

**Board of Medical Examiners of the State of New Mexico**  
**APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT**  
**OR EXAMINATION**

To the Board of Medical Examiners of the state of New Mexico:

I hereby make application for a license to practice medicine and surgery in the State of New Mexico and submit the following statement concerning my age, moral character, and medical education and practice.

1. Name in full Marshall David Levine  
Dept. of Ob/Gyn, U. of New Mexico Medical School, 2211 Lomas Blvd.
2. Address Albuquerque, New Mexico 87106
3. Place and date of birth Cambridge, Massachusetts [REDACTED]
4. American citizen (by birth or naturalization) Yes  
 If not a citizen Declaration of Intention—Date filed and No. \_\_\_\_\_
5. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted Board of Medical Examiners 7 years, as follows:  
 From 1968 To 1971 at Boston, Massachusetts  
 From 1971 To 1973 at North Kingstown, Rhode Island  
 From 1973 To 1975 at Torrance, California  
 From \_\_\_\_\_ To \_\_\_\_\_ at \_\_\_\_\_
6. I am a member of the following Medical Societies or Associations F.A.C.O.G., American  
Society of Human Genetics
7. Upon what license or certificate do you base this application? National Board of Medical Examiners
8. In what states licensed? California, Rhode Island, Massachusetts  
*Sac. Pt. 10-27-75*
9. On what hospital staffs have you served in the past 5 years. (give names and addresses.) Harbor General Hospital  
1000 W. Carson St., Torrance, California; Quonset Point Naval Hospital,  
Quonset Point, Rhode Island; Beth Israel Hospital, Brookline Avenue,  
Boston, Massachusetts *out of commission*
10. Have you any physical impairment? No (If yes use separate page to explain.)
11. Have you ever been hospitalized or otherwise treated for mental illness? No (If yes use separate page to explain.)
12. Have you ever resigned or withdrawn your application from any hospital staff or other professional group? No
13. Have you ever been denied a certificate or the privilege of taking an examination before any State Medical Examining Board? No If yes, which one and why? (use separate page to explain)
14. Has any State Medical Examining Board ever taken disciplinary action against you? No
15. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? No (If yes use separate page to explain)
16. Have you ever been charged with violation of any Federal, State or Local Statute? No (Explain) \_\_\_\_\_  
 \_\_\_\_\_  
 (except for minor traffic violation)
17. Has disciplinary action ever been taken against you by a hospital staff or by any County Medical Society? No  
 (Explain) \_\_\_\_\_
18. Are you Board eligible? \_\_\_\_\_ Certified? Yes By what Board? Am. Board of Ob-Gyn
19. Military Service (dates) 1971-1973 (attach certified copy of Discharge)

**INTERNSHIP**

DAY, MONTH, YEAR	DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From <u>29/6/67</u>	To <u>29/6/68</u>	<u>Duke Medical Center,</u>	<u>Durham, N.C.</u>

RESIDENCIES

DAY, MONTH, YEAR	DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From 1/7/68	To 30/6/71	Beth Israel	Boston, Massachusetts
From	To		
From	To		

I received the degree of M.D. from Tufts School of Medicine located at Boston, Massachusetts on the          day of June, 1967.

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated June 16, 1975 Signed Marshall David Levine  
 Address Lawrence, CA  
 County of Los Angeles State of California

In          said county on this 16th day of June A.D. 1975 personally appeared before me Marshall David Levine who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and that every statement recorded above is true and correct.

My commission expires 4-10, 1978



CERTIFICATION OF COUNTY MEDICAL SOCIETY

State of           
 County of          } ss

\*         , M.D., President of the          County Medical Society, State of           
        , M.D., Secretary of the          County Medical Society, State of         

Being duly sworn upon oath and say, each for himself that he has known, or investigated said          M.D., and knows h          to be of good moral and professional character, that he has been in practice of medicine or has interned at          for the past          years, that he recommends h          as being worthy and well qualified for a Physician's and and Surgeon's license to practice in the State of New Mexico.

        , M.D., President of the          County Medical Society, State of           
        , M.D., Secretary of the          County Medical Society, State of         

Subscribed and sworn to this          day of         , 19        

(SEAL)

         Notary Public.  
 My Commission expires         

\*If applicant has not been a member of a County Medical Society, two letters of recommendation from Chiefs of Services under whom he has served are required. These are to be sent directly to the Secretary of the New Mexico Board of Medical Examiners.

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that Marshall David Levine of Torrance, California Matriculated in Tufts Univ. Medical School at Boston, Ma. Date 9/16/63, attended 4 courses of instruction of 8 months each, and received a diploma conferring the degree of Doctor of Medicine (date) June 4, 1967

Handwritten signature and title: (President, Secretary or Dean)

Date: 6/3/75

(SEAL)

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE OR NATIONAL BOARD OF MEDICAL EXAMINERS

I, Secretary of certify that

was granted certificate No. to practice medicine in the State of

on the day of based on (Written examination or diploma) and that said certificate has never been revoked.

Did applicant pass the Federation Licensing Examination?

If by written examination the secretary should further certify:

I further certify that the aforesaid in his written examination before this Board, obtained a general average of per cent in the following subjects:

Table with 4 columns: SUBJECT, PER CENT, SUBJECT, PER CENT. The table is currently empty.

Acting on behalf of the

I hereby certify to the reputability of Dr. based on the records, and recommend him to the Board of Medical Examiners of the State of New Mexico as a fit and proper person to receive a certificate. (If application is based on National Board of Medical Examiners certificate this reputability certificate is not applicable.)

Secretary

Place Date

# NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA  
Marshall David Levine, M. D.

ENDORSEMENT  
OF  
CERTIFICATION

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

SEAL

JOHN P. HUBBARD  
President of the Board

Philadelphia, Pa.  
July 1, 1968

Cert. #93965

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of Duquesne University School of Medicine on 06/04/1967 whose birth date is 05/01/1941, following successful completion of all examinations required for certification by the National Board of Medical Examiners. The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 06/23/1965</u>		
Anatomy, incl. histology and embryology	87	87
Physiology	86	86
Biochemistry	87	87
Pathology	82	82
Microbiology, incl. immunology	86	86
Pharmacology and Materia Medica	81	81
Behavioral Sciences	-	-
(Minimum Passing Grade 380/75) <del>TOTAL GRADE</del> <b>AVERAGE**</b>	-	83.2
<u>PART II passed 04/19/1967</u>		
Internal medicine and the medical specialties	84	84
Surgery and the surgical specialties	87	87
Obstetrics and Gynecology	84	84
Public Health and Preventive Medicine	86	86
Pediatrics	84	84
Psychiatry	84	84
(Minimum Passing Grade 290/75) <del>TOTAL GRADE</del> <b>AVERAGE**</b>	-	85
<u>PART III passed 03/13/1968</u>		
A General Test of Clinical Competence	-	-
(Minimum Passing Grade 290/75) <b>AVERAGE</b>	-	80.0
<b>GENERAL AVERAGE (Parts I, II, and III)</b>	-	82.7
		(Scale Score)

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

*Ann K. Heverling*  
Secretary for Certification

SEAL

June 5, 1975  
Date

**APPLICATION FOR LICENSE THROUGH  
ENDORSEMENT OR EXAMINATION**  
Issued by the  
**NEW MEXICO BOARD OF MEDICAL EXAMINERS**

Name Marshall A. Selman  
Address apt. of O.B. Hill  
in the Silver Star  
Albuquerque, N.M.  
Application Received 6-23-75  
Fee \$100.00 Paid Receipt # 1168  
Fingerprints Received 6-23-75  
Application Approved \_\_\_\_\_  
License Granted Nov. 18, 1975  
License No. 75-197  
Personal Appearance R. C. DeLongphine  
Temporary License Granted July 2, 1975  
Temporary License No. 2111  
File: 6403

Two recent unmounted photographs of applicant 3x5 inches must be furnished with this application. One to be pasted in space below—the other with name and address on back in applicant's own handwriting.



