

III. Renewal Application

(Complete and return Pages 3-8 with check.)

RENEWAL PROCESS TAKES APPROXIMATELY 15 WORKING DAYS FROM THE DAY THE BOARD OFFICE RECEIVES YOUR FORM AND FEE. PLEASE MAKE SURE TO INCLUDE YOUR REQUIRED CME DOCUMENTS AND SEND YOUR RENEWAL IN EARLY.

RECEIVED
JAN 28 PM 3:03
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

Question 1: Renewal Status

Your current license status is Active. How do you wish to renew?

Active Inactive

Question 2: Public Address of Record

Please update Public Address of Record (item 1), below.

1). Public Address of Record

1 2 2 4 0 B E A R R I V E R R O A D

City

State

Zip

B O Y N T O N B E A C H

C A

3 3 4 7 3

2). Mailing Address

[REDACTED]

City

State

Zip

[REDACTED]

[REDACTED]

[REDACTED]

Question 3: Disclosure of Financial Interests

Business and Professions Code Section 2426 (formerly 2097), requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the financial interest statement below. Do not list hospitals or other places of employment in which you do not own financial interest.

	Health-Related Facility Name(s)	Address
1)	None	
2)		
3)		
4)		
5)		

Entity Number: 2760658
 File Number: _____
 FEB 02 2015
 Receipt Number: 1-8608
 Amount Paid: \$337.-

(Continued on reverse side.)

* delinquent fee waived

Question 4: Conviction Disclosure

Since your last renewal, have you been convicted or pled guilty to any crime? "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred, pursuant to Sections 1000 or 1203.4, of the Penal Code (or set aside pursuant to similar statute in another State), including infractions, misdemeanor, and felonies. Traffic infractions do not need to be disclosed unless the infraction involved alcohol or controlled substances.

Yes No

Question 5: Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? (Discipline includes, but is not limited to suspension, revocation, voluntary surrender, probation, public reprimand or any other restrictions.)

Yes No

Question 6: Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely?

Yes No

Signature Required

I certify under penalty of perjury that all statements, including those attached hereto are true and correct. I further acknowledge that I have read and understand the rules pertaining to CME and I am aware my license will not be renewed if the requirement is not met.

Signature Martin J. Roitman Date 1-22-2015

Enter Your Phone Number for Reference:

[Redacted]

Enter Your Email For Reference:

[Redacted]

IV. Physician Survey

Question 1: Postgraduate Training

Indicate the total number of years of postgraduate training (approved by the Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties, or the American Osteopathic Association), you have completed:

Number of Years:

Question 2: Current Training Status

Resident Fellow Not in Training

Question 3: Current Employment Status

Actively working in a position that requires a medical license
 Actively working in a field other than medicine
 Not currently working
 Retired

Question 4: Practice Activities

Please indicate the hours per week for each of the following activities:

	None	1 - 9	10 - 19	20 - 29	30 - 39	40+
Patient Care						
Research	N/A					
Teaching	/					
Administration	/					
* Other						

How many weeks did you work in the last year?

Question 5: Practice Location

If you provide patient care please write in the zip code of your primary practice location:

Zip Code: -

Question 6: Medical Practice

Do not abbreviate. Please write full name of certifying board.

Primary Board Certification:

Secondary Board Certification:

Additional Board Certifications:

Question 7: Professional Areas of Practice

Which of the following best describes the area(s) of practice in which you spend most of your professional time?

<u>Area of Practice</u>	<u>Primary</u>	<u>Secondary</u>	<u>Completed Accredited Residency or Fellowship</u>
Primary Care Specialty (General IM, Family Medicine/GP, General Peds, Geriatrics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Medicine Subspecialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obstetrics and Gynecology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Specialties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatry (Adult and Child)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anesthesiology, Pathology, Radiology and Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addiction Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specialty (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

N/A

Question 8: Primary and Secondary Practice Setting

Which of the following categories best describes your primary and secondary practice setting where you work the most hours each week?

<u>Practice Setting</u>	<u>Primary</u>	<u>Secondary</u>
Office / Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Hospital – Inpatient	<input type="checkbox"/>	<input type="checkbox"/>
Hospital – Outpatient	<input type="checkbox"/>	<input type="checkbox"/>
Hospital – Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
Federal Government Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Research Laboratory	<input type="checkbox"/>	<input type="checkbox"/>
Medical School	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home or Extended Care Facility	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Setting	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Care	<input type="checkbox"/>	<input type="checkbox"/>
Federal / State / Community Health Center(s)	<input type="checkbox"/>	<input type="checkbox"/>
Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>
Telemedicine	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer in a Free Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

N/A

Question 9: Cultural/Ethnic Background (Optional)

Please indicate your cultural/ethnic background (you may select more than one):



- African-American/Black/African
- Caucasian/White/European/Middle Eastern
- American Indian/Native American/Alaskan Native
- Other
- Decline to State

Native Hawaiian/Pacific Islander

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Fijan | <input type="checkbox"/> Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Pacific Islander | |

Latino/Hispanic

- | | |
|---|---|
| <input type="checkbox"/> Central American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Cuban | <input type="checkbox"/> South American |
| <input type="checkbox"/> Mexican | <input type="checkbox"/> Other Hispanic |

Asian

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Laotian/Hmong |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Indonesian | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other Asian | |

Question 10: Foreign Language Fluency (Optional)

Indicate all that apply:

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Mien | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other (non-English) | <input type="checkbox"/> Tagalong |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Ilacano | <input type="checkbox"/> Other Chinese | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Italian | <input type="checkbox"/> Other Sign Language | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> French | <input type="checkbox"/> Lao | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> German | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Samoan | |

Question 11: Website Profile (Optional)

Do you want the following information included in your personal profile on the Board's Website?

- Cultural/Ethnic Background: Yes No
- Foreign Language Fluency: Yes No

STATE OF CALIFORNIA OSTEOPATHIC MEDICAL BOARD OF ALIFORNIA

1300 NATIONAL DRIVE, SUITE 150
SACRAMENTO, CA 95834-1991
Phone: (916) 928-8390 Fax: (916) 928-8392
www.ombc.ca.gov



DEPARTMENT OF CONSUMER AFFAIRS

2-0766
35A-0763
498 #1683

BIENNIAL LICENSE RENEWAL FORM

DOUBLE-SIDED FORM - COMPLETE BOTH SIDES
PLEASE READ THE ENCLOSED INFORMATION FOR LICENSE
RENEWAL PRIOR TO COMPLETING THE FOLLOWING QUESTIONS AND RETURN THE ENTIRE SIGNED FORM WITH THE RENEWAL FEE TO THE ADDRESS SHOWN BELOW.

RECEIVED
2010 DEC 17 PM 12:01

POST OFFICE BOX 200
STATE OF CALIFORNIA
SACRAMENTO, CA 95834-1991
RECEIVED
2010 DEC 17 PM 12:01

TYPE LICENSE NO LICENSE EXPIRES

20A 4414 01/31/11

PRINT NAME DAYTIME PHONE
MARTIN J. ROITMAN

/06/10
/06/10

1. \$425 Active, (Retired, Residency/Fellowship) License (Includes \$25 fee pursuant to B&P Code Section 2436.5) (Delinquency fee \$100) \$325 Inactive License (Includes \$25 fee pursuant to B&P Code Section 2436.5) (Delinquency Fee \$75)

Active - CME Required (attach documentation)
Active Retired - CME Required (attach documentation)
Residency/Fellowship (attach verification from program)

No practice privileges in California--No CME required.
Available to In-State or Out-of-State Practitioners

2. Public Access Address: ^(required) 1075 Camino del Rio South #220 Phone: 92108
City: SAN DIEGO State: CA Zip: 92108

E-Mail Address: [REDACTED] Phone: [REDACTED]
Mailing Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

3. SINCE YOUR LAST RENEWAL:

- a. Have you been convicted or pled guilty to any crime? "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred, pursuant to Sections 1000 or 1203.4. of the Penal Code (or set aside pursuant to similar statute in another State), including infractions, misdemeanor and felonies. Traffic infractions do not need to be disclosed unless the infractions involved alcohol or controlled substances. YES NO
- b. Has any governmental entity taken any disciplinary action against any of your health care related licenses? (Discipline includes, but is not limited to suspension, revocation, voluntary surrender, probation, public reprimand or any other restrictions.) YES NO
- c. Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? YES NO

AFTER COMPLETING BOTH SIDES, RETURN ENTIRE FORM AND MAKE CHECK PAYABLE TO OSTEOPATHIC MEDICAL BOARD.)

OSTEOPATHIC MEDICAL BOARD
1300 NATIONAL DRIVE, SUITE 150
SACRAMENTO, CA 95834-1991

/06/10 8510 20A 4414

/06/10

/06/10

LICENSE RENEWAL APPLICATION
PHYSICIAN AND SURGEON

I certify under penalty of perjury that all statements, including those attached hereto are true and correct. I further acknowledge I have read and understand the rules pertaining to CME and I am aware my license will not be renewed if the requirement is not met.

Signature Martin J. Roitman Date 12/8/2010

LICENSE NO LICENSE EXPIRES AMOUNT DUE
20A 4414 01/31/11 \$425.00

ACTIVE
DELINQUENT FEE IF
POSTMARKED AFTER
01/31/11 \$525.00

1. Current License Status is
ACTIVE

I AM RENEWING
B () INACTIVE

MARTIN J. ROITMAN, DO
[REDACTED]

85100000100000160000441490101311100042500000052500

OVER

IF YOU ARE IN CALIFORNIA & RENEWING CONTRACTIVE, YOU MUST COMPLETE THE FINANCIAL INTEREST STATEMENT

DISCLOSURE OF FINANCIAL INTERESTS

Business and Professions Code Section 2426 (formerly 2097), requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies, public and private third party payers. In order to comply with this mandate, please complete the financial interest statement below.

