



# APPLICATION FOR LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

State Form 29495 (R6 / 3-92)  
Approved by State Board of Accounts, 1992

9205583

Health Professions Bureau  
402 W. Washington St., Rm. O41  
Indianapolis, Indiana 46204  
Telephone Number: (317) 232-2960

Application fee	250
Date fee paid (month, day, year)	5-27-92
Receipt number	118-286-01/03
Application number	
License number	01040632
License issuance date (month, day, year)	7-30-92

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

Permit fee	
Date fee paid (month, day, year)	
Receipt number	
Permit number	1139
Permit issuance date (month, day, year)	6-2-92



DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION			
Name (last, first, middle, maiden)		Social Security number	
CARHAETT LEROY HARRISON			
Address (number and street or Rural Route)	City	State	ZIP code
105 East Mission Avenue	Bellevue	NE	68005
Telephone number (daytime)	Birthdate (month, day, year)	Birthplace	
	October 28, 1941	Trenton, New Jersey	

TYPE OF EXAMINATION INFORMATION		
Do you desire a permit?	Do you currently possess an Indiana permit?	If Yes, enter your permit number here
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

EXAMINATION	
Check appropriate box indicating which examination you have taken.	
<input checked="" type="checkbox"/> FLEX EXAMINATION: Request that scores be sent directly to this office. Contact the Federation of State Medical Boards, 6000 Western Plaza, Suite 707, Fort Worth, TX 76107-4618. Telephone: (817) 735-8445.	<input type="checkbox"/> NATIONAL BOARD EXAMINATION: Request that your official scores be sent directly to this office. M. D. s contact the National Board of Medical Examiners Office, 3930 Chestnut Street, Philadelphia, PA 19104. Telephone: (215) 349-6400. D. O. s contact the National Board of Osteopathic Medical Examiners, 2700 River Road, Suite 407, Des Plaines, IL 60018. Telephone: (312) 635-9955.
<input type="checkbox"/> LMCC EXAMINATION: Request that your official scores be sent directly to this office. Contact the Medical Council of Canada, 1867 Alta Vista Drive, Case Postale, Box 8234, Ottawa, Canada K1G 3H7 Telephone: (613) 521-6012.	<input type="checkbox"/> STATE BOARD EXAMINATION: You must have the state board complete the "VERIFICATION OF STATE LICENSURE" form and attach the subjects, scores, date of examination and average. Examination taken in which state?

DEGREE OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY			
Name of School	Check one:	Location	Date of Graduation (Month, Day, Year)
Hahnemann Med. Col & Hosp.	<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Philadelphia, PA	Jun 3, 1973

HAVE YOU PREVIOUSLY TAKEN THE FLEX EXAMINATION?			
FLEX Component I	If Yes, how many times?	Date of most recent test (month, year)	Where taken (state or country)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1	Jun 1974	Harrisburg, PA <i>lhw jr</i>
FLEX Component II	If Yes, how many times?	Date of most recent test (month, year)	Where taken (state or country)
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre 1985 FLEX	If Yes, how many times?	Date of most recent test (month, year)	Where taken (state or country)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No See Above	1	Jun 1974	Harrisburg, PA

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL FOR THE LAST 10 YEARS	
GENERAL LOCATION	DATE
Mt. Laurel, New Jersey	Aug 1969 to Sep 1978
Omaha, Nebraska	Sep 1978 to Present

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL FOR THE LAST 10 YEARS		
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE
USAF Medical Corps      1978 to 1985	General Surgeon	Retired 1 Feb 85
Bellevue Health And Emergency Center	Medical Director	Feb 85 to Present

**APPLICATION AFFIRMATION**

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of Applicant: *LeRoy H. Carhart, MD*      Date: *May 29, 92*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to the inspection or furnishing of any such information.

I further authorize the Health Professions Bureau of Indiana to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Bureau and Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

**AFFIRMATION**

I hereby swear or affirm that I have read the above statements and agree to same.

Date (Month, Day, Year):      Signature of Applicant: *LeRoy H. Carhart, MD*      Date: *May 26, 92*

**GENERAL NOTARY-State of Nebraska**  
**PAMELA S. HATT**  
 My Comm. Exp. Sept 21, 1993

*Pamela S. Hatt*  
*5-26-92*

Include ALL Internships, residencies and/or fellowships.

POSTGRADUATE MEDICAL/OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES			
NAME OF SCHOOL	LOCATION	FROM (Mo. Yr.)	TO (Mo. Yr.)
Malcolm Grow USAF Hospital	Andrews AFB, MD	Jul 73	Jun 74
Hahnemann Medical College & Hospital	Philadelphia, PA	Jul 74	Jan 76
Atlantic City Medical Center an Affiliate Hospital of Hahnemann	Atlantic City, NJ	Jan 76	Jun 78

Do you hold, or have you ever held, a license, certificate, registration or permit to practice any regulated health occupation?  Yes  No

List all states, including Indiana, in which you have been licensed to practice any regulated health occupation.