**RULES GOVERNING LICENSURE**

Every applicant for licensure in this State, whether by examination or by endorsement of another State Board of Medical Examiners, or National Board Medical Examiners must have a diploma from a medical college in good standing as defined by New Mexico law.

The Board holds regular meetings at Santa Fe on the third Monday and 1 day in May and November each year. Permanent licenses can be granted only at regular meetings of the Board. The Secretary may grant a temporary license effective until the next regular meeting of the Board, to a qualified applicant for licensure by endorsement.

The fee for licensure by endorsement or by examination is \$100.00. This fee is to be paid by **MONEY ORDER OR CASHIER'S CHECK. NEITHER CASH NOR PERSONAL CHECKS CAN BE ACCEPTED. THIS FEE IS NOT REFUNDABLE.**

An applicant for licensure by endorsement or examination must complete this affidavit on the back stating that he is the possessor of same and is the person the named is required as is completion of fingerprint chart. A graduate of a foreign medical school will also file a certified translation of his diploma when necessary and enclose a copy of his permanent certificate from the Educational Council for Foreign Medical Graduates.

All applicants must be American Citizens or have filed Declaration of Intention of Becoming a citizen.

A personal interview with the Secretary of the Board of Medical Examiners is required before a temporary license can be granted. Before a candidate can be granted a permanent license by endorsement or examination he must appear before the Board at a regular meeting.

Completed application must be filed with the Secretary not later than **THREE WEEKS** before a regular meeting, or **FOUR WEEKS** before examination.



415200



BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, New Mexico 87501

ADMINISTRATION (505) 827-5022
FINANCIAL (505) 827-6759

APPLICATIONS (505) 827-9933
VERIFICATIONS (505) 827-7317

TRIENNIAL LICENSE RENEWAL
JULY 1, 1994 - JUNE 30, 1997

RENEWALS DUE ON OR BEFORE JULY 1, 1994. \$61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. \$61-6-19 NMSA 1978.

MARSHALL D LEVINE, M.D.
PO BOX 26868

ADDRESS CORRECTION REQUESTED

ALBUQUERQUE NM 87125
505-272-6611 Business phone

Albuquerque, N.M. (87108)

Out of state physicians - provide New Mexico business address, if any.

NM Bus Addr: City/St/Zip

Fees: Active Status \$210.00 Inactive Status 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)
It is the licensee's responsibility to notify the Board of changes in address of either business or home. \$61-6-18 NMSA 1978. Please review the information below for accuracy.

Table with 4 columns: License #, Social Security #, DEA #, Date of Birth. License # is 75-197.

Home Address:
ALBUQUERQUE NM 87108

Other State Licenses:
State RI # 4355 State # State CA # G20901
State # State MA # 32027 State #

ABMS Specialty (1) OBSTETRICS AND GYNECOLOGY Board certified? Yes
ABMS Specialty (2) Board certified? yes
Medical Genetics

Physician Assistants/Nurse Practitioners under your supervision:
PA's -
NP's - DINA J REID

- Hospital Privileges:
1) PRESBYTERIAN HOSPITAL
2) UNMH
3) ST. JOSEPHS
4)

Additional Hospital Privileges:



NM BOARD OF MEDICAL EXAMINERS

LAMY BUILDING, SECOND FLOOR  
491 OLD SANTA FE TRAIL  
SANTA FE, NEW MEXICO 87501

Administration (505) 827-5022

Verifications (505) 827-7317

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION ONCE EVERY THREE YEARS. REPORTING YEARS - JANUARY 1, 1991 THROUGH DECEMBER 31, 1993.

(RENEWALS AND CME'S DUE ON OR BEFORE JULY 1, 1994)

NAME: Marshall D. Levine M.D. LICENSE #: 75-197

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

- A M A Category I Accredited
  - Clinical Courses. Credit Hours 54 ~~75~~ 59
  - A M A Physicians Recognition Award Year \_\_\_\_\_
  - A A F P Certificate of CME Year \_\_\_\_\_
- Certification or Recertification Year \_\_\_\_\_  
by ABMS Specialty Board
- FLEX Component II Year \_\_\_\_\_
- Internship, Residency or Fellowship Inclusive dates \_\_\_\_\_
- Advanced Degree In Medically Related Field Year(s) \_\_\_\_\_  
(40 hours maximum per each full year of study)
- Self Assessment Tests: Credit Hours 40  
Certificate of credit must be attached  
(No limit) Credit Hours \_\_\_\_\_
- Teaching Credit Hours 40  
Statement from approved medical school must  
be attached  
(40 hours maximum)
- Preceptors: Credit Hours \_\_\_\_\_  
Statement from approved medical school must  
be attached  
(30 hours maximum)
- Scientific Paper or Publications (original) Credit Hours \_\_\_\_\_  
10 hours per paper copy(ies) must be attached  
(30 hours maximum)

Date 4/26 1994

Signature M. D. Levine  
(NOT VALID UNLESS SIGNED BY PHYSICIAN)

STAFF USE ONLY:  
CMEs Approved By \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Doc. Rec. \_\_\_\_\_





712801

7510.00

NEW MEXICO BOARD OF MEDICAL EXAMINERS SECTION C

491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

RECEIVED

MAY 08 1997

TRIENNIAL LICENSE RENEWAL
JULY 1, 1997 - JUNE 30, 2000

NEW BOARD OF
MEDICAL EXAMINERS, M.D.
PRESIDENT

Gary E. Johnson
GOVERNOR

RENEWALS DUE ON OR BEFORE JULY 1, 1997. \$61-6-26 (A)-(F) NMSA 1978.
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. \$61-6-19 NMSA 1978.

MARSHALL D LEVINE, M.D.
PO BX 26868

ADDRESS CORRECTION REQUESTED

ALBUQUERQUE NM 87125-

[Redacted]

505-272-6611 BUSINESS PHONE

87108

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.
NM BUS ADDR: CITY/ST/ZIP

Fees: ACTIVE STATUS \$310.00 INACTIVE STATUS \$25.00
(A LICENSEE ON INACTIVE STATUS MAY NOT PRACTICE MEDICINE NOR WRITE PRESCRIPTIONS.) REINSTATEMENT OF AN INACTIVE LICENSE WITHIN A PERIOD OF TWO YEARS FROM THE RENEWAL DATE IS A FAIRLY SIMPLE PROCESS. REINSTATING AFTER TWO YEARS, REQUIRES A REINSTATEMENT APPLICATION AND BOARD APPROVAL.
IT IS THE LICENSEE'S RESPONSIBILITY TO NOTIFY THE BOARD OF CHANGES IN ADDRESS OF EITHER BUSINESS OR HOME. \$61-6-28 NMSA 1978. PLEASE REVIEW INFORMATION PROVIDED, MAKE CORRECTIONS AND ANSWER ALL QUESTIONS ON BACK.

LICENSE # SOCIAL SECURITY # DEA # DATE OF BIRTH

75-197

[Redacted]

[Redacted]

HOME ADDRESS:

ADDRESS CORRECTION REQUESTED

ALBUQUERQUE NM 87108-

[Redacted]

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE WI # 39498 STATE NY # 19489A STATE #

MINN 38015

ABMS SPECIALTY (1) OBSTETRICS AND GYNECOLOGY BD CERTIFIED? Yes
ABMS SPECIALTY (2) Medical Genetics BD CERTIFIED? Yes

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S -
NP'S - DINA J REID NONE

HOSPITAL PRIVILEGES:

PRESBYTERIAN HSP
UNMH
ST JOSEPHS

ADDITIONAL HOSPITAL PRIVILEGES:

[Redacted]

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-7362
(505) 827-8491

LICENSING
(505) 827-0933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

OVER

The following questions request information that has developed since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation:

Are you at the present time known by any other name? If so, what name? No

Have you been licensed/registered under another name(s)? If so, what name(s)? No

Have you been denied a license/registration by a medical licensing board? Yes \_\_\_ No

Has a medical licensing board started disciplinary action against your license/registration? Yes \_\_\_ No

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes \_\_\_ No

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes \_\_\_ No

Have you had a malpractice settlement or judgment against you? Yes \_\_\_ No

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes \_\_\_ No

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.) Yes \_\_\_ No

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine? Yes \_\_\_ No

I verify that all the above information is true and accurate.

