

ARIZONA BOARD OF MEDICAL EXAMINERS

2001 West Camelback Road, Suite 300
Phoenix, Arizona 85015
A C (602) 255-3751

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT AND SPEX WRITTEN EXAMINATION



RD USE
THIS SPACE

NOV 06 1989

BOMEX

JAN 25 1990

RETURNED DIRECTLY TO THIS BOARD

INFORMATION

- A Arizona prescribes to the written Special Purpose Examination (SPEX) of the Federation of State Medical Boards of the United States which are offered in March, June, September, and December, annually. The FILING DEADLINE date to each is November 30; March 1, May 30, and August 23, respectively and completed applications received after those dates will be assigned to the then next regularly scheduled examination.
- B All candidates shall provide satisfactory evidence that.
- 1 He possesses a good moral and professional reputation
 - 2 He is physically and mentally able to engage safely in the practice of medicine
 - 3 He has not been found guilty of any act of unprofessional conduct, medical incompetency; or mentally or physically unable to engage safely in the practice of medicine
 - 4 He has not had disciplinary action taken against him by any other state, territory, district or country for reasons relating to his ability to engage safely and skillfully in the practice of medicine

Applications not fully complete within one year from date of receipt, including participation in the SPEX examination are considered withdrawn.

APPLICATION INSTRUCTIONS (Read Carefully)

In addition to the appropriate completion of the applicable sections of this application, the applicant will submit the following:

- 1 Evidence of name and date of birth (a) a photocopy of birth certificate, or (b) an original Certificate of Naturalization; or (c) other documentary evidence for consideration (Visa, green card, Passport, etc.)
- 2 Certified evidence of any legal name changes other than that shown on certificates filed in accordance with paragraph 1 above, (e.g., marriage certificate)
- 3 Photocopy of M.D Degree Diploma, OR M.B., B.S Degree Diploma for foreign graduates.
- 4 Photocopy of the DD 214 Form of release from the U.S. military or public health service. OR, if currently serving, have attached herewith a letter from any Commanding Officer setting forth the dates of active duty, assignments, and anticipated date of release from active duty.
- 5 Photocopies of any certificates awarded by any of the American medical specialty boards.
- 6 Photocopies of all certificates awarded upon completion of any internship, residency, fellowship or other post-graduate medical education undertaken in United States or Canadian hospitals, OR letters of certification of partial, past, or current training.

- 7 The name and address of all of the following:
 - (a) The secretary of the county medical society where you practiced for the three years prior to filing this application, and
 - (b) All of your hospital affiliations for the five years prior to filing this application and the Chief of Staff or Chief of Service for each.
8. A statement of your exact whereabouts and nature of practice from date of graduation from medical school to the present, with specific month and year listed for each location. No period unaccounted for is allowed
9. Cashier's Check or Money Order in U.S. Funds (personal checks not accepted), covering the statutory fee of \$550.00. There are no refunds.
- 10 Applicants, whose written examination, FLEX examination, National Board of Medical Examiners (NBME) or Licensing Medical Council of Canada (LMCC) certificates, upon which endorsement is sought was received more than ten years preceding the filing of this application, are required to submit to the SPEX examination.
- 11 Credentials submitted in foreign languages shall have affixed thereto a certified translation into English
12. Separated or Mutilated Applications are not acceptable and will require refiling
- 13 Requests for exemptions or waivers of any portion of this application will be denied and will delay your consideration for licensure
- 14 **NOTE:** All credentials submitted must remain the property of the Arizona Board of Medical Examiners and NONE will be returned except original Certificates of Naturalization or the applicant's **triplicate** copy of Declaration of Intention
- 15 Photocopies shall not exceed 8½ inches by 11 inches in size

UNITED STATES OR CANADIAN MEDICAL SCHOOL GRADUATES

Graduates of medical schools located in the United States or Canada which were approved by the Council on Medical Education of the American Medical Association, the Canadian Medical Council, or the Association of American Medical Colleges, will forward forms numbered I, II, and III to the appropriate agency with the request that they be completed and returned directly to the Arizona Board of Medical Examiners.

ALL OTHER MEDICAL SCHOOL GRADUATES

Graduates of medical schools located outside the United States or Canada will forward Forms numbered I, II, III, and IV as may be applicable, to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners

Note Applications will not be processed nor considered until ALL required forms are completed and returned directly to the Arizona address provided

APPLICATION

(To be completed, signed by applicant and notarized All questions MUST be answered completely)

1 Present Legal Name. Rothman Stephen L. GABRIEL
PRINT OR TYPE (Last) (First) (Middle) (Last)
 (a) Other names used: _____ Social Security No. _____

2 Address Residence _____
(No) (Street) (City) (State) (Zip Code) (Phone)
 Office 3605 Long Beach Blvd., #209, Long Beach, CA 90807 (213) 988-8583
(No) (Street) (City) (State) (Zip Code) (Phone)

3 City and State of Birth _____ Month, Day and Year of Birth _____

4 In what states or provinces have you applied for or been granted license or registration? If more than two, attach separate listing. If license not issued, so state

(a) California 1981 granted license G46280
(Specify State Board) (Date of Application) (Result) (Certificate No)
10/5/81 credential
(Date Issued) (Specify if by Written Examination or on Credentials)
 (b) Connecticut 1968 granted license 13714
(Specify State Board) (Date of Application) (Result) (Certificate No)
11/20/68 credential
(Date Issued) (Specify if by Written Examination or on Credentials)

5 Have you ever had an application for a license to practice medicine denied or rejected by another state/province licensing Board? NO
(Answer)

6 Have any actions, restrictions, or limitations ever been imposed on you while participating in any type of training program? NO
(Answer)

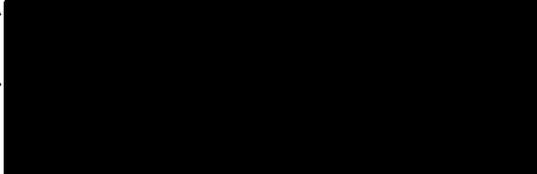
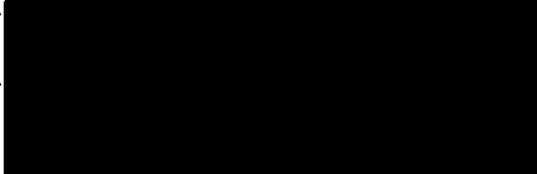
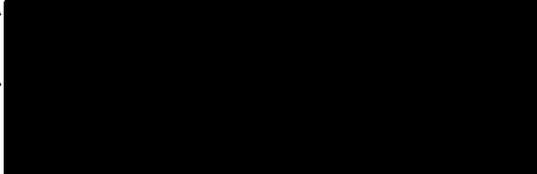
7 Have you ever been charged with a violation of any law, statute, rule or regulation of any domestic or foreign governmental agency? NO
(Answer)

8 Has there been any action initiated against you by or through any medical board or association? NO
(Answer)

9 Have you ever had a medical license revoked, suspended; limited, restricted, placed on probation, voluntarily surrendered or cancelled during an investigation or in lieu of disciplinary action; or entered into a consent agreement or stipulation? NO
(Answer)

- 10 Have you ever had hospital privileges revoked; denied, suspended, or restricted in any way? NO
(Answer)
- 11 Have you ever been involved in any malpractice matter which resulted in a settlement or judgement against you in excess of \$20,000? NO
(Answer)
- 12 Have you ever been convicted of Medicare or Medicaid fraud, received sanctions, including restriction, suspension or removal from practice imposed by an agency of the federal government? NO
(Answer)
13. Have you ever had your ability to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? NO
(Answer)

Note: In the event the response to any of the questions numbered 5 through 13 is YES, the applicant will file with the application a detailed report concerning the above matters; including, any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the results of any hearings, and the disposition of such charge(s). Provide the name and address of applicant's insurance carrier and the name and address of patient's attorney. IN ADDITION, the applicant must provide that certified photocopy(ies) of any hearings, settlements or judgements be submitted to this Board.

14. Have you ever been treated for the use of or misuse of any chemical substance or substances? 
(Answer)
- 15 Have you ever been a patient in a mental or other institution of confinement, or have you ever been treated or received medication for a mental condition? 
(Answer)
- 16 Are you suffering from any ailment communicable to others? 
(Answer)

Note: In the event the response to the question 14 and/or 15 is YES, the applicant will file with the application a separate detailed statement concerning the above matter(s); including the name and address of the hospital/rehabilitation center where treatment was obtained. The applicant shall also obtain and furnish a certified copy of his/her History and Physical Examination, Consultation Report(s), and Discharge Summary from the hospital/rehabilitation center. The applicant shall also have submitted a statement from his/her attending physician or treating therapist setting forth the applicant's diagnosis, prognosis and recommendations for continuing care, treatment and supervision.

17. Are you presently in good physical and mental health? 
(Answer)
- (If NO, applicant shall file with this application, a detailed statement of his health, diagnosis and prognosis, supported by report of his attending physician.)

18 Enter your height here 6'2" weight 172 color of eyes Brown color of hair Brown

19 List Internships, Residency and Fellowship training — chronologically showing institution, address and type of program, and dates Attach separate listing if needed

Mt. Sinai Hospital, 100th St. & 5th Ave., New York City, NY, Internship 7/67 to 6/68

Yale Univ. School of Medicine, New Haven, CT, Residency (Radiology) July 1968- June 1969. Yale Univ. School of Medicine, Fellowship (Neuroradiology) 10/71 to 9/73

20 Are you American Board certified? Yes board of Radiology Specialty Radiology

21. Have you completed the educational requirements for any of the American medical specialty boards? If so, which? _____

22 Exact whereabouts and nature of practice from date of graduation from medical school to the present, with specific MONTH and YEAR listed for each. No period unaccounted for is allowed. Attach separate listing if needed

- At SEE ATTACHED SHEET from _____ to _____
City State
- At _____ from _____ to _____
City State
- At _____ from _____ to _____
City State
- At _____ from _____ to _____
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- At _____ from _____ to _____
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- At _____ from _____ to _____
City State

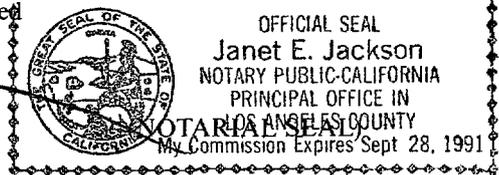
23 In the event you are successful in obtaining a license to practice medicine by this application, have you selected a location?
 Yes _____ Where? California (3605 Long Beach Blvd., #209, Long Beach, CA)
 Solo or in Association with? in association with Neil Chafetz, M.D.
 24 What is your intended specialty practice? diagnostic CT and MRI/Radiology/Neuroradiology
 25 What branch of the United States Armed Forces have you served with, if any, including USPHS? U.S. Army
 Active duty? From 1969 to 1971
 Month and Year Month and Year

STATE OF _____
 County of _____ } ss

The applicant Stephen L.G. Rothman, M.D.
 (PRINT OR TYPE) (Name in Full)

being first duly sworn upon his oath deposes and says that he is the person herein named subscribing to this application, that he has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct, that he is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Medical Examiners or its successors any information, files or records requested by that Board in connection with this application, or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of medicine. I further authorize the Arizona Board of Medical Examiners or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I further acknowledge that falsification or misrepresentation of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

Signature of Applicant [Signature], M D



Subscribed and sworn to before me this 5th day of January 1990

Notary Signature [Signature] My Commission expires 09-28-91
 (Notary Public) **DOLEX**

FOR OFFICE USE ONLY

Application Rec'd <u>JAN 25 1990</u> 19 _____	Application Processed by <u>P.H.</u>
Application Completed <u>4-16</u> 19 <u>91</u>	Application Checked by <u>P.H.</u>
Form No I Rec'd <u>3/5</u> 19 <u>90</u>	Application Approved <u>April 16</u> 19 <u>91</u>
Form No II Rec'd <u>2/5</u> 19 <u>90</u>	By <u>Carol Cunningham, Mgr.</u>
Form No III Rec'd <u>2/9</u> 19 <u>90</u>	License Issued <u>April 26</u> 19 <u>91</u>
Form No III Rec'd <u>3/27</u> 19 <u>90</u>	License No. <u>19993</u>
Form No III Rec'd <u>N/A</u> 19 _____	
Form No IV Rec'd <u>N/A</u> 19 _____	
Investigation Completed _____ 19 _____	
Application withdrawn _____ (Date)	
Refund must be claimed by _____ (Date)	Warrants issued _____ (Numbers and Dates)
Warrants mailed _____ (Date)	Warrants cashed _____ (Date)

HOSPITAL AFFILIATION PAST FIVE YEARS:

- ✓✓ Rancho Los Amigos Hosp., Downey, CA 1/18/91
- ✓✓ Torrance Mem. Hosp., Torrance, CA 12/31/90.
- ✓✓ Beverly Hosp., Montebello, CA 2/1/90 + 11/21/90
- ✓✓ San Pedro Peninsula Hosp., San Pedro, CA 2/23/90 - 11/15/90

Stephen L.G. Rothman, M.D.
Neil I. Chafetz, M.D.

