

CPM 150-010 (1993)

License Number

Date of License

Approved

9/18/93  
/m

062685

State of Michigan  
Board of Medicine  
P.O. Box 30192  
Lansing Michigan 48909  
(517) 335-0918

REC'D. & REG.  
SEP 16 1993

# APPLICATION FOR MEDICAL AND CONTROLLED SUBSTANCES LICENSES

The use of this form is authorized under Public Act 308 of 1978, as amended.

## I AM APPLYING FOR THE FOLLOWING LICENSE(S):

- ☐ License by Examination (National Boards or FLEX), Fee: \$90.00  
☒ License by Endorsement (must currently be licensed in another State), Fee: \$90.00  
☒ Controlled Substances License, Fee: \$80.00

## I AM APPLYING ON THE BASIS OF THE FOLLOWING EXAMINATION:

- ☐ FLEX  
☒ National Boards  
☐ Other \_\_\_\_\_

Daytime Phone Number 505-260-1704		Previous License Number —
Name (Last, First, Middle) LEWIS, MARSHALL D.		
Previous Name Used (if applicable) —		
Date of Birth [REDACTED]		Issue Date (Board Use Only) [REDACTED]
Street Address 1311 Ridgecrest Dr. SE		ZIP Code 87108
City Albuquerque	State New Mexico	Social Security Number [REDACTED]

Check the appropriate answers to each of the following questions. Attach a detailed explanation for any Yes answer you check.

Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been under treatment for substance abuse?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 10 year period?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you had one or more settlements, awards or judgments totalling \$200,000 or more in any 10 year period?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been refused a license to practice professionally for any reason by any state or federal agency?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever had a medical or controlled substance license, certificate, registration or approval revoked or suspended, or have you ever been otherwise disciplined by a medical board or a board responsible for regulating controlled substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Do you currently have any charges or complaints pending against you before a medical board or a board responsible for regulating controlled substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever held a restricted state or federal license, registration, or approval?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Do you hold or have you ever held a medical license in Michigan or any other state? If Yes, list each state below and the date such license was issued. You must have each state board verify licensure status directly to this board office.	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

State	License No.	Date of Issue	Board for Licensure
Massachusetts	92027	1970	National Boards
Rhode Island	4355	1971	"
California	6-20901	1971	"
New Mexico	75-197	1975	"

(Over - Do Not Detach)

## MEDICAL AND CONTROLLED SUBSTANCES LICENSE APPLICATION (Continued)

Provide a complete chronological record of all your educational preparation and work experience to the present date. Attach additional sheets, if necessary.

Name and Address of Institution	Dates of Attendance		Degree Earned
	From	To	
Harvard College, Mass.	1959	1963	BA
Tufts Medical School, Mass.	1963	1967	MD
Duke, Durham, N.C.	1967	1968	Internship, Pediatrics
Beth Israel, Boston	1968	1971	Residency, OB-Gyn
USNR, Rhode Island/Conn.	1971	1973	
Harbor General Hospital, Torrance, Cal.	1973	1975	Fellowship, Med. General
UNH School of Medicine, Albuquerque, N.M.	1975	1980	Teaching
Presbyterian Hospital, Albuquerque, N.M.	1980	Now	Private Practice
(CV Attached)			

### AFFIDAVIT

I understand that it is the policy of this agency to secure conviction criminal history information as part of their pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police.

The statements in this application are true and correct. I have not withheld information which might affect the decisions to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and is punishable by law.

Applicant's Signature Marshall David Levine Date 9/13/93

Subscribed and sworn before me this 13th day of September, 1993

Signature of Notary Public Nancy L. Acree

County of Bernalillo My Commission Expires on 6/2/94

State of New Mexico

### CONTROLLED SUBSTANCES LICENSE APPLICATION

A controlled substances license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information regarding DEA registration may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 357 Federal Building, 231 Lafayette, Detroit, Michigan 48226, (Telephone 313-226-7290).

I hereby make application for a Michigan Controlled Substances License.

Applicant's Signature Marshall David Levine Date 9/13/93



Commonwealth of Massachusetts  
Board of Registration in Medicine

Ten West Street  
Boston, Massachusetts 02111

(617) 727-3086

PAUL G. GITLIN, J.D.  
Chairman

ALEXANDER F. FLEMING  
Discipline Director

An Agency within the Executive Office of Consumer Affairs and Business Regulation

DATE: 9-13-93

VERIFICATION OF LICENSURE

TO WHOM IT MAY CONCERN:

This is to certify that

Marshall P. Revine  
(Name of Physician)

a graduate of:

Pufts University

in the year has been duly registered by this Board as  
provided by the laws of the Commonwealth.

