

Renewal Information

Renewal: 2014 - 2015

Receipt Number: 1

Receipt Date: 06/19/2014

Licensee: Larry A. Burns
License Number: 1647
NPI Number: 1245355544
License Type: In-State
Renewal Status: Approved

Personal Information

First Name Last Name
Larry A. Burns

Date of Birth:

Med School: Graduation Date:
KCOM 1972

Email Address

Practice Address

Must be a physical address.

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Phone: Fax: Practice International:
(ex. XXXXXXXXXXX) (ex. XXXXXXXXXXX)
405-329-8120 405-217-8635

Preferred Mailing Address:

Preferred Mailing Address
Practice

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Home Address

Must be a physical address.

Address:

City: State: Zip Code:

Home Phone: Home Fax: Home Cell:

Home International:

Continuing Medical Education Hours (CME)

CME Course Name	Sponsor/Provider	Hour	Completion Date
114 Annual convention	OOA	30.00	04/27/2014
Total Hours:		30.00	

Proper Prescribing Credit (PPC)

Sponsor/Provider	Hour	Date Obtained
PMP Update - OOA	1.00	06/12/2014
Total Hours:		1.00

Practice Modes

Practice Mode
Admin Position
Private Practice

State License Record

State	License Number	Date Issued	Status
None.			

Hospital Privileges

Hospital: None.

Specialties

Specialty	Board Certified	Board Certified By
Gynecological Surgery	No	

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? No
2. Within the last twelve (12) months, was disciplinary action taken against you by any medical training program, hospital, managed care organization, group practice or other setting? No
3. Within the last twelve (12) months, did you resign while under investigation; or were your privileges or contract not renewed in lieu of termination or firing? No
4. Within the last twelve (12) months, was board disciplinary action taken against you - or pending - affecting your license in another state? No
5. Within the last twelve (12) months, did you suffer personal illness or injury that adversely affects your ability to practice osteopathic medicine? No
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7. Within the last twelve (12) months, were you charged with or convicted of a DUI or DWI? No
8. Within the last twelve (12) months, were your DEA/OBNDD permits revoked, suspended, fined or restricted? No
9. Within the last twelve (12) months, were you convicted, indicted, arrested or charged with a felony or other crime? Pleas of guilty, non-fault, nolo contendere or other such plea for alleged criminal activity shall be deemed a conviction. No

Invoice Summary

License Types	Amount Due
In-State Renewal	\$225.00
Dispensing Permit	\$50.00
Processing Fee	\$7.00
Total:	\$282.00

Payor	Check #	Check Amount	Amount Applied	Date Submitted	Comments
LARRY A BURNS DO INC	3837	\$282.00	\$282.00	06/24/2014	

I, Larry A. Burns, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By clicking submit, I am stating that the information I have entered in this application is true and correct.

Renewal Information

Renewal: 2013 - 2014

Receipt Number: 15306042

Receipt Date: 06/24/2013

Licensee: Larry A. Burns
License Number: 1647
NPI Number: 1245355544
License Type: In-State
Renewal Status: Pending

Personal Information

First Name Last Name
Larry A. Burns

Date of Birth:

Med School: Graduation Date:
KCOM 1972

Email Address

Practice Address

Must be a physical address.

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Phone: Fax: Practice International:
(ex. XXXXXXXXXXXX) (ex. XXXXXXXXXXXX)
405-329-8120 405-217-8635

Preferred Mailing Address:

Preferred Mailing Address
Practice

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Home Address

Must be a physical address.

Address:

City: **State:** **Zip Code:**

Home Phone: **Home Fax:** **Home Cell:**

Home International:

Continuing Medical Education Hours (CME)

CME Course Name	Sponsor/Provider	Hour	Completion Date
Spurring Down the Specialty Track	OOA	16.00	04/21/2013
Total Hours:		16.00	

Proper Prescribing Credit (PPC)

Sponsor/Provider	Hour	Date Obtained
OOA	1.00	04/21/2013
Total Hours:		1.00

Practice Modes

Practice Mode
Private Practice

State License Record

State	License Number	Date Issued	Status
None.			

Hospital Privileges

Hospital:
None.

