

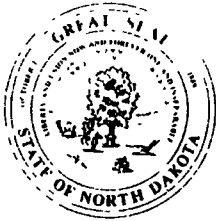
State Board of Medical Examiners State of North Dakota

Certifies that

Marshall D. Levine, M.D.

having fulfilled all the requirements of the laws of the State of North Dakota and possessing the prescribed qualifications is hereby granted a license to practice medicine in the State of North Dakota.

Given under the hands and seal of the North Dakota State Board of Medical Examiners, on this 12th day of March in the year of Our Lord One Thousand Nine Hundred and ninety nine



Mukesh V. Patel MD	_____
<small>CHAIRMAN</small>	_____
<i>J.P. Moore, MD</i>	<i>John P. Jones, MD</i>
<i>J. Ferry, M.D.</i>	_____
<i>Walter Radtke, M.D.</i>	_____
<i>W. A. ...</i>	_____
<i>W. A. ...</i>	<i>[Signature]</i>

North Dakota State
Board of Medical Examiners

This is to certify that on March 12 1999

Marshall D Levine M.D.

2006 N Howe St. #2

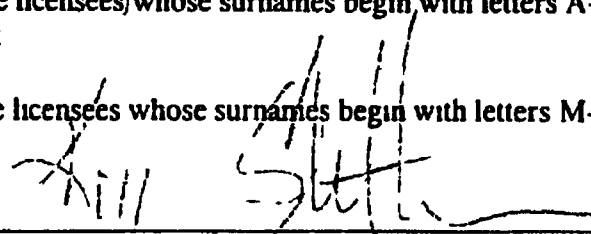
Chicago, IL 60014-4414

was granted permanent license no 8155 by this Board

This license is current through 6/30/99

The annual license renewal cycle for those licensees whose surnames begin with letters A-L runs from January 1st through December 31st

The annual license renewal cycle for those licensees whose surnames begin with letters M-Z runs from July 1st through June 30th



Rolf P. Sletten
Executive Secretary
and Treasurer

**North Dakota State
Board of Medical Examiners**

ROLF P. SLETTEN
Executive Secretary and Treasurer

LYNETTE LEWIS
Administrative Assistant

TO APPLICANTS FOR NORTH DAKOTA LICENSURE

FROM: ROLF P. SLETTEN, EXECUTIVE SECRETARY & TREASURER

All applicants seeking permanent licensure in the State of North Dakota must appear before the Board of Medical Examiners for an interview EXCEPT FOR THOSE APPLICANTS WHO MEET EACH OF THE REQUIREMENTS IN ONE OF THE FOLLOWING TWO GROUPS

GROUP 1

- 1 The applicant has graduated from an approved medical school in the United States or Canada, AND;
- 2 The applicant has successfully completed an entire AMA, CMA, or AOA approved postgraduate training program in the U.S. or Canada, or has successfully completed one year of approved postgraduate training within the State of North Dakota, or is currently American board certified, AND;
- 3 No derogatory information was brought to the attention of the Board of Medical Examiners during the application process

GROUP 2

- 1 The applicant has graduated from a medical school listed in the most recent edition of the World Health Organization Directory of Medical Schools, AND;
- 2 The applicant is currently American board certified, AND;
3. The applicant has completed three years of approved postgraduate training in the U.S. or Canada, AND;
- 4 No derogatory information was brought to the attention of the Board of Medical Examiners during the application process.

ANY CANDIDATE MAY BE REQUIRED TO APPEAR FOR AN INTERVIEW AT THE BOARD'S DISCRETION

INSTRUCTIONS

- A. IF YOU BELIEVE YOU MEET EACH OF THE REQUIREMENTS IN ONE OF THE TWO GROUPS ABOVE, you should complete the enclosed waiver form and return it to this office either by mail or fax **NO LATER THAN MARCH 1, 1999.**
- B. IF YOU DO **NOT** MEET EACH OF THE REQUIREMENTS IN ONE OF THE TWO GROUPS ABOVE, you must appear for an interview at the location and time scheduled below:

DATE: Friday, March 12, 1999

PLACE: Renoir/Russell Room
Holiday Inn
605 E Broadway Ave
Bismarck, ND 58501
PHONE 701/255-6000

TIME: 9:00 A M. (Roll Call)
All interviews are concluded by noon

The only item you will need to bring with you is a pen for completing a registration card. Your application and supporting documents will be provided by our office.

To confirm your appearance at this interview you must return the enclosed stamped postal card either by mail or fax **NO LATER THAN MARCH 1, 1999.** Also enclosed, for your convenience, is a room reservation card for the Holiday Inn in Bismarck. If you make your reservation by phone you should mention that you will be attending the interviews of the Board of Medical Examiners in order to receive a special room rate.

Provisional temporary licenses will automatically expire on March 12, 1999. The next interviews will be held on Friday, July 23, 1999.

Permanent licenses granted on March 12, 1999, will expire annually as is indicated below.

Surnames A through L will expire on 12-31-99
Surnames M through Z will expire on 6-30-99

FEB-22-1999 11:20 FROM ND ST BD OF MED EXAMINERS TO

913129320171 P 02

North Dakota State Board of Medical Examiners

ROLF P. SLETTER
Executive Secretary and Treasurer

INTERVIEW NOTICE

LYNETTE LEWIS
Administrative Assistant

All applicants seeking permanent licensure in the State of North Dakota must appear before the Board of Medical Examiners for an interview EXCEPT FOR THOSE APPLICANTS WHO MEET EACH OF THE REQUIREMENTS IN ONE OF THE FOLLOWING TWO GROUPS

GROUP 1

1. The applicant has graduated from an approved medical school in the United States or Canada. AND;
2. The applicant has successfully completed an entire AMA, CMA, or AOA approved postgraduate training program in the U S or Canada; or has successfully completed one year of approved postgraduate training within the State of North Dakota, or is currently American board certified. AND;
3. No derogatory information was brought to the attention of the Board of Medical Examiners during the application process

GROUP 2

1. The applicant has graduated from a medical school listed in the most recent edition of the World Health Organization Directory of Medical Schools. AND;
2. The applicant is currently American board certified. AND.
3. The applicant has completed three years of approved postgraduate training in the U S or Canada. AND;
4. No derogatory information was brought to the attention of the Board of Medical Examiners during the application process.

ANY CANDIDATE MAY BE REQUIRED TO APPEAR FOR AN INTERVIEW AT THE BOARD'S DISCRETION.

IF YOU BELIEVE YOU MEET EACH OF THE REQUIREMENTS IN ONE OF THE TWO GROUPS ABOVE YOU SHOULD COMPLETE SECTION A, B & C BELOW AND RETURN IT TO US AS SOON AS POSSIBLE.

A. I believe I meet EACH of the requirements noted in Group 2 above and am, therefore, requesting that you excuse me from the next scheduled interviews.