Marshall D. Revue  
Signature of Licensee/Registrant

4/9/97  
Date

**NM BOARD OF MEDICAL EXAMINERS  
LAMY BUILDING-SECOND FLOOR  
491 OLD SANTA FE TRAIL  
SANTA FE NEW MEXICO 87501**

**AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD FROM JANUARY 1994 THROUGH DECEMBER 1996.**

NAME: Marion D. Levine M.D. LICENSE #: 75-197

**DOCUMENTATION MUST BE ATTACHED**

**NEED ACTUAL COPIES OF ATTENDANCE CERTIFICATES-A LIST IS NOT ACCEPTABLE**

I certify that I have complied with the Continuing Medical Education requirement for renewal of my New Mexico license and that appropriate documentation is attached.

Certified AMA Category 1 Clinical Courses Credit Hours \_\_\_\_\_  
 New Mexico Specific Category 1 Clinical Courses Credit Hours \_\_\_\_\_

  AMA Physicians Recognition Award Year \_\_\_\_\_  
  AAFP Certificate of CME Year \_\_\_\_\_

  Certification or Recertification by ABMS Specialty Board Year \_\_\_\_\_

  USMLE Step 3 Year \_\_\_\_\_

  Internship, Residency or Fellowship Inclusive Dates: \_\_\_\_\_

  Advanced Degree in Medically Related Field (40 Hours Maximum Per Year of Study) Year(s) \_\_\_\_\_

  Self Assessment Tests: Certificate of Credit Must Be Attached (No Limit) Credit Hours \_\_\_\_\_

  Teaching - Medical Students Statement From Approved Medical School Must Be Attached (40 Hours Maximum Credit) Credit Hours 75

  Preceptorship - Medical Students Statement From Approved Medical School Must Be Attached (30 Hours Maximum Credit) Credit Hours \_\_\_\_\_

  Scientific Articles (10 Hours Each) Proof of Publication Must Be Attached (30 Hours Maximum Credit) Credit Hours \_\_\_\_\_

**STAFF USE ONLY:**  
 CME'S APPROVED BY KH DATE: 5/12/97 DOC. REC.

**SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS**

## CONTINUING MEDICAL EDUCATION

**Condition of License Renewal** All licensed physicians must report and document **75 hours** of continuing medical education at the time of triennial license renewal. Credit hours may be earned at any time during the three year reporting period, **January 1 through December 31**, immediately preceding triennial renewal.

The Board will accept one credit hour for every clock hour of participation in a continuing medical education activity.

The Board will accept continuing medical education credits, for the three year reporting period, from the activities listed in this subsection.

**AMA CATEGORY 1.** Clinical courses certified by an accredited sponsor of the American Medical Association (AMA Physician's Recognition Award; Category 1, are acceptable for credit.

**NM CATEGORY 1.** Clinical courses certified by the New Mexico Medical Society Continuing Medical Education Committee as meeting the criteria for AMA Category 1, but certified as New Mexico Category 1 specific, are acceptable for credit.

**ADVANCED DEGREES.** Forty (40) credit hours are allowed for each full academic year of study toward an advanced degree in a medical field or a medically related field as approved by the Board.

**SELF ASSESSMENT TESTS.** Self-assessment examinations certified for AMA Category 1 by an accredited sponsor of continuing medical education are acceptable if the examination is scored by the educational entity approved by the Board.

**TEACHING.** One credit hour is allowed for each hour of teaching medical students or physicians in a United States medical school, an approved internship or residency or for teaching in other programs approved by the Board for a maximum of forty (40) credit hours in any three year reporting period.

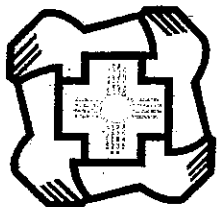
**PHYSICIAN PRECEPTORS.** A maximum of thirty (30) hours of credit during a three year reporting period is acceptable for students enrolled in an accredited medical school.

**PAPERS AND PUBLICATIONS.** Ten (10) hours of credit are allowed for each original scientific medical paper or publication written by a licensee. For acceptance, papers must have been presented to a recognized national, international, regional or state society or organization whose membership is primarily physicians; or must have been published in a recognized medical or medically related scientific journal. Material used in a paper or publication may be given credit one time. A maximum of thirty (30) hours credit may be claimed during a specific three year reporting period.

In lieu of the above, the Board will accept the Physicians Recognition Award of the American Medical Association, the American Academy of Family Physicians (AAFP) Certificate of Continuing Education, certification or recertification by an ABMS approved specialty board or passage of USMLE Step 3 with a score of 75 or better, as complete fulfillment of the continuing medical education requirement for the three year reporting period. Credit for activities listed in this section must have been earned during the three year reporting period immediately preceding license renewal.

In case of illness or other extenuating circumstances, the Board may grant an extension of time in which necessary credits may be earned. The request must be made in writing at the time of renewal and approved by the Board or its designee.

Ninety days after the renewal date, the board may suspend the license of any physician or the registration of any physician assistant who fails to comply with continuing medical education requirements, until such time as the requirements are fulfilled.



New Mexico  
Physicians Mutual Liability Co.

*pa*

HARRY D. ELLIS, M. D.  
President

U. G. HODGIN, JR., M. D.  
Vice President

EDWIN B. HERRING, M. D.  
Secretary-Treasurer

K. D. DICKSON  
Executive Vice President  
and  
General Manager

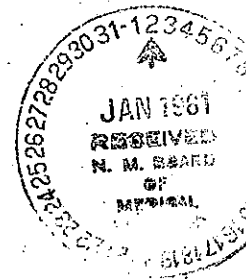
MONTIE W. AVERY  
Vice President  
Claims and Loss Control

75-197

1/17/75



Robert Derbyshire, M.D.  
Executive Director  
New Mexico Board of Medical Examiners  
227 East Palace, Suite 0  
Santa Fe, New Mexico 87501



RE: Professional Liability Insurance for: Marshall Levine, M.D.

Dear Dr. Derbyshire:

We have received an application for professional liability from the above named doctor.

We would appreciate verification of professional licensure in the state of New Mexico, and if it is held in good standing. We are also interested in any adverse information regarding this physician which you may be aware of.

We have enclosed a release of information signed by the physician in question, and a self-addressed envelope for your convenience in replying.

If you have any questions relative to the above or if we may be of service to you in any way, please let us know.

Sincerely,

*Sharon E. McKegney*

Sharon E. McKegney  
Underwriter

SEM/md

Enclosure

REMARKS

Lined area for remarks.

RELEASE OF INFORMATION

I, Maxton P. Levine, have applied to the New Mexico Physicians Mutual Liability Company for medical malpractice insurance. In exchange for the agreement, I hereby authorize any and all medical schools, hospitals, physicians, clinics, insurance companies, governmental agencies, state medical societies, county medical societies and licensing authorities to disclose to New Mexico Physicians Mutual Liability Company or its representatives any and all information concerning my medical training, practice, and any other matters which might be of significance for the insurance underwriting purposes; and I expressly release and discharge all such informants, New Mexico Physicians Mutual Liability Company and their agents from any liability of any kind whatever in any manner arising from such disclosure of information.

I further state that I authorize a photocopy of this authorization be accepted with the same authority as the original.