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
PA	M.D. by FLEX	MD035665L	1974	Active
NJ	M.D. by Recip.	MA36541	1978	Active
OH	M.D. by Recip.	57427	1989	Active
NE	M.D. by Recip.	15162	1979	Active
IA	M.D. by Recip	57427	1982	Active

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

- Has disciplinary action ever been taken regarding any health license, certificate, registration or permit that you hold or have held?  Yes  No
- Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country?  Yes  No
- Are you now being, or have you ever been, treated for a drug abuse or alcohol problem?  Yes  No
- Have you ever been charged with drug addiction?  Yes  No
- Have you ever been convicted of, pled guilty or *nolo contendere* to:
  - A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction?  Yes  No
  - To any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines)  Yes  No
- Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?  Yes  No
- Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?  Yes  No
- Have you ever had a malpractice judgment against you or settled any malpractice action?  Yes  No

PRE-MEDICAL/OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED
Rutgers The State University of NJ	New Brunswick, New Jersey	Sep 60 - Jun 64
Saint Mary's University	San Antonio, Texas	Sep 66 - Jan 67

MEDICAL/OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED
Hahnemann Medical College & Hospital,	Philadelphia, PA	Aug 69 - Jun 73

**Universitatis Pennsylvaniae Philadelphienae Collegii**  
**et**  
**Universitatis Albertae Ludovicianae**  
**OMNIBUS HAS LITERAS PRESENTES VISURIS**  
**Salutem**

*Cum Academiae utique gentium institutae viros Philosophiae Scientiarum Medicinam Litterarum Humanioribus  
 facultatibus aut de Republica bene meritos titulo justo et congruente condecorare solitae sint:  
 Nos igitur Curatores Collegii et Universitatis Mahomedannianae Philadelphienae auctoritate respectiva  
 Pennsylvaniae nobis commissa*

**Le Roy Harrison Garhart**

*bona indole praeditum omnibus muneribus atque officiis quae hujus Academiae legibus ei imposita  
 sunt constantiter et fideliter expletis ad gradum*

**Medicinae Doctoris**

*rite admisisimus atque omnia jura honores privilegia ad hunc gradum pertinentia libenter concessimus.  
 Cujus rei testimonio huic diplomae nomen nostrae hodie Ante Idus Junias  
 Anno Domini millesimo nonagesimo septuagesimo tertio Philadelphiae scripsimus et quo majores  
 auctoritatesque Curatorum consentientes Collegii nostri sigillum affixum jussimus*

*Wherton Shober*

*Procurator*



*Joseph R. DiPalma, M.D.*  
*President The Pennsylvania State University*

*E. Jane C. Hatt*  
*Secretary*

THIS IS A TRUE COPY OF A ORIGINAL



*Pamela S. Hatt*



**Hahnemann University**

July 28, 1992

Broad & Vine  
Philadelphia, PA  
19102 1192

Health Professions Bureau  
Indiana Government Center  
402 W. Washington Street  
Room 041  
Indianapolis, IN 46204

To Whom It May Concern:

This letter is to verify that Leroy H.,J. Carhart, M.D., matriculated into the Hahnemann Medical College of Philadelphia on September 8, 1969. He successfully completed four years of medical education and was granted the degree of Doctor of Medicine on June 7, 1969.

I trust that the above information will be helpful to you. If you have any further questions, please contact our office at (215) 762-7601.

Sincerely yours,

A handwritten signature in cursive script that reads "Frank Palmer".

Frank Palmer  
Registrar

FP/cvs

cc: Student's File

*Malcolm Grow USAF Medical Center*

This is to certify that

**LeRoy H. Carhart, M.D.**

has satisfactorily completed the 1st Year  
POSTGRADUATE MEDICAL TRAINING, from 1 July 1973 to 30 June 1974

at the Malcolm Grow USAF Medical Center,  
Andrews Air Force Base, Washington, D. C.

*Robert M. ... M.D.*  
Director of Professional Education

*Robert ...*  
Surgeon General USAF



*X. Vandenberg*  
Medical Center Commander

21 June 1974  
Date of Presentation

THIS IS A TRUE COPY OF A ORIGINAL

*Pamela S. Hatt*  
GENERAL NOTARY-State of Nebraska  
PAMELA S. HATT  
My Comm. Exp. Sept. 21, 1993

# Atlantic City Medical Center

Atlantic City, New Jersey

This is to Certify that

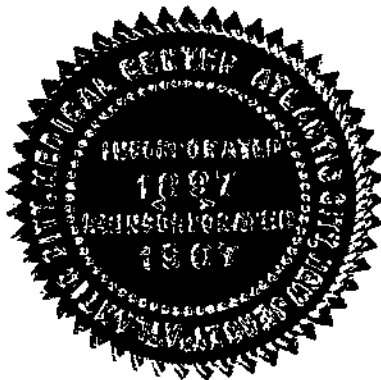
**Leroy H. Carhart, M.D.**

has served in the Atlantic City Medical Center as

**Third and Fourth Year and Chief Resident in General Surgery**

**January 31, 1976 to June 30, 1978**

In Witness Whereof we attach our names and seal this  
thirtieth day of June, 1978.



*James L. Lawrence* *Charles L. Brownell*  
Director of Medical Education Administrator

*J. H. Taylor* *James R. Adams*  
President, Board of Governors President, Medical Staff



TERRY E. GRANSTAD, GOVERNOR  
CHRISTOPHER G. ATCHISON  
DIRECTOR OF PUBLIC HEALTH

IOWA STATE BOARD  
OF MEDICAL EXAMINERS  
THIS IS TO CERTIFY THAT

LICENSE NO. 23312 EXPIRING 10/01/93

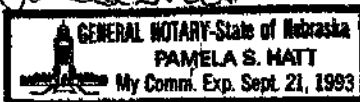
CARHART, LEROY HARRISON MD  
105 E MISSION AVE  
BELLVUE NE 68005

HAS RENEWED IN THE STATE OF IOWA

A LICENSE TO PRACTICE  
MEDICINE AND SURGERY

THIS IS A TRUE COPY OF A ORIGINAL

*Pamela S. Matt*





# State of Iowa



## State Board of Medical Examiners

Hereby Authorizes And Licenses

LEROY HARRISON CARHART, M.D.