Specialties

Specialty	Board Certified	Board Certified By
Gynecological Surgery	No	

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? No
2. Within the last twelve (12) months, was disciplinary action taken against you by any medical training program, hospital, managed care organization, group practice or other setting? No
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9. Within the last twelve (12) months, were you convicted, indicted, arrested or charged with a felony or other crime? Pleas of guilty, non-fault, nolo contendere or other such plea for alleged criminal activity shall be deemed a conviction. No

Invoice Summary

License Types	Amount Due
In-State Renewal	\$225.00
Dispensing Permit	\$50.00
Processing Fee	\$7.00
Total:	\$282.00

I, Larry A. Burns, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By clicking submit, I am stating that the information I have entered in this application is true and correct.

Renewal Information

Renewal: 2012 - 2013

Receipt Number: 1

Receipt Date: 06/20/2012

Licensee: Larry A. Burns
License Number: 1647
NPI Number: 1245355544
License Type: In-State
Renewal Status: Approved

Personal Information

First Name Last Name
Larry A. Burns

Date of Birth:

Med School: Graduation Date:
KCOM 1972

Email Address

Practice Address

Must be a physical address.

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Phone: Fax: Practice International:
(ex. XXXXXXXXXXX) (ex. XXXXXXXXXXX)
405-329-8120 405-217-8635

Preferred Mailing Address:

Preferred Mailing Address
Practice

Address:

2453 Wilcox Dr

State: Zip Code:
OK 730693956

Home Address

Must be a physical address.

Address:

City: **State:** **Zip Code:**

Home Phone: **Home Fax:** **Home Cell:**

Home International:

Continuing Medical Education Hours (CME)

CME Course Name	Sponsor/Provider	Hour	Completion Date
Mission Possible	OOA	16.00	04/29/2012
Total Hours:		16.00	

Proper Prescribing Credit (PPC)

Sponsor/Provider	Hour	Date Obtained
OOA	1.00	04/29/2012
Total Hours:		1.00

Practice Modes

Practice Mode
Private Practice

State License Record

State	License Number	Date Issued	Status
None.			

Hospital Privileges

Hospital:
None.

Specialties

Specialty	Board Certified	Board Certified By
Gynecological Surgery	No	

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? No
2. Within the last twelve (12) months, was disciplinary action taken against you by any medical training program, hospital, managed care organization, group practice or other setting? No
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Invoice Summary

License Types	Amount Due
In-State Renewal	\$225.00
Dispensing Permit	\$50.00
Processing Fee	\$7.00
Total:	\$282.00

Payor	Check #	Check Amount	Amount Applied	Date Submitted	Comments
Larry A. Burns	2837	\$282.00	\$282.00	06/22/2012	

I, Larry A. Burns, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By clicking submit, I am stating that the information I have entered in this application is true and correct.

Renewal Information

Renewal: 2011 - 2012

Receipt Number: 7861028

Receipt Date: 06/28/2011

Licensee: Larry A. Burns
License Number: 1647
NPI Number: 1245355544
License Type: In-State
Renewal Status: Pending

Personal Information

First Name Last Name
Larry A. Burns

Date of Birth:

Med School: Graduation Date:
KCOM 1972

Email Address

Practice Address

Must be a physical address.

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Phone: Fax: Practice International:
(ex. XXXXXXXXXXX) (ex. XXXXXXXXXXX)
405-329-8120 405-217-8635

Preferred Mailing Address:

Preferred Mailing Address
Practice

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Home Address

Must be a physical address.

Address:

City: **State:** **Zip Code:**

Home Phone: **Home Fax:** **Home Cell:**

Home International:

Continuing Medical Education Hours (CME)

CME Course Name	Sponsor/Provider	Hour	Completion Date
111 Annual Convention	OOA	24.00	05/01/2011
Total Hours:		24.00	

Proper Prescribing Credit (PPC)

Sponsor/Provider	Hour	Date Obtained
111 Annual Convention	1.00	05/01/2011
Total Hours:		1.00

Practice Modes

Practice Mode
Private Practice

State License Record

State	License Number	Date Issued	Status
None.			

Hospital Privileges

Hospital:
None.