Maxton P. Levine  
Signature

11/11/11  
Date



# STATE OF NEW MEXICO

JERRY APODACA, *Governor*  
FERNANDO E.C. DE BACA, *Executive Director*  
MEDICAL ASSISTANCE DIVISION

HEALTH and  
SOCIAL  
SERVICES  
department

January 25, 1978

Medical Examiners Board  
210 East Marcy  
Santa Fe, New Mexico



Dear Sirs :

The State of New Mexico Medical Assistance Division, Health and Social Services Department has received a claim for reimbursement for medical services rendered in New Mexico to a New Mexico Medicaid recipient by:

Marshall D. Levine, M. D. =  
2211 Lomas N. E.  
Albuquerque, New Mexico 87106

Before this claim can be processed for payment, we must have specific information concerning this provider. Please complete and sign the following form and return it to this office at your earliest convenience.

- Is the provider identified above currently licensed and/or certified to practice Medicine in the state of New Mexico ?
  - Yes  No
  - If Yes, please indicate the State license number 75-197, date license issued 11-17-75.
  - Medical Specialty not specified.

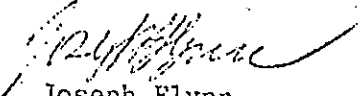
2. The above information was verified by:

R.C. Derbyshire, M.D.  
Secretary-Treasurer

01/30/78 ( 505 ) 827-2215  
Date Signed Area Code Phone

Your assistance in providing this information is greatly appreciated.

Sincerely

  
Joseph Flynn  
Director

# New Mexico Board of Medical Examiners

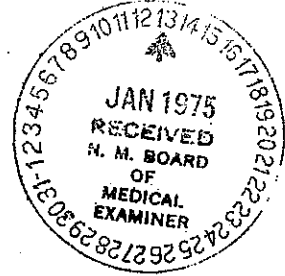
210 East Marcy Street, Suite 10

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER

SANTA FE, NEW MEXICO 87501

(505) 827-2215

October 27, 1975



6403

RECEIVED SACRAMENTO BOARD OF MEDICAL EXAMINERS OCT 30 2 58 PM '75

Second Request

Please Rush

TO: Secretary, Board of Medical Examiners of California

1020 N. Street - Room 434

Sacramento, CA 95814

Marshall David Levine, M.D. has applied for a license to practice medicine in New Mexico. He states that he is licensed in your state.

Will you please furnish us with the following information:

License or Certificate Number C 20901

Date issued 1971

By written examination? National Board

By endorsement or reciprocity? \_\_\_\_\_

Is license current? YES

Derogatory information NONE

Remarks:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Our records show that the above M.D. was issued California Physician's and Surgeon's Certificate No. C 20901 in 19 71 and said certificate is in good standing.

VERIFICATION SECTION  
State of California  
Board of Medical Examiners  
Department of Consumer Affairs  
1020 "N" St., Rm. 434  
Sacramento, CA 95814

RCD:mr

Very truly yours,

R. C. Derbyshire  
R. C. Derbyshire, M. D.  
Secretary-Treasurer

Reginal Reil  
EXECUTIVE SECRETARY



AMERICAN MEDICAL ASSOCIATION  
535 NORTH DEARBORN STREET  
CHICAGO, ILLINOIS 60610

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT  
DEPARTMENT OF PHYSICIAN STATISTICS

DATE: 10-30-71

TIME: 4:18 PM

NAME: LEVINE, MARSHALL D, M.D.

ADDRESS: 2211 LOMAS BLVD NE

BIRTHPLACE: CAMBRIDGE, MA

MEDICAL EDUCATION (SCHOOL YEAR):

TUFTS UNIVERSITY SCHOOL OF MEDICINE, BOSTON

NATIONAL BOARD CERTIFICATION: 1968

LICENSES:

MA 1970

CA 1971

RI 1971

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

NOT CLASSIFIED

PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY

SECONDARY SPECIALTY: PEDIATRICS

TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION:

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

INTERNSHIP:

HOSPITAL: DUKE UNIV MED CENTER

DURHAM

27710

DATES OF TRAINING: 07/67-06/68

SPECIALTY: PEDIATRICS

RESIDENCY:

HOSPITAL: BETH ISRAEL HOSP

BOSTON

02215

DATES OF TRAINING: 07/68-06/71

SPECIALTY: OBSTETRICS AND GYNECOLOGY

\*\*\* AMA FILES HAVE BEEN CHECKED \*\*\*

1967

MEDICAL EDUCATION NUMBER: 0240767045  
ALBUQUERQUE NM 87131

BIRTHDATE: [REDACTED]

HOWARD F. HOUK, LEGAL COUNSEL

## New Mexico Board of Medical Examiners

210 East Marcy Street, Suite 10

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER

~~XXXXXXXXXXXXXXXXXXXX~~

SANTA FE, NEW MEXICO 87501

(505) 827-2215

November 3, 1975

Marshall David Levine, M. D.  
University of New Mexico Medical School  
2211 Lomas Boulevard, N. E.  
Albuquerque, New Mexico 87106

Dear Doctor:

The New Mexico Board of Medical Examiners will hold its regular meeting on November 17th and 18th with interviews for permanent licensure on the afternoon of the 17th. All applicants are required to appear before the Board of Medical Examiners at the time of a regular meeting to be granted a permanent license. This is required by law.

I have given you an appointment to meet with the Board for 3:30 P. M. on Monday, November 17th, 1975. This meeting will be held in Room 341 of the Legislative Building, located on Old Santa Fe Trail, Santa Fe, New Mexico.

Sincerely,

*R. C. Derbyshire*

R. C. Derbyshire, M. D.  
Secretary-Treasurer

RCD:mr

W. E. BADGER, M.D., PRES.  
HOBBS

W. D. SEDGWICK, M.D., VICE-PRES.  
LAS CRUCES

HOWARD F. HOUK, LEGAL COUNSEL

JOHN M. McGUIRE, M.D.  
ALAMOGORDO

W. C. JOHNS, M.D.  
ALBUQUERQUE

# New Mexico Board of Medical Examiners

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER  
227 EAST PALACE AVENUE  
SANTA FE, NEW MEXICO 87501

June 24, 1975

RECEIVED SACRAMENTO  
BOARD OF MEDICAL EXAMINERS  
JUN 27 4 02 PM '75

TO: Secretary, Board of Medical Examiners  
of California  
1020 North Street - Room 434  
Sacramento, California 95814

MARSHALL DAVID LEVINE, M. D. has applied for a license  
to practice medicine in New Mexico. He states that he is licensed  
in your State.

Will you please furnish us with the following information:

License or Certificate Number G 20901

Date issued 1971

By written examination? Nat'l Bd Cred.

By endorsement or reciprocity?

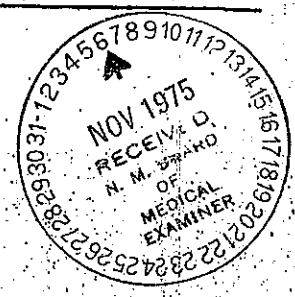
Is license current? Yes

Derogatory information N/A

Remarks:

Signed: Royal Reed

Date: 11-3-75



3:30

VERIFICATION SECTION  
State of California  
Board of Medical Examiners  
1020 "N" St., Rm. 434  
Sacramento, CA 95814

Very truly yours,

R. C. Derbyshire

R. C. Derbyshire, M. D.  
Secretary-Treasurer

W. E. BADGER, M.D., PRES.  
HOBBS

W. D. SEDGWICK, M.D., VICE-PRES.  
LAS CRUCES

HOWARD F. HOUK, LEGAL COUNSEL

JOHN M. MCGUIRE, M.D.  
ALAMOGORDO

W. C. JOHNS, M.D.  
ALBUQUERQUE

# New Mexico Board of Medical Examiners

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER  
227 EAST PALACE AVENUE  
SANTA FE, NEW MEXICO 87501

June 24, 1975

TO: Secretary, Board of Medical Examiners  
of Rhode Island  
104 Health Department Building  
75 Davis Street  
Providence, Rhode Island 02908

MARSHALL DAVID LEVINE, M. D. has applied for a license  
to practice medicine in New Mexico. He states that he is licensed  
in your State.