*to practice Medicine and Surgery in the State of Iowa under and pursuant to the provisions of Chapter one hundred forty seven, Iowa Statutes Annotated and acts amendatory thereof and supplemental thereto.*

*Given under the hands and seal of the Iowa Department of Health*

this 15th day

of October, A.D. 19 82

*Ronald V. Say*  
Executive Director



*Alexander Ivanian, M.D.*  
Chairman

*Norman L. Paulenka*  
Commissioner of Health

License No. 23312 Book 5 Page 1233

THIS IS A TRUE COPY OF A ORIGINAL

GENERAL NOTARY STATE OF IOWA  
PAMELA S. WART  
My Comm. Exp. Sept. 21, 1993

JUN 30 1992

HEALTH PROFESSIONS BUREAU

STATE MEDICAL BOARD  
422 WEST WASHINGTON ST  
INDIANAPOLIS, IN 46204  
317-232-2980



VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

PRIVACY NOTICE

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

HEALTH PROFESSIONS BUREAU  
Indiana Government Center South  
402 W. Washington St., Rm 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2980

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARHART, LeROY HARRISON		Health Profession License Held M.D.		Social Security Number *	
Address (Number, street, or / rural route) 105 East Mission Avenue		City Bellevue,	State NE	ZIP code 68005	
License number	Date of Issuance (month, day, year) 1989	Date of Birth (month, day, year) October 28, 1941			
I hereby authorize the State of _____ to furnish the Health Profession Bureau of Indiana with the information below.					
Signature <i>[Signature]</i>					

\* Required pursuant to IC 4-1-8-1

DO NOT WRITE BELOW THIS LINE

License number 57427	Date of Issuance (month, day, year) 9/23/88	Licensed by <i>[Signature]</i> PA <input type="checkbox"/> Exam <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Other
Type of Examination	Date of Administration (month, day, year)	Please Affix Board Seal
Attach subjects, scores, date of examination and average.		
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If license has been encumbered in any way, please provide certified copies of all related documents.		
FORM COMPLETED BY:		
Name Debra L. Jones	Title <i>Chief, P.M.E. Records &amp; Renewal</i>	
Signature <i>Debra L. Jones</i>	State Board <i>Ohio state med Bd</i>	Date (month, day, year) 6/25/92



**VERIFICATION OF STATE LICENSURE**  
State Form 7143 (R2 / 10-91)

**\* PRIVACY NOTICE \***  
This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

**HEALTH PROFESSIONS BUREAU**  
Indiana Government Center South  
402 W. Washington St., Rm 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960

**INSTRUCTIONS:** Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARHART, LeROY HARRISON		Health Profession License Held M.D.		Control Number * <i>16</i>
Address (Number, street, or / rural route) 105 East Mission Avenue		City Bellevue,	State NE	ZIP code 68005
License number <i>23312</i>	Date of issuance (month, day, year) <i>10/15/82</i>	Date of Birth (month, day, year) October 28, 1941 <i>hw</i>		
I hereby authorize the State of _____ to furnish the Health Profession Bureau of Indiana with the information below.				
Signature <i>[Signature]</i>				

\* Required pursuant to IC 4-1-8-1

**DO NOT WRITE BELOW THIS LINE**

License number <i>3312</i>	Date of issuance (month, day, year) <i>10/15/82</i>	Licensed by <input type="checkbox"/> Exam <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Other <i>PA</i>
Type of Examination <i>NA</i>	Date of Administration (month, day, year) <i>NA</i>	Please Affix Board Seal
Attach subjects, scores, date of examination and average.		
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If license has been encumbered in any way, please provide certified copies of all related documents.		

**FORM COMPLETED BY:**

Name <i>Rosemary Devine</i>	Title <i>ADM BFCR</i>
Signature <i>Rosemary Devine</i>	State Board <i>IOWA</i>
Date (month, day, year) <i>6/24/92</i>	

JUL 1 1992

HEALTH PROFESSIONS  
BUREAU



**VERIFICATION OF STATE LICENSURE**

State Form 7143 (R2 / 10-91)

**PRIVACY NOTICE**

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

HEALTH PROFESSIONS BUREAU  
Indiana Government Center South  
402 W. Washington St., Rm 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960

**INSTRUCTIONS:** Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) CARHART, LEROY HARRISON		Health Profession License Held M.D.		Social Security Number	
Address (Number, street, or / rural route) 105 East Mission Avenue		City Bellevue,	State NE	ZIP code 68005	
License number 15162	Date of Issuance (month, day, year) 1979.	Date of Birth (month, day, year) October 28, 1941			
I hereby authorize the State of _____, to furnish the Health Profession Bureau of Indiana with the information below.					
Signature					

\* Required pursuant to IC 4-1-8-1

**DO NOT WRITE BELOW THIS LINE**

License number 15162	Date of Issuance (month, day, year) 10-17-79	Licensed by <u>Recip. with PA</u> <input type="checkbox"/> Exam <input type="checkbox"/> Endorsement <input checked="" type="checkbox"/> Other	
Type of Examination	Date of Administration (month, day, year)	Please Affix Board Seal	
Attach subjects, scores, date of examination and average.			
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If license has been encumbered in any way, please provide certified copies of all related documents.			
<b>FORM COMPLETED BY:</b>			
Name Katherine A. Brown	Title Executive Secretary		
Signature <i>Katherine A. Brown</i>	State Board of Examiners in Medicine and Surgery	Date (month, day, year) 10-25-92	