February 20, 1991

The Arizona Board of Medical Examiners
Attention: Char Mc Call
2001 West Camelback Road
Suite 300
Phoenix, AZ 85015

RE: STEPHEN L. G. ROTHMAN, M.D. - ARIZONA LICENSURE

Dear Ms. Mc Call:

I was in receipt of your note with regard to clarification of my application.

The first item was about being at Yale University and a guest professor in Israel. During that academic year, from July to July, I was on a sabbatical from Yale. I was still technically a member of the Department of Radiology, although I was away.

As far as Florida goes, at one point in my life I applied for Florida licensure by reciprocity with my National Boards. I never practiced in Florida. That license terminated after two years of non-practice. I have no communications with Florida and I have had no relationship with the state.

I hope that concludes all of the things that you require for my licensure. Thank you very much for your cooperation through these last several months. It's really nice to know that someone is looking out for you, even far away in a different state.

Sincerely yours,



Stephen L. G. Rothman, M.D.

SLGR:ts

Rothman-Chafetz Medical Group, Inc.
3605 Long Beach Blvd., Long Beach, CA 90807 • (213) 988-8583 • (714) 897-8907 • Fax (213) 427-8671

FEB 25 1991

Stephen L.G. Rothman
[REDACTED]

22. Exact whereabouts and nature of practice from date of graduation from medical school to the present.

1. Associate Radiologist - Yale-New Haven Hospital, New Haven, CT from October 1973 to October 1974.
2. Neuroradiologist - West Haven Veterans Administration Hospital from October 1973 to January 1976.
3. Assistant Professor of Diagnostic Radiology - Yale-New Haven Hospital from October 1973 to June 1976.
4. Attending Radiologist - Yale-New Haven Hospital from November 1974 to October 1981.
5. Guest Professor - Neuroradiology - Hadassah Hebrew University Medical School from June 1985 to August 1975.
6. Administrative Director, Computerized Tomography - Yale-New Haven Hospital, February 1976 to October 1981.
7. Associate Professor of Diagnostic Radiology - Yale University School of Medicine from July 1976 to June 1981.
8. Visiting Professor of Neuroradiology - Hadassah Hebrew University Medical School from June 1978 to June 1979.
9. Consulting Neuroradiologist - Shaare Zedek Hospital from September 1978 to June 1979.
10. Professor of Diagnostic Radiology - Yale University School of Medicine from July 1, 1981 to October 15, 1981.
11. Medical Director - Multi-Planar Diagnostic Imaging, Inc., Torrance, CA from November 1981 to March 1989.
12. Visiting Consulting Radiologist (MRI) - Torrance Memorial Hospital, Torrance, CA from 9/24/86 to Present.
13. Consulting Specialist, Radiology, Spinal Cord Injury Dept. - Rancho Los Amigos Hospital, Downey, CA from 9/11/85 to Present.
14. Private practice - Rothman-Chafetz Medical Group, Inc., Long Beach, CA from March 1989 to Present.
15. Consulting (temporary privileges pending credential committee approval) - Beverly Hospital, Montebello, CA from 6/15/89 to present.

JAN 25 1990

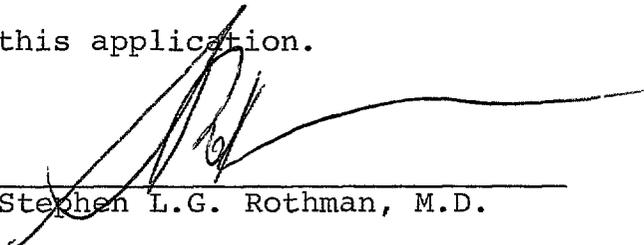
Stephen L. G. Rothman, M.D.
Neil I. Chafetz, M.D.

November 16, 1989

Arizona Board of Medical Examiners
2001 West Camelback Road, Ste. 300
Phoenix, AZ 85015

Dear Sirs:

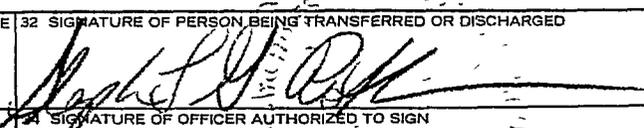
Per question #7a. of your application, please be advised that I was not a member of the county medical association (Los Angeles County) during the three years prior to filing this application.



Stephen L.G. Rothman, M.D.

BOITEX

NOV 25 1989

PERSONAL DATA	1 LAST NAME FIRST NAME MIDDLE NAME ROTHMAN STEPHEN L GABRIEL				2 SERVICE NUMBER 05260510		3 SOCIAL SECURITY NUMBER [REDACTED]			
	4 DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-USAR-MC				5a GRADE, RATE OR RANK MAJ	b PAY GRADE O-4	6 DATE OF RANK 17 Jul 71	DAY	MONTH	YEAR
	7 U S CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8 PLACE OF BIRTH (City and State or Country) [REDACTED]			9 DATE OF BIRTH [REDACTED]		DAY	MONTH	YEAR
SELECTIVE SERVICE DATA	10a SELECTIVE SERVICE NUMBER 50 20 42 28			b SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY STATE AND ZIP CODE LB# 20, New York Bronx NY			c DATE INDUCTED NA			
	11a TYPE OF TRANSFER OR DISCHARGE Relieved from active duty				b STATION OR INSTALLATION AT WHICH EFFECTED Ft Lee, VA					
TRANSFER OR DISCHARGE DATA	c REASON AND AUTHORITY AR 635-611 Expiration of term of service				d EFFECTIVE DATE 15 Sep 71	DAY	MONTH	YEAR		
	12 LAST DUTY ASSIGNMENT AND MAJOR COMMAND USKAH Meddco Ft Lee, VA 1st USA				13a CHARACTER OF SERVICE HONORABLE		b TYPE OF CERTIFICATE ISSUED None			
	14 DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR Control Gp Anl Tng USARCPAC St Louis, MO						15 REENLISTMENT CODE NA			
	16 TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR 12 Oct 73			17 CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered from USAR/COM			b TERM OF SERVICE (Years) NA	c DATE OF ENTRY DAY MONTH YEAR 16 Sep 69		
18 PRIOR REGULAR ENLISTMENTS NA		19 GRADE RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC 1LF O-2		20 PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) New Haven, CT						
21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Bronx, NY		22 STATEMENT OF SERVICE			YEARS	MONTHS	DAYS			
23a SPECIALTY NUMBER & TITLE 3306 Radiologist		b RELATED CIVILIAN OCCUPATION AND DOT NUMBER Roentgenologist 0-26.10		a CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	0	0		
				(2) OTHER SERVICE	1	11	3			
				(3) TOTAL (Line (1) plus Line (2))	3	11	3			
				b TOTAL ACTIVE SERVICE	2	0	0			
				c FOREIGN AND/OR SEA SERVICE	0	0	0			
24 DECORATIONS MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM										
25 EDUCATION AND TRAINING COMPLETED USA MFSS FSHT - Amedd off Basic (MC-DC-VG)										
VA AND EMP. SERVICE DATA	26a NON PAY PERIODS TIME LOST (Preceding Two Years) None			b DAYS ACCRUED LEAVE PAID 19		27a INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b AMOUNT OF ALLOTMENT NA	c MONTH ALLOTMENT DISCONTINUED NA	
	28 VA CLAIM NUMBER C. NA			29 SERVICEMEN S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE						
REMARKS	30 REMARKS HIGHEST CIVILIAN EDUCATION: MD Blood Type: Item 5a: Perm GPT USAR 1 Jun 70									
AUTHENTICATION	31 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) [REDACTED]					32 SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED 				
	33 TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER D. E. HITE, CW4, USA Asst Adj Gen					34 SIGNATURE OF OFFICER AUTHORIZED TO SIGN 				

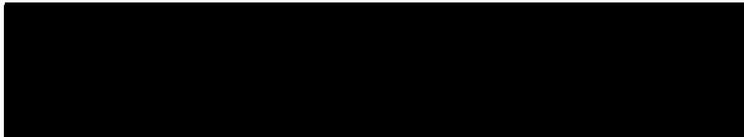
RESPONSE TO REQUEST FOR SEPARATION DOCUMENTS/INFORMATION

RE:

MILITARY SERVICE DOCUMENTS ARE EXTREMELY IMPORTANT. GUARD THEM CAREFULLY AGAINST LOSS OR DAMAGE. TO AVOID DELAYS IN OBTAINING THESE DOCUMENTS IN THE FUTURE, WE SUGGEST THAT YOU MAKE COPIES OF THE ENCLOSED DOCUMENTS.

- The attached document(s) is(are) furnished in response to the request.
- The attached separation document may include the following information: Authority for separation, reason for separation, reenlistment eligibility code, and separation program designator/number. If you require a copy of the separation document that does not contain the above information, you may request a deleted copy from this Center.
- DD Form 214, Certificate of Release or Discharge from Active Duty, is not issued when a service member dies while on active duty. We are furnishing the notification of death that was issued to the next of kin in lieu of the requested document.
- Service members who are dropped from the rolls of the military service are not issued a Certificate of Release or Discharge from Active Duty or a Discharge Certificate. Enclosed is a copy of the order effecting discharge.
- Because of an error on the separation document we have instead furnished NA Form 13038, Certification of Military Service. This will verify military service and may be used for any official purpose. The veteran may request that the separation document be corrected.
- A seal has been affixed to the enclosed document(s) to attest to its/their authenticity.
- Discharge certificates are prepared in the original only; therefore, copies cannot be furnished.
- Title 32, Part 45 of the Code of Federal Regulations prohibits this Center from furnishing to third parties copies of separation documents which contain the type and character of discharge, authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number. If you require a copy of the separation document containing the above information, the veteran must specifically authorize the release of an UNDELETED copy of the separation document.
- The type of discharge/separation received is shown as "UNCHARACTERIZED SEPARATION - Entry Level Separation." The Department of Defense established on October 1, 1982, the "Uncharacterized Entry Level Separation." Entry Level Status is the first 180 days of a period of continuous active duty or active duty for training. A separation initiated while a member is in entry level status may be described as an uncharacterized entry level separation. Upon separation the service member does not receive a discharge certificate or character of service. The separation shall be described as an order or release from custody or control of the service concerned.
- Copy 4 (member copy) of DD Form 214 is not on file. The attached copy will serve the same purpose as Copy 4.
-

MR. STEPHEN ROTHMAN, M.D.



Asst
NGRM A-C & Hodge
JOHN R. GERFEN
Chief, Army Reference Branch
NATIONAL PERSONNEL RECORDS CENTER
(Military Personnel Records)
9700 Page Boulevard
St. Louis, Missouri 63132-5100
RECEIVED BOMEX
DATE: 12-31-90

Photo on back

Rothman, Stephen L.G.

FORM I

MEDICAL COLLEGE CERTIFICATION

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the medical school granting the medical degree. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

Name: Stephen L. G. Rothman, M.D. (Please Print or Type), M.D. (Signature)

Address: [Redacted] (Street), [Redacted] (City and State)

Date: _____

(DO NOT DETACH)

(This section with a current photograph of the applicant shall be forwarded to and completed by an officer of the medical school granting the medical degree. Please indicate to your medical school that this completed form must be returned to the Arizona Board of Medical Examiners)

This is to certify that Stephen L.G. Rothman, M.D. (Full Name of Student)

whose photograph is attached hereto, was granted the degree of Doctor of Medicine by

Albert Einstein College of Medicine on June 2, 19 67, (Full Name of School or College of Medicine as it appears on the Applicant's Medical degree diploma)

that the date of his/her matriculation in medical school was September 9, 19 63, and that he/she attended all 4 year full courses of medical lectures comprising 11 months each as verified by the attached certified copy of his/her transcripts.