HEALTH-RELATED FACILITIES NAMES(S)

ADDRESS

a.	<i>None</i>
b.	
c.	

The Osteopathic Medical Board requires completion of Sections I, II, III, IV and V pursuant to B&P Code Sections 2425.1 and 2425.3.

I Postgraduate Training

Indicate the total number of years of postgraduate training (approved by the Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties, or the American Osteopathic Association), you have completed: 5

II Current Training Status Resident Fellow Not in Training

III Practice Activities
Please indicate hours per week for each of the following activities:

	None	1-9	10-19	20-29	30-39	40+
Patient Care			<input checked="" type="checkbox"/>			
Research						
Teaching						
Administration						
Other						

Retired

If you provide patient care please write in the zip code of your primary practice location: Zip Code: 92629

IV Practice Location

V Medical Practice

DO NOT ABBREVIATE. PLEASE WRITE FULL NAME OF CERTIFYING BOARD

A) Please indicate your primary Board certification American Osteopathic Board of Obstetrics and Gynecology

B) Please indicate your secondary Board certification _____

C) Please indicate any other Board certification you have _____

Completion of Sections VI, VII, and VIII is optional

VI Cultural/Ethnic Background (OPTIONAL)

Please indicate your cultural/ethnic background (You may select more than one.)

- African-American/Black/African
- Caucasian/White/European/Middle Eastern
- American Indian/Native American/Alaskan Native
- Other
- Decline to State
- Native Hawaiian/Pacific Islander (Please specify below):
 - Fijian
 - Filipino
 - Guamanian
 - Other Pacific Islander
 - Hawaiian
 - Samoan
 - Tongan

Asian (Please specify below):

- Cambodian
- Chinese
- Indian
- Indonesian
- Japanese
- Korean
- Laotian/Hmong
- Pakistani
- Thai
- Vietnamese
- Other Asian

Latino/Hispanic (Please specify below):

- Central American
- Cuban
- Mexican
- Puerto Rican
- South American
- Other Hispanic

VII Foreign Language Fluency (OPTIONAL)

Indicate all that apply:

- American Sign Language
- Arabic
- Armenian
- Cambodian
- Cantonese
- Farsi
- French
- German
- Hebrew
- Hmong
- Ilacono
- Italian
- Japanese
- Korean
- Lao
- Other (non-English)
- Mandarin
- Mien
- Other Chinese
- Other Sign Language
- Polish
- Portuguese
- Russian
- Samoan
- Spanish
- Tagalog
- Thai
- Turkish
- Vietnamese
- Decline to state

VIII Website Profile (OPTIONAL)

Do you want the following information included in your personal profile on the Board's Website?

Cultural/Ethnic Background Yes No

Foreign Language Fluency Yes No



ROB20A
11/30/08

BIENNIAL LICENSE RENEWAL FORM

PART
A

DOUBLE-SIDED FORM - COMPLETE BOTH SIDES
PLEASE READ THE ENCLOSED INFORMATION FOR LICENSE RENEWAL OR FOR MEDICAL BOARD TO COMPLETING THE FOLLOWING QUESTIONS AND RETURN THE ENTIRE SIGNED FORM WITH THE RENEWAL FEE TO THE ADDRESS SHOWN IN PART A BELOW.

RECEIVED
2008 DEC 19 AM 10:08

TYPE LICENSE NO LICENSE EXPIRES

20A 4414 01/31/09

PRINT NAME MARTIN ROITMAN D.O.
DAYTIME PHONE [REDACTED]

1. \$400 Active, (Retired, Residency/Fellowship) License (delinquency fee \$100)

\$300 Inactive License (delinquency Fee \$75)

Active - CME Required (attach documentation)
Active Retired - CME Required (attach documentation)
Residency/Fellowship (attach verification from program)

No practice privileges in California-No CME require Available to in-State or Out-of-State Practitioners

2. Public Access Address: 2100 Las Vegas Blvd Suite #1107 Phone: [REDACTED]

City: Las Vegas State: N.V. Zip: 89109

E-Mail Address: [REDACTED] Phone: [REDACTED]
Mailing Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

3. IF YOU ARE IN CALIFORNIA & RENEWING ACTIVE, YOU MUST COMPLETE THE FINANCIAL INTEREST STATEMENT.

DISCLOSURE OF FINANCIAL INTERESTS

Business and Professions Code Section 2426 (formerly 2097), requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the financial interest statement below.

HEALTH-RELATED FACILITY NAME(S)

a. N/A ADDRESS
b. _____
c. _____

4. Do you have any mental, physical or behavioral disorder that would impair your ability to practice medicine safely? (B&P Code Section 2425 (a)) Yes _____ No _____ (if yes, provide details)

Check the box next to "YES" if, since your last renewal, you have had any license disciplined by a government agency or have you been convicted or plead guilty to any crime. "Conviction" includes a plea of no contest and any conviction that has been set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code, including infractions, misdemeanor, and felonies. You do not need to report a conviction for an infraction with a fine of less than \$300 unless the infraction involved alcohol or controlled substances. You must, however, disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to Sections 1000 or 1203.4 of the Penal Code. "License" includes permits, registrations, and certificates. "Discipline" includes, but is not limited to, suspension, revocation, voluntary surrender, probation, or any other restriction.

Check the box next to "NO" if since your last renewal you have not had a license disciplined by another government agency and you have not been convicted of a crime.

AFTER COMPLETING BOTH SIDES, RETURN ENTIRE FORM AND MAKE CHECK PAYABLE TO OSTEOPATHIC MEDICAL BOARD.)

OSTEOPATHIC MEDICAL BOARD
1300 NATIONAL DRIVE, SUITE 150
SACRAMENTO, CA 95834-1991

I certify under penalty of perjury that all statements, including those attached hereto are true and correct. I further acknowledge I have read and understand the rules pertaining to CME and I am aware my license will not be renewed if the requirement is not met.
Signature: Martin Roitman Date: 12/16/08

1/15/09 8510 20A 4414

1/17/08

Fold line.

PART
B
DEPARTMENT OF CONSUMER AFFAIRS

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
LICENSE RENEWAL APPLICATION
PHYSICIAN AND SURGEON

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING
G. YES NO

LICENSE NO 20A 4414 LICENSE EXPIRES 01/31/09 AMOUNT DUE \$400.00

ACTIVE DELINQUENT FEE IF POSTMARKED AFTER 01/31/09 \$500.00

1. Current License Status is
ACTIVE
I AM RENEWING
 A. ACTIVE
 B. INACTIVE

MARTIN J. ROITMAN, DO
[REDACTED]

1/17/08

8510000010000016000044149010131090004000000050000

OVER

I Postgraduate Training

Indicate the total number of years of postgraduate training approved by the Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties, or the American Osteopathic Association, you have completed: 4

II Current Training Status

Resident Fellow Not in Training

III Practice Activities

Please indicate hours per week for each of the following activities:

	None	1-9	10-19	20-29	30-39	40+
Patient Care		<input checked="" type="checkbox"/>				
Research						
Teaching						
Administration						
Other						

Retired

If you provide patient care please write in the zip code of your primary practice location: Zip Code: 92108

V Medical Practice
DO NOT ABBREVIATE. PLEASE WRITE FULL NAME OF CERTIFYING BOARD

A) Please indicate your primary Board certification

Obstetrics & Gynecology

B) Please indicate your secondary Board certification

American Osteopathic Board of

C) Please indicate any other Board certification you have

Completion of Sections VI, VII, and VIII is optional

VI Cultural/Ethnic Background (OPTIONAL)

Please indicate your cultural/ethnic background (You may select more than one.)

- African-American/Black/African
- Caucasian/White/European/Middle Eastern
- American Indian/Native American/Alaskan Native
- Other
- Decline to State

- Native Hawaiian/Pacific Islander (Please specify below):
 - Fijian
 - Filipino
 - Guamanian
 - Other Pacific Islander
- Hawaiian
- Samoan
- Tongan

Asian (Please specify below):

- Cambodian
- Chinese
- Indian
- Indonesian
- Japanese
- Korean

Latino/Hispanic (Please specify below):

- Central American
- Cuban
- Mexican
- Puerto Rican
- South American
- Other Hispanic

VII Foreign Language Fluency (OPTIONAL)

Indicate all that apply:

- American Sign Language
- Arabic
- Armenian
- Cambodian
- Cantonese
- Farsi
- French
- German
- Hebrew
- Hmong
- Ilocano
- Italian

- Japanese
- Korean
- Lao
- Other (non-English)
- Mandarin
- Mien
- Other Chinese
- Other Sign Language
- Polish
- Portuguese
- Russian
- Samoan
- Spanish
- Tagalog
- Thai
- Turkish
- Vietnamese
- Decline to state

VIII Website Profile (OPTIONAL)

Do you want the following information included in your personal profile on the Board's Website?

Cultural/Ethnic Background Yes No

Foreign Language Fluency Yes No



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 GATEWAY OAKS DRIVE, SUITE 350
SACRAMENTO, CA 95833-4304
TELEPHONE: (916) 262-3100
www.dca.ca.gov/osteopathic



ROB20A
08/31/03

400
1471
RECEIVED
2007 JAN 11 AM 10:59
OSTEOPATHIC MEDICAL BOARD

RENEWAL FORM

DOUBLE-SIDED FORM - COMPLETE BOTH SIDES
PLEASE READ THE ENCLOSED INFORMATION FOR LICENSE RENEWAL PRIOR TO COMPLETING THE FOLLOWING QUESTIONS AND RETURN THE ENTIRE SIGNED FORM WITH THE RENEWAL FEE TO THE ADDRESS SHOWN IN PART A BELOW.