# VERIFICATION OF STATE LICENSURE

State Form 7143 (R2 / 10-91)

### \* PRIVACY NOTICE \*

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

HEALTH PROFESSIONS BUREAU  
Indiana Government Center South  
402 W. Washington St., Rm 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960

**INSTRUCTIONS:** Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Name (Last, first, middle, maiden) <b>CARHART, LeROY HARRISON</b>		Health Profession License Held <b>M.D.</b>		Serial Security Number *	
Address (Number, street, or / rural route) <b>105 East Mission Avenue</b>		City <b>Bellevue,</b>	State <b>NE</b>	ZIP code <b>68005</b>	
License number <b>MA36541</b>	Date of Issuance (month, day, year) <b>1978</b>	Date of Birth (month, day, year) <b>October 28, 1941</b>			
I hereby authorize the State of _____ to furnish the Health Professions Bureau of Indiana with the information below.					
Signature <i>[Handwritten Signature]</i>					

\* Required pursuant to IC 4-1-8-1

**DO NOT WRITE BELOW THIS LINE**

License number <b>MA36541</b>	Date of Issuance (month, day, year) <b>8/8/79</b>	Licensed by <input type="checkbox"/> Exam <input checked="" type="checkbox"/> Endorsement <input type="checkbox"/> Other	
Type of Examination <b>FLEX ENDORSEMENT</b>	Date of Administration (month, day, year) <b>N/A</b>	Please Affix Board Seal	
Attach subjects, scores, date of examination and average.			
License is current and in good standing <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	License is or has been invalid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any derogatory information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If license has been encumbered in any way, please provide certified copies of all related documents.			
<b>FORM COMPLETED BY:</b>			
Name <b>CHARLES A JANOUSEK</b>	Title <b>EXECUTIVE DIRECTOR</b>		
Signature <i>[Handwritten Signature]</i>	State Board <b>OF MEDICAL EXAMINERS OF N.J.</b>	Date (month, day, year) <b>6/25/92</b>	



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

LEROY HARRISON CARHART  
105 EAST MISSION AVE  
BELLEVUE NE 68005

JUNE 29, 1992

STATE BOARD OF MEDICINE

LEROY HARRISON CARHART

MEDICAL PHYSICIAN AND SURGEON

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSON IS LICENSED IN THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF STATE, STATE BOARD OF MEDICINE.

THE RECORDS OF THE PENNSYLVANIA STATE BOARD OF MEDICINE SHOW NO DEROGATORY INFORMATION AGAINST THIS LICENSE.

ORIGINAL LICENSURE DATE: SEPTEMBER 27, 1974  
EXPIRATION DATE: DECEMBER 31, 1992  
LICENSE NUMBER: MD-035665-L

*George L. Shevlin*

George L. Shevlin  
Commissioner

JUL 2 1992

HEALTH PROFESSIONS BUREAU



VERIFICATION OF STATE LICENSURE

State Form 7143 (R2/10-91)

PRIVACY NOTICE

This State agency is requesting disclosure of your Social Security number, under IC 4-1-8-1. Disclosure is mandatory, and this form will not be processed without it.

HEALTH PROFESSIONS BUREAU
Indiana Government Center South
402 W. Washington St., Rm 041
Indianapolis, Indiana 46204
Telephone: (317) 232-2960

INSTRUCTIONS: Type and complete the top section. Make copies to send to each state that you hold or have held a license. Have the state(s) send this directly to our office.

Form section containing personal information: Name (Last, first, middle, maiden) CARHART, LEROY HARRISON; Health Profession License Held M.D.; Social Security Number; Address (Number, street, or / rural route) 105 East Mission Avenue; City Bellevue, State NE, ZIP code 68005; License number 15162; Date of Issuance (month, day, year) 1979; Date of Birth (month, day, year) October 28, 1941.

Form section containing examination and administrative details: License number 15162; Date of Issuance (month, day, year) 10-17-79; Licensed by Recip. with PA; Exam, Endorsement, Other; Type of Examination; Date of Administration (month, day, year); Attach subjects, scores, date of examination and average; License is current and in good standing; License is or has been invalid; Any derogatory information?; FORM COMPLETED BY: Katherine A. Brown, Executive Secretary, State Board of Examiners in Medicine and Surgery, Date (month, day, year) 6-25-92.

patch 3608

0104063200106309390005000506309540010000805



**RENEWAL OF PRACTITIONER'S LICENSE**

State Form 9962 (R5/2-89) Fiscal Content SBA Approved - 1983

INSTRUCTIONS: Complete the reverse side, sign and return with check or money order made payable to the:

**HEALTH PROFESSIONS BUREAU**  
(317) 232-2960

*H*  
*Oh*

**CARHART, LEROY HARRISON**  
**105 EAST MISSION AVENUE**  
**BELLEVUE**

**NE 68005**

Type of renewal

**PHYSICIAN**

\* Those with multiple CSR's MUST list ALL practice locations on a separate paper.

Practice location		Phone number ( )	
Number <b>01040632</b>	From <b>06/30/93</b>	To <b>06/30/95</b>	Renewal fee <b>\$ 50.00</b>
Sex M/F <b>M</b>	Date of Birth (Mo., Day, Yr.) <b>10/28/41</b>	SOCIAL SECURITY # (Required IC 4-1-8-1) _____	

**BACK OF CARD TO BE COMPLETED AND SIGNED**

NOTE If your name has changed, submit a document reflecting name change or request a "CHANGE OF NAME AFFIDAVIT."