SIGNATURE: Marshall D. Poine DATE: 2/22/99

B. The licensure certificates will be mailed approximately two weeks following the March 12, 1999, meeting of the Board. Please indicate below the address we should use for sending your certificates to you

2006 N. Howe St, #2
Chicago, Illinois (60614-9A1A)

C. Please indicate below how you would like your name to be printed on your licensure certificate:

MARSHALL D. LEWINP M.D.
(First Name) (Middle Name or Initial) (Last Name) (Dr / MD / OMD/DO)

(DO NOT WRITE BELOW THIS LINE)

REQUEST APPROVED:

NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS DATE

YOUR LICENSURE CERTIFICATE WILL BE MAILED TO YOU AT THE ADDRESS NOTED IN PART B ABOVE APPROXIMATELY TWO WEEKS FOLLOWING THE MARCH 12, 1999, MEETING OF THE BOARD.

CITY CENTER PLAZA • 418 E. BROADWAY AVE., SUITE 12 • BISMARCK, NORTH DAKOTA 58501
PHONE (701) 328-6500 • FAX (701) 328-6505

North Dakota State Board of Medical Examiners

CITY CENTER PLAZA, 418 E BROADWAY AVE., SUITE 12, BISMARCK, ND 58501
 PHONE (701) 328-6500, FAX (701) 328-6505

LT 8155

DATE RECEIVED JAN 20 1999
FEES RECEIVED \$200.00 Fargo Women's Health Center with Oregon. 10 perm 3-7-99

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

Please refer to enclosure for specific instructions.

THIS FORM MUST BE TYPEWRITTEN

1 BIOGRAPHICAL INFORMATION

A Name Marshall (First) David (Entire Middle Name) Levine (Last)
 B Business Address 2006 N. Howe St. #2 F Height _____
Chicago, Illinois 60614-4414 G Weight _____
 Business Phone (312) 932-0171 H Color of Eyes Brown
 C Home Address same as above I Color of Hair Brown
 Home Phone (_____) _____ J Identifying Marks None
 D Date of Birth _____ K Social Security # _____
 E Place of Birth Cambridge, Massachusetts L DEA Registration # AL6547179

*Buffalo GYN women's Serv
 2500 Mann St
 Buffalo, NY 14214
 Date 7/6-835-2510
 \$200.00 fee
 3-7-99*

2 INTENDED PLACE OF PRACTICE

A Name and address of hospital, clinic, or office where you intend to practice Fargo Women's Health Ctr
11 14th St S
Fargo, ND 58103
 B Anticipated starting date 2-1-99 701-235-6999
 C Are you applying for a permanent license or a locum tenens permit? _____
 (Locum tenens permits may be issued for a period not exceeding three months)

3 PROFESSIONAL TRAINING AND EXPERIENCE - List in chronological order all professional education and experience including college and/or university, medical school, internship, residencies, and practice locations. Include an explanation of your primary activity during ALL periods of time from the beginning of your professional education to the present, whether or not you were engaged in activities related to medicine. If additional space is needed, please attach addendum. A curriculum vitae will not be accepted in lieu of completion of this section. You must include every health care facility at which you have ever practiced, applied for privileges, or held privileges.

FROM MONTH, DAY, YEAR	TO MONTH, DAY, YEAR	NAME AND ADDRESS OF INSTITUTION PLACE OF PRACTICE OR OTHER	DEGREE OR CERTIFICATE DATE RECEIVED, OR NATURE OF EXPERIENCE
✓ 1959	1963	Harvard College/ Cambridge MA	Bachelor of Arts (6-3-67)
✓ 1963	1967	Tufts Univ. School of Med./Boston, MA	Doctor of Medicine 022040
✓ 1967-	1968	Duke Hospital/ Durham, NC	Internship/Pediatrics
✓ 1968	1971	Beth Israel Hospital/Boston, MA	Residency/OBGYN
1971	1973	Naval Hospital/Quonset Point	OB/GYN
1971	1973	Uni. of Rhode Island Hlth. Ser./Kingston, RI	Gyn. Consultant Con.
1971	1973	Naval Hospital/ New London CT	OB/GYN
✓ 1973	1975	Harbor Gen. Hospital/UCLA/Los Angeles	CA NIH Fel. (Med. Gen. OB Fellow)
1975	1980	UNM School of Med./Albuquerque, NM	Asst. Professor
1981	1993	Private Practice/Albuquerque, NM	OB/GYN and Med. Ser.
1993	current	Ind. Contrct. Comp Health/Salt Lake City, Utah	Loc. Ten. OBGYN
1993	1998	Ind. Con. Curtis Boyd, MD/Albuquerque, NM	Abortion Provider
1/1/94	6/30/94	U.N.M. School of Med./Albuquerque, NM	Ass. Professor/Clin. Ed
✓ 1/1/98	current	Ind. Con. Dennis Christensen/Niles, MI	Abortion Provider
✓ 1/1/98	current	Buffalo GYN Women Services, Inc.; Buffalo, NY	Abortion Provider

1/5/99

4 SPECIALTY INFORMATION

A What is your Specialty? OB/GYN / Medical Genetics OBG/GEN

B Sub-Specialty? N/A

C Have you completed an ENTIRE residency program? Yes X No _____ ✓

D Are you American Board Certified? Yes X No _____ In what specialty? OB/GYN / Medical Genetics ✓

E Are you Canadian Board Certified? Yes _____ No _____ In what specialty? _____

F Are you American Board "eligible"? Yes _____ No X In what specialty? N/A

G Are you Canadian Board "eligible"? Yes _____ No _____ In what specialty? _____

5 ECFMG

Do you have a valid and current ECFMG certificate? Yes _____ No X

Date issued _____ Certificate Number _____

6 MILITARY SERVICE

Date of entry 1968 Date and type of discharge 1/92 Honorable

Country for which you served and branch of service USNR

7 LICENSING EXAMINATION (Check only one option)

I am applying for licensure in North Dakota based on

A National Boards (I have requested the National Board of Medical Examiners office to send you an Endorsement of Certification)

B National Boards (Enclosed is a notarized photocopy of my National Board Certificate)

C National Board of Osteopathic Medical Examiners (Enclosed is a notarized photocopy of my NBOME)

D National Board of Osteopathic Medical Examiners (I have requested the NBOME office to send you a transcript of my scores)

E LMCC (Enclosed is a notarized photocopy of my LMCC Certificate)

F LMCC (I have requested the Medical Council of Canada to send you an Endorsement of Certification)

G FLEX (I have requested the Federation of State Medical Boards to send you an EBAHR Report)

H USMLE (I have requested the Federation of State Medical Boards to send you an EBAHR Report)

I State Constructed Exam (I have requested the _____ (licensing board) to send you a certified transcript of my _____ state licensing examination scores)

J A combination of portions of FLEX, NBME, or USMLE, specifically _____

8 MEDICAL LICENSURE

STATE/PROVINCE	YEAR ISSUED	NUMBER	TEMPORARY or PERMANENT	HOW LICENSE RECEIVED				NOW IN FORCE (YES or NO)
				STATE CONSTRUCTED WRITTEN EXAM	FLEX	NATIONAL BOARDS	USMLE	
Massachusetts	1970	032027	PERM			X		
California	1970	G-20901	PERM			X		
Rhode Island	1971	4355	PERM			X		
New Mexico	1975	75-197	PERM			X		
Michigan	1993	4301062685	PERM			X		
New York	1994	194894	PERM			X		
Wisconsin	1995		PERM			X		
Minnesota	1995	38015	PERM			X		
Illinois	1998	36-097170	PERM			X		