TYPE LICENSE NO LICENSE EXPIRES

20A 4414 01/31/07

PRINT NAME DAYTIME PHONE
MARTIN ROITMAN

1. \$400 Active, (Retired, Residency/Fellowship) License (delinquency fee \$100)

\$300 Inactive License (delinquency Fee \$75)

Active - CME Required (attach documentation)

Active Retired - CME Required (attach documentation)

Residency/Fellowship (attach verification from program)

No practice privileges in California-No CME required Available to In-State or Out-of-State Practitioners

Public Access Address: 1075 Camino del Rio Ste 200 Phone: _____

City: SAN DIEGO State: CA Zip: 92108

E-Mail Address: _____ Phone: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

IF YOU ARE IN CALIFORNIA & RENEWING ACTIVE, YOU MUST COMPLETE THE FINANCIAL INTEREST STATEMENT.

DISCLOSURE OF FINANCIAL INTERESTS

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HEALTH-RELATED FACILITY NAME(S)

ADDRESS

- a. _____
- b. _____
- c. _____

4. Do you have any mental, physical or behavioral disorder that would impair your ability to practice medicine safely? (B&P Code Section 2425 (a)) Yes No (If yes, provide details)

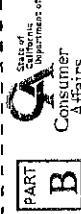
AFTER COMPLETING BOTH SIDES, RETURN ENTIRE FORM AND MAKE CHECK PAYABLE TO OSTEOPATHIC MEDICAL BOARD.)

OSTEOPATHIC MEDICAL BOARD
2720 GATEWAY OAKS DRIVE,
SUITE 350
SACRAMENTO, CA 95833-4304

1/18/06 8510 20A 4414

1/19/06

Fold line.



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
LICENSE RENEWAL APPLICATION
PHYSICIAN AND SURGEON

SSN= *****7295

OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA

ACTIVE
DELINQUENT FEE IF
POSTMARKED AFTER
01/31/07
\$500.00

ACTIVE
AMOUNT DUE
NOW

\$400.00

LICENSE EXPIRES
01/31/07

LICENSE NO
20A 4414

1. Current License Status is
ACTIVE

MARTIN J. ROITMAN, DO

1. AM RENEWING
A. ACTIVE
B. INACTIVE

851000001000001600004414901013107000400000050000

I Postgraduate Training

Indicate the total number of years of postgraduate training (approved by the Accreditation Council for Graduate Medical Education, the American Board of Medical Specialties, or the American Osteopathic Association), you have completed: _____

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Patient Care		✓				
Research		✓				
Teaching						
Administration						
Other						

Retired

IV Practice Location

If you provide patient care please write in the zip code of your primary practice location: Zip Code: _____

V Medical Practice

DO NOT ABBREVIATE. PLEASE WRITE FULL NAME OF CERTIFYING BOARD

A) Please indicate your primary Board certification
 American Osteopathic Board of Obstetrics + Gynecology

B) Please indicate your secondary Board certification _____

C) Please indicate any other Board certification you have _____

Completion of Sections VI, VII, and VIII is optional

VI Cultural/Ethnic Background (OPTIONAL)

Please indicate your cultural/ethnic background (You may select more than one):

- African-American/Black/African
- Caucasian/White/European/Middle Eastern
- American Indian/Native American/Alaskan Native
- Other
- Decline to State

Native Hawaiian/Pacific Islander (Please specify below):

- Fijian
- Filipino
- Guamanian
- Other Pacific Islander
- Hawaiian
- Samoan
- Tongan

Asian (Please specify below):

- Cambodian
- Chinese
- Indian
- Indonesian
- Japanese
- Korean
- Laotian/Hmong
- Pakistani
- Thai
- Vietnamese
- Other Asian

Latino/Hispanic (Please specify below):

- Central American
- Cuban
- Mexican
- Puerto Rican
- South American
- Other Hispanic

VII Foreign Language Fluency (OPTIONAL)

Indicate all that apply:

- American Sign Language
- Arabic
- Armenian
- Cambodian
- Cantonese
- Farsi
- French
- German
- Hebrew
- Hmong
- Ilocano
- Italian
- Japanese
- Korean
- Lao
- Other (non-English)
- Mandarin
- MiTen
- Other Chinese
- Other Sign Language
- Polish
- Portuguese
- Russian
- Samoan
- Spanish
- Tagalog
- Thai
- Turkish
- Vietnamese
- Decline to state

VIII Website Profile (OPTIONAL)

Do you want the following information included in your personal profile on the Board's Website?

Cultural/Ethnic Background Yes No

Foreign Language Fluency Yes No



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 Gateway Oaks Drive, Suite 350
Sacramento, CA 95833-4304
Telephone: (916) 263-3100



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RENEWAL FORM

2003 JAN -6 AMID: LC

PLEASE READ THE ENCLOSED INFORMATION FOR LICENSE RENEWAL PRIOR TO COMPLETING THE FOLLOWING QUESTIONS AND RETURN THE ENTIRE SIGNED FORM WITH THE RENEWAL FEE TO THE ADDRESS SHOWN IN PART A BELOW.

TYPE LICENSE NO LICENSE EXPIRES

20A 4414 01/31/03

PRINT NAME DAYTIME PHONE
MARTIN J. ROITMAN

1. \$400 ACTIVE LICENSE, DELINQUENCY FEE \$100
CME Required
Residency/Fellowship (Attach verification from program director)

\$300 INACTIVE LICENSE, DELINQUENCY FEE \$75
No practice privileges in California--No CME required.
Available to In-State and Out-of-State Practitioners.

2. SINCE YOUR LAST RENEWAL:

- a. Have you been convicted of a misdemeanor or felony? YES NO
- b. Has any state taken administrative action against any medical license? YES NO
- c. Have you had health, legal or occupational problems associated with alcohol or drug use or been charged with any act related to alcohol or drugs? YES NO
- d. Is there any investigation or litigation pending against you involving your (1) medical license, (2) practice, (3) hospital privileges, or (4) medical society membership? YES NO
- e. Has a malpractice suit been settled by judgment, settlement or arbitration? YES NO
- f. Are you aware of any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? YES NO

3. Public Access Address: 1075 Camino del Rio South Phone: [REDACTED]
City: San Diego, CA State: CA Zip: 92108

E-Mail Address: [REDACTED]

Mailing Address: [REDACTED] Phone: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

4. Board Certified? Yes No Date: 1972
5. Please provide your DEA number: [REDACTED] Is it current and unrestricted? Yes No (If NO, please provide details.)
American Osteopathic Board of Podiatry & Pharmacology

IF YOU ARE IN CALIFORNIA & RENEWING ACTIVE, YOU MUST COMPLETE THE FINANCIAL INTEREST STATEMENT ON THE REVERSE SIDE OF THIS FORM.

(RETURN ENTIRE FORM AND MAKE CHECK PAYABLE TO OSTEOPATHIC MEDICAL BOARD.)

Osteopathic Medical Board
2720 Gateway Oaks Drive,
Suite 350
Sacramento, CA 95833-4304

28/02 8510 20A 4414

I certify under penalty of perjury that all statements, answers and representations in this application including statements attached hereto are true and correct. I further acknowledge I have read and understand the rules pertaining to CME and I am aware my license will not be renewed if the requirement is not met.
Signature: Martin J. Roitman Date: 1/3/03

Form No. 26-02



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION PHYSICIAN AND SURGEON

SSN= 126307295

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

DELINQUENT FEE IF POSTMARKED AFTER
01/31/03
\$500.00

LICENSE NO LICENSE EXPIRES AMOUNT DUE
20A 4414 01/31/03 ACTIVE \$400.00

1. Current License Status is
ACTIVE
2. I AM RENEWING
A.) ACTIVE
B.) INACTIVE

MARTIN J. ROITMAN, DO
[REDACTED]

2003 JAN 17 AM 11:46

Business and Professions Code Section 2426 (formerly 2097), requires all physicians to report to OMBC any financial interests the or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the financial interest statement below.

DISCLOSURE OF FINANCIAL INTERESTS

PLEASE PRINT OR TYPE CLEARLY THE NAME(S) AND ADDRESS(ES) OF EACH HEALTH-RELATED FACILITY IN WHICH YOU OR YOUR IMMEDIATE FAMILY HAVE A FINANCIAL INTEREST. IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL LISTINGS. IF YOU HAVE NO INTERESTS TO DECLARE, PLEASE WRITE "NONE" IN THE AREA BELOW AND SIGN YOUR NAME BELOW.

HEALTH-RELATED FACILITY NAME(S)	ADDRESS
1.	
2.	
3.	
4.	None
5.	
6.	
7.	
8.	
9.	
10.	

I certify under the penalty of perjury that I have disclosed on this form, the names of those health-related facilities in which my family or I have financial interests, if any.

Signature: Walter R. Kuntz License No: 2044414 Date: 1/13/03

Failure to comply with Business and Professions Code 2426 could result in disciplinary action.

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 GATEWAY OAKS DRIVE, SUITE 350
SACRAMENTO, CA 95833
TELEPHONE: (916) 263-3100
FAX (916) 263-3117

OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA



2001 FEB 15 AM 10:43

February 8, 2001

Martin J. Roitman, D.O.

Business and Professions Code Section 2426 (formerly 2097), summarized below, requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the Financial Interest Statement below, and enter the facility name(s) and address(es) in the space provided.

FINANCIAL INTEREST means and includes any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or otherwise. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility. A "financial interest" does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments, (1) that are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any distributions on the value of the physician's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) has total gross assets exceeding \$100,000,000. Any financial interest transferred by a licensee to, or otherwise established in, any person or entity for the purpose of avoiding the reporting required by this section shall be deemed a financial interest of the licensee.

