.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF $25.00 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, MARITIME 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 CATAFUND 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

[ ] 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: Alabama, Kansas, Iowa, Tennessee, Wisconsin, New Jersey, Penn.

[ ] 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION WHICH INCLUDES VOLUNTARY SURRENDER OF A LICENSE AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?

[ ] 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEASED MOLI CONTENDER, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISAL) WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY MOTOR LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING OR UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)

[ ] 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 RESUBMIT FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.

[ ] 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?

[ ] 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.

I, 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 UNSGORN FALSIFICATION TO AUTHORITIES.

SIGNATURE ____________________________________________________________________________ DATE 9/12/00

[Signature]

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

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 and following the instructions as indicated. Your license renewal will be processed faster 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
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 maiden name, etc.).

THE FOLLOWING QUESTIONS MUST BE ANSWERED

1. Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction? List state(s), if any.

2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any other state or jurisdiction?

3. Since your initial application or your last renewal, have you withdrawn an application for a license, denied an application for a license, denied or refused or agreed not to apply for a license in any state or jurisdiction?

4. Since your initial application or your last renewal, have you employed persons, found guilty, or implicated in a violation of any law, any regulation or any rules of practice or professional conduct or professional ethics?

5. Since May 19, 2002, have you been arrested for criminal offense?

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?

7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked or restricted, or have you had an appeal filed by any medical assistance agency for cause?

8. Since May 19, 2002, have any malpractice complaints been filed against you?

9. I am in compliance with the professional liability insurance requirements under Section 311 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. 4911, which includes imposition of fee, action to be taken against a licensee, and may result in my license being disciplined.

Signature of Licensee (Mandated)

Date

EXPIRATION DATE: December 31, 2002

FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA"
Write your license number on your payment. A $20.00 fee will be assessed for returned payment.

LATE FEE: $5.00 per month, or part of a month
Late renewal fee will be assessed if postmarked after December 31, 2002

$350.00

MD035665L

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES
STATE BOARD OF MEDICINE
STATUS CHANGE/REACTIVATION APPLICATION

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

License expired: 12/31/2004

LEROY HARRISON CARHART

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 license. 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 license. 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 want to place my license on an inactive status. I understand that to reactivate my license after 12/31/2004 I will need to meet the continuing education requirements and obtain medical professional liability insurance. Complete Section A and return your wall and wallet license. 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 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 $18 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."
SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you hold a license (active, inactive, or expired) in any other state or country?</td>
<td>✗</td>
</tr>
<tr>
<td>2. Since your last renewal, have you been convicted of a crime, or are you under investigation by any state or federal agency?</td>
<td>✗</td>
</tr>
<tr>
<td>3. Since your last renewal, have you been involved in any incident involving prescription or non-prescription substances?</td>
<td>✗</td>
</tr>
<tr>
<td>4. Since your last renewal, have you been involved in any incident involving prescription or non-prescription substances?</td>
<td>✗</td>
</tr>
<tr>
<td>5. Since your last renewal, have you been involved in any incident involving prescription or non-prescription substances?</td>
<td>✗</td>
</tr>
<tr>
<td>6. Since your last renewal, have you had practice privileges denied or suspended in a hospital or other health care facility?</td>
<td>✗</td>
</tr>
<tr>
<td>7. Since your last renewal, have you had your DEA registration denied, suspended, or revoked, or has your practice privileges restricted by any medical association due to cause?</td>
<td>✗</td>
</tr>
</tbody>
</table>

If you previously reported the complaint to the Board provide the docket number.

<table>
<thead>
<tr>
<th>Docket Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

SECTION B - VERIFICATION OF INFORMATION

I, [Signature], hereby affirm that this form is the original submitted by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for furnishing false information or information provided to the Department of State. I hereby voluntarily consent to the penalties of 18 PA C. S. 4034 relating to the furnishing of false information and may result in my license being discontinued.

Signature of Licensee (Handwritten) ...

Social Security Number ...
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/reactivating. 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)  

29 June 2005  

(Data)
by the American Academy of Family Physicians and is acceptable for up to 5.50 requested credit hours (including assisted and concomitant care) of Category 1 or the American College of Obstetricians and Gynecologists has assigned 6 Category 2 credit hours (maximum of 5 credit hours) in Category 1 of the Continuing Medical Education activity for 50 hours. This activity has been reviewed by the National Abortion Federation designates this medical education for physicians. NAF is accredited by the Accreditation Council for Post Graduate Education to sponsor continuing medical education for the American Academy of Family Physicians.