AMA Fed 2-5-49

9 PERSONAL DATA

Yes No

- A Have you ever failed a licensing examination, or any portion of a licensing examination, for a medical or professional license? Yes No
- B Have you ever had an application for a professional license denied? Yes No
- C Have you ever been investigated by any licensing board, agency or professional association in connection with medical competency, practice act violations, unprofessional conduct or unethical conduct? Yes No
- D Has any disciplinary action ever been instituted which could have affected or could now affect your license to practice in any state or foreign country? Yes No
- E Have you ever been terminated from any medical school or internship or residency program? Yes No
- F Have you ever been subject to informal or formal proceedings by any licensing board, agency or professional association to revoke, suspend, restrict or limit a professional license? Yes No
- G Have you ever been subject to informal or formal proceedings which might have resulted in the surrender of a state and/or federal narcotic registration certificate? Yes No
- H Do you now or have you ever had hospital and/or clinic privileges denied, removed or restricted, or limitations imposed on such privileges or resigned hospital and/or clinic privileges to avoid formal action? Yes No
- I Are you now or have you ever been named as a defendant or respondent in any malpractice proceeding? Yes No
- J Have you ever been convicted of any crime, felony or misdemeanor? Yes No
- K Have you ever been arrested for, or charged with, any crime? Yes No
- L Within the past five years have you had any physical, mental, or emotional condition which impaired or does impair your ability to practice medicine safely and competently? Yes No
- M Within the past five years have you been admitted to any hospital or other inpatient care facility for any physical, mental, or emotional condition? Yes No
- N Do you currently have or within the past five years have you had a dependency on the use of alcohol or drugs which impaired or does impair your ability to practice medicine competently? Yes No
- O Within the past five years, have you engaged in the excessive or habitual use of alcohol or drugs or received any treatment for alcoholism or excessive or illegal drug use? Yes No

10 CERTIFICATE OF ETHICAL AND MORAL CHARACTER This application must be signed by two licensed physicians willing to attest to your ethical and moral character. No person shall sign this recommendation who does not personally know the applicant or who is not willing to furnish additional information on request by the North Dakota State Board of Medical Examiners (Signatures from family members will not be accepted)

I certify that Dr. Marshall D. Levine is a person of good moral character

A Dr. John Aase
(Print Name)
1612 Harvard, NE
(Address)
Albuquerque, NM 87106
(City) (State) (Zip)

(Phone)

B Dr. Dennis Christensen
(Print Name)
309 W. Washington Ave, 4th Floor
(Address)
Madison, WI 53703
(City) (State) (Zip)

(Phone)

11.

AFFIDAVIT

Marshall David Levine

I, _____, swear that
(Name of Physician)

I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of the State of North Dakota; that I am the person named in the certified copy of the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

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

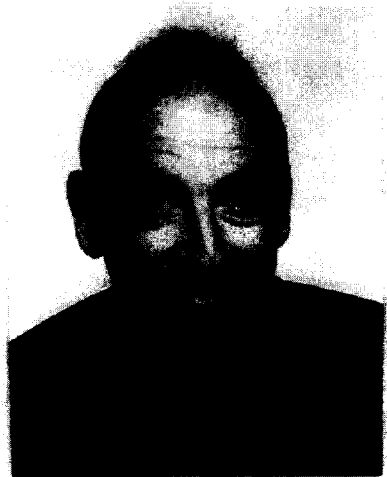
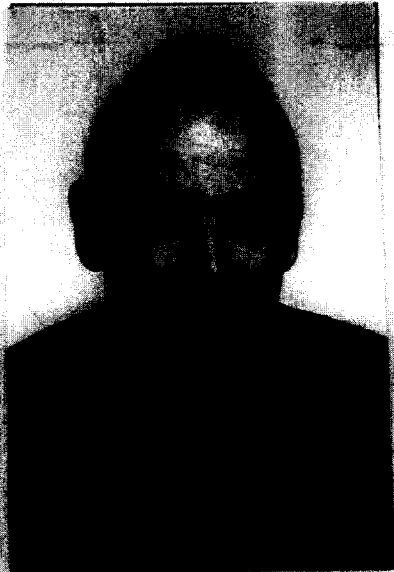
I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine in the State of North Dakota.

Marshall D. Levine
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 27th day of JANUARY, 1999

Gail Zepf
NOTARY PUBLIC
GAIL ZEPF
Notary Public, State of North Dakota
Qualified in Eric County
My Commission Expires 6/30/99

12.



CLAIMS INFORMATION

Please complete a separate form for each incident reported under question 15, including any required updates.

1 PATIENT'S NAME Tamra Garcia
2 PATIENT'S AGE "20s"
3 TREATMENT DATES 11/21/86
4 TYPE OF TREATMENT RECEIVED c-section
5 PATIENT'S ALLEGATION sponge left in abdomen
6 NAME OF INSURANCE CARRIER New Mexico Physician's Mutual Limited Co
7 DATE OF COMMENCEMENT OF SUIT, ARBITRATION OR OTHER PROCEEDING (11/21/86)
8 INCIDENT IS pending X closed
9 IF CLOSED \$11,000 settlement trial
suit dropped other (give details)
10 IF CLOSED, LIST DATE AND AMOUNT PAID 11/25/87 \$11,000

DATE 1/7/99

APPLICANT _____

North Dakota State
Board of Medical Examiners

ROLF P. SLETTEN
Executive Secretary and Treasurer

LYNETTE LEWIS
Administrative Assistant

LOCUM TENENS TEMPORARY LICENSE

No LT 8155

This is to certify that MARSHALL DAVID LEVINE, M D , has been granted a Locum Tenens Permit for the following period and location.

February 11, 1999 through May 11, 1999
Womens Health Organization
Fargo, ND

This permit is effective only for the dates and practice site noted above

(BOARD SEAL)



ROLF P. SLETTEN
Executive Secretary & Treasurer

National Women's Health
Organization, Inc

3613 Haworth Dr

Raleigh, NC 27609

FAX

Date 02/02/99

Number of pages including cover sheet _____

To:

Lynette Lewis

Phone _____

Fax phone 701-328-6505

CC _____

From:

LaDora Durham

Phone 919-783-8009

Fax phone 919-510-0995

REMARKS: Urgent For your review Reply ASAP Please comment

LYNETTE,

THIS IS THE INFORMATION YOU REQUESTED ON DR. MARSHALL LEVINE'S
MALPRACTICE.

*Thanks
r/awf*



**Beth Israel Deaconess
Medical Center**

**Obstetrics / Gynecology
Gyn Specialties**

Carl J. Shapiro Clinical Center
330 Brookline Avenue, 8th Floor
Boston, Massachusetts 02215 USA

617 667-3736
617 667-3722
Fax 617 667-7493

Ms. Lynette Lewis
North Dakota State Board

This will confirm Dr. Marshall Levine
did his residency at Beth Israel Hospital
from 1968-1971.

Unable to find permanent file.