HEALTH-RELATED FACILITY means a facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery. "Diagnostic Imaging" shall include x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

IMMEDIATE FAMILY means a spouse, child or parent of a physician and spouse of a physician's child.

The board may impose appropriate sanctions for failure to comply with Section 2426.

DISCLOSURE OF FINANCIAL INTERESTS:

Please print below the names of the health-related facilities in which you or your family have financial interests. If none, please indicate below as such, sign and return this form:

HEALTH-RELATED FACILITY NAME(S)	ADDRESS
1. NONE	
2.	
3.	
4.	

I certify under penalty of perjury that I have disclosed on this form, the names of those health-related facilities in which my family or I have financial interest, if any.

Signature: Martin J. Roitman License No: 20A 4414 Date: 2/11/01

Failure to comply with Business and Professions Code 2426 could result in disciplinary action.

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 GATEWAY OAKS DRIVE, SUITE 350
 SACRAMENTO, CA 95833-4304
 TELEPHONE: (916) 263-3100
 FAX (916) 263-3117

01

Martin J. Roitman, D.O.

[REDACTED]

4114

asked

2000 DEC 18 PM 12:06

OSTEOPATHIC MEDICAL BOARD
 OF CALIFORNIA



2001 - 2003 TWO-YEAR LICENSE RENEWAL

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month of a two-year term. Biennial Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date will result in a delinquency fee of \$100; (\$75 for inactive license).

\$400 ACTIVE LICENSE

CME Required

Residency/Fellowship (Attach verification from program director)

\$300 INACTIVE LICENSE

No practice privileges in California - No CME required. Available to In-State and Out-of-State Practitioners.

Physician's Printed Name: MARTIN J. ROITMAN D.O.

Public Access Address: 700 South Justin Phone: [REDACTED]

City: Orange State: CA Zip: 92866

E-Mail Address: [REDACTED]

Mailing Address: [REDACTED] Phone: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Specialty: OB-GYN SURG. Board Certified? Yes No

Certifying Board: American Osteopathic Board of Date: 1972

OBstetrics + Gynecology

SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony? Yes No
- (b) Has any state taken administrative action against any medical license? Yes No
- (c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged with any act related to alcohol or drugs? Yes No
- (d) Is there any investigation or litigation pending against you involving your (1) medical license, (2) practice, (3) hospital privileges, or (4) medical society membership? Yes No
- (e) Has a malpractice suit been settled by judgment, settlement or arbitration? Yes No
- (f) Are you aware of any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? Yes No

PROVIDE DETAILS TO ANY "YES" ANSWERS

Please provide your DEA number: [REDACTED] Is it current and unrestricted? Yes No (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: Martin J. Roitman Date: 12/13/02

PLEASE MAKE CHECK PAYABLE TO: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 GATEWAY OAKS DRIVE, SUITE 350
SACRAMENTO, CA 95833
TELEPHONE: (916) 263-3100
FAX (916) 263-3117

OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA



99 JAN -5 AM 9:00

633 *01 *
Martin J. Roitman, D.O.



Business and Professions Code Section 2426 (formerly 2097), summarized below, requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the Financial Interest Statement below, and enter the facility name(s) and address(es) in the space provided.

FINANCIAL INTEREST means and includes any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or otherwise. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility. A "financial interest" does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments, (1) that are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any distributions on the value of the physician's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) has total gross assets exceeding \$100,000,000. Any financial interest transferred by a licensee to, or otherwise established in, any person or entity for the purpose of avoiding the reporting required by this section shall be deemed a financial interest of the licensee.

HEALTH-RELATED FACILITY means a facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery. "Diagnostic Imaging" shall include x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

IMMEDIATE FAMILY means a spouse, child or parent of a physician and spouse of a physician's child.

The board may impose appropriate sanctions for failure to comply with Section 2426.

DISCLOSURE OF FINANCIAL INTERESTS:

Please print below the names of the health-related facilities in which you or your family have financial interests. If none, please indicate below as such, sign and return this form:

HEALTH-RELATED FACILITY NAME(S)	ADDRESS
1. <u>None</u>	
2.	
3.	
4.	

I certify under penalty of perjury that I have disclosed on this form, the names of those health-related facilities in which my family or I have financial interest, if any.

Signature: M. Roitman License No: 20A4414 Date: 12/9/98

Failure to comply with Business and Professions Code 2426 could result in disciplinary action.



99 JAN -5 AM 9:00

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633 *01 *
Martin J. Roitman, D.O.

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1999-2001 TWO-YEAR LICENSE RENEWAL

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month of a two-year term. Biennial Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date will result in a delinquency fee of \$150; (\$75 for inactive license).

\$600 ACTIVE LICENSE

CME Required (Current three-year period is 1998-2000)

Residency/Fellowship (Attach verification from program director)

\$300 INACTIVE LICENSE

No practice privileges in California - No CME required. Available to In-State and Out-of-State Practitioners.

Physician's Printed Name: MARTIN ROITMAN D.O.

Public Access Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Specialty: OB GYN Surgery Board Certified? Yes No

Certifying Board: Amer. Osteopathic Board of Obstetrics + Gynecology Date: 1977

SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony? Yes _____ No
- (b) Has any state taken administrative action against any medical license? Yes _____ No
- (c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged with any act related to alcohol or drugs? Yes _____ No
- (d) Is there any investigation or litigation pending against you involving your (1) medical license, (2) practice, (3) hospital privileges, or (4) medical society membership? Yes _____ No
- (e) Has a malpractice suit been settled by judgment, settlement or arbitration? Yes _____ No
- (f) Do you currently have any mental, physical, emotional or behavioral disorder that would impair your ability to practice medicine safely? Yes _____ No

PROVIDE DETAILS TO ANY "YES" ANSWERS

Please provide your DEA number: _____ Is it current and unrestricted? Yes No _____ (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: Martin Roitman Date: 12/6/98

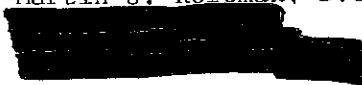
PLEASE MAKE CHECK PAYABLE TO: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 GATEWAY OAKS DRIVE, SUITE 350
SACRAMENTO, CA 95833
TELEPHONE: (916) 263-3100
FAX (916) 263-3117



Martin J. Roitman, D.O.



Business and Professions Code Section 2426 (formerly 2097), summarized below, requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the Financial Interest Statement below, and enter the facility name(s) and address(es) in the space provided.

FINANCIAL INTEREST means and includes any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or otherwise. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility. A "financial interest" does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments, (1) that are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any distributions on the value of the physician's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) has total gross assets exceeding \$100,000,000. Any financial interest transferred by a licensee to, or otherwise established in, any person or entity for the purpose of avoiding the reporting required by this section shall be deemed a financial interest of the licensee.

HEALTH-RELATED FACILITY means a facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery. "Diagnostic Imaging" shall include x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

IMMEDIATE FAMILY means a spouse, child or parent of a physician and spouse of a physician's child.

The board may impose appropriate sanctions for failure to comply with Section 2426.

DISCLOSURE OF FINANCIAL INTERESTS:

Please print below the names of the health-related facilities in which you or your family have financial interests. If none, please indicate below as such, sign and return this form:

HEALTH-RELATED FACILITY NAME(S)	ADDRESS
1. <i>None</i>	
2.	
3.	
4.	

I certify under penalty of perjury that I have disclosed on this form, the names of those health-related facilities in which my family or I have financial interest, if any.

Signature: *Martin J. Roitman D.O.* License No: *20A4414* Date: *12/8/96*

Failure to comply with Business and Professions Code 2426 could result in disciplinary action.

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2720 GATEWAY OAKS DRIVE, SUITE 350
SACRAMENTO, CA 95833
TELEPHONE: (916) 263-3100
FAX (916) 263-3117

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Martin J. Roitman, D.O.

1997-1999 TWO-YEAR LICENSE RENEWAL

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of his/her birth month of a two-year term. Biennial Tax and Registration Fees are due on or before the expiration date. Failure to pay the license fees by the expiration date, will result in a delinquency fee of \$150; (\$75 for inactive license).

\$600 ACTIVE LICENSE

CME Required (1995-97 CME documents are due January 1998 unless previously submitted)
 Residency/Fellowship (Attach verification from program director)

\$300 INACTIVE LICENSE

No Practice Privileges in California -- No CME Required.
 Available to In-State and Out-of-State Practitioners.

Physician's Printed Name: MARTIN ROITMAN D.O

Public Access Address: 1633 E. 4th St Phone: [REDACTED]

City: SANTA ANA State: CA Zip: 92701

Mailing Address: [REDACTED] Phone: [REDACTED]
(if different)

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Specialty: OB-GYN SURGERY Board Certified? Yes No

Certifying Board: American Osteopathic Board of Date:
Obstetrics & Gynecology

SINCE YOUR LAST RENEWAL:

- (a) Have you been convicted of a misdemeanor or felony? Y N
- (b) Has any state taken administrative action against any medical license?
Y N
- (c) Have you had health, legal or occupational problems associated with alcohol or drug use or been charged with any act related to alcohol or drugs? Y N
- (d) Is there any investigation or litigation pending against you involving your 1) medical license, 2) practice, 3) hospital privileges, or 4) medical society membership? Y N
- (e) Do you currently have any mental, physical, emotional or behavioral disorder that would impair your ability to practice medicine safely?
Y N PROVIDE DETAILS TO ANY 'YES' ANSWERS
- Please provide your DEA number. [REDACTED] Is it current and unrestricted? Yes No (If NO, please provide details.)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: Martin J. Roitman D.O Date: 12/18/96

PLEASE MAKE CHECK PAYABLE TO: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306
FAX: (916) 327-6119



633 *01 *
Martin J. Roitman, D.O.