Will you please furnish us with the following information:

License or Certificate Number 4355

Date issued 3 November 1975

By written examination? \_\_\_\_\_

By endorsement or reciprocity? Endorsement

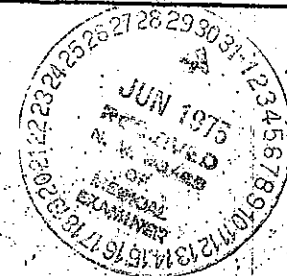
Is license current? Yes

Derogatory information None

Remarks:

Signed: 27 June 1975

Date: Mary Ellen McCabe



Very truly yours,

*R. C. Derbyshire*

R. C. Derbyshire, M. D.  
Secretary-Treasurer

ALGER, M.D., PRES.  
HOBBBS

W. D. SEDGWICK, M.D., VICE-PRES.  
LAS CRUCES

HOWARD F. HOUK, LEGAL COUNSEL

VAUN T. FLOYD, M.D.  
ALBUQUERQUE

HOWARD L. SMITH, M.D.  
ROSWELL

# New Mexico Board of Medical Examiners

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER  
227 EAST PALACE AVENUE  
SANTA FE, NEW MEXICO 87501  
(505) 827-2215

June 24, 1975

*out of commission*

Administrator  
Quonset Point Naval Hospital  
Quonset Point, Rhode Island

MARSHALL DAVID LEVINE, \_\_\_\_\_, M.D. is applying for a license to practice medicine in New Mexico. He states that he has been a member of the staff of your hospital from \_\_\_\_\_ to \_\_\_\_\_.

Will you please confirm this if possible and tell me whether or was not he is in good standing.

Remarks:

Signed: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

W. E. BADGER, M.D., PRES.  
HOBBS

W. D. SEDGWICK, M.D., VICE-PRES.  
LAS CRUCES

HOWARD F. HOUK, LEGAL COUNSEL

JOHN M. MCGUIRE, M.D.  
ALAMOGORDO

W. C. JOHNS, M.D.  
ALBUQUERQUE

# New Mexico Board of Medical Examiners

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER  
227 EAST PALACE AVENUE  
SANTA FE, NEW MEXICO 87501

June 24, 1975

TO: Secretary, Board of Medical Examiners  
of Massachusetts

1511 Leverett Saltonstall Building

Government Center - 100 Cambridge St.

Boston, Massachusetts 02202

MARSHALL DAVID LEVINE, M. D. has applied for a license  
to practice medicine in New Mexico. He states that he is licensed  
in your State.

Will you please furnish us with the following information:

License or Certificate Number 32027

Date issued June 15, 1970

By written examination? \_\_\_\_\_

By endorsement ~~\_\_\_\_\_~~ Nat'l. Del.

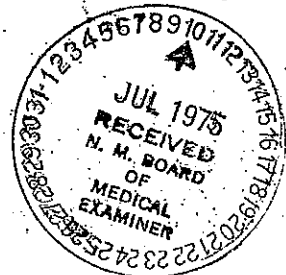
Is license current? yes

Derogatory information none

Remarks: none

Signed: Howard F. Houk

Date: JUL - 2 1975



Very truly yours,  
R. C. Derbyshire  
R. C. Derbyshire, M. D.  
Secretary-Treasurer

W. D. SEDGWICK, M.D., PRES.  
HOBBS

W. D. SEDGWICK, M.D., VICE-PRES.  
LAS CRUCES

HOWARD F. HOUK, LEGAL COUNSEL

VAUN T. FLOYD, M.D.  
ALBUQUERQUE

HOWARD L. SMITH, M.D.  
ROSWELL

# New Mexico Board of Medical Examiners

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER  
227 EAST PALACE AVENUE  
SANTA FE, NEW MEXICO 87501  
(505) 827-2215

June 24, 1975

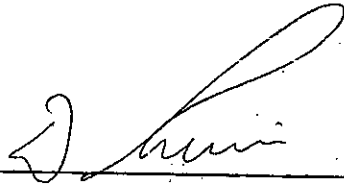
Administrator  
Harbor General Hospital  
1000 West Carson Street  
Torrance, California

MARSHALL DAVID LEVINE, M.D. is applying for a license to practice medicine in New Mexico. He states that he has been a member of the staff of your hospital from Sept 1/73 to July 1/75.

Will you please confirm this if possible and tell me whether or was ~~he~~ he is in good standing.

Remarks:

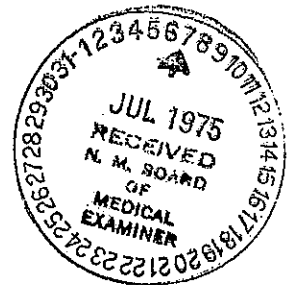
Signed: \_\_\_\_\_



Date: \_\_\_\_\_

July 1/75

*Excellent physician!*



**SCHOLAE HUMANITATIS GUTHRIANAe ALEXANDRIANAe**  
in Republica Massachusettsensi

omnibus ad quos hae litterae pervenerint salutem

**HABES HUMANITATIS GUTHRIANAe**

*professoribus Scholae praesentibus eius quae*

*medicinae scientiam colit,*

**ARTHUR HALL DAVID SPURGE**

*ad gradum*

**Medicinae Doctoris**

*admisit eique*

*suenda dedit et concessit omnia iura, honores, privilegia, immunitates ad hunc gradum pertinentia. In cuius rei testimonium, Athenis, Kalendis Febr. Sigillo Academiae munusculi a. d. III Non. Jun. anno Salutis MCMLXVII nos Praeses Universitatis et Decanus Scholae atque Secretarius Universitatis, auctoritate nobis commissa nomina subscripsimus.*

*William Moberg*

*Decanus*



*Edward C. Mead*

*Praeses*



I Am the possessor of the original of  
this medical Diploma and I am  
the person herein named.

Marshall Donald Lewis



**The University of New Mexico**

School of Medicine  
Department of Obstetrics and  
Gynecology

2211 Lomas Blvd. NE  
Albuquerque, NM 87131-5286  
FAX (505) 272-6385  
NM WAITTS 1-800-432-7908

Department Chair  
Gloria E. Sarto, M.D., Ph.D.  
(505) 272-6372

Obstetrics Division  
Luis B. Chert, M.D.  
Molly S. Chatterjee, M.D.  
George J. Gilson, M.D.  
Luis A. Izquierdo, M.D.  
(505) 272-6386

Gynecology Division  
Maxine H. Dorn, M.D.  
Dorothy M. Barbo, M.D.  
Gerrude J. Fiskrantz, M.D.  
David K. Guardia, M.D.  
Shauna F. Jamison, M.D.  
Dorothy N. Kammner-Drank, M.D.  
(505) 272-6370

Ambulatory Gynecology  
Rudolph V. Seligman, M.D.  
Lisa M. Proxm, Ph.D.  
(505) 272-6368

General OB/GYN  
John A. Bennett, M.D.  
Melissa A. Schiff, M.D.  
Patricia A. Combs, M.D.  
Karen E. George, M.D.  
(505) 272-4051

Gynecologic Oncology  
Gloria E. Sarto, M.D., Ph.D.  
Dorothy M. Barbo, M.D.  
Harriet O. Smith, M.D.  
(505) 272-6370

Reproductive Endocrinology  
Francis W. Byrn, M.D.  
(505) 272-1269

Breast Clinic  
Dorothy M. Barbo, M.D.  
Helmut Vorherr, M.D.  
(505) 272-6308

Nurse-Midwifery Division  
Kay D. Sedler, C.N.M., M.N.  
Anne E. Adkin, C.N.M.  
Dympna Bartlett, C.N.M.  
Ellen C. Craig, C.N.M., M.S.  
Julie G. Gowoda, C.N.M.