- 1. Was applicant ever required to repeat any segment of training? No. If YES, which part(s)?
2. Was applicant ever placed on probation, restricted or limited? No. If YES, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? No. If YES, please attach written explanation.
4. Was applicant ever known to use or misuse any chemical substance or substances which required treatment or counseling? [Redacted] If YES, please attach written explanation.
5. Was applicant ever known to suffer from any mental health disorders which required treatment, counseling or medications? [Redacted] If YES, please attach written explanation.
6. Were applicant's evaluations in every category rated satisfactory and/or above? Yes. If NO, please attach certified photocopy of evaluation, together with written explanation

Signed [Signature], M.D.

Dean, President, Secretary, Registrar } of Dr. Albert S. Kuperman, Associate Dean for Educational Affairs

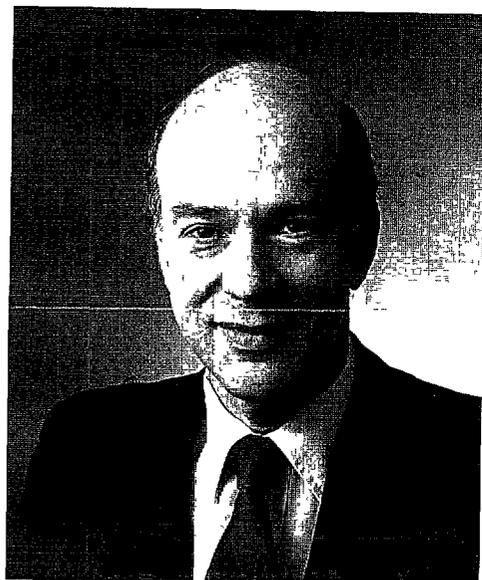
(SEAL OF COLLEGE) RECEIVED B.O.M.E.X. Date February 1, 19 90

Address: Albert Einstein College of Medicine, 1300 Morris Park Avenue, Bronx, N.Y. 10461

Please return completed form DIRECT to: Arizona Board of Medical Examiners, 2001 W. Camelback Rd., Suite 300, Phoenix, Arizona 85015

BOMEX

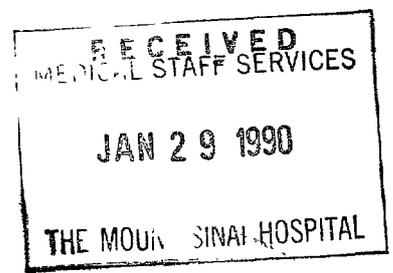
FEB 05 1990



The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Arizona Board of Medical Examiners before any application may be considered.

FORM III

POSTGRADUATE TRAINING CERTIFICATION



TO WHOM IT MAY CONCERN:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by each hospital wherein I participated in an approved post-graduate training program in the United States or Canada. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

Name: Stephen L. G. Rothman, M.D. (Please Print or Type) [Signature], M.D. (Signature)

Address: [Redacted] (Street) [Redacted] (City and State)

Date: _____

(DO NOT DETACH)

(This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed a program of approved post-graduate training in the United States or Canada.)

This is to certify that Stephen L.G. Rothman, M.D. undertook and (Name of Applicant in Full)

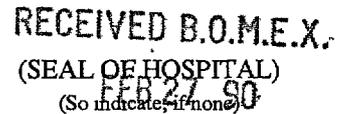
satisfactorily completed a full term approved program of 12 months in the: Mount Sinai Medical Center (Number) (Full Name and Complete Address of Hospital) One Gustave L. Levy Pl., New York, Ny 10029

in the field of Medicine from 7/1/67 to 6/30/68 (Date) (Date)

and that the said program was approved for post-graduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada. YES X NO

- 1. Was applicant ever required to repeat any segment of training? No If YES, which part(s)?
2. Was applicant ever placed on probation, restricted or limited? No If YES, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? No If YES, please attach written explanation.
4. Was applicant ever known to use or misuse any chemical substance or substances which required treatment or counseling? [Redacted] If YES, please attach written explanation.
5. Was applicant ever known to suffer from any mental health disorders which required treatment or counseling? [Redacted] If YES, please attach written explanation.
6. Were applicant's evaluations in every category rated satisfactory and/or above? Yes If NO, please attach certified photocopy of evaluation, together with written explanation.

Signed [Signature] Title Chairman, Department of Medicine



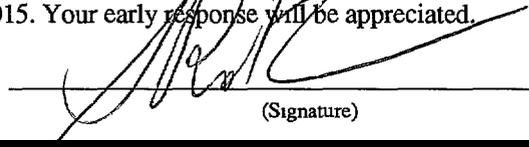
Address Mt. Sinai Medical Center, One Gustave L. Levy PL. Date 2/13, 19 90 New York, NY 10029

Rothman,
Stephen L.G.

POSTGRADUATE TRAINING CERTIFICATION

TO WHOM IT MAY CONCERN:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by each hospital wherein I participated in an approved post-graduate training program in the United States or Canada. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

Name: Stephen L.G. Rothman, M.D. (Please Print or Type) , M.D. (Signature)

Address: , (Street) , (City and State)

Date: _____

(DO NOT DETACH)

(This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed a program of approved post-graduate training in the United States or Canada.)

This is to certify that Stephen L.G. Rothman, M.D. (Name of Applicant in Full) undertook and satisfactorily completed a full term approved program of 60³⁶ months in the: Yale New Haven Hospital (Full Name and Complete Address of Hospital) and Yale University School of Medicine (includes Residency & Fellowship and Associates + attending ranks) in the field of Radiology from 7/1/68 (Date) to 8/15/81 (Date) *see attached cert.*

and that the said program was approved for post-graduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada. YES NO

1. Was applicant ever required to repeat any segment of training? _____ If YES, which part(s)? NO
2. Was applicant ever placed on probation, restricted or limited? NO If YES, please attach written explanation.
3. Was there any reason not to continue applicant in the training program? NO If YES, please attach written explanation.
4. Was applicant ever known to use or misuse any chemical substance or substances which required treatment or counseling?  If YES, please attach written explanation.
5. Was applicant ever known to suffer from any mental health disorders which required treatment or counseling?  If YES, please attach written explanation.
6. Were applicant's evaluations in every category rated satisfactory and/or above? yes If NO, please attach certified photocopy of evaluation, together with written explanation.

Signed Robert A. White
Title Professor and Chairman
Address 20 York St., New Haven, CT 06504

RECEIVED B.O.M.E.X.
(SEAL OF HOSPITAL)
FEB 26 90

Date February **BOMEX** 1990

Yale University

SCHOOL OF MEDICINE
333 Cedar Street
PO Box 3333
New Haven, Connecticut 06510
(203) 785-6938



ROBERT I WHITE, JR., M.D.
Professor and Chairman
Department of Diagnostic Radiology

Stephen L. Gabriel Rothman, M.D.

These are the exact dates of training, etc.

Postdoctoral	-	7/1/68 - 6/30/69; 7/1/71 - 9/30/73
Assistant Professor	-	10/73 - 6/76
Associate Professor	-	7/76 - 6/81
Professor	-	7/81 - 10/81

Per cert issued:

10/1/71 - 9/30/73

RECEIVED B.O.M.E.X.

FEB 26 90

Rothman, Stephen

NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Stephen L. Gabriel Rothman, M. D.
having satisfied all the requirements and having successfully passed the examinations is hereby
declared a Diplomate of the National Board of Medical Examiners

Attest Richard H. Young
Chairman of the Board

SEAL

John P. Hubbard
President of the Board

Philadelphia, Pa
July 1, 1968

Certificate # 93786

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from Albert Einstein College of Medicine in June 1967 and whose birth date is [REDACTED]. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed</u> <u>06/65</u>		
Anatomy		85
Physiology		82
Biochemistry		87
Pathology		85
Microbiology		88
Pharmacology		89
Behavioral Sciences		--
TOTAL TEST (Minimum Passing Score 380/75)		86.0
 <u>PART II passed</u> <u>04/67</u>		
Medicine		89
Surgery		86
Obstetrics and Gynecology		84
Public Health and Preventive Medicine		86
Pediatrics		90
Psychiatry		86
TOTAL TEST (Minimum Passing Score 290/75)		87
 <u>PART III passed</u> <u>03/68</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)		85.3
 GENERAL AVERAGE (Parts, I, II, and III Scale Score)	86.1	

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Melanie Valente
Secretary for Certification **BOMEX**

SEAL

1-31-90

Date

FEB 05 1990

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

SATISFACTION OF REQUIREMENTS SUMMARY

SPEX EXAMINATION

APPLICATION	Received January 25, 1990		
NAME IN FULL	ROTHMAN	STEPHEN	L. GABRIEL
Current Address	[REDACTED]		
Telephone	[REDACTED]	(213) 988-8583	
BIRTHPLACE	[REDACTED]	(Residence)	(Office) [REDACTED]
CITIZENSHIP	Check One: <input checked="" type="checkbox"/> Native	<input type="checkbox"/> Naturalized	Declared Intention On
MEDICAL EDUCATION	Albert Einstein Coll. of Med., New York, NY 035-46 (Full Name and Location of Medical School)		
	M.D. Awarded: June 2, 1967	Proof Received: Feb. 5, 1990	<input checked="" type="checkbox"/> Approved
	ECFMG Certificate No.	Dated:	Proof Received:
Form III / Photo	In Internship	for 12 months	at Mount Sinai Hosp., New York, NY
	(Field of Training)		(Name of Institution)
	From July 1, 1967	to	June 30, 1968
POSTGRADUATE Form III	In R	for 12 months	at Yale Univ. Sch. of Med., New Haven, CT
	(Field of Training)		(Name of Institution)
	From July 1, 1968	to	June 30, 1969
Form III / Photo TRAINING	In R (fellowship)	for 24 months	at Yale Univ. Sch. of Med., New Haven, CT
	(Field of Training)		(Name of Institution)
	From Oct. 1, 1971	to	Sept. 30, 1973
	In	for	months at
	(Field of Training)		(Name of Institution)
	From	to	
	In	for	months at
	(Field of Training)		(Name of Institution)
	From	to	
AMERICAN BOARD	Of DR (80)	Certificate No.	Issued June 23, 1974
	(Specialty)		
	Of	Certificate No.	Issued
	Photo (Specialty)		
PRACTICE	Field of R	(Current)	
Form II	SPEX EXAM: Arizona	DATE: 12/6/90	SCORE: 82
	Endorsement through National Board	; No. 93786	; Issued July 1, 1968 W/E
	California #G46280, 10/5/81 ; [] W/E	[k] Reciprocity With	National Board
	In Virginia #0101021283, 7/1/71; [] W/E	[K] Reciprocity With	National Board
LICENSES	In Connecticut #13714 11/20/68 ; [] W/E	[x] Reciprocity With	National Board
	In Florida #ME-0072089 7/19/76 ; [] W/E	[X] Reciprocity With	National Board
	In ; [] W/E	[] Reciprocity With	
	In ; [] W/E	[] Reciprocity With	
	In ; [] W/E	[] Reciprocity With	
	In ; [] W/E	[] Reciprocity With	
	In ; [] W/E	[] Reciprocity With	

Photo

U.S. MILITARY OR PUBLIC HEALTH SERVICE

Served in U.S. Army From Sept. 16, 1969 to Sept. 15, 1971
(Branch)
Honorable Discharge Received Sept. 15, 1971 Discharge Rank Maj.