Good

STATE OF CALIFORNIA

PETE WILSON, Governor

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA



OSTEOPATHIC MEDICAL BOARD
OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306
FAX: (916) 327-6119

95 JAN 17 AM 11:22

633 *01 *
Martin J. Roitman, D.O.

Business and Professions Code Section 2097, summarized below, requires all physicians to report to OMBC any financial interests they or their immediate family may have in health-related facilities located in California. This information will be available to other government agencies and public and private third party payers. In order to comply with this mandate, please complete the Financial Interest Statement below, and enter the facility name(s) and address(es) in the space provided.

FINANCIAL INTEREST means and includes any type of ownership interest, debt, loan, lease, compensation, remuneration, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or otherwise. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility. A "financial interest" does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments, (1) that are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any distributions on the value of the physician's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) has total gross assets exceeding \$100,000,000. Any financial interest transferred by a licensee to, or otherwise established in, any person or entity for the purpose of avoiding the reporting required by this section shall be deemed a financial interest of the licensee.

HEALTH-RELATED FACILITY means a facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery. "Diagnostic Imaging" shall include x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

IMMEDIATE FAMILY means a spouse, child or parent of a physician and spouse of a physician's child.

DISCLOSURE OF FINANCIAL INTERESTS:

Please print below the names of the health-related facilities in which you or your family have financial interests. If none, please indicate below as such, sign and return this form:

HEALTH-RELATED FACILITY NAME(S) ADDRESS

1. None
2. _____
3. _____
4. _____
5. _____

I certify under penalty of perjury that I have disclosed on this form, the names of those health-related facilities in which my family or I have financial interest, if any.

Signature: Martin Roitman License No: 20A4414 Date: 1-11-95

Failure to comply with Business and Professions Code 2097 could result in disciplinary action.

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200

SACRAMENTO, CA 95814

TELEPHONE: (916) 322-4306

FAX: (916) 327-6119

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

94 JAN 18 PM 3:29



633 *01 *

Martin J. Roitman, D.O.

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AMT

1994 ANNUAL TAX AND REGISTRATION NOTICE

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of the birth month of the licensee. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the annual license fees by the expiration date, will result in a delinquency fee of \$100; (\$75 for inactive license).

\$200 ACTIVE LICENSE

CME Required (Attach documentation of all CME earned since 1/1/92 unless previously submitted)
 Residency/Fellowship (Attach verification from director)

\$150 INACTIVE LICENSE

No Practice Privileges in California -- No CME Required. Available to In-State and Out-of-State Practitioners.

Physician's Printed Name: MARTIN J. ROITMAN D.O.

Business Address: 1570 E. Thompson Phone: [REDACTED]

City: Ventura State: CA Zip: 93001

Home Address: [REDACTED] Phone: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Specialty: OB-GYN Surgery Board Certified? Yes No

Certifying Board: A.O.B.O.C. Date: 1972

Have you ever been convicted of a misdemeanor or felony? Yes No

If Yes, please provide details. (over)

Has any state ever taken administrative action against any medical license? Yes No If Yes, please provide details. (over)

Is there now pending or has there ever been an investigation or litigation against you involving your hospital privileges, medical practice, membership in state societies, or malpractice? Yes No If Yes, please provide details.

Have you had health, legal or occupational problems associated with alcohol or drug use or been charged or convicted of any act related to alcohol or drugs? Yes No If Yes, please provide details.

Please provide your DEA number. [REDACTED] Is it current and unrestricted? Yes No If no, please provide details.

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met by 12/31/94.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE OCCUR.

Physician's Signature: Martin Roitman MD Date: 1-12-94

Please make check payable to: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

Felony Conviction 1980 - Filing Fee Corp. Tax
State ment.

States Action . ① Missouri Probation 4 yrs - completed
② New Jersey Fine & Probation completed
③ Florida Fine & Probation completed
④ N.Y. Revocation.

Malpractice - Several cases over 7 or
years. all reported as required
by state statute (Missouri).

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

444 NORTH THIRD STREET, SUITE A-200
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306
FAX: (916) 327-6119



53 JUN 13 PM 1:26
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

633 *01 *

Martin J. Roitman, D.O.

[Redacted]

7703
12/83

4464

1993 - 1994

ANNUAL TAX AND REGISTRATION NOTICE

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of the birth month of the licensee. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the annual license fees by the expiration date, will result in a delinquency fee of \$87.50; \$75.00 for inactive license.

CME DL

\$175 ACTIVE LICENSE

CME Required (Attach Documentation of 1992 hours)

Residency/Fellowship (Attach verification from director)

Federal (CME Required)

\$150 INACTIVE LICENSE

No Practice Privileges in California - No CME Required. Available to in-state and out-of-state practitioners.

Physician's Printed Name: MARTIN J. ROITMAN D.O.

Street Address: [Redacted] Phone: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Mailing Address if Different: 1570 THOMSON BLVD
(This address is/public information)

Ventura, Ca 93001

Specialty: OR&yd Surg Board Certified? Yes No

Certifying Board: A.O.B.O.S. Date: 1/92

Have you ever been convicted of a misdemeanor or felony or has any state ever taken administrative action against any licensee?
Yes No If yes, please provide details. (over)

I acknowledge I have read and understand the rules pertaining to CME. I am aware my license will not be renewed if the requirement is not met by 12/31/94.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman Date: 12/83

Please make check payable to: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

1980 -

Felony conviction for
filing false corporate tax statement.
Fines, incarceration and probation.
N.Y. license revoked even though I
never practiced there. Probation and
fine in N.Y. & Florida.
Further information upon request
Thank you
Richard D.

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA MEDICAL BOARD
444 North Third Street, Suite A200
Sacramento, CA 95814
Telephone: (916) 322-4306



633 01-08-38
Martin J. Roitman, D.D.

[Redacted signature area]

4444 / 130.00

1992 - 1993
ANNUAL TAX AND REGISTRATION NOTICE

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of the birth month of the licensee. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the annual license fees by the expiration date, will result in a delinquency fee of \$87.50; \$75.00 for inactive license.

\$175 ACTIVE LICENSE

- CME Required (Attach Documentation of 1991 hours)
- Residency/Fellowship (Attach verification from director)
- Federal (CME Required)

\$150 INACTIVE LICENSE

No Practice Privileges in California - No CME Required. Available to in-state and out-of-state practitioners.

Physician's Printed Name: Martin J. Roitman

Street Address: [Redacted] Phone: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Mailing Address if Different: _____
(This address is public information)

Specialty: OB-GYN Surgery Board Certified? Yes No

Certifying Board: Am. Osteopathic Board Date: 1972

Physician's Signature
OF Obstetrics & Gynecology

Have you ever been convicted of a misdemeanor or felony or has any state ever taken administrative action against any license? Yes No If yes, please provide details.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE OSTEOPATHIC MEDICAL BOARD SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman Date: 1/17/94

Please make check payable to: OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306

RECEIVED
BOARD OF OSTEOPATHIC EXAMINERS
91 JAN 10 AM 11:30



633 01-08-38
Martin J. Roitman, D.O.

[Redacted]

93220
150-031

444

1991 - 1992
ANNUAL TAX AND REGISTRATION NOTICE

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic physicians and Surgeons Certificates shall expire twelve midnight on the last day of the birth month of the licensee. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the annual license fees by the expiration date, will result in a delinquency fee of \$87.50.

\$175 ACTIVE LICENSE

- CME Required (Attach Documentation of 1990 hours)
- Residency/Fellowship (Attach verification from director)
- Federal (CME Required)

\$150 INACTIVE LICENSE

- No Practice Privileges in California - No CME Required. Available to in-state and out-of-state practitioners.

Physician's Printed Name: MARTIN J. ROITMAN D.O.

Street Address: [Redacted] Phone: [Redacted]

City: [Redacted] State: [Redacted] Zip: [Redacted]

Mailing Address if Different: _____
(This address is public information)

Specialty: OB-GYN Surg. Board Certified? Yes No

Certifying Board: A.C.O.C. Date: 1971

reviewed
verified
over
1/20/90

Have you ever been convicted of a misdemeanor or felony or has any state ever taken administrative action against any license? Yes No If yes, please provide details.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman Date: 1/20/90

Please make check payable to: Board of Osteopathic Examiners

To members of Board -

I have previously informed you of Felony
Conviction in 1980 for filing a false income
tax statement. All punishment & penalties
have been completed years ago and I have
no restrictions I am in full time
practice in Missouri with no practice
restrictions. I hold a D.E.A. number.

New York State revoked a license but
no other states have taken similar action.
Further details upon request.

Thank you
Richard K. ...

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CA 95814
TELEPHONE: (916) 322-4306

BOARD OF
OSTEOPATHIC EXAMINERS

89DEC 26 PM 2:01



633

01-08-38

Martin J. Roitman, D.O.

[Redacted]

1990 - 1991

ANNUAL TAX AND REGISTRATION NOTICE

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of the birth month of the licensee. Annual Tax and Registration Fees are due on or before the expiration date. Failure to pay the annual license fees by the expiration date, will result in a delinquency fee of \$85.00.

\$175 ACTIVE LICENSE

_____ CME Required (Attach Documentation of 1989 hours)

_____ Residency/Fellowship (Attach verification from director)

_____ Federal (CME Required)

\$150 INACTIVE LICENSE

No Practice Privileges in California - No CME Required. Available to in-state and out-of-state practitioners.

Physician's Printed Name: MARTIN J. ROITMAN D.O.

Street: [Redacted] Phone: [Redacted]

(Address is public information.)