Key Committee
This certifies the attendance of

April 6, 2003 Seattle, Washington
Post Graduate Seminar
27th Annual Meeting

Certificate of Physician Attendance
Certificate of Physician Attendance

May 5-7, 2003

Seattle, Washington

30 Years of Legal Abortion: Honoring the Past, Protecting the Future

This verifies the attendance of

[Signature]

April 7-8, 2003

Seattle, Washington

[Signature]
Certificate

Lee Carhart MD

This certifies the attendance of

Reproductive Health 2003

A.R.H.

p
CERTIFICATE OF PHYSICIAN ATTENDENCE

September 22, 2003
Albuquerque, New Mexico
Examining Abortion Care Applications
Common Goals: Risk Management Seminar

At the conclusion of the above-mentioned program, the American College of Obstetricians and Gynecologists has awarded 12 continuing education credits (Category 1, credit hours). This program is accepted by the Accreditation Council for Continuing Medical Education as a program toward meeting the requirements for maintenance of certification, as recommended by the American Board of Obstetrics and Gynecology.
FREDERATION
ABORTION
NATIONAL
CERTIFICATE OF PHYSICIAN ATTENDANCE
The Certificate of Physician Attendance

NPAF
National Abortion Federation
Certificate of Completion

CME Resource certifies that
LeRoy H. Garhart 15162
has participated in the educational activity titled
#0420 Variola: 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.

[Signature]
[Signature]
Freida S. O'Brien
Executive Director

[Signature]
[Signature]
Evonne R. Monje
Executive Director

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

CME Resource, Inc. designates this educational activity for a maximum of 5.0 AMA PRA Category 1 Credits™. Each physician participant should only claim credit commensurate with the extent of participation in the activity.

CME Resource, Inc. is a member of the RapidCME Network. For more information, visit www.rapidx.com

CME RESOURCE
Certificate of Completion

CME Resource certifies that
LeRoy H. Garhart 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.

Sincerely,

[Signatures]

[Positions]

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

Accreditation: Bureau #150347, F. Board of Medicine.

[Logo]

CME RESOURCE
Certificate of Completion

CME Resource certifies that
LeRoy H. Garhart, 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.

[Signatures]

[Stamp: CME Resource]
Certificate of Completion

CME Resource certifies that
LeRoy H. Carhart 15162
has participated in the educational activity titled
#96099 Eating Disorders
on September 30, 2004
and is awarded 15 category 1 credit(s)
toward the AMA Physician's Recognition Award.

[Signature]
Deborah D. Grice
Director of Academic Affairs

[Signature]
Tom R. Menyon
Executive Director

CME Resource is accredited by the Accreditation Council for Continuing Medical Education to
grant credits for educational activities. CME Resource is accredited by the California Board of
Medicine.
CERTIFICATE OF PHYSICIAN ATTENDANCE

NAF's 29th Annual Meeting

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

This Certifies the Attendance of

[Signature]

The American Board of Obstetrics & Gynecology has approved 16 credits towards the maintenance of certification.

[Signature]
President and CEO

[Signature]
Chair of the Board of Directors
Keck School of Medicine  
University of Southern California  

LETTER OF COMPLETION  

March 2003  

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,  
MEMBER Edition" distributed in the Winter of 2003 and is awarded 1.5 category 1  
credits toward the AMA Physicians' Recognition Award  

[Signature]  

Allen V. Napolitano, MD  
 Associate Dean  
Office of Continuing Medical Education
May 11, 2008

The Keck School of Medicine of the University of Southern California certifies that LeRoy Carhart has participated in the educational activity entitled PHARMACIES IN CONTRACEPTION NEWSLETTER, VOLUME 8, NUMBER 5 distributed in the Fall of 2003 and is awarded 1.5 category I credits toward the AMA Physician's Recognition Award.

[Signature]

Vivian V. Abbott, M.D.
Associate Dean
Office of Continuing Medical Education
Keck School of Medicine
University of Southern California

LETTER OF COMPLETION

May 22, 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 3 distributed in the Winter of 2005 and is awarded 1.5 category I
credits toward the AMA Physician's Recognition Award.

[Signature]

S. A. ASD, M.D.
Associate Dean
Office of Continuing Medical Education
Verification of Nebraska Licensure

<table>
<thead>
<tr>
<th>Date Verification Created</th>
<th>Sep 21 1994</th>
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<tbody>
<tr>
<td>License Number</td>
<td>15169</td>
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<tr>
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<td>License Type</td>
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General License Information

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<thead>
<tr>
<th>Name on License</th>
<th>Dr. Fred Harrison Carter MD</th>
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<tbody>
<tr>
<td>Address on License</td>
<td>10 East Harrison Street 302</td>
</tr>
<tr>
<td>Country</td>
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</tr>
<tr>
<td>Date of Birth</td>
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<td>License Number</td>
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<td>10-01-1994</td>
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<td>Effective Date of Status</td>
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School Information