Certificate Number

32027

was issued to

Dr.

Revine

on

1/15/70

This is to advise that the above named physician did not  
apply for re-licensure. License revoked by operation of  
law.

Our files contain NO OPEN OR CLOSED complaints, and NO  
formal disciplinary action regarding this physician.

Paul G. Gitlin  
Chairman

SEAL

Please be advised that the above information is based  
entirely on examination of our open and closed complaints  
file. It is not based on a review of the application for  
licensure, renewal of licensure or any reports that the  
Board is required to receive by statute (from Courts,  
Insurers, Hospitals, etc.).

ve.doc



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF HEALTH



22 September 1993

Michigan Board of Medicine  
611 West Ottawa  
4th Floor  
Lansing MI 48933

Re: Marshall Levine, M.D.  
R.I. Med. Lic. No. 4355

TO WHOM IT MAY CONCERN:

Our records indicate that the above named physician's license is Revoked for non-payment (failed to pay annual fee) as of 4 November 1977.

Sincerely,

A handwritten signature in cursive script, reading "Nikki Deary", is written over the typed name.

Nikki Deary  
Deputy Chief Adm. Officer  
BOARD OF MEDICAL LICENSURE  
AND DISCIPLINE

ND:lcd



## MEDICAL BOARD OF CALIFORNIA

1426 HOWE AVENUE

SACRAMENTO, CA 95825-3236



..(916) 263-2653

September 23, 1993

Michigan State Medical Board  
P. O. Box 30018  
Lansing, MI 48909

## TO WHOM IT MAY CONCERN:

This is to verify that Dr. Marshall David Levine, born on [REDACTED] was issued California physician and surgeon's certificate #G 20901, on 7/20/71, based on National Board Credentials. This individual is no longer licensed in the State of California. The license was allowed to expire through non-payment of fees more than five years ago and under California statute, the licensee is not eligible to renew their certificate without completing a new application and passing the required examinations. There is no current record of accusation and/or disciplinary activity.

  
Sandy Fusett  
Licensing Program

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

SEAL



BOARD OF MEDICAL EXAMINERS  
Lamy Building, Room 134  
691 Old Santa Fe Trail  
P.O. Box 20001  
Santa Fe, NM 87504  
(505)827-9933

CERTIFICATE OF VERIFICATION

(Letter of Good Standing)

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

This is to certify that:

MARSHALL D. LEVINE M.D.  
201 CEDAR SE, #609  
ALBUQUERQUE, NM 87106

born on [REDACTED] Was issued License # 75-197 on 11/17/75, to practice as a Medical Doctor, licensed by endorsement of

NATIONAL BOARD.

Current licensure status is active expiring on 06/30/94.

Our records indicate no derogatory information (Good Standing).

COMMENTS: \_\_\_\_\_

Details of Disciplinary Action, if any, are enclosed.

*Orlando Gallegos*  
Signature  
Verification Officer

Date: September 15, 1993

SEAL



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

# MEMORANDUM

To: Application Section

From: Katie Decamp, Credentials

Date: August 5, 2010

Subject: **Marshall D Levine**, Application for Relicensure

License Number: **4301062685**

The applicant named above has submitted evidence that he/she meets the continuing education requirement for relicensure. License issued July 28, 2010.



Michigan Department of Community Health  
Board of Medicine  
P.O. Box 30192  
Lansing, MI 48909  
(517) 335-0918

DCH/LMD-094 (03/04)

Page 1 of 2

**APPLICATION FOR RELICENSURE**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, a license will not be issued

Evidence that you have earned 150 hours of continuing medical education (CME) in the three years preceding this application, including a minimum of 75 hours in Category (1), must be submitted with this application.