City: [Redacted] State: [Redacted] Zip: [Redacted]

Social Security Number: [Redacted] (Mandatory - See Reverse)

Specialty: OB-GYN Surgery Board Certified? Yes No

Certifying Board: American Osteopathic Board of Obstetrics and Gynecology

Have you ever been convicted of a misdemeanor or felony or has any state ever taken administrative action against any license? Yes No If yes, please provide details.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman Date: 12/18/89

Please make check payable to: Board of Osteopathic Examiners

OK
12/18/89
12/18/89
S. A. [Redacted]
Secretary

over

2. 10:19 AM 25 03:00 00

10:19 AM 25 03:00 00

INFORMATION COLLECTION AND ACCESS

Agency requesting information: Board of Osteopathic Examiners, 921 11th Street, Suite 1201, Sacramento, CA 95814. (916)322-4306.

The information in this application is mandatory and is maintained by the Executive Director in accordance with the Osteopathic Act (Initiative measure, Stats. 1923, p.xcii), and the Medical Practice Act (Business and Professions Code Section 2000 et seq.). Except for Social Security Number the information requested will be used to determine eligibility for license renewal, and failure to provide all or any part of the requested information will result in the application being rejected as incomplete.

Disclosure of your Social Security Number is mandatory. Section 30 of the Business and Professions Code and Pub.L. 94-455 (42 U.S.C.A. 405(c)(2)(C) authorizes collection of your Social Security Number. Your Social Security Number will be used exclusively to tax enforcement purposes. If you fail to disclose your Social Security Number, you will be reported to the Franchise Tax Board, which may assess a \$100. penalty against you.

Any known or foreseeable interagency or intergovernmental transfer which may be made of the information, whenever necessary, are other Federal, State and local law enforcement agencies.

Each individual has the right to review personal information maintained on them by the agency unless the records are exempt from disclosure.

1979 - Felony Conviction for Filing False Corporate tax Statement. The fines and penalties were paid.

Missouri placed me on probation during the time of my Federal probation. This has long since been completed. There are no restrictions either state or federal.

The states of N.J. Florida & N.Y have taken similar actions since I was licensed to practice in these states.

I would be happy to provide any other information requested by the Board.

Sincerely

Walter J. Platterman Sr.

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306



633 01-08-38
Martin J. Roitman, D.O.

RECEIVED

DEC 14 1988

BOARD OF
OSTEOPATHIC EXAMINERS

IMPORTANT NOTICE

ANNUAL TAX AND REGISTRATION NOTICE

Pursuant to Section 2456.1 of the California Business and Professions Code, all Osteopathic Physicians and Surgeons Certificates shall expire twelve midnight on the last day of the birth month of the licensee. Annual Tax and Registration Fees are due on or before the expiration date.

Failure to pay the annual license fees by the expiration date, will result in a delinquency fee of \$50.00.

\$200 ACTIVE LICENSE

 CME Required (Attach Documentation for 1988 CME)

 Residency/Fellowship - Waiver for CME must be filed based on undue hardship

 Federal - CME Required

\$200 INACTIVE LICENSE

 NO Practice Privileges in California - No CME Required. Available to in-state and out-of-state practitioners.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman Date: 12/1/88

Physician's Printed Name: MARTIN J. ROITMAN

Street: [REDACTED]
(Address is public information.)

City: [REDACTED] State [REDACTED] Zip [REDACTED]

Social Security Number: [REDACTED]
REQUIRED BY REVENUE AND TAXATION CODE SECTION 19276.

Phone Number: [REDACTED]

Please make check payable to: Board of Osteopathic Examiners

PLEASE NOTE: There are two categories of licenses: Active and Inactive. CME is required for an active license which allows full practice privileges in California; CME is not required for an inactive license, however, NO practice privileges in California are allowed.

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306



October 1987

633

Roitman Martin J., D.O.
[REDACTED]
[REDACTED]
[REDACTED]

1988 LICENSE RENEWAL NOTICE

Pursuant to the California Business and Professions Code 2455 and 2457, License Renewal Fees, and Continuing Medical Education Credits are due on or before January 1, 1988. A Delinquency Fee of \$50 shall be assessed for failure of payment of the annual tax and registration fee by the due date.

\$200 ACTIVE LICENSE

____ CME Required (Attach Documents)

____ Residency/Fellowship - Waiver for CME must be filed based on undue hardship

____ Federal - CME Required

\$200 INACTIVE LICENSE

✓ NO Practice Privileges in California - No CME Required. Available to in-state and out-of-state practitioners.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman, D.O. Date: 10/8/87

Physician's Printed Name: MARTIN J. ROITMAN D.O.

Street: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Social Security Number: [REDACTED]
REQUIRED BY REVENUE AND TAXATION CODE SECTION 19276

Phone Number: [REDACTED]

Please make check payable to: Board of Osteopathic Examiners

PLEASE NOTE: Beginning January 1, 1987 there are two categories of licenses: Active and Inactive. Renewal fee is \$200 for each category. CME is required for an active license which allows full practice privileges in California; CME is not required for an inactive license, however, NO practice privileges in California are allowed. Your license will be forfeited if not renewed by March 1, 1988.

Thank you,
Board of Osteopathic Examiners

RECEIVED
OCT 15 1987
— BOARD OF —
OSTEOPATHIC EXAMINERS

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306

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DEC 5 1986

633

Martin J. , D.O.

October 1986

BOARDS OF
OSTEOPATHIC EXAMINERS

1987 LICENSE RENEWAL NOTICE

Pursuant to the California Business and Professions Code 2455 and 2457, License Renewal Fees, and Continuing Medical Education Credits are due on or before January 1, 1987. A Delinquency Fee of \$50 shall be assessed for failure of payment of the annual tax and registration fee by the due date.

\$200 ACTIVE LICENSE

----- CME Required

----- Residency/Fellowship - Waiver for CME must be filed based on undue hardship

----- Federal - CME Required

\$200 INACTIVE LICENSE (Previously classified as out-of-state)

NO Practice Privileges in California - No CME Required

----- Available to in-state and out-of-state practitioners

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

Physician's Signature: Martin J. Roitman, D.O. Date: 10/27/86

Physician's Printed Name: MARTIN J. ROITMAN, D.O.

Street: [REDACTED]

City: [REDACTED]

State and Zip: [REDACTED]

Phone Number: [REDACTED]

Please make check payable to: Board of Osteopathic Examiners

PLEASE NOTE: Beginning January 1, 1987 there will be two categories of licenses: Active and Inactive. Renewal fees will be \$200 for both categories. CME is required for an active license which allows full practice privileges in California; CME is not required for an inactive license, however, NO practice privileges in California are allowed. Your license will be forfeited if not renewed by March 1, 1987.

Thank you,
Board of Osteopathic Examiners

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306

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NOV 6 1985

- FOR OUT-OF-STATE LICENTIATES -

BOARD OF
OSTEOPATHIC EXAMINERS
SACRAMENTO, CALIFORNIA 95814

NOTE: Pursuant to the Board's Rules & Regulations and Regulations and 2451, 2455, 2456, and 2457 of the California Business and Professions Code, License Renewal Fees are due on or before January 1, 1986. A Delinquency Fee of \$50.00 shall be assessed for failure of payment of the annual tax and registration fee by the due date.

YOUR LICENSE WILL BE FORFEITED IF NOT RENEWED BY MARCH 1, 1986.

INSTRUCTIONS: Please check appropriate box below, complete back of form, including current address, sign both sides, and return with the appropriate fee to the Board of Osteopathic Examiners at the above address.

\$325.00 OUT-OF-STATE WITH FULL CALIFORNIA PRACTICE PRIVILEGES AFFIDAVIT

I hereby certify that I qualify for full in-state practice privileges in the State of California as an Osteopathic Physician and Surgeon and have enclosed the proper Continuing Medical Education (CME) hours.

\$150.00 OUT-OF-STATE AFFIDAVIT

I hereby certify that, pursuant to the Business and Professions Code, I will not practice Osteopathic medicine in the State of California in 1986. Note: Out-of-State physicians do not need to submit Continuing Medical Education (CME) hours to renew.

\$100.00 RESIDENCY/FELLOWSHIP

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, and I am engaged in a full-time approved training program and that I have filed a letter with the Board of Osteopathic Examiners from the director of said program attesting to my participation.

\$100.00 FEDERAL AFFIDAVIT

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, that I practice strictly within a Federal enclave and do not engage in any practice for monetary gain.

\$100.00 REDUCED FEE AFFIDAVIT (DISABLED/RETIRED)

I hereby certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1694, I do not practice more than fifteen (15) hours per week.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

PHYSICIAN'S SIGNATURE:

Robert J. [Signature] DATE: 11/6/85

DUE ON OR BEFORE JANUARY 1, 1986

CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

NOTE: Please submit your CME hours during the license renewal period only (October through December). This will ensure proper credit.

AMERICAN OSTEOPATHIC ASSOCIATION (AOA) DOES NOT MAIL CREDITS TO THE BOARD. THIS IS YOUR RESPONSIBILITY.

INSTRUCTIONS: Please check appropriate box, sign, and return this form to the Board of Osteopathic Examiners on or before January 1, 1986.

OUT-OF-STATE CME INACTIVE STATUS

I hereby certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1695.5, I do not intend to practice in this state during 1986 and will not be required to submit proof of continuing medical education.

REQUEST FOR ACCEPTANCE OF THE AOA INDIVIDUAL ACTIVITY REPORT (IAR)

I hereby submit a copy of my AOA Individual Activity Report form to satisfy the Continuing Medical Education requirements for this annual renewal period. I understand that it is my responsibility to submit a copy of the AOA (IAR) form.