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<tbody>
<tr>
<td>UNIV. OF NEBRASKA MED COL</td>
<td>5-07-1995</td>
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Disciplinary Action Information

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
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<tbody>
<tr>
<td>05-25-1994</td>
<td></td>
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</tbody>
</table>

Disciplinary/Non-disciplinary Action

Hand Inclined Assistant of Compliance
July 20, 2005

Joanne Troutman, Chief
Physician Podiatrist Unit
PA Board of Medicine
PO Box 2649
Harrisburg, PA 17105

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 Cathart, 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 1997. 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 '91-162.04 & '91-14A1. 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,

[Signature]
Helen I. Meeks, Administrator
Credentialing Division

Enclosure

HLM-018
(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.


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) Fines;

(d) Administrative fees;

(e) Reinstatement fees;

(f) General Fund and federal funds;

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

(h) Grants;

(i) Gifts; and

(j) Transfers to other funds for costs related to the Nebraska Regulation of Health Professions Act and section 71-1, 143.


71-162.04. (Operative date July 1, 2004.) Credentialing fees; establishment and collection. (1) The department, upon recommendation of the appropriate board, 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) License, certification, or registration;

(ii) Loss of or specialty credential;

(iii) Temporary, provisional, or training credential;

(iv) Supervisory or collaborative relationship credentials;

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

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

(d) Inspections and re-inspections;

(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 on renewal. The initial credential shall be valid until the next subsequent renewal date.


71-162.05. (Operative date July 1, 2004.) Administrative and other fees; renewal. (1) The department shall collect a twenty-five-dollar administrative fee from each credentialed professional or regulated occupation, except that if the credentialing fee is less than twenty-five dollars, the fee shall be forgiven and an examination fee shall not be required.

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

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

(b) Twenty-five dollars for certification of a credential pursuant to section 71-145;

(c) Five dollars for verification of a credential pursuant to section 71-145;

(d) A late fee of twenty-five dollars in addition to the renewal fee to renew a credential (a) 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 (b) 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 71-6033 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 71-6033 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.


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 licenses from that state.


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 set at least one-third of that board to give a special examination and may fix reasonable compensation therefor in addition to traveling expenses.


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 Licensure Act.


71-145. (Operative date July 1, 2004.) Certification and verification of credentials. 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.


71-146. Repealed. Laws 1927, c. 128, § 149.

(f) 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 on any drug, alcohol, or other substance to the extent that the applicant is unable to practice the profession with due care and diligence;

(4) Conviction of a misdemeanor or felony under state law, federal law, or the law of any other jurisdiction and which, if committed within this state, would have constituted a misdemeanor or felony under state law and which has a direct 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 of a determination.
Health professional details

Name: CARHART MD, LEROY H

License number: 35028

Location: BELLEVUE, WI 53008

Additional information:

View payment history

Consistent with CAHO and NCQA standards for primary source verification

Wisconsin Department of Regulation & Licensing, All Rights Reserved

http://drd.wi.gov/drdrlookup/LicenseLookupServlet?page=health_details&crl=CARHART_35028

09/24/2006
### Online Submission Date: 12/28/2006 8:00:53AM

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<tr>
<th>Renewal Question</th>
<th>Response</th>
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<tbody>
<tr>
<td>Are you submitting a name change with this renewal?</td>
<td>N</td>
</tr>
<tr>
<td>Are you licensed in another licensing jurisdiction in this profession (any status)?</td>
<td>Y</td>
</tr>
<tr>
<td>Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?</td>
<td>N</td>
</tr>
<tr>
<td>Since your last renewal, have you been convicted of a crime?</td>
<td>N</td>
</tr>
<tr>
<td>Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?</td>
<td>N</td>
</tr>
<tr>
<td>Have you met your current CE requirements?</td>
<td>Y</td>
</tr>
<tr>
<td>Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?</td>
<td>N</td>
</tr>
<tr>
<td>Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?</td>
<td>N</td>
</tr>
<tr>
<td>Since your last renewal, have you had your DEA registration denied, revoked or restricted?</td>
<td>N</td>
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<tr>
<td>Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?</td>
<td>N</td>
</tr>
<tr>
<td>Do you maintain current medical professional liability insurance in the Commonwealth?</td>
<td>N</td>
</tr>
<tr>
<td>Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?</td>
<td>N</td>
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### Online Submission Date: 10/10/2008 7:45:34AM

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<td>N</td>
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### Online Submission Date: 1/2/2011 12:15:29AM

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<tr>
<td>Are you licensed in another licensing jurisdiction in this profession (any status)?</td>
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</table>
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