PREVIOUS PRACTICE

In New York (internship) NY From July 1 1967 to June 30 19 68
In New Haven (residency) CT From July 1 1968 to June 30 19 69
In U.S. Army From Sept. 1969 to Sept. 19 71
In New Haven (fellowship) CT From Oct. 1 1971 to Sept. 30 19 73
(Guest Professor, Israel - Sabbatical leave from Yale) 7/78 - 7/79
In New Haven, CT From Oct. 1973 to Oct. 19 81
In Torrance/Long Beach, CA From Nov. 1981 to Date 19 90
In From 19 to 19
In From 19 to 19

FEEES

Temporary \$ Receipt # Examination \$ 550.00 Receipt # A 032309
Locum Tenens \$ Receipt # Endorsement \$ Receipt #

INVESTIGATION

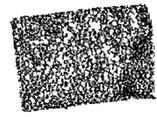
AMA Approval 2/5/90 Record clear N/D *updated 11/30, info. same*
California Board Approval 1/28/91, Cert.#G46280, iss. 10/5/81, End., current, N/D
Virginia Board Approval 12/3/90, Cert.#0101021283, iss.7/1/71, End, nonrenewed, N/D
Conn. Board Approval 2/5/90, cert. #13714, iss. 11/20/68, End., non renewal, N/D
updated 11/19/90
Fed State Board Approval 1/29/90 Record clear, N/D
Updated 11/30/90, Info. same, update 11/27/90, info. same
Florida Board Approval *telephone 4/5/91, info same - 4/11/91 Info same*
3/5/91, Cert.#MD-0072089, iss. 7/19/76, nonrenewed, N/D
Board Approval
Board Approval
Board Approval
Board Approval
Board Approval
Ass'n Approval
Ass'n Approval
Ass'n Approval

INTENDED LOCATION

PH

1/26/90

1/26/90 • 2/13/91



ALBERT EINSTEIN COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

1300 MORRIS PARK AVENUE, BRONX, N.Y. 10461: CABLE: EINCOLLMED, N.Y.

OFFICE OF THE REGISTRAR

PHONE. (212) 430-2102/4

1 February 1990

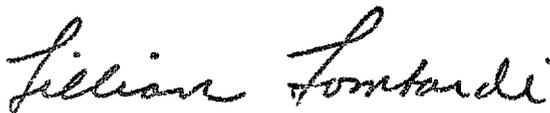
Arizona Board of Medical Examiners
2001 W. Camelback Road
Suite 300
Phoenix, Arizona 85015

RE: STEPHEN L.G. ROTHMAN, M.D.

Dear Sir/Madam:

I am pleased to send you herewith the official transcript requested. I believe you will find this adequate. However, if there is any additional information I can provide, please do not hesitate to write.

Very truly yours,



Mrs. Lillian Lombardi
Registrar

LL/ra
Enclosure

BOMEX

FEB 05 1990

ALBERT EINSTEIN COLLEGE OF MEDICINE
OF YESHIVA UNIVERSITY

1300 MORRIS PARK AVENUE, BRONX, N.Y. 10461: CABLE: EINCOLLMED, N.Y.

OFFICE OF THE REGISTRAR

PHONE: (212) 430-2102/4

14 February 1990

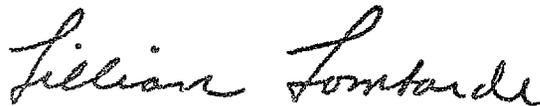
Arizona Board of Medical Examiners
2001 W. Camelback Road
Suite 300
Phoenix, Arizona 85015

RE: STEPHEN G.L. ROTHMAN, M.D.

Dear Sir/Madam:

I am pleased to send you herewith the official transcript requested. I believe you will find this adequate. However, if there is any additional information I can provide, please do not hesitate to write.

Very truly yours,



Mrs. Lillian Lombardi
Registrar

LL/ra
Enclosure

RECEIVED B.O.M.E.X.

FEB 20 90

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback Road, Suite 300, Phoenix, Arizona 85015

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Date: April 26, 1991

Re: License through Endorsement & SPEX Examination

Stephen L. Gabriel Rothman, M.D.


Dear Doctor: .

Congratulations! Your certificate to practice medicine in Arizona, License No. 19993 issued on April 26, 1991 is enclosed with your pocket registration card for the current year.

Please be advised that annual reregistration is mandatory on a calendar-year basis, with notices generally being mailed to your address of record on or about November 1 of each year. Failure to reregister will result in statutory expiration of your license. It is your responsibility to keep us informed of address changes. Please note that Arizona Revised Statutes §32-1435(B) provides that:

"Each person holding a current license to practice medicine in this state shall promptly and in writing inform the board of his current residence and office address and of each change in his residence and office address that may later occur."

It is also the responsibility of all licentiates in practice in Arizona to report directly to the Board of Medical Examiners any misconduct, unprofessional conduct or medical incompetence on the part of your colleagues which may come to your attention. Failure to do so is actionable against your license to practice. (A.R.S. §32-1451(A)).

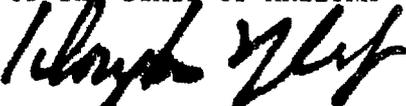
You will receive a copy of the Arizona State Medical Directory published yearly by the Board which contains the Arizona Medical Practice Act. We suggest that you familiarize yourself with such prior to establishing your practice in Arizona.

Enclosed for your information is that part of the Arizona Medical Practice Act which relates to Unprofessional Conduct, together with Continuing Medical Education information for annual reregistration and Prescription Form requirements.

Please feel free to contact this office at any time should you have any questions.

Cordially,

BOARD OF MEDICAL EXAMINERS
OF THE STATE OF ARIZONA



DOUGLAS N. CERF
Executive Director

DNC/ce

Enclosures: 6

SENDER Complete items 1 and 2 when additional services are desired, and complete items 3 and 4
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested

1 Show to whom delivered, date, and addressee's address (Extra charge) 2 Restricted Delivery (Extra charge)

3 Article Addressed to	4. Article Number
Stephen L. S. Rothman, M.D.	522 093
	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED .	
5 Signature - Addressee	8 Addressee's Address (ONLY if requested and fee paid)
X 	
6 Signature - Agent	
X	
7 Date of Delivery	

DATE: April 16, 1991

Stephen L. Gabriel Rothman, M.D.
[REDACTED]

Re: License through Endorsement & SPEX Examination

Dear Doctor:

The Board of Medical Examiners, State of Arizona, is pleased to inform you that your application and credentials for a license to practice medicine in the State of Arizona has been approved.

Arizona Statutes provide for an initial registration of each licentiate and the certificate of license may not be issued until this is in hand.

Please complete the enclosed card and return it to the Arizona Board of Medical Examiners, 2001 West Camelback Road, Suite 300, Phoenix, Arizona 85015. The card must be in hand by Thursday of each week in order for your license to be issued the following day. DO NOT COMMENCE PRACTICE IN ARIZONA UNTIL A LICENSE NUMBER HAS BEEN ASSIGNED.

The Board publishes an annual directory of all its licentiates, which is distributed about October of each year. Information for this publication is taken from the registration card which you complete. Home addresses and telephone numbers are not published, UNLESS THIS IS THE ONLY ADDRESS WHICH YOU PROVIDE. The cut-off date for address changes for the directory is July 31 of each year. If you anticipate a move before that date, please indicate your new address(es) with the effective date as well as your current address(es).

Thank you for your cooperation.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Licensing Department
Encs. 3



DEPARTMENT OF PROFESSIONAL REGULATION

Lawton Chiles
Governor

George Stuart
Secretary

April 8, 1991

Board of Medical Examiners
State of Arizona
2001 West Camelback
Suite 300
Phoenix, Arizona 85015

RE: Stephen L. G. Rothman, M.D.

To Whom It May Concern:

Your request for information has been forwarded to this office for response regarding the disciplinary history of the referenced physician.

A search of the Department of Professional Regulation computer files reveals no past or pending disciplinary action against the referenced licensee.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary L. Meshensky".

Mary L. Meshensky
Paralegal Specialist, Legal/MQA
Randolph P. Collette
Senior Attorney

RPC/MLM/pb

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

DEAR SIR:

IN APPLYING FOR A LICENSE TO PRACTICE MEDICINE IN THE STATE OF ARIZONA, THE MEDICAL BOARD REQUIRES THIS FORM TO BE COMPLETED BY EACH STATE WHEREIN I HOLD OR HAVE EVER HELD LICENSURE. THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION IN YOUR FILES, FAVORABLE OR OTHERWISE, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK, SUITE #300, PHOENIX, ARIZONA 85015.

YOUR EARLY RESPONSE IS APPRECIATED.

(SIGNATURE) M.D.
NAME: STEPHEN L. G. ROTHMAN M.D.
(PLEASE PRINT)

RECEIVED
MAR 15 1991
MEDICAL/NATUROPATH

ADDRESS: [REDACTED]

MY LICENSE NUMBER IS: ?

DO NOT DETACH
THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE ARIZONA BOARD OF MEDICAL EXAMINERS.

STATE OF: Florida
FULL NAME OF LICENSEE: Rothman, Stephen L. G.
GRADUATE OF:
LICENSE No.: 27089 ISSUE DATE: 7/19/76
BY: ENDORSEMENT/RECIPROCITY WITH:
BY: YOUR STATE BOARD'S WRITTEN EXAMINATION/FLEX/SPEX:
LICENSE IS CURRENT? No IF NO, WHY NOT? Other Status did not fulfill lyr practice requirement
HAS LICENSE BEEN SUSPENDED OR REVOKED? IF YES, WHY?

HAS LICENTIATE EVER BEEN ON PROBATION? IF YES, WHY?
FLORIDA DEPARTMENT OF PROFESSIONAL REGULATION BOARD OF MEDICINE

HAS LICENTIATE EVER BEEN REQUESTED TO APPEAR BEFORE YOUR BOARD? IF YES, WHY?
DEROGATORY INFORMATION, IF ANY
COMMENTS IF ANY
A copy of this request is being forwarded to our Legal Section for research and response regarding the existence of any derogatory information on this physician.

SIGNED: V. Franklin TITLE Senior Clerk
STATE BOARD Florida
DATE: 3-29-91 [BOARD SEAL]

(PLEASE USE REVERSE SIDE FOR COMMENTS)

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

DEAR SIR:

IN APPLYING FOR A LICENSE TO PRACTICE MEDICINE IN THE STATE OF ARIZONA, THE MEDICAL BOARD REQUIRES THIS FORM TO BE COMPLETED BY EACH STATE WHEREIN I HOLD OR HAVE EVER HELD LICENSURE. THIS IS YOUR AUTHORITY TO RELEASE ANY INFORMATION IN YOUR FILES, FAVORABLE OR OTHERWISE, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK, SUITE #300, PHOENIX, ARIZONA 85015.

YOUR EARLY RESPONSE IS APPRECIATED.

[Signature] M.D. (SIGNATURE)

NAME: STEPHEN L. G. ROTHMAN M.D.

ADDRESS [Redacted]

MY LICENSE NUMBER IS: ?

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE ARIZONA BOARD OF MEDICAL EXAMINERS.

STATE OF: Florida

FULL NAME OF LICENSEE: Rothman, Stephen L G.

GRADUATE OF: Albert Einstein College of medicine

LICENSE No.: 27089 ISSUE DATE: 7/19/76

BY: ENDORSEMENT/RECIPROCALITY WITH: of National Board

BY: YOUR STATE BOARD'S WRITTEN EXAMINATION/FLEX/SPEX:

LICENSE IS CURRENT? NO IF NO, WHY NOT? Other Status did not fulfill lyr

HAS LICENSE BEEN SUSPENDED OR REVOKED? IF YES, WHY? practice requirement

HAS LICENTIATE EVER BEEN ON PROBATION? IF YES, WHY? FLORIDA DEPARTMENT OF PROFESSIONAL REGULATION BOARD OF MEDICINE

HAS LICENTIATE EVER BEEN REQUESTED TO APPEAR BEFORE YOUR BOARD? IF YES, WHY? A copy of this request is being forwarded to our Legal Section for research and response regarding the existence of any derogatory information on this physician.

DEROGATORY INFORMATION, IF ANY

COMMENTS IF ANY

SIGNED: V. Franklin TITLE Senior Clerk STATE BOARD Florida DATE: 3-29-91

RECEIVED MAR 18 1991 MEDICAL/NATUROPATH

[BOARD SEAL] RECEIVED BOARD 4-5-91

(PLEASE USE REVERSE SIDE FOR COMMENTS)



Governor
Rose Mofford
Chairman
Richard L. Dexter, M.D.
Vice Chairman
Gilbert L. Sechrist, M.D.
Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 West Camelback Road, Suite 300 • Phoenix, Arizona 85015
Telephone (602) 255-3751

Executive Director
Douglas N. Cerf
*Assistant Director for
Licensure and
Administration*
Mark R. Speicher
*Assistant Director for
Medical Investigations*
David G. Greenberg, M.D.