Michelle F. Lake
Residency Coordinator



UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

BERKELEY • DAVIS • IRVINE • LOS ANGELES RIVERSIDE • SAN DIEGO SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF PEDIATRICS

UCLA SCHOOL OF MEDICINE
HARBOR-UCLA MEDICAL CENTER
1000 WEST CARSON STREET
TORRANCE CALIFORNIA 90509

February 9, 1998

North Dakota State Board of Medical Examiners
c/o Lynette Lewis, Administrative Assistant
Phone (701) 328-6500
Fax (701) 328-6505

TO WHOM IT MAY CONCERN

This is written to verify that DR. MARSHALL LEVINE completed two years of fellowship training in Medical Genetics with the Department of Pediatrics, Harbor-UCLA Medical Center, UCLA School of Medicine from September 1, 1973 through June 30, 1975

Sincerely,

Carol Taipale
Carol Taipale
Academic Personnel Coordinator
Department of Pediatrics
Harbor-UCLA Medical Center
UCLA School of Medicine



DUKE UNIVERSITY MEDICAL CENTER
Administrator, Graduate Medical Education

FEB 17 1999

February 9, 1999

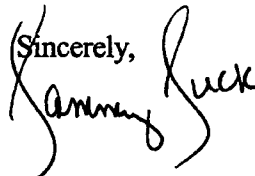
Rolf P Sletten
North Dakota State
Board of Medical Examiners
City Center Plaza
418 Broadway Ave , Suite 12
Bismarck, ND 58501

Dear Mr Sletten

Marshall David Levine, M D has completed creditably Graduate Training in the Duke University Medical Center and Affiliated Hospitals in the Program of Pediatrics from July 1, 1967 through June 30, 1968

We found Dr. Levine to be morally dependable, diligent and capable professionally, cooperative with Administration and satisfactory in every way We are pleased to commend him to you

If you need further information, please let me know

Sincerely,


Tammy Tuck

TT/dpr

DUKE MEDICAL CENTER SEAL

North Dakota State
Board of Medical Examiners

REQUEST FOR RESPONSE

ROLF P. SLETTEN
Executive Secretary and Treasurer

January 25, 1999

LYNETTE LEWIS
Administrative Assistant

Residency Program Director
Dept. of OBG
Beth Israel Hospital
330 Brookline Ave.
Boston, MA 02215

APR 21 1999

RE: Marshall David Levine, M.D.
DOB: 5-1-41

The above named physician has made application for licensure to practice medicine in the State of North Dakota and has indicated postgraduate training at your facility during the following period(s):

1968 to 1971: OBG Residency

Yes - Confirmed

Please provide me with verification of the date of entrance and discharge of this physician's postgraduate training, whether or not such services were satisfactory, together with any information, favorable or otherwise, regarding this physician's character, habits, reputation, physical, mental and professional competence, medical ethics, etc.

This application cannot be reviewed for licensure until your correspondence has been received. Thank you for your immediate attention and cooperation.

Sincerely,



ROLF P. SLETTEN
Executive Secretary
and Treasurer

RPS/ll

COULD WE ASK THAT YOU FAX US YOUR RESPONSE
AS SOON AS POSSIBLE USING THE FAX NUMBER
LISTED BELOW?

THANK YOU FOR YOUR CONSIDERATION

DEPARTMENT OF PEDIATRICS

OFFICE OF PEDIATRIC EDUCATION

DUMC 3127
 Durham, North Carolina 27710
 Telephone (919) 684-2356
 FAX (919) 681-2714

VERIFICATION OF TRAINING

To: Rolf P. Sletten
 Executive Secretary & Treasurer
 North Dakota State Board of Medical Examiners
 418 E Broadway Ave, Suite 12
 Bismark, ND 58501

FEB 22 1999

Regarding: Marshall David Levine, M D
 Training Position Pediatric Resident
 Years of Training: From 7/1/67 To 6/30/68
 Department: Pediatrics Division (if applicable): _____

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>No Opinion</u>
Professional Character			
Availability	<u>X</u>	---	---
Accuracy & Thoroughness	<u>X</u>	---	---
Diagnostic Abilities	<u>X</u>	---	---
Manual Skills	<u>X</u>	---	---
Medical Judgment	<u>X</u>	---	---
Teaching Ability	<u>X</u>	---	---
Personal Character			
Adaptability	<u>X</u>	---	---
Dependability	<u>X</u>	---	---
Judgment-common sense	<u>X</u>	---	---
Initiative	<u>X</u>	---	---
Self-discipline	<u>X</u>	---	---
Responsibility	<u>X</u>	---	---

Health Status: Did/Does this applicant have any condition, behavior, impairment, or limitation which affected his/her ability to practice medicine in a competent manner? Yes X No

Request for privileges for specific procedures: Upon completion of training, the applicant was competent to perform the conventional procedures expected at his/her level of training I cannot comment on these skills since completion of the program

Overall Evaluation: X I recommend the above named physician
 _____ I do not recommend the above named physician
 _____ I have no opinion with respect to the above named physician.
 _____ I recommend the above named physician, but with some reservations

Comments: _____

The information provided is based on review of the physician's file.

Signature: Deborah W Kredich Date: 2-17-99
 Name: Deborah W Kredich, M D
 Title: Director, Pediatric Residency Training Program

Note: Because of the large volume of requests for verification of training, the Department of Pediatrics has adopted a policy of responding to these requests using this format rather than by completion of the wide variety of forms submitted to us



Jon M Aase, M.D
Dysmorphology and Genetics

JAN 29 1999

25 January, 1999

North Dakota State Board of Medical Examiners
City Center Plaza
418 E Broadway Ave , Suite 12
Bismark, ND 58501

Re Marshall Levine, M D

To Whom it May Concern

It is actually a pleasure to write this letter of recommendation for Marshall Levine, whom I have known and admired for two decades. Marshall and I began working together soon after his arrival at the University of New Mexico in the late 1970's, sharing common interests in clinical genetics and many other topics. He participated in my outreach clinic program around the state, and I found him to be an excellent diagnostician, an adept and caring physician, and a delightful traveling companion. As his duties in the Department of Obstetrics and Gynecology became more demanding, he could no longer take part in the itinerant clinics, but we remained in contact through clinical activities at UNM Medical Center and as friends. By my own observation and from the comments of others, Marshall continued to show exemplary clinical skills as well as exceptional competence as a teacher of medical students and house officers.

In the late 1980's, Marshall decided to leave the University to pursue private practice, and many of his patients (including my wife), followed him to his new office. Again, he was quite successful, rapidly establishing a busy practice and an excellent reputation in the medical community. After I left UNM myself in 1990, I shared office space with Marshall for almost two years and had further opportunity to observe him in action. He consistently provided excellent medical care for his patients, and repeatedly "went the extra mile" in his dedication to their welfare. When he returned to the University, I had less professional contact with him, but it is notable that many of his patients (including my wife) once again followed him to his new setting.

Personally, Marshall is a delight. He has a great sense of humor, is forthright and direct in his interactions, and always keeps his promises. His personal and professional ethics are beyond reproach, and he builds strong rapport with his patients. He is supportive without being paternalistic, decisive without being authoritarian and empathetic without being maudlin.

PO Box 30652
Albuquerque, NM 87190-0652
Tel (505) 266-2329
FAX (505) 254-1184

I believe Marshall's physical and mental health to be excellent. He lives an active lifestyle, runs every day, and has participated in marathons on several occasions. He takes part in a wide variety of activities and interests, and has a large circle of friends, many of whom (including my wife) were devastated when he and Laurie decided to leave New Mexico. He will be missed.