REQUEST FOR BOARD CERTIFICATION (FOR CME CREDIT OTHER THAN AOA HOURS)

I hereby submit the attached hours, description of course(s) and verification of attendance from the sponsoring organization to satisfy the CME requirements for this annual renewal period. A statement from the organization sponsoring the course(s) is necessary to ensure that I receive credit. I understand that my written statement of courses attended is not sufficient.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

PHYSICIAN'S SIGNATURE: *Martin J. Reiterman* DATE: 11/1/85

STREET: [REDACTED]

CITY: [REDACTED]

STATE AND ZIP: [REDACTED]

PHONE NUMBER: [REDACTED]

THE LAW REQUIRES THAT YOU NOTIFY US OF ANY CHANGE OF ADDRESS.

DUE ON OR BEFORE JANUARY 1, 1986

STATE OF CALIFORNIA
BOARD OF OSTEOPATHIC EXAMINERS
921 11th Street, Suite 1201
Sacramento, CA 95814



CHAIRMAN MARTIN J. [REDACTED]

FIRST CLASS

1986 RENEWAL FORM - IMPORTANT

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
 SACRAMENTO, CALIFORNIA 95814
 TELEPHONE: (916) 322-4306

DEC 9 1984



1985 LICENSE RENEWAL NOTICE
 - FOR OUT-OF-STATE LICENTIATES -

NOTE: Pursuant to the Board's Rules & Regulations and Sections 2080, 2451, 2455, 2456, and 2457 of the California Business and Professions Code, License Renewal Fees are due on or before January 1, 1985. A Delinquency Fee of \$50.00 shall be assessed for failure of payment of the annual tax and registration fee by the due date.

YOUR LICENSE WILL BE FORFEITED IF NOT RENEWED BY MARCH 1, 1985.

INSTRUCTIONS: Please check appropriate box below, complete back of form, including current address, sign both sides, and return with the appropriate fee to the Board of Osteopathic Examiners at the above address.

\$325.00 OUT-OF-STATE WITH FULL CALIFORNIA PRACTICE PRIVILEGES AFFIDAVIT

I hereby certify that I qualify for full in-state practice privileges in the State of California as an Osteopathic Physician and Surgeon and have enclosed the proper Continuing Medical Education (CME) hours and a valid Cardio-Pulmonary Resuscitation Certificate (CPR Card).

\$150.00 OUT-OF-STATE AFFIDAVIT

I hereby certify that, pursuant to the Business and Professions Code, I will not practice Osteopathic medicine in the State of California in 1985. Note: Out-of-State physicians do not need to submit Continuing Medical Education (CME) hours to renew.

\$100.00 RESIDENCY/FELLOWSHIP

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, and I am engaged in a full-time approved training program and that I have filed a letter with the Board of Osteopathic Examiners from the director of said program attesting to my participation.

\$100.00 FEDERAL AFFIDAVIT

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, that I practice strictly within a Federal enclave and do not engage in any practice for monetary gain.

\$100.00 REDUCED FEE AFFIDAVIT (DISABLED)

I hereby certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1694, my health disability prevents me from practicing more than fifteen (15) hours per week. Proof of disability is required from the attending physician.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

PHYSICIAN'S SIGNATURE: Mark J. Cartman MD

DATE: 9-4-84

DUE ON OR BEFORE JANUARY 1, 1985

12-1-84

CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

NOTE: Please submit your CME hours during the license renewal period only (September through December). This will ensure proper credit.

AMERICAN OSTEOPATHIC ASSOCIATION (AOA) DOES NOT MAIL CREDITS TO THE BOARD. THIS IS YOUR RESPONSIBILITY.

INSTRUCTIONS: Please check appropriate box, sign, and return this form to the Board of Osteopathic Examiners on or before January 1, 1985.

OUT-OF-STATE CME INACTIVE STATUS

I hereby Certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1695.5, I do not intend to practice in this state during 1985 and will not be required to submit proof of continuing medical education.

REQUEST FOR ACCEPTANCE OF THE AOA INDIVIDUAL ACTIVITY REPORT (IAR)

I hereby submit a copy of my AOA Individual Activity Report form to satisfy the Continuing Medical Education requirements for this annual renewal period. I understand that is is my responsibility to submit a copy of the AOA (IAR) form.

REQUEST FOR BOARD CERTIFICATION (FOR CME CREDIT OTHER THAN AOA HOURS)

I hereby submit the attached hours, description of course(s) and verification of attendance from the sponsoring organization to satisfy the CME requirements for this annual renewal period. A statement from the organization sponsoring the course(s) is necessary to ensure that I receive credit. I understand that my written statement of courses attended is not sufficient.

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE AND THAT I WILL NOTIFY THE BOARD OF OSTEOPATHIC EXAMINERS SHOULD A CHANGE IN LICENSING STATUS OCCUR.

PHYSICIAN'S SIGNATURE: Martin J. Rautava M.D. DATE: 9-4-84

STREET: [REDACTED] HAVE YOU ENCLOSED

CITY: [REDACTED] Check or money order payable to Board of Osteopathic Examiners?

STATE AND ZIP: [REDACTED] Signed form?

PHONE NUMBER: [REDACTED] Current address and phone number?

THE LAW REQUIRES THAT YOU NOTIFY US OF ANY CHANGE OF ADDRESS. Letters (For Disability or Military)?

DUE ON OR BEFORE JANUARY 1, 1985

STATE OF CALIFORNIA
BOARD OF OSTEOPATHIC EXAMINERS
921 11th Street, Suite 1201
Sacramento, CA 95814



FIRST CLASS

ADDRESS CORRECTION REQUESTED

1985 RENEWAL FORM - IMPORTANT

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306

REGULATIVE
1983



- FOR OUT-OF-STATE LICENTIATES -

BOARD OF
OSTEOPATHIC EXAMINERS

* * * * *

NOTE: Pursuant to Section 2080, 2451, 2455, 2456 and 2457 of the California Business and Professions Code, LICENSE RENEWAL FEES are due by DECEMBER 31st of each year. A DELINQUENCY FEE of \$50.00 shall be charged for failure to pay the annual tax and registration fee by JANUARY 1, 1984.

YOUR LICENSE WILL BE FORFEITED IF NOT RENEWED BY MARCH 1, 1984.

INSTRUCTIONS: Please CHECK appropriate box(es) below, COMPLETE back of form, including current address, SIGN both sides, and RETURN with the correct FEES to the BOARD OF OSTEOPATHIC EXAMINERS at the above address.

\$325.00 OUT-OF-STATE WITH FULL CALIFORNIA PRACTICE PRIVILEGES AFFIDAVIT

I hereby certify that I qualify for full in-state practice privileges in the State of California as an Osteopathic Physician and Surgeon and have ENCLOSED the proper Continuing Medical Education (CME) Hours and a valid Cardio-Pulmonary Resuscitation Certificate (CPR Card).

\$150.00 OUT-OF-STATE AFFIDAVIT

I hereby certify that, pursuant to the Business and Professions Code, I WILL NOT PRACTICE OSTEOPATHIC MEDICINE in the state of California in 1984. NOTE: Out-of-State physicians DO NOT need to submit Continuing Medical Education credit hours to renew.

\$100.00 RESIDENCY/FELLOWSHIP REDUCED FEE

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, that I am engaged in a full-time approved training program and that I have filed a letter with the Board of Osteopathic Examiners from the director of said program attesting to my participation.

\$100.00 FEDERAL AFFIDAVIT

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, that I practice strictly WITHIN a Federal enclave and DO NOT ENGAGE IN ANY PRACTICE FOR MONETARY GAIN.

\$100.00 REDUCED FEE AFFIDAVIT (DISABLED)

I hereby certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1694, my health disability prevents me from practicing more than fifteen (15) hours per week. PROOF OF DISABILITY is required from the attending physician.

Under Penalty of Perjury, I hereby Certify that the above information is true and accurate and that I will notify the BOARD OF OSTEOPATHIC EXAMINERS should a change in licensing status occur.

PHYSICIAN'S SIGNATURE

Mustafa J. Raedkhan DATE 12-16-83

- DUE BEFORE JANUARY 1, 1984 -

CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

NOTE: Please submit your CONTINUING MEDICAL EDUCATION CREDIT HOURS during the license renewal period ONLY (September through December). This will ensure proper credit.

AOA DOES NOT MAIL CME CREDITS TO THE BOARD, THIS IS YOUR RESPONSIBILITY.

INSTRUCTIONS: Please CHECK appropriate box(es), SIGN, and RETURN this form to the Board of Osteopathic Examiners BEFORE JANUARY 1, 1984.

OUT-OF-STATE CME INACTIVE STATUS.

I hereby Certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1695.5, I DO NOT intend to practice in this state during 1984 and will not be required to submit proof of continuing medical education.

REQUEST FOR ACCEPTANCE OF THE AOA INDIVIDUAL ACTIVITY REPORT (IAR)

I hereby submit a copy of my American Osteopathic Association (AOA) Individual Activity Report form to satisfy the Continuing Medical Education requirements for this annual renewal period. I understand that it is MY RESPONSIBILITY to submit a copy of the AOA IAR form.

REQUEST FOR BOARD CERTIFICATION (FOR CME CREDIT OTHER THAN AOA HOURS)

I hereby submit the attached HOURS, DESCRIPTION OF COURSE(s) and VERIFICATION OF ATTENDANCE from the sponsoring organization to satisfy the CME requirements for this annual renewal period. A STATEMENT from the organization sponsoring the course(s) is necessary to ensure that I receive credit. I understand that my written statement of courses attended is NOT sufficient.

Under penalty of Perjury, I hereby Certify that the above information is true and accurate and that I will notify the BOARD OF OSTEOPATHIC EXAMINERS should a change in licensing status occur.