March 5, 1991

Stephen L. Gabriel Rothman, M.D.

Re: License Through Endorsement & SPEX Examination

Dear Doctor Rothman:

This is to acknowledge receipt of your letter on February 25, 1991 regarding the explanation of your whereabouts and information regarding your Florida license.

Please be advised that although your license is not current in that state, we still require written confirmation from their Board, as requested in our February 13, 1991 letter to you. (for enclosed)

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

4/5 & 4/11

Char McCall
Licensing Specialist

/cm
Enclosure: 1



Governor
Rose Mofford

Chairman
Richard L. Dexter, M.D.

Vice Chairman
Gilbert L. Sechrist, M.D.

Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 West Camelback Road, Suite 300 • Phoenix, Arizona 85015

Telephone (602) 255-3751

Executive Director
Douglas N. Cerf

Assistant Director for
Licensure and
Administration
Mark R. Speicher

Assistant Director for
Medical Investigations
David G. Greenberg, M.D.



February 13, 1991

Stephen L.G. Rothman, M.D.



Re: License Through Endorsement & SPEX Examination

Dear Doctor Rothman:

This is to inform you that after further review of your application to practice medicine in Arizona, it was noted that we were remiss in not requesting clarification of the following.

Your statement of whereabouts included with your application indicates (under #8 and #9) that you held the position of visiting professor of Neuroradiology at Hadassah Hebrew University Medical School from June 1978 to June 1979 and also Consulting Neuroradiologist at Shaare Zedek Hospital from September 1978 to June 1979. Please clarify how you held these positions at the time you were also at the Yale-New Haven Hospital. *2/25*

Per the physician profile from the American Medical Association, you were issued a license to practice medicine in Florida in 1976. Please have the enclosed Verification of Licensure Form forwarded to the Florida Board for completion. *telephone 3/5/91/cm*

Upon receipt of the above we will be in a position to submit your file for final approval. *form 4/s*

Thank you for your continuing cooperation.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Char McGall
Licensing Specialist

/cm
Enclosure: Statement of Whereabouts
Verification of Licensure Form



MEDICAL BOARD OF CALIFORNIA

1426 HOWE AVENUE, SUITE 54
SACRAMENTO, CALIFORNIA 95825-3236
(916) 924-2338



January 24, 1991

Arizona Board of Medical Examiners
2001 W. Camelback Road, Suite 300
Phoenix, AZ 85015

TO WHOM IT MAY CONCERN:

This is to verify that Dr. Stephen Gabriel Rothman, born on [REDACTED] [REDACTED] [REDACTED] was issued California physician and surgeon's certificate #G 46280, on October 5, 1981, based on National Board Credentials. The license is current and renewal fees are paid through January 31, 1993. There is no current record of accusation and/or disciplinary activity.

Terresa A. Ciau
Terresa A. Ciau
Program Manager
Division of Licensing

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

SEAL



RECEIVED BOARD
JAN 28 91

37
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45

ROTHMAN
STEPHEN L GABRIE

FOR THE STATE OF ARIZONA

I.D. NO. 000003409

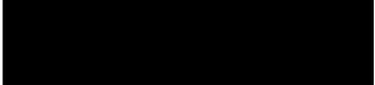
STATE BOARD I.D. NO. 00742

SCORE = 82

49
50
51
52
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56
57
58
59
60

||N||

Date: January 16, 1991

Stephen L.G. Rothman, M.D.


Re: License through Endorsement & SPEX Examination

Dear Doctor:

Congratulations! The Board of Medical Examiners, State of Arizona, is pleased to advise that you have successfully completed the SPEX examination given by this Board on December 6, 1990.

Your application remains incomplete in that we are still awaiting the following:

Verification of Licensure from the California Medical Board *1/28*

Hospital Affiliation from Rancho Los Amigos Hospital *1/18*

Hospital Affiliation from Torrance Memorial Hospital has been returned to them *2/8*
for their seal

(forms enclosed)

Upon receipt of the above items, we will then be in position to submit your application for final approval for issuance of an Arizona license.

Enclosed please find copy of your score received in the December 1990 SPEX examination.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

(Mrs.) Carol Emminger
Manager, Licensure Department

/ce
Encs. 3

DATE: January 4, 1991

Re: Stephen L.G. Rothman, M.D.

Denise Easton
Medical Staff Services Assistant
Torrance Memorial Medical Center
3330 West Lomita Blvd.
Torrance, CA 90505-5073

Dear Sir:

Please find enclosed Hospital Affiliation Form
from Stephen L.G. Rothman, M.D.

Would you kindly affix your official stamp or seal or indicate "None"

and return the same to this office at an early date.

Thank you for your cooperation.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

2/8

(Mrs.) Carol Emminger
Manager, Licensure Department

CE/ cm

Enc. 1

Stephen L. G. Rothman, M.D.
Neil I. Chafetz, M.D.

December 10, 1990

Char Mc Call
The Arizona Board of Medical Examiners
2001 West Camelback Road
Suite 300
Phoenix, AZ 85015

RE: DD214 FORM OF RELEASE FROM U.S. ARMY

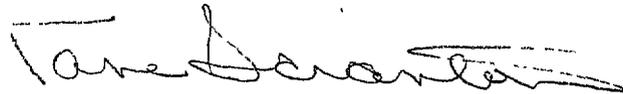
As requested in your former correspondence, please find a photocopy of Dr. Stephen Rothman's DD214 Form of Release from the U.S. Army.

Also, regarding your question of Dr. Rothman's affiliation with Rancho Encino Hospital; he is not associated with it. The hospital is closed down.

Thank you for all of your help in getting Dr. Rothman signed up as a courtesy candidate for the California SPEX examination.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Tane Scranton



COMMONWEALTH of VIRGINIA

Department of Health Professions

BOARD OF MEDICINE
1601 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5005

NOVEMBER 27, 1990

REF: STEPHEN L ROTHMAN, MD
HRB, P.O. BOX 27708

RICHMOND, VA 23261

THIS IS TO CERTIFY THAT THE RECORD OF THE ABOVE PHYSICIAN INDICATES
THE FOLLOWING:

LICENSE NUMBER: 0101021283 DATE ISSUED: 07-01-71 EXPIRES: 01-31-56
TO PRACTICE MEDICINE & SURGERY

LICENSED BY: FLEX _____ NATIONAL BOARD STATE EXAM _____

AM BOARD _____ CANADIAN BOARD _____

ENDORSEMENT/RECIPROCITY WITH _____

ACCORDING TO OUR RECORDS, THIS LICENSE HAS HAS NOT BEEN ENCUMBERED.

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.

C. Winston Bell
VERIFICATION CLERK

SEAL



RECEIVED B.O.M.E.X.
DEC -3 90

ARIZONA BOARD OF MEDICAL EXAMINERS
2001 West Camelback Road/Suite 300
Phoenix, Arizona 85015

Telephone No. (602) 255-3751

Telefax No. (602) 255-1848

TELECOMMUNICATION TRANSMITTAL COVER PAGE

TO: *Brenda Allen*
California Board
FROM: *C. Lee McCull*
Ch. Bd.
TELEFAX NO: *916-920-6332*
DATE: *11/30/90*
SUBJECT: *Stephen Rothman, M.D.*
Spec Exam
NUMBER OF PAGES 4 (INCLUDING COVER PAGE)

IF YOU DO NOT RECEIVE ALL PAGES

PLEASE CONTACT US AS SOON AS POSSIBLE AT 255-3751

Message:

SEND BY: Rush 10:00 a.m. 12:00 Noon
 3:00 p.m. 5:00 p.m. Other _____ a.m./p.m.

TIME _____

DATE _____

INITIALS _____

Sent 10/31/90 letters to Brenda, regarding Dr. Rothman's Courtesy Card request



STATE OF CONNECTICUT
 DEPARTMENT OF HEALTH SERVICES
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE AND REGISTRATION

November 14, 1990

Arizona Medical Exam Board
 2001 West Camelback Rd #300
 Phoenix AZ 85015

LICENSE VERIFICATION

This is to certify that the records of the Connecticut Department of Health Services indicate that:

Stephen L. Gabriel Rothman MD

was issued Connecticut PHYSICIAN AND SURGEON LICENSE

Date of Issuance: 11-20-1968

License number: 13724⁷ 13714 per Dr. & 1st verification

Expiration date: 1-31-1982

Status of License: Expired

Conditions or Restrictions on License: No *CH*
 Yes
 Other, see attached

John N. Boccaccio
 John N. Boccaccio, M.S.M., Chief
 Licensure & Registration

(Seal)

JNB:pat
 2146Q

(203) 566-5296
 Phone:
 150 Washington Street — Hartford, Connecticut 06106
 An Equal Opportunity Employer

RECEIVED B.O.M.E.X.
 10/19 90



Governor
Rose Mofford

Chairman
Richard L. Dexter, M.D.

Vice Chairman
Michael R. Geysler, M.D.

Secretary
Burton N. Drucker

THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 West Camelback Road, Suite 300 • Phoenix, Arizona 85015

Telephone (602) 255-3751

Executive Director
Douglas N. Cerf

Assistant Director for
Licensure and
Administration
Mark R. Speicher

Assistant Director for
Medical Investigations
David G. Greenberg, M.D.

October 31, 1990

Kelly Bannister
Federation of State Medical Boards
6000 Western Place, #707
Fort Worth, TX 76107

Re: Stephen L. Gabriel Rothman, M.D.

Dear Ms. Bannister:

Please find enclosed, your copy of the Courtesy Candidate Form which has been completed for Doctor Stephen L. Gabriel Rothman.

Doctor Gabriel has made arrangements with the California Board to sit as a courtesy candidate at the December 6, 1990 examination for Arizona licensure. He is apparently being allowed to sit for this exam, in California and will be a late registrant candidate as he has not submitted the blue SPEX Application to this office; therefore, please advise this office if you will require any additional information regarding Dr. Rothman which is not provided in this letter.

Name: STEPHEN L. GABRIEL ROTHMAN, M.D. DOB: [REDACTED]
Grad.: Albert Einstein College of Medicine, New York, NY
Address: [REDACTED]

National Board: 93786 issued: July 1, 1968

We understand that the scores of this examination will be forwarded to Arizona along with the remainder of our pre-registered candidates' scores. Please advise if this is not correct.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Char McCall
Licensing Specialist

/cm
Enclosure: 1



Governor
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Chairman
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Vice Chairman
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THE ARIZONA BOARD OF MEDICAL EXAMINERS

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*Assistant Director for
Medical Investigations*
David G. Greenberg, M.D.

October 31, 1990

Terresa Ciau, Program Manager, Licensing
Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

Re: Stephen L. Gabriel Rothman, M.D.

Dear Ms. Ciau:

Stephen L.G. Rothman, M.D. has submitted an application for licensure in the state of Arizona and is required to take the SPEX Examination. Doctor Rothman indicates that he wishes to take this exam in California in December 1990.

Please find enclosed the Courtesy Candidate Form which has been completed by this office, which should enable you to schedule him for the December 6, 1990 SPEX Exam.

If you have any questions regarding Doctor Rothman, please feel free to contact this office.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Char McCall
Licensing Specialist

/cm

Enclosures: 1

Stephen L. G. Rothman, M.D.
Neil I. Chafetz, M.D.

October 30, 1990

The Arizona Board of Medical Examiners
Attention: Char Mc Call
2001 West Camelback Road
Suite 300
Phoenix, CA 85015

RE: STEPHEN L. G. ROTHMAN, M.D. - ARIZONA LICENSURE

Dear Ms. Mc Call:

I am writing this letter to inform you that I am very interested in pursuing Arizona State licensure. As you suggested, I am requesting that you contact the California State Board of Licensing to see if they would allow me to sit for the Special Purpose Examination (SPEX) in Los Angeles in December of this year as a courtesy candidate.

Thank you for your attention to this request. Please do not hesitate to contact me, should you have any questions.

Sincerely yours,



Stephen L. G. Rothman, M.D.

SLGR:ts



Governor
Rose Mofford

Chairman
Richard L. Dexter, M.D.

Vice Chairman
Michael R. Geysler, M.D.