I recommend Dr. Marshall Levine with no qualifications whatever for consideration for licensure in the State of North Dakota. Please let me know if there's any further information I can provide.

Yours sincerely,

Jon M. Aase MD

Curtis Boyd M.D., P.C.

801 ENCINO N.E. SUITE C-2
ALBUQUERQUE, NEW MEXICO 87102



January 29, 1999

Rolf P. Sletten,
Executive Secretary and Treasurer
North Dakota State Board of Medical Examiners

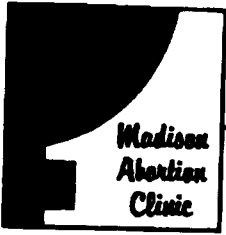
Dear Mr. Sletten,

It is my pleasure to recommend Marshall D. Levine, M.D. for licensure to practice medicine in the state of North Dakota. Dr. Levine worked in my private abortion practice in 1995 and again in 1998. I have the highest regard for Dr. Levine's intelligence, experience and skills as a practitioner. His surgical skills and patient care were of the highest quality. His moral character and consideration for patients are above question. Please feel free to contact me if you need further information. Thank you.

Sincerely,

Curtis Boyd, M.D.

Curtis Boyd, M.D.



DENNIS CHRISTENSEN, M.D.

(608) 251-5900

309 W. Washington Ave
Madison, WI 53703

January 26, 1999

JAN 29 1999

North Dakota State Board of Medical Examiners
418 East Broadway Avenue, Suite 12
Bismark, ND 58501

To Whom it may concern

Dr. Marshall Levine has competently provided abortion services at our affiliated clinic in Michigan for the past six months

While I have not personally observed his surgical technique, he has had only one significant complication in over five hundred procedures and this situation was managed timely, appropriately and effectively

I have know Dr. Levine for about eight months and have no reason to question his ethical or moral character

I am not aware of any reason why he should not be licensed in North Dakota

Sincerely,

A handwritten signature in cursive script that reads "Dennis D. Christensen, M.D."

Dennis D. Christensen
Medical Director
Madison Abortion Clinic



2500 Main Street
Buffalo, NY 14214
(716) 835-2510

January 30, 1999

Rolf P Sletten
North Dakota State
Board of Medical Examiners
City Center Plaza
418 East Broadway Ave Suite 12
Bismarck, North Dakota 58501

Dear Mr Sletten:

I am writing in response to your request for a recommendation on Dr Marshall Levine Womenservices is the clinic where Dr. Barnett Slepian worked until his murder on October 23, 1998. As a result, we were without a physician and needed to fly doctors in from all over to cover our patients. Dr. Levine has been one of those dedicated brave physicians

Dr. Levine has worked at the clinic on two occasions for several days His clinical skills are excellent He is thorough, competent, and compassionate His regard for women and their health is apparent through his actions and interactions with his patients He takes the time to discuss his examinations with the patients and answer any questions they may have He also works well with the staff and is very adaptable

I am recommending Dr Levine for a Licence in your state I understand that he has offered to help with quick coverage and feel he would be an asset to any organization with which he would work

Please contact me if you have questions (716) 835-2510 Thank you.

Sincerely,

Melinda DuBois CSW
Clinic Director

February 10, 1999

FEB 16 1999

Lynnette Lewis
North Dakota State Board of Medical Examiners
418 E Broadway Ave , Suite 12
Bismarck, ND 58501

RE: Employment Verification for Marshall David Levine, MD

To Whom It May Concern

We are pleased to assist you in your search for information, however, it is CompHealth's policy not to fill out Employment Verification Forms. The physicians work with us as independent contractors not as employees. Therefore, we feel that it is more appropriate to supply you with information in the form of a letter.

Dr. Marshall David Levine has filled various assignments for CompHealth from 10/01/93 through the present.

If any further information is needed, or you have any questions at all about this letter, please call me at 1-800-453-3030 X6591.

Thank you,



Afton Campbell
Physician Payroll Specialist

DATE: 2/11/99
 TIME: 8:22:50
 PROG: PASRASN

COMPHEALTH
 RECRUIT ASSIGNMENTS

RTG
 PAGE: 1

RECRUIT: Levine, Marshall D.

ASSIGNMENT DATES/ BUYER	ASGN STATUS	WORKSITE	HOSP PRIV REQUIRED
/1/01/1999 - 1/04/1999 Fairfield Memorial Hospi	C	Fairfield Memorial Hospital 303 NW 11TH ST FAIRFIELD IL 62837-1203 PHONE: 618/842-2611	N
12/16/1998 - 12/20/1998 Women's Health Practice	C	Women's Health Practice 301 E. SPRINGFIELD AVE. CHAMPAIGN IL 61820 PHONE: 217/356-3736	Y
/10/22/1998 - 10/26/1998 North Country Regional Ho	C	MeritCare-Bemidji Clinic 1233 34TH ST NW BEMIDJI MN 56601 PHONE: 218/751-1280	N
6/12/1995 - 6/16/1995 Grand View Hospital	C	Grand View Hospital N 10561 GRAND VIEW LANE IRONWOOD MI 49938 PHONE: 906/932-2525	Y
2/08/1994 - 2/25/1994 Central Suffolk Hospital	C	Central Suffolk Hospital 1300 ROANOKE AVE RIVERHEAD NY 11901-2028 PHONE: 516/548-6000	N
11/29/1993 - 12/20/1993 Bronson HealthcareGroup	C	Bronson HealthcareGroup 252 E LOVELL ST KALAMAZOO MI 49007-5348 PHONE: 616/341-7654	Y
10/01/1993 - 10/08/1993 Thunderbird OB/GYN	C	Gerald Champion Memorial Hospital 1209 NINTH STREET ALAMOGORDO NM 88310 PHONE: 505/439-2100	Y

DATE: 2/11/99
TIME: 8:22:50
PROG: PASRASN

COMPHEALTH
RECRUIT ASSIGNMENTS

RTG
PAGE: 2

RECRUIT: Levine, Marshall D.

ASSIGNMENT DATES/ BUYER	ASGN STATUS	WORKSITE	HOSP PRIV REQUIRED
10/25/1993 - 11/22/1993 Bronson HealthcareGroup	C	Bronson HealthcareGroup 252 E LOVELL ST KALAMAZOO PHONE: 616/341-7654	MI 49007-5348 Y



LOCUM TENENS
PERMANENT PLACEMENT
CREDENTIALING
THERAPY STAFFING

February 11, 1999

North Dakota Board of Medicine
Attn: Lynette
City Center Plaza
418 East Broadway, Ste 12
Bismarck, ND 58501
Via Facsimile: 701/328-6505

To Whom it May Concern:

In response to your licensing requirement for Marshall D. Levine, MD, please be advised that Dr. Levine is an independent contractor with CompHealth. Our contractual association began 08/09/93.

Dr. Levine has worked as an independent contractor through CompHealth at various medical facilities in the United States. We are, therefore, not in a position to assess his medical skills completely.

A list of locum tenens assignments Dr. Levine has done through CompHealth is attached for your records.

Sincerely,

Rachelle Graven
Licensing Division

Enc.