Specialties

Specialty	Board Certified	Board Certified By
Gynecological Surgery	No	

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? No
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Invoice Summary

License Types	Amount Due
In-State Renewal	\$225.00
Dispensing Permit	\$50.00
Processing Fee	\$7.00
Total:	\$282.00

I, Larry A. Burns, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By clicking submit, I am stating that the information I have entered in this application is true and correct.

Renewal Information

Renewal: 2010 - 2011

Receipt Number: 1

Receipt Date: 07/01/2010

Licensee: Larry A. Burns
License Number: 1647
NPI Number: 1245355544
License Type: In-State
Renewal Status: Approved

Personal Information

First Name Last Name
Larry A. Burns

Date of Birth:

Med School: Graduation Date:
KCOM 1972

Email Address

Practice Address

Must be a physical address.

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Phone: Fax: Practice International:
(ex. XXXXXXXXXX) (ex. XXXXXXXXXX)
405-329-8120 405-217-8635

Preferred Mailing Address:

Preferred Mailing Address
Practice

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Home Address

Must be a physical address.

Address:

City: **State:** **Zip Code:**

Home Phone: **Home Fax:** **Home Cell:**

Home International:

Continuing Medical Education Hours (CME)

CME Course Name	Sponsor/Provider	Hour	Completion Date
OOA ANNUAL CONV	OOA	26.00	05/09/2010
Total Hours:		26.00	

Proper Prescribing Credit (PPC)

Sponsor/Provider	Hour	Date Obtained
OOA ANNUAL CONV	1.00	05/09/2010
Total Hours:		1.00

Practice Modes

Practice Mode
Private Practice

State License Record

State	License Number	Date Issued	Status
None.			

Hospital Privileges

Hospital:
None.

Specialties

Specialty	Board Certified	Board Certified By
Gynecological Surgery	No	

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? No
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Invoice Summary

License Types	Amount Due
In-State Renewal	\$225.00
Late Penalty	\$150.00
Dispensing Permit	\$50.00
Processing Fee	\$7.00
Total:	\$432.00

Payor	Check #	Check Amount	Amount Applied	Date Submitted	Comments
LARRY A BURNS DO INC	1789	\$282.00	\$282.00	07/01/2010	LATE FEE WAIVED PER DB

I, Larry A. Burns, have to the best of my knowledge, complied with the laws and rules regulating the osteopathic profession. By clicking submit, I am stating that the information I have entered in this application is true and correct.

Renewal Information

Renewal: 2009 - 2010

Receipt Number: 1056603

Receipt Date: 06/30/2009

Licensee: Larry A. Burns
License Number: 1647
NPI Number: 1245355544
License Type: In-State
Renewal Status: Approved

Personal Information

First Name Last Name
Larry A. Burns

Date of Birth:

Med School: Graduation Date:
KCOM 1972

Email Address

Practice Address

Must be a physical address.

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Phone: Fax: Practice International:
(ex. XXXXXXXXXXX) (ex. XXXXXXXXXXX)
405-329-8120 405-217-8635

Preferred Mailing Address:

Preferred Mailing Address
Practice

Address:

2453 Wilcox Dr

City: State: Zip Code:
Norman OK 730693956

Home Address

Must be a physical address.

Address:

City: **State:** **Zip Code:**

Home Phone: **Home Fax:** **Home Cell:**

Home International:

Continuing Medical Education Hours (CME)

CME Course Name	Sponsor/Provider	Hour	Completion Date
Health	OOA convention	26.00	04/25/2009
Total Hours:		26.00	

Proper Prescribing Credit (PPC)

Sponsor/Provider	Hour	Date Obtained
OOA OSBI	1.00	06/17/2009
Total Hours:		1.00

Practice Modes

Practice Mode
Private Practice

State License Record

State	License Number	Date Issued	Status
None.			

Hospital Privileges

Hospital:
None.

Specialties

Specialty	Board Certified	Board Certified By
Gynecological Surgery	No	

Professional Standards Questionnaire

1. Within the last twelve (12) months, was a professional liability lawsuit filed against you? No
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Invoice Summary

License Types	Amount Due
In-State Renewal	\$225.00
Dispensing Permit	\$50.00
Processing Fee	\$7.00
Total:	\$282.00

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