Secretary
Burton N. Drucker



THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 West Camelback Road, Suite 300 • Phoenix, Arizona 85015

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Mark R. Speicher

Assistant Director for
Medical Investigations
David G. Greenberg, M.D.

October 30, 1990

Stephen L.G. Rothman, M.D.



Re: License Through Endorsement & SPEX Examination

Dear Doctor Rothman:

This will acknowledge the telephone conversations today, with your secretary, in which we discussed the possibility of your being allowed to sit for the December 1990 SPEX Examination, as a courtesy candidate in California. Upon receipt of your written request, we will then be in a position to forward the courtesy candidate form to the California Board. This needs to be accomplished immediately to give their Board ample time for scheduling. 10/30

In order to update your file of record, it will now be necessary to have the following resubmitted:

Verification of Licensure from Connecticut (form enclosed) 11/19

*AMA Physician Profile 11/30

*Disciplinary Search Form from the Federation of State Medical Boards 11/27

Hospital Affiliation Forms from Beverly Hospital and San Pedro Peninsula Hosp. (forms enclosed) 11/21 / 11/15

Please refer to our July 25, 1990 letter which lists outstanding items which still have not been received in this office to date.

All the above must be in hand prior to January 26, 1991 to avoid having your file withdrawn.

* These forms are being requested directly by this office

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Char McCall
Licensing Specialist

/cm

Enclosures: 8

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

Date: July 25, 1990
From: Licensure Department
To: Stephen L. Rothman, M.D.
Re: Application for Licensure

Dear Doctor:

Your application for a license to practice medicine in Arizona was received on January 25, 1990.

Requisite verification has not yet been received from the following:

- () Form I Medical College Certification
- () Form II Endorsement Certification; Certification from the National Board of Medical Examiners
- () Form III Postgraduate Training Certification from the following:
 - () Form IV ECFMG Certification
 - (XX) Verification of Licensure from the state licensing board of:
 - 1. California ^{1/28} 2. Virginia ^{12/3} 3. _____ 4. _____ (forms enclosed)
 - (XX) Hospital Affiliation from: 1. Rancho Los Amigos Hospital, Downey, CA ^{1/18}
2. Torrance Memorial, Torrance, CA ^{2/21} 3. _____ (forms enclosed)
 - () _____
 - (XX) Photocopy of the DD214 Form of Release from the U.S. Army ^{12/12}

NOTE: Final action on your application cannot be taken until all these responses are in your file of record, which is your responsibility.

Applications not fully completed within one year from the date in which you were first advised of outstanding items, including participation in written examinations, if applicable, are considered withdrawn. Your application will be considered withdrawn on January 26, 1991.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

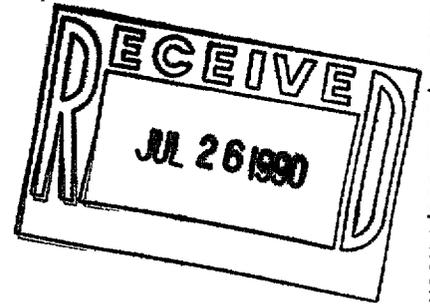
/ cm
Encs. 4

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

KINDLY COMPLETE AND SEND TO THE FEDERATION OF STATE MEDICAL BOARDS AT THE ADDRESS BELOW.

Date: July 24, 1990



Coordinator, Disciplinary Data Bank
Federation of State Medical Boards
2630 West Freeway, Suite 138
Fort Worth, Texas 76102-7999

file:

The ARIZONA BOARD OF MEDICAL EXAMINERS requests a disciplinary search concerning the following individual:

Name: ROTHMAN (Last) STEPHEN (First) L. GABRIEL (Middle)

Address: 9514 Oakmore road, Los Angeles, CA 90035

City, State and Zip

Date of Birth: [REDACTED]

Social Security Number: [REDACTED]

Medical School of Graduation and Branch Location: Albert Einstein College of Medicine, New York, NY

Date of Graduation: June 2, 1967

Please mail the response to the following:

Arizona Board of Medical Examiners
2001 West Camelback Road, Suite 300
Phoenix, Arizona 85015

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

JUL 26 1990

James R. Winn, M.D.
JAMES R WINN, M D
EXECUTIVE VICE-PRESIDENT

C. Lee McCall
Signature

RECEIVED B.O.M.E.X.

JUL 30 90

Date: July 25, 1990
 From: Licensure Department
 To: Stephen L. Rothman, M.D.
 Re: Application for Licensure

Dear Doctor:

Your application for a license to practice medicine in Arizona was received on January 25, 1990.

Requisite verification has not yet been received from the following:

- () Form I Medical College Certification
- () Form II Endorsement Certification; Certification from the National Board of Medical Examiners
- () Form III Postgraduate Training Certification from the following:

- () Form IV ECFMG Certification
- (XX) Verification of Licensure from the state licensing board of:
 1. California ^{1/28} 2. Virginia ^{12/3} 3. _____ 4. _____ (forms enclosed)
- (XX) Hospital Affiliation from: 1. Rancho Los Amigos Hospital, Downey, CA ^{1/18}
 2. Torrance Memorial, Torrance, CA ^{12/31} 3. _____ (forms enclosed)
- ()
- ()

NOTE: Final action on your application cannot be taken until all these responses are in your file of record, which is your responsibility.

Applications not fully completed within one year from the date in which you were first advised of outstanding items, including participation in written examinations, if applicable, are considered withdrawn. Your application will be considered withdrawn on January 26, 1991.

Cordially,

BOARD OF MEDICAL EXAMINERS
 STATE OF ARIZONA

/ cm
 Encs. 4



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Vice Chairman
Michael R. Geysler, M.D.

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*Assistant Director for
Medical Investigations*
David G. Greenberg, M.D.



July 24, 1990

Stephen L. Rothman, M.D.



RE: License Through Endorsement & SPEX Examination

Dear Doctor Rothman:

This will confirm our telephone conversation today regarding your plans to take the SPEX examination on December 6, 1990. Please find enclosed another blue SPEX application which you need to complete and return to this office so that we may schedule for this exam.

Please be informed, if you do not sit for the December 1990 exam, your application will be withdrawn. As stated on the application and our letter to you dated January 26, 1990, applications not fully completed within one year, including participation in any written examinations, will be withdrawn. There are no refunds.

Please submit abovementioned application, as soon as possible.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Char McCall
Licensing Specialist

/cm

Enclosure: 1

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

Date: May 8, 1990

Stephen L.G. Rothman, M.D.
[REDACTED]

Re: SPEX Examination

Dear Doctor:

Please accept this letter as notification to appear at the _____
_____ PHOENIX CIVIC PLAZA, 225 East Adams Street,
_____ Phoenix, Arizona, at 8:00 A.M., on THURSDAY, JUNE 14, 1990

for the purpose of participation in the SPEX Examination to be conducted by this Board of Medical Examiners. The examination will comprise one full day with scheduled recess and luncheon breaks.

IF FOR ANY REASON YOU CANNOT BE PRESENT FOR THIS EXAMINATION, PLEASE NOTIFY THIS OFFICE AS SOON AS POSSIBLE BY TELEPHONE WITH WRITTEN FOLLOW-UP LETTER.

NO MATERIAL OTHER THAN WHAT IS PROVIDED WILL BE ALLOWED, THIS INCLUDES COMPUTERIZED WRIST WATCHES. SMOKING IS NOT PERMITTED IN THE TEST ROOM.

NOTE: APPLICANTS HOLDING A TEMPORARY LICENSE TO PRACTICE MEDICINE IN ARIZONA; BE ADVISED THAT THE TEMPORARY LICENSE WILL EXPIRE ON THE LAST DAY OF THE MONTH IN WHICH WE RECEIVE THE RESULTS OF THIS SPEX EXAMINATION. TEMPORARY LICENSES WILL NOT BE EXTENDED, RENEWED, REISSUED OR ALLOWED TO CONTINUE IN EFFECT BEYOND THE PERIOD AUTHORIZED, IN ACCORDANCE WITH ARIZONA REVISED STATUTES.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

/ce

Encs: Restaurant & Hotel Information
City Map of Area

Please be advised that parking at this facility will be \$3.00 for the day.
Lunch break will be between 11:00 AM & 12:00 Noon at locations within walking distance.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

P.S. Your application continues to be incomplete as follows:

Verifications of Licensure from the states of California ^{1/28/} and Virginia ^{12/3}

Photocopy of the DD214 Form of Release from the U.S. Military ^{2/12}

Hospital Affiliation Forms from:

Rancho Los Amigos Hospital, Downey, CA ^{1/18}
Torrance Memorial Hospital, Torrance, CA ^{12/31}

(Forms enclosed)

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

DATE: February 14, 1990

Re: Stephen L. Gabriel Rothman, M.D.
Form III Postgraduate Training Certification

Robert I. White, M.D., Professor and Chairman
Yale New Haven Hospital
Diagnostic Imaging 2-332 NF
20 York Street
New Haven, CT 06504

Rec'd 2/26/90

Dear Sir:

Please find enclosed Form III Postgraduate Training Certification
from Stephen L. Gabriel Rothman, M.D.

Would you kindly affix EXACT dates of training. Doctor indicates
training from July 1, 1968 to September 30, 1973. Kindly correct
dates of training ONLY completed, on the attached Form III
and return the same to this office at an early date.

Thank you for your cooperation.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

(Mrs.) Carol Emminger
Manager, Licensure Department

CE/ph
Enc. 1



STATE OF CONNECTICUT
 DEPARTMENT OF HEALTH SERVICES
 DIVISION OF MEDICAL QUALITY ASSURANCE
 LICENSURE AND REGISTRATION

Rothman, Stephen

January 29, 1990

Arizona Medical Exam. Board
 2001 West Camelback Rd, #300
 Phoenix AZ 85015

LICENSE VERIFICATION

This is to certify that the records of the Connecticut Department of Health Services indicate that:

Stephen L. Gabriel Rothman MD
 [REDACTED]

was issued Connecticut: PHYSICIAN & SURGEON License

Date of Issuance: 11-20-1968

License number: 13714

Expiration date: 1-31-1982

Status of License: Expired

Conditions or Restrictions on License: No *CH*
 Yes, see attached
 Other, see attached

Respectfully,

John N. Boccaccio
 John N. Boccaccio, M.S., Chief
 Licensure and Registration

(SEAL)

JNB:pat

2146Q

(203) 566-5296

Phone:
 150 Washington Street — Hartford, Connecticut 06106
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BOMEX

FEB 05 1990

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

DATE: February 6, 1990

Re: Stephen L. Gabriel Rothman, M.D.
Form I Medical College Certification

Dr. Albert S. Kuperman, Assoc. Dean for Educational Affairs
Albert Einstein College of Medicine, Yeshiva University
Office of the Registrar - Mrs. Lillian Lombardi
1300 Morris Park Ave.
Bronx, NY 10461

Dear Sir:

Please find enclosed Form I Medical College Certification
from Stephen L. Gabriel Rothman, M.D.

Would you kindly affix answers to questions, one through six on
attached Form I, OR an explanation for not answering of same
(originals of copies attached, kept in this office)

and return the same to this office at an early date.

Thank you for your cooperation.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

rec'd 2/20

(Mrs.) Carol Emminger
Manager, Licensure Department

CE/ ph
Enc. 3



Executive Director
Douglas N. Cefz
Assistant Director for
Licensure and Administration
Mark R. Speicher
Manager, Licensure Dept
Carol Emminger
Telephone
(602) 255-3751

THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 west camelback road, suite 300 • phoenix, arizona 85015

January 26, 1990

Re: Stephen L. Gabriel Rothman, M.D.
License through Endorsement and SPEX Examination

Stephen L. Gabriel Rothman, M.D.
[Redacted]

Dear Doctor:

This will acknowledge receipt of your application for a license to practice medicine in Arizona through Endorsement and SPEX Examination.

Our receipt number A 032309 covering your fee deposit of \$ 550.00 is enclosed, with a schedule of examination dates and filing deadlines, if applicable.

To complete our processing of your application, we need to receive the following.

Form I Medical College Certification from Albert Einstein ^{2/5}
College of Medicine, New York, NY

Form II Endorsement Certification from the National Board of ^{2/5}
Medical Examiners

Form III Postgraduate Training Certification from:

Mount Sinai Hospital, New York, NY for July 1, 1967 to ^{2/27}
June 30, 1968.