COMPHEALTH
YOUR HEALTHCARE RESOURCE

DATE: 2-11-99

TO: LYNETTE LEWIS

COMPANY: ND LICENSING BOARD

PHONE: 701-328-6500

FAX: 701-328-6505

NUMBER OF PAGES TO FOLLOW: 4 (Including Cover sheet)

FROM: CHRISTY PHIFER
Licensing Coordinator
(800) 328-3065
fax: (801) 264-6463

VERIFICATION OF LICENSURE

JAN 25 1999

NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS

418 E. Broadway Ave., Suite 12

Bismarck, ND 58501

PHONE: 701/328-6500

701/328-6505

Instructions to Applicant: Please complete Part I and forward a copy to the licensing board in each state where you HOLD or HAVE EVER HELD any type of medical license (permanent, temporary, restricted, institutional, etc.) Your application cannot be processed until these forms are received. As most state boards charge a fee for this service, we suggest that you call each board before you mail this form.

Part I - To Be Completed By Applicant

I hereby authorize you to release any information in your files, favorable or otherwise, directly to the North Dakota State Board of Medical Examiners at the above address.

NAME Marshall David Levine
ADDRESS 2006 N. Howe St. #2
Chicago, Illinois 60614-4414
LICENSE # 4355
DATE OF BIRTH 05-01-41

Part II - To Be Completed By Licensing Agency and Returned Directly to the North Dakota State Board of Medical Examiners

Acting on behalf of the Rhode Island (licensing board) I hereby certify that, on the 3rd day of November, 1971, Marshall D. Levine M.D./D.O., was granted License # 4355 to practice medicine in the State of Rhode Island. That license was issued on the basis of NATBI (Flex/Nat'l Bds./State Licensing Exam/USMLE)

I certify that the above license is.

- () Current and in good standing
[X] Not current due to non-payment of fees-- lapsed
() Other (Please attach explanation)

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? YES ___ NO [X] CANNOT ANSWER UNDER CURRENT STATE LAW ___

Have formal disciplinary proceedings been instituted against the applicant or applicant's license by a licensing or disciplinary authority in your state? YES ___ NO [X] CANNOT ANSWER UNDER CURRENT STATE LAW ___

Has the applicant ever been warned, censured, or in any other manner disciplined, or has the applicant's license been revoked, suspended, or in any other manner limited by a licensing or disciplinary authority in your state? YES ___ NO [X] CANNOT ANSWER UNDER CURRENT STATE LAW ___

Comments regarding any affirmative answers or other derogatory information ___

(BOARD SEAL)

SIGNATURE
TITLE
STATE BOARD

C. M. Samaras, D.D.S. DATE 1-20-99
Dep. Chief Adm. Officer
Board of Med Lic. & Disc.



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza 2829 University Avenue SE Suite 400 Minneapolis, MN 55414-3246

*Telephone (612) 617-2130 *Fax (612) 617-2166

MN Relay Service for Hearing Impaired (800) 627-3529

January 21, 1999

NORTH DAKOTA STATE BOARD OF
MEDICAL EXAMINERS
CITY CENTER PLAZA
418 E. BROADWAY AVE., SUITE 12
BISMARCK ND 58501

JAN 25 1999

This is to certify that a standard search of the available records of the Minnesota Board of Medical Practice indicates the following:

PHYSICIAN: Marshall Levine
DATE OF BIRTH: May 01, 1941
WAS ISSUED LICENSE NUMBER: 38015
ON: July 08, 1995
EXPIRATION DATE IS: May 31, 1999
STATUS: ACTIVE
ISSUED ON THE BASIS OF: NBME
CORRECTIVE ACTION: NONE
DISCIPLINARY ACTION: NONE

The above format is the standard format prepared for all physicians regulated by this board.

Please be advised that the Board does not release information as to whether there has been a complaint filed or an investigation conducted on individual verifications. All physicians are considered in good standing unless noted otherwise.

If other information is needed, please contact the Minnesota Board of Medical Practice.

Sincerely,

A handwritten signature in cursive script that reads "Terri Anderson".

Terri Anderson
Licensure Specialist

NM BOARD OF MEDICAL EXAMINERS
LAMY BUILDING - 2ND FLOOR
491 OLD SANTA FE TRAIL
SANTA FE, NM 87501
(505) 827-6784

JAN 26 1999

CERTIFICATE OF VERIFICATION
(Letter of Good Standing)

The New Mexico Board of Medical Examiners does hereby certify that its records indicate the following information regarding the physician named below

This is to certify that

MARSHALL D LEVINE, M D.
2004 N HOWE ST
CHICAGO, IL 60614-4414

LICENSE NUMBER. 75-197

DATE OF BIRTH May 1, 1941

ISSUE DATE November 17, 1975

EXPIRATION DATE. June 30, 2000

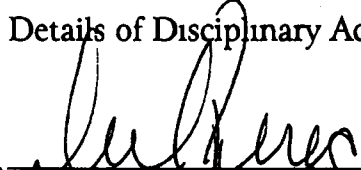
LICENSED BY. NATIONAL BOARD

STATUS. Active

Our records indicate no derogatory information (Good Standing)

COMMENTS _____

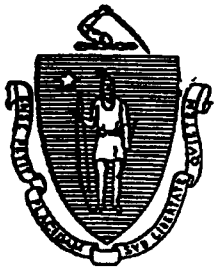
Details of Disciplinary Action, if any, are enclosed



Dee A Perea
Verification Officer

Date January 22, 1999

SEAL



Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street
Boston, Massachusetts 02111

(617)727-3086
Fax: (617) 451-9568

An Agency within the Office of Consumer Affairs and Business Regulation

ALEXANDER F. FLEMING
EXECUTIVE DIRECTOR
PENELOPE WELLS
GENERAL COUNSEL

NISHAN J. KECHEJIAN, M.D.
CHAIRMAN
BRUCE A. SINGAL
VICE-CHAIRMAN
RAFIK ATTIA, M.D.
BOARD MEMBER
ARNOLD S. RELMAN, M.D.
BOARD MEMBER
CARL M. SAPERS
BOARD MEMBER
MARY ANNA SULLIVAN, M.D.
BOARD MEMBER
PETER N. MADRAS, M.D.
BOARD MEMBER

VERIFICATION OF LICENSURE

Date: 1-26-99

JAN 29 1999

To Whom It May Concern:

This is to certify that Marshall Levine a graduate of Yale University in the year 1967 has been duly registered by this Board as provided by the laws of the Commonwealth.

Certificate Number 32027 was issued to Dr. Levine on 1/15/70

THIS IS TO ADVISE THAT THE ABOVE NAMED PHYSICIAN DID NOT APPLY FOR RELICENSURE. LICENSE REVOKED BY OPERATION OF LAW.

Mary Anna Sullivan, M.D., Secretary

Board Seal

Enforcement Information

The laws of Massachusetts, including the regulations of the Board of Registration in Medicine, mandate the collection of certain information by the Board, and further establish conditions of confidentiality for such information. The law distinguishes between "complaints" against physicians, which may be filed by patients or other members of the public, and "statutory reports," which are reports of incidents or conduct mandated by law to be reported to the Board. While complaint files on a physician (including, with the physicians waiver, open complaint information) are available to requesters, statutory reports are not available for release. Accordingly, the information included in this notice does not include statutory report information unless that information has been used by this agency in a formal disciplinary action or has led to the resignation of the physician.