Enter address change here

Street	City	State, Zip Code
--------	------	-----------------



I hereby swear or affirm under the penalties of perjury that the following statements are true.

Practitioner's signature

*[Handwritten Signature]*

Date signed

*May 3, 93*

IF YES TO ANY OF THESE QUESTIONS, ATTACH DETAILS OF ACTION TAKEN.

1. Has your Indiana license been disciplined since last renewed or are formal charges pending against you at this time?  YES  NO
2. Have you in the last three years been convicted of or pled guilty to a violation of a federal or state law?  YES  NO
3. In the last two years has disciplinary action been taken regarding any license, certificate, registration or permit you hold or have held?  YES  NO
4. In the last two years have you had a malpractice judgment against you, settled a malpractice action, or have any malpractice actions currently pending?  YES  NO
5. In the last two years have you been denied staff membership or privileges in any hospital or health care facility or have such membership or privileges been revoked, suspended, or subjected to any restrictions, probation or other type of discipline or limitations?  YES  NO

Provide name of facility employed and / or institution where privileges are held:

*Midlands Community Hospital*

Specify area of practice (e.g. critical care, geriatrics)

*Wazary - ER - Family Medicine*

Type of position (e.g. faculty, hospital staff)

*Staff Physician*

KENNEDY, HOLLAND, DELACY & SVOBODA

ATTORNEYS AT LAW

KENNEDY HOLLAND BUILDING  
10308 REGENCY PARKWAY DRIVE  
OMAHA, NEBRASKA 68114  
FACSIMILE (402) 397-7824  
(402) 397-0203

RAYMOND E. WALDEN  
JAMES L. SCHNEIDER  
MICHAEL A. HARSH  
MARK E. NOVOTNY  
DONALD L. ERFTMIER, JR.  
JOHN A. CHELOHA  
DAVID J. SCHMITT  
JAMES E. MCGILL II  
WILLIAM R. SETTLES  
CONAL L. HESSION  
JENNIFER W. JERRAM

OF COUNSEL

JOE P. CASHEN  
FRANK J. BARRETT  
DAVID A. SVOBODA  
1928-1992

R. A. SKOCHDOPOLE  
THOMAS R. BURKE  
C. E. HEANEY, JR.  
LYMAN L. LARSEN  
WILLIAM T. OAKES  
WILLIAM M. LAMSON, JR.  
JEFFREY D. TOBERER  
ROBERT J. MURRAY  
ROBERT F. CRAIG  
JON S. REID  
DANIEL P. CHESIRE  
WILLIAM R. JOHNSON  
NEIL B. DANBERG, JR.  
MICHAEL J. DUGAN  
PATRICIA A. ZIEG  
DIANE C. SONDEREGGER  
FRANK M. SCHEPERS  
STEVEN D. JOHNSON  
KAREN M. SHULER  
PATRICK G. VIPOND

April 13, 1993

Re: Reich v. Carhart, M.D.

Dear Sir:

This letter is written on behalf of Leroy Carhart with regard to a lawsuit presently filed against him entitled, Patricia Reich, Personal Representative of the Estate of Albert James Reich v. Missouri Valley Associates, P.C., Bellevue Health and Emergency Clinic, Inc., Leroy H. Carhart, M.D., Joseph A. Stangl, P.A., Jane Doe, real name unknown, and John Doe, M.D., real name unknown.

Dr. Carhart and the above named defendants are insured by Medical Liability Mutual Insurance Company of Nebraska. The occurrence took place in March of 1989. The names of the claimants and individuals involved are as named above.

The incident did not occur within an institution and took place at Dr. Carhart's office. We represent Dr. Carhart and the other defendants.

The matter is still pending and scheduled for trial on May 24th. There has been no settlement at this point. The caption is as noted above with the case number of Doc. 9167, No. 438 and is located in the District Court of Sarpy County, Nebraska.

It is alleged by the plaintiff that Dr. Carhart's physician assistant and Dr. Carhart were negligent in not diagnosing a myocardial infarction when a patient complained of chest pain. It is alleged that with the symptoms reported by the patient that referral to an emergency room or a specialist in the area of cardiology was required.

The patient reported to Dr. Carhart's offices and was seen by Joe Stangl, P.A., who ran an electrocardiogram which was interpreted as normal. According to the Mr. Stangl the patient refused to participate in any further work up of his medical

# STATE OF NEBRASKA

DEPARTMENT OF HEALTH  
Mark B. Horton, M.D., M.S.P.H.  
Director

BUREAU OF EXAMINING BOARDS  
Phone (402) 471-2115

RECEIVED

DEC 28 1993

HEALTH PROFESSIONS  
BUREAU

December 20, 1993



E. Benjamin Nelson  
Governor

Lisa Perius, Director  
Medical Licensing Board of Indiana  
State of Indiana  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204

RE: Leroy H. Carhart, M.D.