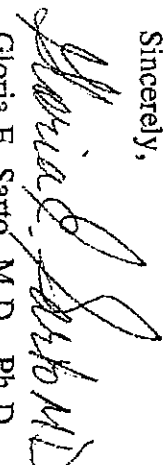
May 9, 1994

New Mexico Board of Medical Examiners  
491 Old Santa Fe Trail  
Santa Fe, NM 87501

To Whom It May Concern:

Marshall D. Levine, M.D., Professor, Volunteer Clinical Faculty in the Department of Obstetrics and Gynecology, University of New Mexico School of Medicine, has earned 40 hours of CME credits through his teaching of the OB/GYN residents and medical students.

Sincerely,

  
Gloria E. Sarto, M.D., Ph.D.  
Professor and Chair

CME Programs Attended, 1993 - Presbyterian Healthcare Services

name: Marshall D. Levine  
 title: MD  
 physician number: 092244  
 address: [REDACTED]  
 city, state: ALBUQUERQUE, NM  
 zipcode: 87106  
 specialty: OBG - OBSTETRICS/GYNECOLOGY

DATE	PROGRAM TYPE AND TITLE	CREDIT:	AMA	AAFP	HOURS
05-11-93	OBG ACOC RISK MANAGEMENT DATA		X		1.00
06-08-93	OBG ANTIBIOTIC THERAPY IN OB/GYN		X		1.00
04-13-93	OBG FRIEDMAN LABOR CURVE		X		1.00
06-18-93	SPC ADVANCED GYNECOLOGICAL LAPAROSCOPY		X		16.00
08-10-93	OBG BACTERIAL VAGINOSIS/OTHER OBGYN INFECTIO		X		1.00
03-16-93	P-N PERINATAL NEONATAL CONFERENCE		X		1.00
01-11-93	SPC OPERATIVE HYSTEROSCOPY/CONTROL OF UTERIN		X		1.00
04-20-93	P-N PERINATAL NEONATAL CONFERENCE		X		1.00
07-13-93	OBG PELVIC SURGERY		X		1.00
07-06-93	P-N OUTCOME OF DIABETIC PREGNANCIES		X		1.00
01-12-93	OBG CURRENT RX OPTIONS/FIBROID TUMOR DISEASE		X		1.00
03-09-93	OBG BACK PAIN IN PREGNANCY		X		1.00
					27.00

*Marshall D. Levine*  
 Physician

Physician

The  
American  
College of  
Obstetricians and  
Gynecologists

Credited: August 6, 1993  
Obstetrics, 3rd Ed.

Dear Doctor:

Enclosed is your confidential Performance Report for ACOG'S self-assessment program, PROLOG. Also included is a summary of the performance from a sample group of participants. These tables allow you to compare your own score to that of your colleagues, both for overall performance and question by question. It is my hope that this information can contribute to evaluation of your own learning needs and selection of future continuing educational projects.

I am very happy to say that PROLOG has been extremely successful as reflected by the participation of the Fellowship. We look forward to continued success and to your participation in upcoming units. I hope your experience with PROLOG has been a valuable one and you will continue to take advantage of our self-assessment program.

Twenty-five cognates in Category 1 have been credited to your record in the ACOG Program for Continuing Professional Development if you are an ACOG Fellow. You are also eligible for 25 Category 1 credits toward the Physician's Recognition Award of the American Medical Association. This letter can serve as verification of completion and earned credit and can be submitted to the appropriate agency.

Sincerely,

  
Harrison C. Visscher, MD



CERTIFICATE OF ATTENDANCE

PARTICIPANT:

MARSHALL LEVINE, M.D.

PROGRAM TITLE:

Fall Leadership Retreat

DATE:

October 2-3, 1992


CREDIT HOURS:

7

LOCATION:

Ruidoso, NM

SPONSOR'S SIGNATURE:

  
Mary J. Bonif  
Director, Medical Education and Research  
Presbyterian Healthcare Services

AMA:

Presbyterian Healthcare Services is accredited by the New Mexico Medical Society to sponsor continuing medical education for physicians.

Presbyterian Healthcare Services designates this continuing medical education activity as meeting the criteria for 7 credit hours in Category I of the Physicians Recognition Award of the American Medical Association.



GARY E. JOHNSON  
GOVERNOR

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Second Floor, Lamy Building  
491 Old Santa Fe Trail  
Santa Fe New Mexico 87501

TRIENNIAL LICENSE RENEWAL  
JULY 1, 2000 - JUNE 30, 2003

001791  
310 SECTION B  
OVER  
RECEIVED  
JUN 27 2000  
NM BOARD OF MEDICAL EXAMINERS  
JOHN S. ROMINE, M.D.  
PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 2000. § 61-6-26 (A)-(F) NMSA 1978.  
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. § 61-6-19 NMSA 1978.

MARSHALL D LEVINE, M.D.

CHICAGO IL 60614-4414

- - BUSINESS PHONE

ADDRESS CORRECTION REQUESTED

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.  
NM BUS ADDR: NA CITY/ST/ZIP

STATUS/ FEES: ACTIVE ✓ \$310.00 INACTIVE \$25.00 RETIRED \$25.00 FEE 12/1/00  
(A Licensee On Inactive or Retired Status May Not Practice Medicine Nor Write Prescriptions.) Reinstatement:  
Inactive License Within Two Years, Requires Only Payment of Fees and CME's; Inactive after Two Years  
Requires Reinstatement Application and Board Approval; Retired License Requires a New Application.  
It is the Licensee's Responsibility to Notify the Board of Changes in Address of Either Business or Home. §61-6-28 NMSA 1978. Please Review Information Provide, Make Corrections and Answer All Questions on Back

LICENSE # SOCIAL SECURITY # DEA # DATE OF BIRTH  
75-197

HOME ADDRESS:

CHICAGO IL 60614-4414

ADDRESS CORRECTION REQUESTED

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE# STATE# STATE#  
IL 36-097170 ND 8155 INDIANA 1052043

ABMS SPECIALTY / CERTIFIED (1) OBSTETRICS AND GYNECOLOGY Yes  
ABMS SPECIALTY / CERTIFIED (2) MEDICAL GENETICS Yes

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S -  
NP'S - NA

HOSPITAL AFFILIATIONS:

PRESBYTERIAN HSP  
UNMH  
ST JOSEPHS NONE

ADDITIONAL HOSPITAL AFFILIATIONS:

ADMINISTRATION

(505) 827-5022  
(505) 827-7377 FACSIMILE

FINANCIAL

(505) 827-6759  
(505) 827-4052

INVESTIGATIONS

(505) 827-8491  
(505) 827-7362

LICENSING

(505) 827-9933 APPLICATIONS  
(505) 827-7317 PHYSICIAN ASSISTANT  
(505) 827-6784 VERIFICATIONS

The following questions request information that is new since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation on a separate page:

1. Are you at the present time known by any other name? If so, what name? \_\_\_\_\_  
No
2. Have you been licensed/registered under another name(s)? If so, what name(s)? \_\_\_\_\_  
No
3. Have you been denied a license/registration by a medical licensing board?  
Yes\_\_\_ No
4. Has a medical licensing board started disciplinary action against your license/registration?  
Yes\_\_\_ No
5. Have you been charged with violation of a federal, state or local statute (except minor traffic citations)?  
Yes\_\_\_ No
6. Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO?  
Yes\_\_\_ No
7. Have you had a malpractice settlement or judgment against you?  
Yes  No\_\_\_
8. Do you have any malpractice or medically related claims or lawsuits pending against you?  
Yes\_\_\_ No
9. Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.)  
Yes\_\_\_ No
10. Do you currently have a physical or psychological impairment that, in any way, affects your ability to practice medicine safely?  
Yes\_\_\_ No

I verify that all the above information is true and accurate.