M.D.
THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

FEB - 9 1999

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, LEVINE MARSHALL DAVID WAS ISSUED LICENSE/CERTIFICATE NUMBER 194894 FOR THE PRACTICE OF MEDICINE ON 02/07/94.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: 05/01/41
SCHOOL ATTENDED: TUFTS UNIVERSITY
DATE OF GRADUATION: 06/04/67
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:

NAT BD CERT #093965 DATED 7/1/68

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 04/30/00
ADDRESS: 2004 N HOWE STREET CHICAGO IL 60614-4414

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

COMMENTS:

I FRANK GEBOSKY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

OP026 054

Frank Gebosky 02/04/99
PRINCIPAL CLERK *My R.O.*



FEB 22 1999

Illinois Department of Professional Regulation

George H Ryan
Governor

C E R T I F I C A T I O N

February 17, 1999

State Board of Medical Examiners
418 E. Broadway Ave., Suite 12
Bismarck, ND 58501

I, Russ Friedewald, do hereby certify that I have been designated by the Director as keeper of the records and seal of the Department of Professional Regulation, a department of the government of the State of Illinois, and that a standard search of the available records of this office indicates the following

THIS IS TO CERTIFY THAT	MARSHALL DAVID LEVINE
WAS ISSUED LICENSE NO:	036-097170
ON	JANUARY 12, 1998
TO PRACTICE AS A:	LICENSED PHYSICIAN AND SURGEON
LICENSED BY:	ENDORSEMENT
CURRENT LICENSURE STATUS IS	ACTIVE
CURRENT LICENSE EXPIRES	JULY 31, 1999

ACCORDING TO OUR RECORDS, THIS LICENSE HAS NOT BEEN DISCIPLINED.

The information above is the only certification information provided by this Department. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. To expedite the certification process, the above format is the standard format prepared for all professions regulated by this Department

Russ Friedewald
Division Manager
Licensing and Testing

S E A L

Respond to

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

[http //www state il us/dpr](http://www.state.il.us/dpr)

James R Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500



State of Wisconsin \ DEPARTMENT OF REGULATION & LICENSING

Tommy G Thompson
Governor

Marlene A Cummings
Secretary

1400 E WASHINGTON AVENUE
P O BOX 8935
MADISON WISCONSIN 53708-8935
E-Mail dorl@mail.state.wi.us
(608) 266-2112
FAX# (608) 267-0644

FEB 10 1999

CERTIFICATION

02/08/1999

I, Patrick D Braatz, do hereby certify that I am the director of the Bureau of Health Professions in the Department of Regulation and Licensing, a department of the government of the State of Wisconsin, that I am the custodian of the records of the Medical Examining Board and its seal, that a standard search of the available records of this office indicates the following

THIS IS TO CERTIFY THAT MARSHALL LEVINE MD
WAS ISSUED LICENSE NO 36498
ON 04/28/1995
CREDENTIAL TYPE Medicine and Surgery
LICENSE EXPIRATION DATE 10/31/1999

Table with 4 columns: DATE, CODE DESCRIPTION, PRIMARY DESCRIPTION, SECONDARY DESCRIPTION. Row 1: 04/28/1995 endorsed from, ENDORSED NATIONAL BOARD. Row 2: 06/03/1967 graduated from, TUFTS U-BOSTON MA.

According to our records this credential holder has not been disciplined

The information above is the only certification information provided by this Department To expedite the certification process, the above format is the standard format for all professions regulated by this Department

SEAL

Handwritten signature of Patrick D Braatz, Director



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Office of Health Services
Thomas C. Lindsay II, Director

Ottawa Building
P O Box 30670
Lansing, Michigan 48909-8170
Telephone 517-335-0918
TDD 517-373-7489

FEB 16 1999

MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 02/10/1999

NORTH DAKOTA BOARD OF MEDICAL EXAMINERS
418 E BROADWAY AVENUE
SUITE 12
BISMARCK ND 58501

Board: 43 Profession 01 ID Number: 062685 Type: R Format: Y

Name: MARSHALL D LEVINE MD SSN: 500-44-3508
Address: 2004 N HOWE ST Birth Date: 05/01/1941
CHICAGO IL 60614-4414

Type: MEDICAL DOCTOR Original Date: 09/28/1993
License Number: 4301062685 Status: LICENSED Expiration Date: 01/31/2000
Qualified By: ENDORSEMENT

Fee Received: 02/03/1999

Disciplinary Action: NONE
Open Formal Complaints: NONE

Lisa Reed
Lisa Reed

**MEDICAL BOARD OF CALIFORNIA****LICENSING PROGRAM**

1426 Howe Avenue, Suite 56
Sacramento, CA 95825-3236
(916) 263-2360 FAX (916) 263-2487

**FEB - 8 1999**

February 3, 1999

North Dakota State Bd of Medical Examiners
418 E. Broadway Ave, Ste 12
Bismarck, ND 58501

TO WHOM IT MAY CONCERN:

This is to verify that Dr. Marshall Levine, was issued California physician and surgeon's certificate #G20901, on 7/20/71, based on National Board Credentials.

This individual is no longer licensed in the State of California. The license was allowed to expire through non-payment of fees more than five years ago and under California statute, the licensee is not eligible to renew their certificate without completing a new application and passing the required examinations. There is no current record of accusation and/or disciplinary activity.

Nancy Jurisich
Licensing Program

To expedite the verification process, the above is the standard format used by the Medical Board of California.

SEAL

CERTIFICATE OF MEDICAL EDUCATION

FEB 10 1999

(Applicant must forward this application form to medical school granting degree for certification of his medical education)

It is hereby certified that Marshall D. Levine (1)
of Chicago, Illinois (2) received a Medical (3) diploma from Tufts
Medical School (4), 1 Harrison Ave. Boston, Massachusetts 02111 (5) Location
on June of 1967 (6) Date and to the best of our knowledge is of good moral character

(SEAL
OF
COLLEGE)

Signed *James*
REGISTRAR
Date this Certificate FEB 09 1999

INSTRUCTIONS TO MEDICAL SCHOOL

The person whose name appears on this certificate has applied for a license to practice medicine in the State of North Dakota

Please review this certificate to determine if the statement is correct

If you find that it is entirely correct, please,

- A Complete the portion of the form calling for your name, your title, and the date
- B Affix the official seal of your institution
- C Return this certificate to the North Dakota State Board of Medical Examiners, 418 E Broadway Ave, Suite 12, Bismarck, ND U S A 58501 (return envelope attached) or FAX to 701/328-6505

— Thank you —

Los Angeles County Harbor General Hospital

This Certifies that

Marshall D. Levine, M.D.