Dear Ms. Perius:

In response to your letter received December 17, 1993, regarding the above referenced licensee, Leroy H. Carhart, M.D., I am enclosing a certified copy of the following documents from the Public Records file in the Bureau of Examining Boards, Department of Health, Lincoln, Nebraska:

1. ORDER OF DISMISSED  
June 2
2. PETITI  
on Jul

If you need addi:

*please put in his  
file.*

*fxs.*

HLM:so

Enclosures: Cert  
Docu

# STATE OF NEBRASKA

DEPARTMENT OF HEALTH  
Mark B. Horton, M.D., M.S.P.H.  
Director

BUREAU OF EXAMINING BOARDS  
Phone (402) 471-2115



E. Benjamin Nelson  
Governor

TO: Lisa Perius, Director  
Medical Licensing Board of Indiana  
State of Indiana  
402 West Washington Street, Room 041  
Indianapolis, Indiana 46204

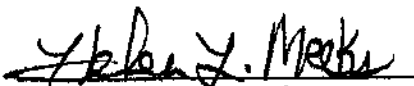
BUREAU OF EXAMINING BOARDS  
DEPARTMENT OF HEALTH  
STATE OF NEBRASKA

CERTIFICATION

I, Helen L. Meeks, Director, Bureau of Examining Boards, Department of Health, State of Nebraska, do hereby certify that the attached and herein listed below documents are true and correct copies of the original document filed and of record in said department regarding LEROY H. CARHART, M.D.:

1. ORDER OF DISMISSAL issued by the Director of Health, dated June 22, 1993.
2. PETITION FOR DISCIPLINARY ACTION filed with the Director of Health on July 31, 1992.

This certificate, which bears the seal of the Department of Health of the State of Nebraska, was signed on this 20th day of December, 1993.

  
Helen L. Meeks, Director  
Bureau of Examining Boards

S E A L

RECEIVED

BEFORE THE DIRECTOR OF HEALTH  
OF THE STATE OF NEBRASKA

JUN 23 1993

STATE OF NEBRASKA ex rel.,  
DON STENBERG, Attorney  
General,

BUREAU OF EXAMINING BOARDS  
LINCOLN, NEBRASKA

Plaintiff,

ORDER OF DISMISSAL

v.

LEROY H. CARHART, M.D.,

Defendant.

Upon motion of the Attorney General the above captioned matter is dismissed with prejudice as a result of the defendant's having fully complied with an Assurance of Compliance, the terms of which are on file with the Department.

DATED this 23 of June, 1993.



Mark B. Horton  
Mark B. Horton, M.D., M.S.P.H.  
Director of Health  
DEPARTMENT OF HEALTH  
STATE OF NEBRASKA

CERTIFICATE OF SERVICE

COMES NOW the undersigned and certifies that on the 23 day of June, 1993, a copy of the foregoing ORDER OF DISMISSAL was sent by certified United States mail, postage prepaid, return receipt requested, to Thomas J. Monaghan, Monaghan, Tiedeman & Lynch, 2120 South 72nd Street, Suite 1130, Omaha, Nebraska 68124 and by interoffice mail to Sam Grimminger, Deputy Attorney General, 2115 State Capitol.



Tammy Honnor  
Tammy Honnor  
Office of the Director

RECEIVED

BEFORE THE DIRECTOR OF THE DEPARTMENT OF HEALTH  
OF THE STATE OF NEBRASKA

JUN 2 1993

BUREAU OF EXAMINING BOARDS  
LINCOLN, NEBRASKA

IN THE MATTER OF THE LICENSE )  
OF LEROY H. CARHART, M.D., TO ) ASSURANCE OF COMPLIANCE  
PRACTICE PROFESSIONAL )  
COUNSELING MEDICINE AND SURGERY )

COME NOW LeRoy H. Carhart, M.D. and the Attorney General's Office, and hereby agree as follows:

1. No coercion, threats or promises were made to LeRoy H. Carhart, M.D. by the Attorney General of the State of Nebraska or anyone on his staff, by any law enforcement officials, or by any person of the Department of Health of the State of Nebraska, to induce him to enter into this Assurance of Compliance.

2. Neb. Rev. Stat. § 71-147 and Neb. Rev. Stat. § 71-171.02 provide that alternative actions may be taken with respect to licensees who engage in certain specified conduct. That utilization of an Assurance of Compliance agreement is one such alternative. That the following conduct would constitute grounds for entry of an Assurance of Compliance:

- a. The act of a doctor talking on the telephone for non-medical reasons while performing a surgical procedure including abortion;
- b. The act of a doctor falsifying entries on a patient chart;
- c. The act of a doctor interrupting or delaying a surgical procedure including abortion due to or as a result of his exhaustion or fatigue;

*Filed*  
RECEIVED

JUN 03 1993

DIRECTOR OF HEALTH

SUBSCRIBED AND SWORN to before me this 25 day of May, 1993.



*Thomas J. Monaghan*  
\_\_\_\_\_  
Notary Public

BY DON STENBERG, #14023  
Attorney General

*[Handwritten signature]*  
\_\_\_\_\_  
BY

San Grimmer, #11607  
Deputy Attorney General  
2115 State Capitol  
Lincoln, NE 68509-8920  
Tel: (402) 471-2682

BEFORE THE DIRECTOR OF THE DEPARTMENT OF HEALTH  
OF THE STATE OF NEBRASKA

RECEIVED

STATE OF NEBRASKA, ex rel. )  
DON STENBERG, Attorney General, )  
 )  
Plaintiff, )  
 )  
v. )  
 )  
LEROY H. CARHART, M.D., )  
 )  
Defendant. )

AUG 10 1992

BUREAU OF EXAMINING BOARDS  
LINCOLN, NEBRASKA

PETITION FOR DISCIPLINARY  
ACTION

**FILED**  
7/31/92  
DIRECTOR OF HEALTH

Plaintiff alleges as follows:

1. That jurisdiction of this cause is based on Neb.Rev.Stat. §71-150 (1991 Supp.).
2. That defendant is an individual who on October 17, 1979, was issued license #15162 by the Department of Health, State of Nebraska to practice medicine and surgery within the State of Nebraska.
3. That the Department of Health, State of Nebraska is the agency of said state authorized to enforce the laws of Nebraska in regulating the practice of medicine and surgery within Nebraska.
4. That Don Stenberg is the duly elected Attorney General for the State of Nebraska empowered to enforce the laws of this state and brings this action pursuant to Neb.Rev.Stat. §71-150(3) (1991 Supp.).
5. That defendant while associated with Woman's Medical Center of Omaha, Nebraska as a treating physician did do and perform the following conduct:



Attorney General of the State of Nebraska. That prior to the filing of this petition, said recommendations were reviewed and considered by the Attorney General's Office.