PHYSICIAN'S SIGNATURE: Martin J. Roitman

DATE

12-16-83

*STREET

[REDACTED]

HAVE YOU ENCLOSED:

*CITY

[REDACTED]

CHECK OR MONEY ORDER PAYABLE TO BOARD OF OSTEOPATHIC EXAMINERS?

*STATE & ZIP

[REDACTED]

SIGNED FORM?

*PHONE NUMBER

[REDACTED]

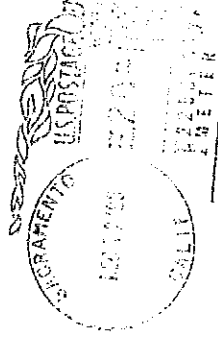
CURRENT ADDRESS AND PHONE NUMBER?

LETTERS (FOR DISABILITY OR MILITARY)?

*THE LAW REQUIRES THAT YOU NOTIFY US OF ANY CHANGE OF ADDRESS.

- DUE BEFORE JANUARY 1, 1984

State of California
Board of Osteopathic Examiners
921 11th Street - Suite 1201
Sacramento, California 95814

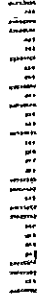


Martin J. Roitman, D.O.



FIRST CLASS

1984 RENEWAL FORM - IMPORTANT!!!!



BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306

RECEIVED

DEC 16 1982

1983 LICENSE RENEWAL NOTICE
- FOR OUT-OF-STATE LICENTIATES -

— BOARD OF —
OSTEOPATHIC EXAMINERS

* * * * *

NOTE: Pursuant to Section 2080, 2451, 2455, 2456 and 2457 of the California Business and Professions Code, LICENSE RENEWAL FEES and CONTINUING MEDICAL EDUCATION CREDITS are due by DECEMBER 31st of each year. A DELINQUENCY FEE of \$50.00 shall be charged for failure to pay the annual tax and registration fee by JANUARY 1, 1983.

YOUR LICENSE WILL BE FORFEITED IF NOT RENEWED BY MARCH 1, 1983.

INSTRUCTIONS:

Please CHECK appropriate box(es) below, COMPLETE back of form, including current address, SIGN both sides, and RETURN with the correct FEES and CONTINUING MEDICAL EDUCATION CREDITS to the above address.

\$325.00

OUT-OF-STATE WITH FULL CALIFORNIA PRACTICE PRIVILEGES AFFIDAVIT

I hereby certify that I qualify for full in-state practice privileges in the State of California as an Osteopathic Physician and Surgeon and have ENCLOSED the proper Continuing Medical Education (CME) Hours and a valid Cardio-Pulmonary Resuscitation Certificate (CPR Card).

\$150.00

OUT-OF-STATE AFFIDAVIT (INACTIVE STATUS)

I hereby certify that, pursuant to the Business and Professions Code, I WILL NOT PRACTICE OSTEOPATHY in the State of California during 1983.

\$100.00

REDUCED FEE AFFIDAVIT (DISABLED)

I hereby certify that, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1694, my health disability prevents me from practicing more than ten (10) hours per week, and I have ENCLOSED the proper Continuing Medical Education (CME) Hours. PROOF OF DISABILITY is required from the attending physician.

\$100.00

MILITARY/PUBLIC HEALTH SERVICE AFFIDAVIT (RESTRICTED LICENSE)

I hereby certify, pursuant to Professional and Vocational Regulations Title 16, Chapter 16, Section 1693, that I:

MILITARY - Practice strictly WITHIN a military enclave and DO NOT ENGAGE IN ANY PRACTICE FOR MONETARY GAIN.

PUBLIC HEALTH SERVICE - Serve in the United States Public Health Service and DO NOT ENGAGE IN ANY PRACTICE FOR MONETARY GAIN.

Under Penalty of Perjury, I Hereby Certify that the above information is true and accurate and that I will notify the BOARD OF OSTEOPATHIC EXAMINERS should a change in licensing status occur.

PHYSICIAN'S SIGNATURE

Martin Posthumus MD

DATE

10-13-82

- DUE BEFORE JANUARY 1, 1983 -

- OVER -

CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

* * * * *

NOTE: Please submit your CONTINUING MEDICAL EDUCATION CREDIT HOURS during the license renewal period ONLY (September through December). This will ensure proper credit.

AOA DOES NOT AUTOMATICALLY MAIL CME CREDITS TO THE BOARD. THIS IS YOUR RESPONSIBILITY.

INSTRUCTIONS: Please CHECK appropriate box(es), SIGN, and RETURN this form to the Board of Osteopathic Examiners BEFORE JANUARY 1, 1983.

REQUEST FOR ACCEPTANCE OF THE AOA INDIVIDUAL ACTIVITY REPORT (IAR)

I hereby submit a copy of my American Osteopathic Association (AOA) Individual Activity Report form to satisfy the Continuing Medical Education (CME) requirements for this annual renewal period. I understand that it is MY RESPONSIBILITY to submit a copy of the AOA IAR form.

REQUEST FOR BOARD CERTIFICATION (FOR CME CREDIT OTHER THAN AOA HOURS)

I hereby submit the attached HOURS, DESCRIPTION OF COURSE(s) and VERIFICATION OF ATTENDANCE from the sponsoring organization to satisfy the CME requirements for this annual renewal period. A STATEMENT from the organization sponsoring the course(s) is necessary to ensure that I receive credit. I understand that my written statement of courses attended is NOT sufficient.

REQUEST FOR WAIVER OF CME REQUIREMENT:

OUT-OF-STATE - Pursuant to Section 1695.4 of Title 16, Section 16 of Professional and Vocational Regulations, I hereby apply for CME Inactive Status.

DISABILITY -

I hereby submit the ATTACHED LETTER requesting a waiver of CME requirements for this annual renewal period due to reasons of age, health or undue hardship. I understand that the acceptance of this waiver is contingent upon review and approval by the Board of Osteopathic Examiners (Section 1695.4 of Professional & Vocational Regulations).

Under Penalty of Perjury, I hereby Certify that the above information is true and accurate and that I will notify the BOARD OF OSTEOPATHIC EXAMINERS should a change in licensing status occur.

PHYSICIAN'S SIGNATURE: Martin J. Portner DO DATE _____

*STREET _____

*CITY _____

*STATE & ZIP _____

*THE LAW REQUIRES THAT YOU NOTIFY US OF ANY CHANGE OF ADDRESS.

HAVE YOU ENCLOSED:
____ CHECK OR MONEY ORDER PAYABLE TO BOARD OF OSTEOPATHIC EXAMINERS?
____ CONTINUING MEDICAL EDUCATION HOURS?
____ CURRENT CPR CERTIFICATE?
____ SIGNED FORM?
____ CURRENT ADDRESS?
____ LETTERS (FOR CME-DISABILITY-MILITARY)?

- DUE BEFORE JANUARY 1, 1983 -

State of California
Board of Osteopathic Examiners
921 11th Street - Suite 1201
Sacramento, California 95814

ROLIMAN MARTIN J


FIRST CLASS

BOARD OF OSTEOPATHIC EXAMINERS

921 11TH STREET, SUITE 1201
SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-4306



RECEIVED
JAN - 6 1982

1982 LICENSE RENEWAL NOTICE

- FOR OUT-OF-STATE LICENTIATES -

- BOARD OF -
OSTEOPATHIC EXAMINERS

* * * * *

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\$200.00 OUT-OF-STATE WITH FULL PRACTICE PRIVILEGES AFFIDAVIT

I hereby certify that I qualify for full in-state practice privileges in the State of California as an Osteopathic Physician and Surgeon and have ENCLOSED the proper Continuing Medical Education (CME) Hours.

\$150.00 OUT-OF-STATE AFFIDAVIT (INACTIVE STATUS)

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- PUBLIC HEALTH SERVICE - Serve in the United States Public Health Service and DO NOT ENGAGE IN ANY PRACTICE FOR MONETARY GAIN.

Under Penalty of Perjury, I Hereby Certify that the above information is true and accurate and that I will notify the BOARD OF OSTEOPATHIC EXAMINERS should a change in licensing status occur.

PHYSICIAN'S SIGNATURE

Anthony J. [Signature]

DATE

9-25-81

- DUE BEFORE JANUARY 1, 1982 -

CONTINUING MEDICAL EDUCATION (CME) REQUIREMENTS

* * * * *

NOTE: Please submit your CONTINUING MEDICAL EDUCATION CREDIT HOURS during the license renewal period ONLY (September through December). This will ensure proper credit.

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Under Penalty of Perjury, I hereby Certify that the above information is true and accurate and that I will notify the BOARD OF OSTEOPATHIC EXAMINERS should a change in licensing status occur.

PHYSICIAN'S SIGNATURE: *Shanta J. Reardon MD*

DATE

9-16-81

*STREET

HAVE YOU ENCLOSED:

*CITY

CHECK OR MONEY ORDER PAYABLE TO BOARD OF OSTEOPATHIC EXAMINERS?

*STATE & ZIP

CONTINUING MEDICAL EDUCATION HOURS?

*THE LAW REQUIRES THAT YOU NOTIFY US OF ANY CHANGE OF ADDRESS.

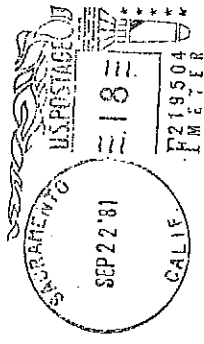
LETTERS (For CME-Disability-Military)?

SIGNED FORM?

CURRENT ADDRESS?

- DUE BEFORE JANUARY 1, 1982 -

State of California
Board of Osteopathic Examiners
921 11th Street - Suite 1201
Sacramento, California 95814



004414-

ROLIMAN MARTIN J

FIRST CLASS