Signature of Licensee

*Michael D. Ponce*

Date

4/7/00

\$ 310.00

RECEIVED



New Mexico Board of Medical Examiners  
491 Old Santa Fe Trail, Second Floor Lamy Building  
Santa Fe New Mexico 87501  
505-827-7317 www.nmbme.org nmbme@state.nm.us

031631

JUN 03 2003

NM BOARD OF  
MEDICAL EXAMINERS

Triennial Renewal 6/30/2003 - 6/30/2006

RECEIVED

Current Information License # 75-197

Gender:  Male  Female

Corrections

DEA

JUN 11 2003

Preferred Mailing Address:  
Marshall D. Levine, MD

NM BOARD OF  
MEDICAL EXAMINERS

Chicago, IL 60614-3812

Business Phone: ~~5052726225~~ 773-383-8389  
Business or Public Address, if different from above:

fax #

e-mail

Website:

fax #

e-mail:

NM Physician Assistant(s) currently approved and registered with the Board under your supervision:

SPECIALTIES: Obstetrics And Gynecology, Medical Genetics

Your license will expire July 1, 2003

I request the following change in license status: (Check only one)

Active Status/\$310 Fee:

Inactive Status/\$25 Fee: I am not practicing medicine in New Mexico. I understand that a license in inactive status does not require payment of the triennial renewal fee or compliance with CME requirements. I further understand that I may not engage in the practice of medicine or write prescriptions as long as my license is inactive.

Retired Status/No Fee: I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine or write prescriptions.

Voluntary Lapsed Status/No Fee: I choose not to renew my New Mexico medical license. I understand that I may not engage in the practice of medicine or write prescriptions.

LATE RENEWALS

All Renewals postmarked after July 1, 2003 will require documentation of 75 CME credit hours  
Renewals postmarked after July 1, 2003 and before August 15, 2003, require payment of \$410  
Renewals postmarked after August 15, 2003 and before October 1, 2003 require payment of \$460  
YOUR LICENSE WILL BE SUSPENDED AFTER OCTOBER 1, 2003 IF IT IS NOT RENEWED!

Do not submit CME documentation unless a CME audit form is included with your renewal or if you are renewing after JULY 1, 2003.

Payment Information: Fee Submitted\$ \_\_\_\_\_

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Check \_\_\_\_\_

Money Order \_\_\_\_\_

Credit Card No \_\_\_\_\_

Expiration Date \_\_\_\_\_

COMPLETED

ok, ck



**All questions must be answered**

**Since the last renewal:**

1. Has any action, including any disciplinary action, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board?.....  Yes  No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license?.....  Yes  No
3. Have you been treated for use or misuse of any chemical substance or alcohol (if you are currently a voluntary participant in a Board approved monitoring program you may answer "No.")?.....  Yes  No
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine?.....  Yes  No
5. Have you been denied a license in another state?..... *Please see Attached Note*  Yes  No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?.....  Yes  No
7. Have you been reported to the National Practitioner Data Bank?.....  Yes  No
8. Have you been arrested, convicted of, or pled no contest to a crime?.....  Yes  No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you?.....  Yes  No

**If you answered "Yes" to any of the above, please provide a complete written explanation with this application.**

**Practice Information:**

1. Do you practice full-time in New Mexico? .....  Yes  No  
If yes, estimate the % of time you spend in the following areas (total = 100): Direct patient care \_\_\_\_%  
Indirect patient care \_\_\_\_%; Administration \_\_\_\_%; Teaching \_\_\_\_%; Research \_\_\_\_%; other \_\_\_\_%
2. Do you practice part-time in New Mexico? .....  Yes  No  
If yes, estimate the % of time you spend in the following areas (total = <100): Direct patient care \_\_\_\_%  
Indirect patient care \_\_\_\_%; Administration \_\_\_\_%; Teaching \_\_\_\_%; Research \_\_\_\_%; other \_\_\_\_%
3. Are you retired but maintain an active license?.....  Yes  No
4. Please indicate number of work location(s)  
Office(s): 1 2 3 4 5 6 ≥7      Clinic(s): 1 2 3 4 5 6 ≥7      Hospital(s): 1 2 3 4 ≥5  
City(s)/Town(s): 1 2 3 4 ≥5      Rural: 1 2 3 4 ≥5

**Physician Practice Information data will not be identified to any other person or institution.**

(Check only one)

- I certify that I was licensed during 7/1/00-7/1/03 and I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.
- I have not completed a minimum of 75 CME hours as required by 16.10.4 NMAC and I am requesting an emergency deferral, of up to 90 days, as allowed under 16.10.4.15 NMAC. I understand I will be assessed a late renewal penalty fee of \$100 between 7/1/03-8/15/03 or \$150 between 8/16/03-10/1/03 if my CME is not completed and submitted to the Board by July 1.

*M. Andrew D. Bowie*

6/7/03

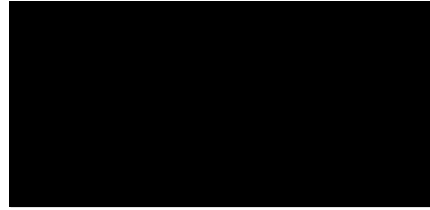
Signature of Licensee (Signature stamp is not accepted)

Date

By signing above you are certifying, under penalty of perjury, that all information on this form is currently accurate.

**\*\*Your Triennial Renewal will be returned if you DO NOT:**

- o Enclose correct renewal fee
- o Indicate fee to be charged to credit card
- o Sign check
- o Sign and date renewal form
- o Answer all questions and provide complete written explanations to any "yes" answers to questions 1-9
- o Indicate CME status
- o Submit acceptable documentation of CME (if Audited or renewing late)
- o Complete backside of renewal



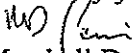
April 14, 2003

New Mexico Board of Medical Examiners  
491 Old Santa Fe Trail  
Second Floor  
Lamy Building  
Santa Fe, N.M. (87501)

To Whom It May Concern:

This letter is in response to your request for a narrative explanation describing the circumstances that led up to the denial of license by the Arkansas Medical Board. I applied for an Arkansas license at the request of a professional colleague and friend, Dr. Jerry Edwards, who is an abortion provider in Little Rock. He is in solo practice. He admits any of his complications or emergencies to the gyn teaching service at the University of Arkansas in Little Rock. He knew that I did locum tenens ob/gyn and abortion coverage for physicians and clinics in other states, and wanted me, on occasion, to fly to Little Rock to cover his practice of first and early second trimester abortions during his personal or professional absences. Although the Board apparently found nothing wrong with my application, the members apparently decided that they would not grant me a license unless the backup coverage for any emergencies I might have was satisfactory to them. Dr. Edwards attempted to make arrangements for me to be covered in the same way that he is for complications and emergencies. Although the former Chair of the Department apparently agreed to this arrangement in writing, the Board decided this was not adequate. I am not privy to any of the Board's correspondence or rationale. Dr. Edwards has not yet obtained written agreement of backup which is satisfactory to the Board. I have enclosed a copy of the letter of rejection from the Medical Chair of the Board, Dr. Jouett.

Sincerely yours,

  
Marshall D. Levine, M.D.



# ARKANSAS STATE MEDICAL BOARD

2100 International Drive, Little Rock, Arkansas 72202-2017 • Phone: (501) 605-3555 • Fax: (501) 605-3555  
www.asmb.org

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Executive Secretary

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Little Rock, AR

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Dr. ...  
Fayetteville, AR

Tom ...  
Fayetteville, AR

...  
Fayetteville, AR

E. ...  
Fayetteville, AR

...  
Fayetteville, AR

...  
Fayetteville, AR

Leg. ...