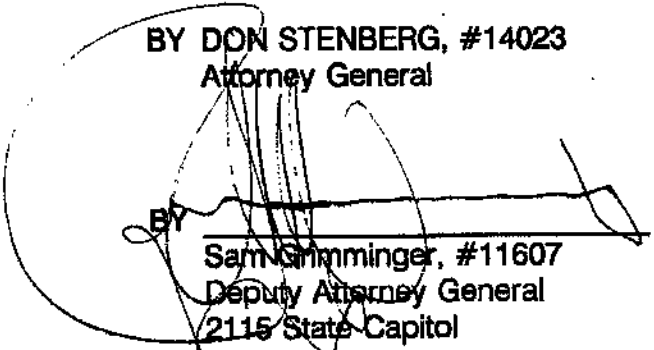
WHEREFORE, plaintiff prays that the Director of the Department of Health set this matter down for hearing and for relief as hereinafter set forth.

**PRAYER FOR RELIEF**

8. The hearing should be set pursuant to Neb.Rev.Stat. §71-153 (Reissue 1990).
9. On proof of the allegations set out above, take appropriate disciplinary action against defendant's license to practice medicine and surgery.
10. Tax the costs of the action as provided in Neb.Rev.Stat. §71-157 (Reissue 1990).

STATE OF NEBRASKA, ex rel., DON STENBERG, Attorney General, Plaintiff,

BY DON STENBERG, #14023  
Attorney General

BY   
Sam Gimminger, #11607  
Deputy Attorney General  
2115 State Capitol  
Lincoln, NE 68509-8920  
Tel: (402) 471-2682

Attorneys for Plaintiff.

2-3687-3



# STATE OF INDIANA

EVAN BAYH, Governor

## HEALTH PROFESSIONS BUREAU

402 West Washington Street Room 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960  
Fax: (317) 233-4236

November 02, 1993

Equal Opportunity Employer

Wisconsin Dept of Reg & Lic  
Medical Licensing Board  
1400 East Washington Avenue  
Madison, WI 53708

To Whom It May Concern:

THIS IS TO CERTIFY THAT: Leroy Harrison Carhart

BECAME A LICENSED: PHYSICIAN

NUMBER ISSUED: 01040632

ISSUANCE DATE: July 30, 1992

EXPIRATION DATE: June 30, 1995

STATUS: CURRENT

BASIS OF LICENSURE: ENDORSEMENT OF FLEX SCORES

*FEDN*

Unless otherwise indicated this license has not been disciplined by the State of Indiana. If other information is needed, please contact our office by mail or by telephoning (317) 232-2960.

Verified By:

*Kathy Dishman*

Kathy Dishman  
Records Division Coordinator



# STATE OF INDIANA

EVAN BAYH, Governor

## HEALTH PROFESSIONS BUREAU

402 West Washington Street Room 041  
Indianapolis, Indiana 46204  
Telephone: (317) 232-2960  
Fax: (317) 233-4236

July 30, 1993

Equal Opportunity Employer

Kansas State Board of Healing Arts  
235 South Topeka Blvd.  
Topeka, KS 66603

To Whom It May Concern:

THIS IS TO CERTIFY THAT: Leroy Harrison Carhart

BECAME A LICENSED: PHYSICIAN

NUMBER ISSUED: 01040632

ISSUANCE DATE: July 30, 1992

EXPIRATION DATE: June 30, 1995

STATUS: CURRENT

BASIS OF LICENSURE: ENDORSEMENT OF FLEX SCORES

Unless otherwise indicated this license has not been disciplined by the State of Indiana. If other information is needed, please contact our office by mail or by telephoning (317) 232-2960.

Verified By:

A handwritten signature in cursive script that reads "Kathy Dishman".

Kathy Dishman  
Records Division Coordinator

August 5, 2014

Dr. Leroy Carhart  
1002 West Mission Avenue #201  
Bellevue, NE 68005

RE: Case # 20140923

Dear Dr. Carhart,

This letter is to notify you that a decision has been made to open an investigation of your Nebraska physician license.

The investigation is related to the medical care provided to Maria Lopez, DOB 09/01/1976.

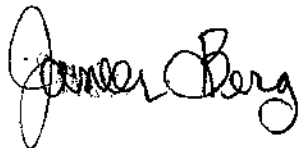
You had previously been notified of an opened investigation related to this same patient incident. That case number is 20140634.

I have been assigned as the investigator for these cases.

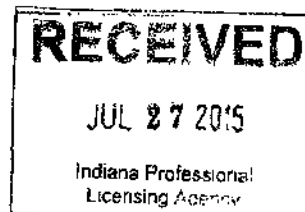
On July 14, 2014, your written response to the allegations was received in the Investigations Unit.

I would like to schedule an interview with you and your attorney to discuss the current allegations for cases 20140634 and 20140923. A telephone interview would be sufficient, but if you prefer an in-person interview that can be scheduled also.