Yale University School of Medicine, New Haven, CT for periods ^{2/9}
July 1, 1968 to September 30, 1973, indicating EXACT dates of ^{2/26 letter}
training.

Verification of Licensure forms from:

California ^{1/28}
Connecticut ^{2/5}

Virginia ^{12/3}

Physicians Profile from the AMA ^{2/5}

Disciplinary Inquiry form from the Federation of State Medical ^{1/29}
Boards of the U.S.

Stephen L. Gabriel Rothman, M.D.
January 26, 1990

Page 2

Continued:

Photocopy of the DD214 Form of release from the U.S. Military. *12/12*

Hospital Affiliation Forms from:

Rancho Los Amigos Hospital, Downey, CA *1/18*
Torrance Memorial Hospital, Torrance, CA *12/31*
Beverly Hospital, Montebello, CA *2/1*
San Pedro Peninsula Hospital, San Pedro, CA *2/23*

The photocopy of your Birth Certificate indicates your name to be: Stephen L. Gabriel Rothman; therefore your Arizona license will be issued in that name.

All necessary forms have been previously forwarded to you.

Temporary License information enclosed.

NOTE: FINAL ACTION ON YOUR APPLICATION CANNOT BE TAKEN UNTIL THESE RESPONSES ARE IN YOUR FILE OF RECORD, WHICH IS YOUR RESPONSIBILITY.

PLEASE BE ADVISED THAT APPLICATIONS NOT FULLY COMPLETED WITHIN ONE YEAR FROM THIS DATE, INCLUDING PARTICIPATION IN WRITTEN EXAMINATIONS, IF APPLICABLE, ARE CONSIDERED WITHDRAWN.

Your application is being processed routinely and you will be advised in due course as to the Board's decision relative to the granting of an Arizona license.

Cordially,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

(Mrs.) Carol Emminger
Manager, Licensure Department

CE: ph

Encs. 3

THE
PRESIDENT
 OF
 THE UNITED STATES OF AMERICA



To all who shall see this present, greeting.
 Know Ye, that reposing special trust and confidence in the patriotism, valor, fidelity
 and abilities of Stephen S. Gabriel Rothman, I do
 appoint him a Reserve Commissioned Officer in the

Army of the United States

to date as such from the thirteenth day of October, nineteen
 hundred and sixty-seven. This Officer will therefore carefully and diligently
 discharge the duties of the office to which appointed by doing and performing all
 manner of things thereunto belonging.

I do, I do strictly charge and require these Officers and other personnel of lesser
 rank to render such obedience as is due an officer of this grade and position. I do
 this Officer(s) to observe and follow such orders and directions, from time to time, as
 may be given by me, or the future, President of the United States of America, or other
 Superior Officer(s) acting in accordance with the laws of the United States of America.

This commission is to continue in force during the pleasure of the President of
 the United States of America, for the time being, under the provisions of those Public
 Laws relating to Officers of the Armed Forces of the United States of America
 and the component thereof in which this appointment is made.

I give at the City of Washington, this twenty-second day of December,
 in the year of our Lord one thousand nine hundred and sixty-seven, and of the
 Independence of the United States of America the one hundred and ninety-second.

By the President:

Kenneth G. Nickles
 Major General
 The Adjutant General



Stanley R. Rear
 Secretary of the Army



THE ARIZONA BOARD OF MEDICAL EXAMINERS

2001 west camelback road, suite 300 • phoenix, arizona 85015

Rothman,

Governor

Rose Mofford

Chairman

Richard L. Dexter, M.D.

Vice Chairman

Gilbert L. Sechrist, M.D.

Secretary

Burton N. Drucker

Executive Director

Douglas N. Cerf

Assistant Director for

Licensure and Administration

Mark R. Speicher

Assistant Director for

Medical Investigations

David G. Greenberg, M.D.

Telephone

(602) 255-3751

December 21, 1989

Stephen L. G. Rothman, M.D.
Rothman-Chafetz Medical Group, Inc.
3605 Long Beach Blvd.
Long Beach, California 90807

Dear Doctor Rothman:

The Arizona Board of Medical Examiners is in receipt of your October 26, 1989 letter which was forwarded to me by Ms. Carol Emminger, our Licensing Manager.

Please note, for your information, the Board of Medical Examiners does not provide advisory opinions. Therefore, any legal advice you wish to obtain regarding our statutes or this particular subject should be obtained through the attorney of your choice.

As you are aware, ARS §32-1401 exempts from licensure doctors of medicine residing in another state who are authorized to practice medicine in such a jurisdiction if the doctor of medicine is:

(ARS §43-1421.B.1) "in actual consultation with a doctor of medicine of this state or if the doctor of medicine is invited to this state for an approved school of medicine or a teaching hospital's accredited graduate medical education program for the sole purpose of promoting professional education through lectures, clinics or demonstrations, as long as the doctor of medicine does not open an office or designated place to meet with patients or receive calls relating to the practice of medicine in this state outside the facilities and programs of the approved school of medicine or the teaching hospital."

You indicated in your letter that you believe you fall under the category of physicians who are in actual consultation with a doctor of medicine of this state.

Please note that the interpretation of this statute by the Board has resulted in a proposed legislative change for 1990. This change will indicate that physicians will be exempt only for infrequent consultations with a doctor of medicine in this state, regarding specific patients in a field of expertise.

Stephen L. G. Rothman, M.D.
December 21, 1989
Page Two

Thus, it seems clear that the intention of the Board is to exclude from licensure only those physicians who will be discussing a very limited number of cases with Arizona licensed physicians.

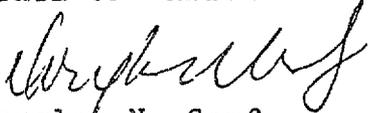
If you are the only radiologists to whom these physicians are referring patients, I would call your attention to the definition of the practice of medicine in the State of Arizona:

(ARS §32-1401.15): The "practice of medicine means the diagnosis of the treatment or the correction of or the attempt or holding of oneself out as being able to diagnose treat or correct any and all human diseases, injuries, ailments, infirmities, deformities, physical or mental, real or imaginary, by any means, methods, devices or instrumentalities, except as the same may be among the acts or persons not affected this chapter. The practice of medicine includes the practice of medicine alone or the practice of surgery alone, or both."

In summary, my suggestion would be that if you are going to be frequently engaged in any of the activities that would constitute the practice of medicine in the State of Arizona, our statutes would require you to be licensed in this state. However, again, you may wish to get an interpretation of our statutes from your own attorney.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA



Douglas N. Cerf
Executive Director

DNC/vj

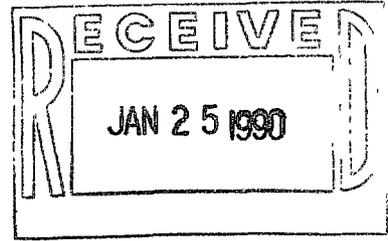
Rothman, Stephen

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

2001 West Camelback, Suite 300, Phoenix, Arizona 85015, (602) 255-3751

KINDLY COMPLETE AND SEND TO THE FEDERATION OF STATE MEDICAL BOARDS
AT THE ADDRESS BELOW.

Date: 1-31-90



Coordinator, Disciplinary Data Bank
Federation of State Medical Boards
2630 West Freeway, Suite 138
Fort Worth, Texas 76102-7999

The ARIZONA BOARD OF MEDICAL EXAMINERS requests a disciplinary search
concerning the following individual:

Rothman	Stephen	L.G.
Name:	(Last)	(First)
<u>[REDACTED]</u>		
Address		
<u>[REDACTED]</u>		
City, State and Zip		
<u>[REDACTED]</u>		
Date of Birth		
<u>[REDACTED]</u>		
Social Security Number		
<u>[REDACTED]</u>		
<u>Albert Einstein College of Medicine, Bronx, New York</u>		
Medical School of Graduation and Branch Location		
<u>June 1967</u>		
Date of Graduation		

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

JAN 25 1990

James R. Winn, M.D.
JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT

Please mail the response to the following:

Arizona Board of Medical Examiners
2001 West Camelback Road, Suite 300
Phoenix, Arizona 85015


Signature

BOARD OF MEDICAL EXAMINERS

JAN 20 1990

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Medical Staff Office in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files or record, favorable or otherwise, DIRECT to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

NAME: STEPHEN L. G. ROTHMAN, M.D. *[Signature]* M.D.
(SIGNATURE)

ADDRESS: [Redacted]

.....
(DO NOT DETACH)

1. What privileges were extended to the applicant? SEE ATTACHED

2. For how long? September, 1985 through September, 1990

3. Were any limitations imposed on such privileges? NO
If YES, Please explain. _____

4. Were staff privileges ever removed or restricted? NO
If YES, please explain. _____

Derogatory Information, if any NONE

Names of other hospital affiliations, if known: 1. Beverly Hosp., Montebello, 2. _____
3. _____, 4. _____, 5. _____

(LIST NAME, CITY AND STATE)

Comments, if any: *Dr. Rothman no longer has Clinical Privileges in the Dept of Medical Imaging, Beverly*

Director, Medical Staff: Larry D. Greenfield, M.D., Chairperson - Credentials Committee

Hospital Name: Rancho Los Amigos Medical Center

Address: 7601 E. Imperial Highway., H.B., Room 117 City & State Downey, CA 90242

Date: 1/14/91 Signature _____

(WRITTEN)

Larry D. Greenfield, M.D.

(TYPED OR PRINTED)

STAMP OR SEAL OF HOSPITAL
IF NO SEAL, PLEASE INDICATE

NONE

(Reverse side may be used for additional space if needed)

RECEIVED B.G.M.E.X.

JAN 10 1991

Radiology
Delineation of Clinical Privileges

<u>Requested</u>	<u>Granted</u>			
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
<input checked="" type="checkbox"/> General Radiology				
<input checked="" type="checkbox"/> Plain films	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Upper gastrointestinal studies	<input checked="" type="checkbox"/>			
<input type="checkbox"/> Esophagram with cineradiography				
<input type="checkbox"/> Small bowel studies				
<input type="checkbox"/> Barium enema studies				
<input type="checkbox"/> Oral cholecystogram				
<input type="checkbox"/> Intravenous cholangiogram				
<input type="checkbox"/> Percutaneous cholangiogram				
<input type="checkbox"/> Sialogram				
<input type="checkbox"/> Laryngogram				
<input type="checkbox"/> Dacryocystogram				
<input type="checkbox"/> Intravenous pyelogram				
<input type="checkbox"/> Urethrogram				
<input type="checkbox"/> Cystogram				
<input type="checkbox"/> Hysterosalpingogram				
<input type="checkbox"/> Mammogram				
<input type="checkbox"/> Xerogram, all organs				
<input type="checkbox"/> Lymphangiogram				
<input type="checkbox"/> Arthrogram				
<input type="checkbox"/> Diskogram				
<input type="checkbox"/> Bronchogram(catheter or trans tracheal)				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Neuro-Radiology				
<input checked="" type="checkbox"/> Myelogram, lumbar	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Myelogram, thoracic	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Myelogram, cervical	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Myelogram, posterior fossa	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Pneumoencephalogram(radiological assistance)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Cisternal puncture for myelography	<input checked="" type="checkbox"/>			
<input type="checkbox"/> Other <u>CT MRI</u>	<input checked="" type="checkbox"/>			
<input type="checkbox"/> Miscellaneous Procedures				
<input type="checkbox"/> Cyst aspiration, renal or abdominal				
<input type="checkbox"/> Bronchial brush bx(radiological assistance)				
<input type="checkbox"/> Retrograde urography(radiological assistance)				
<input type="checkbox"/> Contrast injection, sinus or fistula				
<input type="checkbox"/> Pneumoperitoneum				
<input checked="" type="checkbox"/> Cine radiography	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/> Percutaneous needle biopsy	<input checked="" type="checkbox"/>			
<input type="checkbox"/> Other _____				
<input type="checkbox"/> Other _____				

RECEIVED S.O.M.E.X.