211 Spring Street  
Little Rock, AR 72202  
(501) 392-3444

April 16, 2002

Marshall David Levine, M.D.  
415 West Webster Avenue  
Chicago, IL 60614-3812

Dear Dr. Levine:

The Arkansas State Medical Board again reviewed your application for a license to practice medicine in the State of Arkansas at the April 4-5, 2002 meeting. Included in the packet of information that the Board reviewed were letters from Dr. Carl Smith from the University of Arkansas for Medical Sciences and Dr. Jerry Edwards from Little Rock Family Planning Services.

After discussing the matter and reviewing the correspondence from Dr. Smith and Dr. Edwards, it was the decision of the Board that proof of adequate back-up coverage has not been provided. The Board, therefore, voted not to grant your licensure request.

Kindest Personal Regards,

W. Tom Jordan, M.D.  
Chairman

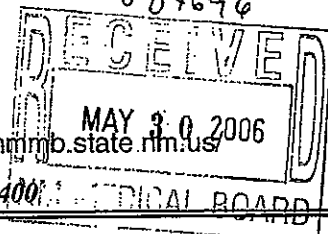
WRJ/jjc



**New Mexico Medical Board**  
 2055 S Pacheco Street  
 Building 400  
 Santa Fe New Mexico 87505  
 Voice 505-476-7227 fax 505-476-7233 website http://nmmb.state.nm.us

25476

807696



Triennial Renewal 6/30/2006 - 7/01/2009 Renewal Fee \$400

**Current Information**

Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female License # <u>75-197</u> DEA#: <u>[REDACTED]</u>	
Preferred Mailing Address: <u>Marshall D Levine, MD</u> <u>680 N Lake Shore Drive #402</u> <u>Chicago IL 60611-4402</u>	Please make corrections below.
Business Phone: <u>3123973010</u>	
Fax #:	
E-Mail Address: <u>[REDACTED]</u>	
Business Address: <u>680 N Lake Shore Drive #402</u> <u>Chicago IL 60611-4402</u>	<u>60611-4470</u>

NM Physician Assistant(s) currently approved and registered with the Board under your supervision:

**Your license will expire June 30, 2006**

I request the following change in license status: (Check only one)

- Active Status/\$400 Fee:
- Inactive Status/\$25 Fee: I am not practicing medicine in New Mexico. I understand that a license in inactive status does not require payment of the triennial renewal fee or compliance with CME requirements. I further understand that I may not engage in the practice of medicine or write prescriptions as long as my license is inactive.
- Retired Status/No Fee: I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine or write prescriptions.
- Voluntary Lapsed Status/No Fee: I choose not to renew my New Mexico medical license. I understand that I may not engage in the practice of medicine or write prescriptions.

**LATE RENEWALS**

All Renewals postmarked after July 1, 2006 will require documentation of 75 CME credit hours.  
 Renewals postmarked after July 1, 2006 and before August 15, 2006, require payment of \$500.  
 Renewals postmarked after August 15, 2006 and before October 1, 2006 require payment of \$550.  
**YOUR LICENSE WILL BE SUSPENDED AFTER OCTOBER 1, 2006 IF IT IS NOT RENEWED!**

**Do not submit CME documentation unless you are renewing after JULY 1, 2006.**

Payment Information: Fee Submitted \$ 25

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Check  Money Order \_\_\_\_\_  
 Credit Card No \_\_\_\_\_ Expiration Date \_\_\_\_\_

1. Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?  Yes  No
2. Since your last renewal, have you been denied professional liability insurance coverage?  Yes  No
3. Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?  Yes  No
4. Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?  Yes  No
5. Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?  Yes  No
6. Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have you been named as a defendant in any criminal proceedings or subject to investigation by a governmental entity that could result in sanctions or licensure adverse actions?  Yes  No
7. Since your last renewal, have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?  Yes  No
8. Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records?  Yes  No
9. Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?  Yes  No
10. Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being challenged?  Yes  No
11. Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently held licenses pending investigation or being challenged?  Yes  No
12. Since your last renewal, have any complaints been filed against you with any licensing agency?  Yes  No
13. Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?  Yes  No
14. Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?  Yes  No
15. Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet of paper for each case.
  - Name, age, sex of patient/claimant.
  - Date(s) and type of treatment and/or surgery, which led to the allegations against you.
  - Nature of allegations in claims/suits. Specify whether a suit was ever filed.
  - Names of other practitioners and hospital, if any, involved in claims or suit.
  - Disposition or current status of claim or suit (be specific).
  - Name of insurance carrier defending you.
  - Name of defense attorney. Yes  No
16. Have you been treated for mental or significant medical illness during the past five years? If yes, please have your treating physician provide the NM Medical Board with a letter regarding your diagnosis and treatment.  Yes  No
17. Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board approved monitoring program you may answer "no").  Yes  No
18. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?  Yes  No
19. Since your last renewal, have you been reported to the National Practitioner Data Bank?  Yes  No
20. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC  Yes  No

***If you answered "Yes" to any of the above, please provide a complete written explanation with this application.***

**Practice Information:**

1. Do you practice full-time in New Mexico? .....  Yes  No  
 If yes, estimate the % of time you spend in the following areas (total = 100): Direct patient care \_\_\_\_%  
 Administration \_\_\_\_%; Teaching \_\_\_\_%; Research \_\_\_\_%; other \_\_\_\_%
2. Do you practice part-time in New Mexico? .....  Yes  No  
 If yes, estimate the % of time you spend in the following areas (total = <100): Direct patient care \_\_\_\_%  
 Administration \_\_\_\_%; Teaching \_\_\_\_%; Research \_\_\_\_%; other \_\_\_\_%
3. Are you retired but maintain an active license? .....  Yes  No
4. Please indicate number of work location(s)  
 Office(s): 1 2 3 4 5 6 ≥7      Clinic(s): 1 2 3 4 5 6 ≥7      Hospital(s): 1 2 3 4 ≥5  
 City(s)/Town(s): 1 2 3 4 ≥5      Rural: 1 2 3 4 ≥5

---

*Physician Practice Information data will not be identified to any other person or institution.*

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- I have not completed a minimum of 75 CME hours as required by 16.10.4 NMAC and I am requesting an emergency deferral, of up to 90 days, as allowed under 16.10.4.15 NMAC. I understand I will be assessed a late renewal penalty fee of \$100 between 7/1/06-8/15/06 or \$150 between 8/16/06-10/1/06 if my CME is not completed and submitted to the Board by July 1.

*M. Andrew D. Peirce*

5/17/06

Signature of Licensee (Signature stamp is not accepted)

Date

*By signing above you are certifying, under penalty of perjury, that all information on this form is currently accurate.*

**\*\*Your Triennial Renewal will be returned if you DO NOT:**

- o Enclose correct renewal fee
- o Indicate fee to be charged to credit card
- o Sign check
- o Sign and date renewal form
- o Answer all questions and provide complete written explanations to any "yes" answers to questions 1-20
- o Indicate CME status
- o Submit acceptable documentation of CME (if renewing late)
- o Complete backside of renewal

5/17/06

To Whom It May Concern:

My wife and I are living with my son-in law and his family in Oak Park, Illinois while our "new" condo is being renovated. We will not be moving into our condo [REDACTED] for several months. All of my records will remain inaccessible in storage until the condo is completely renovated. So, the information I am providing is somewhat sketchy as it comes from memory.

I am an independent contract physician with Planned Parenthood of Indiana and provide first trimester abortion service at its Merrillville office. About two or three years ago, I performed a suction aspiration for abortion on a patient: only decidua was detected. A few days later, her ectopic pregnancy ruptured. She sued Planned Parenthood of Indiana and me for negligence. At the pre trial mediation conference ordered by the judge, I was dropped from the case.

If you need anything more, it will need to wait until I can access my files....

Sincerely

  
Marshall D. Levine, M.D.