Sincerely,



Janeen Berg, RN, Investigator  
DHHS, Division of Public Health  
Office of Professional & Occupational Investigation  
1033 O Street  
Suite 500  
Lincoln, NE 68508  
[Janeen.Berg@nebraska.gov](mailto:Janeen.Berg@nebraska.gov)  
Phone: (402) 471-4922

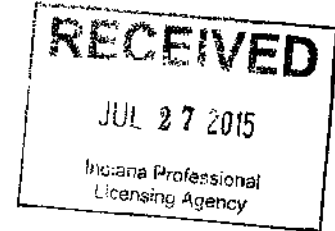


M. Lopez

State of Nebraska  
Pete Ricketts, Governor

July 14, 2015

Leroy Carhart, MD  
1002 W Mission Ave, #201  
Bellevue, NE 68005



Re: Complaint #: 20140634

Dear Dr. Carhart:

The case referenced above has been investigated. The Professional Board and the Attorney General have reviewed the investigative reports, as required by statute.

The Attorney General has declined to take action at this time. Our office considers this matter closed. None of the investigation records, reports or files are public records.

Thank you for your cooperation with this investigation.

Regards,

*Paul*

Paul J. Weber  
Staff Assistant  
DHHS Investigations Unit  
Healthcare Professions & Occupations  
1033 O Street, Suite 500  
Lincoln, NE 68508  
Tel: (402) 471-0175  
Fax: (402) 742-8335  
Paul.Weber@nebraska.gov



Division of Public Health

State of Nebraska  
One Nebraska Governor

June 27, 2014

LEROY CARHART MD  
1002 W MISSION AVE, #201  
BELLEVUE NE 68005

Re: Complaint # 20140923

Dear Dr. Carhart:

We received either a mandatory report or a patient/client licensure complaint against your professional license. A copy of the report/complaint or a summary of it is enclosed for your review. To help us fully evaluate it, we are asking you to provide your written response to the allegation. Please have it to us within eighteen working days from the date of this letter.

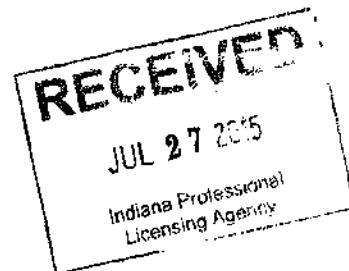
For your information, a "Professional and Occupational License Disciplinary Process" chart is also enclosed. We use the chart to illustrate the various steps and actions that could occur with a report/complaint.

Today we are at the "evidence Collection & Analysis" box in the green area. You will next receive a written notice from us either that an investigation into the allegation will be conducted or that we will not be investigating the allegation and will consider the matter closed.

Due to the volume and complexity of reports/complaints, please allow at least 60 days to receive our letter.

Sincerely,

Michael J. Grutsch, PA-C, Program Manager  
DHHS Division of Public Health  
Professions and Occupations Investigations  
1033 O Street Suite 500  
Lincoln, NE 68508  
DHHS.investigationsPOL@nebraska.gov  
Tel: 402-471-0175 Fax: 402-742-8335



- Encl: 1. Copy or summary of report/complaint  
2. Chart on disciplinary process

tj

**Person Info**

**Name:** LEROY HARRISON CARHART

**Address Info**

**Street Address:**  
 1002 WEST  
 MISSION  
 AVENUE  
**Fax:** 4022922291  
**City:** BELLEVUE  
**State:** NE  
**Zipcode:** 68005  
**Country:** United States  
**County:** Sarpy

**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Survey Response Summary**

Question	Answer
----------	--------

**Question Response Summary**

Question	Answer
1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	N
3.) Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana court?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination?	N
6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider?	N
7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	N

2013

**Person Info**

**Name:** LEROY HARRISON CARHART

**Address Info**

**Street Address:**  
1002 WEST  
MISSION  
AVENUE  
**Fax:** 4022922291  
**City:** BELLEVUE  
**State:** NE  
**Zipcode:** 68005  
**Country:** United States  
**County:** Sarpy

**Email:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Survey Response Summary**

Question	Answer
----------	--------

**Question Response Summary**

Question	Answer
1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	N
3.) Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana court?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination?	N
6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider?	N
7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	N



04/15/2011

INDIANA PROFESSIONAL LICENSING AGENCY  
Internet Renewal Questions

Name: CARHART, LEROY HARRISON LICENSE#: 01040632A  
Care Of:  
Address: 1002 WEST MISSION AVENUE  
City/St/Zip: BELLEVUE, NE 68005

Birth Date 10/28/1941

Date/Time Completed:  
6/28/2011 1:46:59PM

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state? N
  
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N
  
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N
  
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N
  
- 5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination? N
  
- 6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider? N
  
- 7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration? N

04/21/2009

INDIANA PROFESSIONAL LICENSING AGENCY  
Internet Renewal Questions

Name: CARHART, LEROY HARRISON LICENSE#: 01040632A  
Care Of:  
Address: 1002 WEST MISSION AVENUE  
City/St/Zip: BELLEVUE, NE 68005

Birth Date 10/28/1941

Date/Time

Completed: 5/28/2009 10:29:37AM

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? N
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N
- 5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline? N
- 6.) This question no longer applies - Answer "NO" (requires an answer to continue) N

04/26/2007

INDIANA PROFESSIONAL LICENSING AGENCY

Internet Renewal Questions

Name: CARHART, LEROY HARRISON LICENSE#: 01040632A  
Care Of:  
Address: 1002 WEST MISSION AVENUE  
City/St/Zip: BELLEVUE, NE 68005

Birth Date 10/28/1941

Date/Time 6/28/2005 9:52:57PM  
Completed: 6/28/2005 9:52:48PM

1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? N

2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N

3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N

4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N

Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline? N