NOTE: Relicensures will expire on January 31 of the following year. Subsequent renewals are for a three year period.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

**Type or Print Only**

**I AM APPLYING FOR THE FOLLOWING:**

☒ Relicensure Fee: \$170.00 71-4301-06

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name <b>M. ALEXANDER</b>	Middle Name <b>DAVID</b>	Last Name <b>LEVINE</b>
U.S. Social Security Number [REDACTED]	Date of Birth [REDACTED]	Michigan Permanent I.D. Number and Expiration Date <b>4301062685 1/31/19</b>
Street Address <b>680 N. LAKE SHORE DR., # 402</b>		
City <b>CHICAGO</b>	State <b>ILLINOIS</b>	ZIP Code <b>60611-4470</b>
Daytime Phone Number <b>773-383-8389</b>	All Previous Names and/or Birth Name Used (if applicable) <b>NA</b>	
Has your Michigan medical license been lapsed more than three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever been warned, censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges modified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political affiliation. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.



Name

MARSHALL David Levine

6. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

☐ Yes ☒ No

7. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?

☐ Yes ☒ No

8. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?

☒ Yes ☐ No

See INCLUSIONS: ① copy of letter sent to Indiana Board of Medicine  
② " of rejection letter from ARKANSAS Medical Board

List each state(s) in which you hold or have ever held a permanent medical license, the license number, the date issued, and how the license was obtained. DO NOT LIST TEMPORARY LICENSES. You must have each state board verify license directly to this board office. (Attach additional sheets if necessary)

State	License Number	Date of Issue	How obtained (Endorsement or examination)
MASSACHUSETTS	32027	1970	EXAM
California	G-20901	1970	EXAM
RI	4355	1971	EXAM
NM	75-197	1975	EXAM
Wisconsin	39493	1997	EXAM
MINN	38015	1997	EXAM

Additional Sheet INCLUDED

### CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Michael D. Poirier

Date

2/26/10



JENNIFER M. GRANHOLM  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY SERVICES  
LANSING

JANET OLSZEWSKI  
DIRECTOR

**CLEARANCE MEMORANDUM**

**TO:** Barbara Johns, Supervisor  
Application Section

**FROM:** Joseph Campbell, Licensing Director  
Licensing Division

**SUBJECT:** Marshall D. Levine, M.D.  
SS#: [REDACTED]  
Applicant for Relicensure – Medical Doctor

**DATE:** July 28, 2010

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Information provided for the captioned applicant indicates that the applicant is not in violation of Section 16221 (b)(X) of the Public Health Code. Please proceed with the processing of the application.

Please make sure you have the latest address noted on L2K. As of July 14, 2010, correspondence with our office by Dr. Levine, the address noted on the envelope is:

680 N. Lake Shore Drive  
Apt. 402  
Chicago IL 60611-4470

Thank you.



Michigan Department of Community Health  
Board of Pharmacy  
P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918

DCH/LPH-090 (03/04)

## CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended  
If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, prescribe, or dispense controlled substances. If you are an M.D., D.O., D.P.M., D.D.S., O.D. or D.V.M. who prescribes at more than one location, a controlled substance license is required for each location. Please submit a separate application for each location.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Board Use Only	
Date of Licensure	07-28-2010
License Number	4301062685

### Type or Print Only

#### INSTRUCTIONS

- CONTROLLED SUBSTANCE FEE:** Initial or relicensure - \$85.00. If you already hold a professional license, please see below.  
If your professional license expires in:  
0-12 months the fee is \$85.00 (13757)    13-24 months the fee is \$160.00 (23757)    25-36 months the fee is \$235.00 (33757)
- M.D./D.O. Applicants:** This application may not be used for physician methadone programs. Please request an application for the Physician Methadone Program.
- Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name <b>MARSHALL</b>	Middle Name <b>DAVID</b>	Last Name <b>LEVINE</b>
THIS LICENSE VALID - ONLY AT THE FOLLOWING LOCATION		
Street <b>4201 W. MICHIGAN AVENUE</b>		Telephone Number <b>269-372-1205</b>
City <b>KALAMAZOO</b>	State <b>MICHIGAN</b>	ZIP Code <b>49006</b>

<b>TYPE OF PROFESSIONAL LICENSE</b> (Please Check One):		<b>STATUS:</b>
Regular	Educational Limited	
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	If Yes, please explain on separate sheet.
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input type="checkbox"/>	2. Is your current professional license limited as a result of Board disciplinary action?
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>	
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>	Michigan Permanent I.D. Number (as shown on your pocket card)
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>	<b>430106 2685</b>
<input type="checkbox"/> 53 - 06 Manuf./Wholesaler 71-5306	<input type="checkbox"/>	Expiration Date of License
		Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature <b>Marshall D. Levine</b>	Date <b>2/26/10</b>
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Jim Doyle  
Governor