Charlotte C. Otis has served faithfully and satisfactorily as

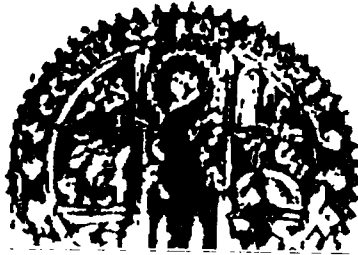
Notary
My Commission expires Feb 1996
Fellow in Medical Genetics

Harbor General Hospital, Torrance, California, during the period from

September First, 1973 to June Thirtieth, 1975

In Testimony Whereof this Diploma is herewith granted

SUPERVISOR COUNTY OF LOS ANGELES
Paul Schaban
Kenneth Hahn
Edward E. Edgren



L. R. Wittinell
Kenneth D. Dillman
William H. ...

American Board of Medical Genetics

Marshall D. Levine

having fulfilled the requirements and having successfully passed the examination of this board
is hereby certified as a

Diplomate of the American Board of Medical Genetics

Charlotte C. Otero
Notary Republic
My Commission
Expires
August 19, 1996

as a

Clinical Geneticist

Don L. Levine
President

Justin M. Hall
Vice President

Ann C. Smith
Secretary

David A. Jones
Treasurer

Phyllis A. ...

Andrew ...

Mark ...

Kevin A. Jones

Victoria D. ...

Mr. J. ...

Hope ...

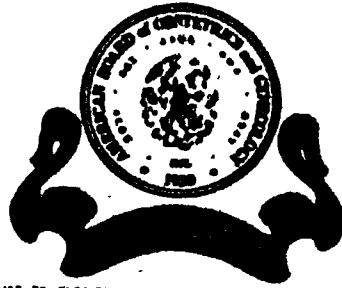
John E. ...



XXXX

March 19, 1982

American Board of Obstetrics and Gynecology



COMPOSED OF REPRESENTATIVES OF THE
 AMERICAN GYNECOLOGICAL SOCIETY
 AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS
 SECTION ON OBSTETRICS AND GYNECOLOGY, AMERICAN MEDICAL ASSOCIATION
 AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
 ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS
 CERTIFIES THAT

MARSHALL D. LEVINE, M.D.

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. HE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT HE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HIS PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS THEREFORE RECOGNIZED AS A
 DIPLOMATE OF THIS BOARD
 NOVEMBER 16, 1973

*Charlotte Clites
 Notary Republic
 My Commission
 Expires
 August 19, 1978*



<i>Galen W. Doyle</i>	<small>PRESIDENT</small>	<i>Robert C. Randall</i>	<small>SECRETARY AND TREASURER</small>
<i>Paul W. Brown</i>	<i>John L. Lacy, Jr.</i>	<i>Kenneth J. Ryan</i>	
<i>Fredrick J. Quigley</i>	<i>John W. Hume</i>	<i>Henry J. Lott</i>	
<i>Melvin J. Dignard</i>	<i>James B. Murrell</i>	<i>John Van Marck</i>	
<i>Tommy N. Evans</i>	<i>Joseph W. Mitchell</i>	<i>E. J. Quilligan</i>	
<i>Samuel H. Hays</i>	<i>John H. Moore</i>		

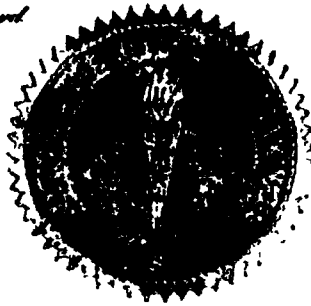
National Board of Medical Examiners of the United States of America

Marshall David Levine, M.D.

*having satisfied all the requirements and having successfully
passed the examinations is hereby declared a*

Diplomate of the National Board of Medical Examiners

Attest
Richard H. Young
Chairman of the Board



John P. Hubbard
President of the Board

Philadelphia, Pa. July 1, 1968

*Charlotte C. Ottes
Notary Republic
My Commission expires
August 19, 1996*

Woodstock, Va. 22965

BETH ISRAEL HOSPITAL
BOSTON · MASSACHUSETTS

THIS CERTIFIES THAT
Marshall D. Levine
HAS FAITHFULLY SERVED AS
Assistant Resident in Obstetrics - Gynecology
FROM July 1, 1968 TO June 30, 1971

Edward L. Stein
CHIEF OF SERVICE



S. Edwin Florman
PRESIDENT OF BOARD OF TRUSTEES

Charlotte C. Atero
Notary Republic
My Commission
Expires
August 19, 1976

Mitchell T. Rabkin, MD
GENERAL DIRECTOR

Duke University

Duke University Medical Center

this is to certify that

Marshall David Levine, A.B., M.D.

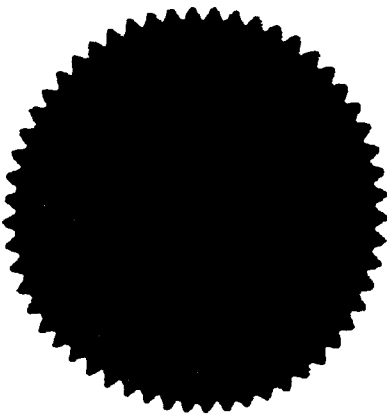
*Has Completed Creditably Postgraduate Training
in the Duke University Medical Center
and Affiliated Hospitals*

Pediatrics

Internship 7-1-67-6-30-68

Durham, North Carolina

June 30, 1968



William G. Aulgan
Dean of School of Medicine
Charles F. Frey
Administrative Director
James S. Harris
Chairman of Department

Charlotte C. Otero
Notary Republic
My Commission
Expires
August 19, 1976

Senatus Universitatis Tuftensis Academicus

in Republica Massachusettensi

Omnibus ad quos hae litterae pervenerint salutem

Prases Universitatis Tuftensis

*professoribus Scholae probantibus eius quae
medicinae scientiam colit,*

Marshall David Levine

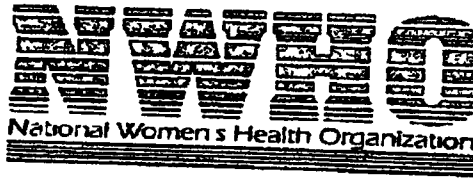
*Charlotte Otero
Notary Republic
My Commission expires
August 19, 1996*

ad gradum **Medicinae Doctoris** *admissi et eque-*
fuenda dedit et concessit omnia iura, honores, insignia, privilegia ad hunc
gradum pertinentia In cuius rei testimonium, litteris hisce Sigillo Academice
munitis a. d. III - Non. Jun. anno Salutis MCMLXVII
nos Praeses Universitatis et Decanus Scholae atque Secretarius Curatorum,
auctoritate nobis commissa nomina subscripsimus

William J. Malony



Leonard C. Mead



Susan Hill
President/CEO

Central Florida
Women's Health Organization
Orlando, Florida

January 31, 1999

Columbus
Women's Health Organization
Columbus, Georgia

Rolf P. Sletten
ND State Board of Medical Examiners
City Center Plaza
418 E. Broadway Ave.
Suite 12 Bismarck, ND 58501

Delaware
Women's Health Organization
Wilmington, Delaware

RE: Marshall Levine, MD

Dear Mr. Rolf Sletten

Fargo
Women's Health Organization
Fargo, North Dakota

The above named physician has not been employed by our facility. He is currently seeking licensure to work with Fargo Women's Health Organization, Inc. This office is assisting him in his application process.

If you need further information or have any questions, please feel free to contact me at 919 783 8009

Fort Wayne
Women's Health Organization
Fort Wayne, Indiana

Respectfully,

Jackson
Women's Health Organization
Jackson, Mississippi

Mary Jarrett
Vice President
NWHO
MJ

Raleigh
Women's Health Organization
Raleigh, North Carolina

Summit
Women's Health Organization
Milwaukee, Wisconsin

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