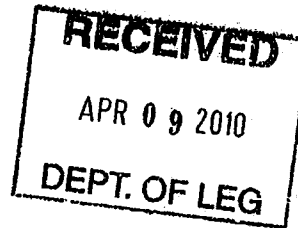
Celia M. Jackson  
Secretary

WISCONSIN DEPARTMENT OF  
REGULATION & LICENSING



1400 E Washington Ave  
P.O. Box 8935  
Madison WI 53708-8935  
Email: web@dr.state.wi.us  
Voice: 608-268-2112  
FAX: 608-267-0644  
TTY: 608-267-2416

CERTIFICATION



DATE: 03/24/2010

I, Cathy Pond, do hereby certify that I am the Division Administrator in the Department of Regulation and Licensing, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Medicine and Surgery and its seal; that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT: MARSHALL LEVINE  
WAS ISSUED LICENSED NO: 36498 - 020  
ON: 04/28/1995  
CREDENTIAL TYPE: MEDICINE AND SURGERY  
LICENSE EXPIRATION DATE: 10/31/2007

Credential Holder History

Date	Code	Description
06/03/1987	GRADUATED FROM	TUFTS U-BOSTON MA
04/28/1995	ENDORSED FROM	ENDORSED NATIONAL BOARD

According to our records, this credential holder has not been disciplined.

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

SEAL

Cathy Pond  
Division Administrator





**Illinois Department of Financial and Professional Regulation**  
**Division of Professional Regulation**

PAT QUINN  
Governor

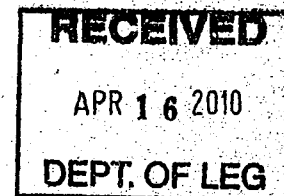
BRENTE E. ADAMS  
Secretary

DONALD W. SEASOCK  
Acting Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

April 13, 2010

BUREAU OF HEALTH PROFESSIONS  
PO BOX 30670  
LANSING, MI 48909



Licensee: MARSHALL DAVID LEVINE MD  
License Number: 036.097170  
Profession: LICENSED PHYSICIAN AND SURGEON  
Date of Issuance: 01/12/1998  
Expiration Date: 07/31/2011  
License Status: ACTIVE  
License Method: ENDORSEMENT - NATIONAL BOARD  
Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

  
Donald W. Seasock  
Acting Director

Division of Professional Regulation



Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) to verify professional licenses via License Look-Up.

Please contact the Division of Professional Regulation, Licensure Maintenance Unit, at 217-782-0458 if you have any questions.

Id2-certificationoflicense.rtf

[www.idfpr.com](http://www.idfpr.com)



## MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246  
Telephone (612) 617-2130 • Fax (612) 617-2166 • [www.bmp.state.mn.us](http://www.bmp.state.mn.us)  
MN Relay Service for Hearing Impaired (800) 627-3529

March 03, 2010

Michigan Board of Medicine  
P O Box 30670  
Lansing, MI 48909

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

Physician:	Marshall David Levine
Date of birth:	[REDACTED]
Was issued license number:	38015
On:	July 08, 1995
Expiration date is:	May 31, 2006
Status:	Cancelled Inactive
Issued on the basis of:	NBME - Natl Brd of Med. Examiners
Corrective action:	None
Disciplinary action:	None

This license information was last updated on: 3/3/2010 6:03:41AM

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

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

Further public records including disciplinary and corrective actions may be available from the Board's website at [www.bmp.state.mn.us](http://www.bmp.state.mn.us) under professional profile. If other information is needed, please contact the Minnesota Board of Medical Practice at 612-617-2130.

Rob Leach  
Executive Director





# NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS

Established 1890

Phone (701) 328-8500 - Fax (701) 328-8505  
418 E Broadway Ave, Suite 12 - Bismarck, ND 58501-4088

[www.ndbomex.com](http://www.ndbomex.com)

*D*  
Duane Houdek  
Executive Secretary and Treasurer

Lynette McDonald  
Deputy Executive Secretary

March 03, 2010

This is to certify that a standard search of the available records of the North Dakota State Board of Medical Examiners indicates the following:

PHYSICIAN:	Marshall David Levine, M.D.
DATE OF BIRTH:	[REDACTED]
LICENSE NUMBER:	8155
DATE ISSUED:	03/12/1999
EXPIRATION DATE:	12/31/2000
STATUS:	Inactive - Expired
BASIS OF ISSUANCE:	National Boards
DISCIPLINARY ACTION:	No

This license information was last updated on: 03/03/2010

If our records above show that the license has been disciplined, photocopies from the public file are available upon written request.

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Sincerely,

Duane Houdek  
Executive Secretary and Treasurer

#### Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.



MEDICAL BOARD OF CALIFORNIA

Licensing Program  
2005 Evergreen Street, Suite 1200  
Sacramento, CA 95815  
(916) 263-2382 FAX (916) 263-2844  
[www.mbc.ca.gov](http://www.mbc.ca.gov)

ARNOLD SCHWARZENEGGER, Governor



March 03, 2010

TO WHOM IT MAY CONCERN:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

PHYSICIAN:	MARSHALL DAVID LEVINE
LICENSE NUMBER:	GFE20901
ISSUED:	November 20, 2002
EXAM TYPE:	A Written Examination
EXPIRATION DATE:	May 31, 2010
STATUS:	RENEWED/CURRENT
BOARD DISCIPLINE:	No

This license information was last updated on: 03/03/2010

Further public records pertaining to the above licensee may be available from the Board's Web site at [www.mbc.ca.gov](http://www.mbc.ca.gov).

*Deborah Pellegrini*

DEBORAH PELLEGRINI  
CHIEF OF LICENSING



New Mexico Medical Board  
2055 S. Pacheco Street, Bldg. 400  
Santa Fe, New Mexico 87505  
505-476-7220



### LICENSE VERIFICATION

March 03, 2010

This is to certify that the records of the New Mexico Medical Board indicate the following information regarding the below mentioned physician.

Name: Marshall D Levine, M.D.

Date of Birth:

School Name

TUFTS

Specialties

Medical Genetics - Board Certified

Obstetrics and Gynecology - BC

Graduation Date

License #

75-197

Issue Date

11/17/1975

Expiration Date

07/01/2006

Status

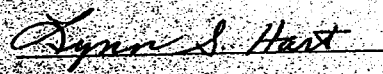
Inactive

License Type

Medical Doctor

Our records indicate there is No Derogatory Information and the license is in good standing.

This license information was last updated on: 03/03/2010

  
Lynn S. Hart, Executive Director

Date: March 03, 2010



**Official Proof of Licensure  
Digitally Certified Record**

**Personal Information**

**Name:** Marshall David Levine  
**Address:** 680 N. Lake Shore Dr., #402  
Chicago, IL 606114470  
**Date of Birth:** [REDACTED]

**Licensure Information**

**Number Issued:** 01052043A  
**Licensure Type:** Physician  
**Status:** Active  
**Issue date:** 01/27/2000  
**Expiration Date:** 06/30/2011  
**Obtained By:** Endorsement  
**Disciplinary Action:** None

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at [www.in.gov/pla/boards.htm](http://www.in.gov/pla/boards.htm)

**Digitally Certified on: Fri Feb 26 03:40:10 PM EST 2010**

**Requests for certification of license:**

- 1) veridoc certification requested for California/Minnesota/New Mexico/North Dakota
- 2) Michigan verification request form or specific state form sent to:
  - a) Illinois
  - b) Massachusetts
  - c) New York
  - d) Wisconsin
- 3) Indiana: digital verification obtained and included in this application
- 4) Rhode Island: Although RI is affiliated with Veridoc, I have been inactive too long to be in the data base. Generic certification letter requested and sent from Medical Board

**CME credits included in application:**

- 1) 75 from ACOG
- 2) 78 from The Medical Letter

**Denial of license by Arkansas in 2002 information included in this application:**

- 1) Cover letter sent to Indiana explaining circumstances of application and denial when I reapplied for my Indiana license in 2003.
- 2) Denial letter sent from Board Chairman in 2002

**Checks for relicensure fee (\$170) and controlled substance fee (\$85) included**

Copy of digital PDF file,  
certifying my Indiana License  
1/17

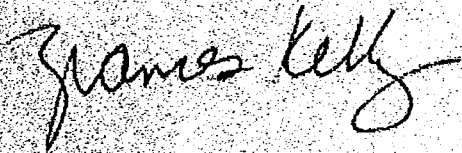
## **Digitally Certified Proof of Licensure**

RE: Marshall David Levine

I, Frances Kelly, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature

If you have the need to verify the authenticity of the digital certification as of the date and time stamp below, go to <https://secure.in.gov/apps/pla/verify.htm> and use our free web service to "Verify an Electronic Certified Record". Simply browse to the location you saved the secure pdf document sent to you and upload to validate.



**Frances Kelly, Executive Director**

Fri Feb 26 03:40:10 PM EST 2010





DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

Commonwealth of Massachusetts  
Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

Enforcement Division Fax: (781) 876-8381  
Legal Division Fax: (781) 876-8380  
Licensing Division Fax: (781) 876-8383

STANLEY M. RILEY, JR. MD.  
EXECUTIVE DIRECTOR

Verification of Full License

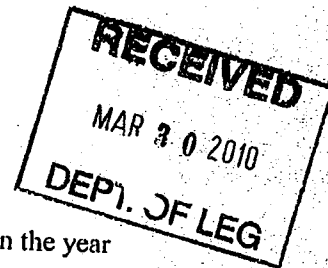
March 24, 2010

To Whom It May Concern:

This is to certify Marshall D. Levine, M.D., a graduate of Tufts University in the year 1967 has been duly registered by this board as provided by the Laws of the Commonwealth.

Certificate Number 32027 was issued to Dr. Levine on January 15, 1970. This license is expired. The expiration date is unknown.

Our files contain no open or closed complaints, and no formal disciplinary actions regarding this physician.

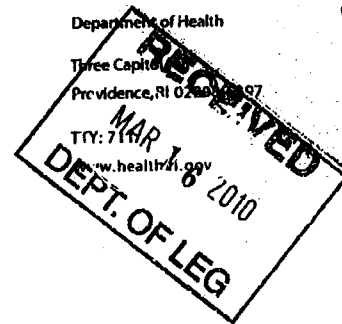


SEAL

*Carrie Doyle*  
Staff Member, Board of Registration in Medicine  
Carrie Doyle

Please be advised that the above information is based entirely on examination of our open and closed complaint files, as well as post-1986 disciplinary actions. It is not based on a review of the application for licensure, renewal of licensure or any reports that the Board is required to receive by statute (from courts, insurers, hospitals, etc.).

[e:share/verifications/Full-Expired-No]



**RHODE ISLAND  
BOARD OF MEDICAL LICENSURE AND DISCIPLINE**

**FULL LICENSE VERIFICATION**

\*\*\*\*\*

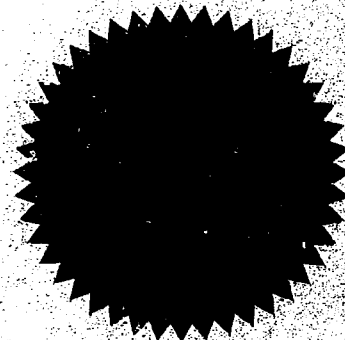
**PHYSICIAN:** MARSHALL D LEVINE  
**DATE OF BIRTH:** [REDACTED]  
**LICENSE NUMBER:** MD04355  
**DATE ISSUED:** 11/03/1971  
**LICENSE STATUS:** Lapsed  
**LAPSED DATE:** Information not available  
**MEDICAL SCHOOL:** Tufts University  
**GRADUATION YEAR:** 1967  
**EXAM:** National Boards

\*\*\*\*\*

This is to certify that the above-named physicians license is Lapsed in the State of Rhode Island. Please see attached.

Michelle McCormack  
Michelle McCormack  
Medical License Coordinator  
Board of Medical Licensure & Discipline

March 10, 2010



CP  
MI

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
CERTIFICATION & VERIFICATION UNIT  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

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

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED]  
SCHOOL ATTENDED: TUFTS UNIVERSITY  
DATE OF GRADUATION: 06/04/67  
DEGREE EARNED: MD

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

BASIS OF LICENSURE:

NAT BD CERT #093965 DATED 7/1/68

RECEIVED

APR 01 2010

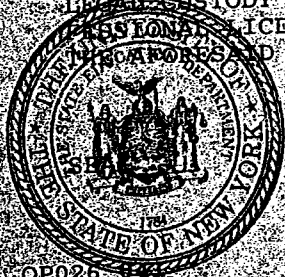
BUREAU OF HEALTH PROFESSIONS  
LICENSING DIVISION - APPLICATION UNIT

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

CURRENTLY REGISTERED: NO  
ADDRESS: 680 N LAKE SHORE DR #402  
CHICAGO IL 60611-4470  
DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.  
COMMENTS:

REG PERIOD ENDS:

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



*Martin Carmody*

PRINCIPAL CLERK

03/25/10