JAN 12 91

Angiography

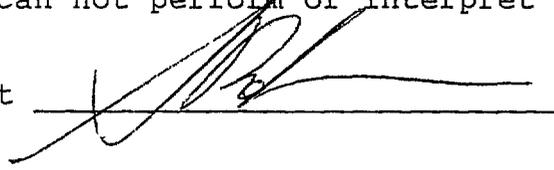
—	Aortogram(direct translumbar)	— — — —
—	Aortogram(femoral catheter)	— — — —
—	Aortogram(axillary catheter)	— — — —
—	Aortic arch studies(4 vessels)	— — — —
—	Selected arteries(celiac, renal, etc.)	— — — —
—	Coronary arteriogram	— — — —
—	Pulmonary angiogram(via arm vein)	— — — —
—	Pulmonary angiogram(catheter in RA or VC)	— — — —
—	Pulmonary angiogram(catheter in pulmonary a)	— — — —
—	Pulmonary wedge studies	— — — —
—	Vena cavagram(via catheter)	— — — —
—	Venography, selective(via catheter)	— — — —
—	Venography, peripheral	— — — —
—	Embolization, invasive procedures	— — — —
—	Selected carotid or vertebral angiogram, (via femoral catheter)	— — — —
—	Carotid or vertebral arteriogram (via direct puncture)	— — — —
—	Peripheral arteriogram(selective catheter)	— — — —
—	Other _____	— — — —

✓	Computerized Axial Tomography	
✓	Head	✓
✓	Body	✓
✓	Other <u>orthopedics - spine joints</u>	✓

✓	Magnetic Resonance Imaging	
✓	Head	✓
✓	Body	✓
✓	Other <u>All spine joints</u>	✓

—	Ultrasonography	
—	Echocardiography	— — — —
—	Abdominal	— — — —
—	Obstetrical	— — — —
—	Thyroid	— — — —
—	Biopsy or aspiration	— — — —
—	Other _____	— — — —

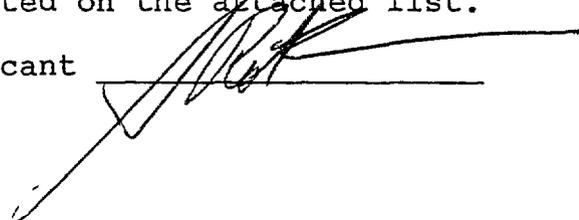
Category: 1- can perform without supervision
 2- can perform with supervision
 3- can not perform but can interpret
 4- can not perform or interpret

Signature of Applicant 

RECEIVED B.O.M.E.X.
 JAN 16 91

I certify that I have had the necessary training, experience, and required licensure or certification to perform the procedures indicated on the attached list.

Signature of Applicant



Signatures of Approval:

Charles A. Stewart, M.D. 3-7-89
Head, Radiology

RECEIVED

3-7-89

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Medical Staff Office in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files or record, favorable or otherwise, DIRECT to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

NAME: STEPHEN L. G. ROTHMAN, M.D. (SIGNATURE) M.D.

ADDRESS: [REDACTED]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? Radiology
2. For how long? October 1986 - Present
3. Were any limitations imposed on such privileges? No
4. Were staff privileges ever removed or restricted? No
Derogatory Information, if any No

Names of other hospital affiliations, if known: 1. 2. 3. 4. 5.

(LIST NAME, CITY AND STATE)

Comments, if any: above info. is based on content of file.

Director, Medical Staff: Robin S. Camrin, CMSC
Hospital Name: Torrance Memorial Medical Center
Address: 3330 W. Comita Bl City & State Torrance CA
Date: 12-27-90 Signature: George Easton (WRITTEN)
(TYPED OR PRINTED)

STAMP OR SEAL OF HOSPITAL
IF NO SEAL, PLEASE INDICATE

NONE

(Reverse side may be used for additional space if needed)

RECEIVED S.O.M.E.X.
RECEIVED S.O.M.E.X.
FEB 3 91

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Medical Staff Office in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files or record, favorable or otherwise, DIRECT to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

NAME: STEPHEN L. G. ROTHMAN, M.D. (SIGNATURE) M.D.

ADDRESS: [Redacted]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? Radiology and Diagnostic Radiology
2. For how long? Appointment Date - April, 1990
3. Were any limitations imposed on such privileges? NO
4. Were staff privileges ever removed or restricted? No

Derogatory Information, if any

Names of other hospital affiliations, if known: 1., 2., 3., 4., 5.

(LIST NAME, CITY AND STATE)

Comments, if any:

Director, Medical Staff: Wayne Laverty, M.D.
Hospital Name: Beverly Hospital
Address: 309 W. Beverly Blvd. City & State Montebello, CA
Date: 11/9/90 Signature (WRITTEN) Wayne Laverty, M.D. (TYPED OR PRINTED)

STAMP OR SEAL OF HOSPITAL
IF NO SEAL, PLEASE INDICATE

(Reverse side may be used for additional space if needed)

RECEIVED B.O.M.E.X.
NOV 21 90

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Medical Staff Office in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files or record, favorable or otherwise, DIRECT to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

NAME: STEPHEN L. G. ROTHMAN, M.D. (SIGNATURE) M.D.

ADDRESS: [Redacted]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? Attached
2. For how long? 10/26/88 - Present
3. Were any limitations imposed on such privileges? No
4. Were staff privileges ever removed or restricted? NO

Derogatory Information, if any

Names of other hospital affiliations, if known: 1. Torrance Memorial Hosp, 2. Rancho Los Amigos Hosp, 3. Beverly Hospital, 4. Rancho Encino Hosp, 5.

(LIST NAME, CITY AND STATE)

Comments, if any:

Coordinator
Director, Medical Staff: Karen S. Crichton, CMSC
Hospital Name: San Pedro Peninsula Hospital
Address: 1300 W. 7th Street City & State San Pedro, CA
Date: 11/12/90 Signature: Karen Crichton (WRITTEN) Karen Crichton (TYPED OR PRINTED)

STAMP OR SEAL OF HOSPITAL
IF NO SEAL, PLEASE INDICATE

(Reverse side may be used for additional space if needed)

RECEIVED D.O.M.E.X.
NOV 15 90

SAN PEDRO PENINSULA HOSPITAL
DELINEATION OF PRIVILEGES FORM
DEPARTMENT OF RADIOLOGY

NAME: Stephen Rothman ACTIVE 2 COURTESY
ADDRESS: 360 S Long Beach Blvd TELEPHONE 988-8551
LB 90807

Some or all of the following privileges may be approved for individual Radiologists and Medical Staff Physicians based upon background, previous experience and malpractice coverage.

PLEASE CHECK PROCEDURES DESIRED:

- Injection procedure for sialography
- Pneumoncentesis with needle and/or aspiration biopsy of lung lesion
- Injection procedure for bronchography
- Injection procedure for myelography
- Injection procedure for lumbar diskography
- Injection procedure for cervical diskography
- Injection procedure for shoulder arthrography
- Injection procedure for knee arthrography
- Injection procedure for ankle arthrography
- Injection procedure for percutaneous transhepatic cholangiography
- Injection procedure for cystography
- Injection procedure for urethrocytography
- Injection procedure for translumbar renal cystography
- Injection procedure for hysterosalpingography
- Injection procedure for venography
- Superior or inferior vena cava catheterization and injection
- Selective catheterization and injection the branches of the superior and inferior vena cava
- Injection procedure for intraosseous venography
- Needle puncture and injection for carotid arteriography
- Needle puncture and injection for vertebral arteriography
- Needle puncture and injection for retrograde brachial arteriography
- Needle puncture and injection for arteriography of extremity
- Needle puncture and injection for translumbar aortography
- Aortic catheterization and injection
- Selective coronary artery catheterization and injection
- Selective or supraseductive catheterization of the primary, secondary, or tertiary branches of the aorta including celiac, hepatic, splenic, renal, superior and inferior mesenteric, spinal, bronchial, subclavian, innominate and hypogastric arteries, etc.
- Injection procedure for splenoportography
- Injection procedure for lymphangiography
- Injection procedure for CO₂ angiography
- Pneumocentesis with installation of radioactive colloid into the pleural cavity
- Perineocentesis with installation of radioactive colloid into the peritoneal cavity

RECEIVED P.O.M.E.X.

NOV 15 90

DEPARTMENT OF RADIOLOGY - PRIVILEGE FORM
Page Two

PROCEDURES (cont)

- ___ Intracavitary application of radium or radioisotope, endometrium
- ___ Intracavitary application of radium or radioisotope, cervix
- ___ Intracavitary application of radium or radioisotope, vagina
- ___ Intracavitary application of radium or radioisotope, bladder or urethra
- ___ Cardiac catheterization and injection, right heart
- ___ Cardiac catheterization and injection, left heart
- ___ Pulmonary artery catheterization and injection
- ___ Selective catheterization of the right and left branches of the pulmonary artery and/or supraseductive catheterization of the second or tertiary branches
- ___ Diagnostic nuclear medical procedures
- ___ Diagnostic ultrasonographic procedures
- ___ Superficial radiation, deep radiation therapy with a high voltage generator
- ___ Nuclear radiation therapy

CT & MRI
Signature: *[Signature]* Date: 8/10/89

RECOMMENDED:

Alan P. Alderman, M.D. Department Chairman Date: 8/23/89
Barry H. Stiller, MD Credentials Committee Date: 8/24/89
[Signature] Executive Committee Date: 8/23/89

APPROVED:

[Signature] Board of Directors Date: 8/24/89

RECEIVED D.O.M.E.X.
NOV 15 90

HOSPITAL AFFILIATION

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Medical Staff Office in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

NAME: Stephen L.G. Rothman, M.D. [Signature], M.D.
(Signature)

Address: [Redacted]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? yes
 - 2. For how long? 10/26/88 to Present
 - 3. Were any limitations imposed on such privileges? no
If YES, please explain. _____
 - 4. Were staff privileges ever removed or restricted? no
If YES, please explain. _____
- Derogatory Information, if any none

Names of other hospital affiliations, if known: _____

(LIST NAME, CITY AND STATE)

Comments, if any: _____

Director, Medical Staff: Karen Crichton

Hospital Name: San Pedro Peninsula Hospital

Address: 1300 W. 7th St City and State San Pedro, CA 90732

Date: 2/20/90 Signature: Karen Crichton

(WRITTEN)

Karen Crichton
(TYPED OR PRINTED)

BOMEX

Reverse side may be used for additional space if needed

FEB 23 1990

STAMP OR SEAL OF HOSPITAL
(If no seal, please indicate)

no seal.

K. Crichton

HOSPITAL AFFILIATION

Rothman, Stephen

MEDICAL STAFF OFFICE

Dear Sir:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the Medical Staff Office in each hospital where I have held privileges, consultation or teaching appointments during the five years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 2001 WEST CAMELBACK ROAD, SUITE 300, PHOENIX, ARIZONA 85015. Your early response will be appreciated.

NAME: Stephen L.G. Rothman, M.D. (Signature), M.D.

Address: [Redacted]

(DO NOT DETACH)

- 1. What privileges were extended to the applicant? Temporary Privileges on June 5, 1989 pending his application being processed through our Credentials Committee
2. For how long? 6-5-89 until present
3. Were any limitations imposed on such privileges? Yes. If YES, please explain. Did not include invasive procedures
4. Were staff privileges ever removed or restricted? No. If YES, please explain.
Derogatory Information, if any

Names of other hospital affiliations, if known:

(LIST NAME, CITY AND STATE)

Comments, if any:

Chief of Staff

Director, Medical Staff: Wayne C. Laverty, M.D.

Hospital Name: Beverly Hospital

Address: 309 W. Beverly Blvd. City and State Montebello, CA 90640

Date: 1/24/90 Signature: Wayne Laverty (WRITTEN)

Wayne C. Laverty (TYPED OR PRINTED)

Reverse side may be used for additional space if needed

STAMP OR SEAL OF HOSPITAL (If no seal, please indicate)

BOMEX

FEB 01 1990

PRELIMINARY QUESTIONNAIRE

THIS IS NOT AN APPLICATION FOR LICENSE

To respond accurately to your recent inquiry, we will need the answers to all of the following questions to determine your eligibility for Arizona licensure Unless this Preliminary Form is completed in full and all questions answered, it cannot be evaluated, nor an application sent to you. Return the completed form as soon as possible to ARIZONA BOARD OF MEDICAL EXAMINERS, 2001 West Camelback Road, Suite 300, Phoenix, Arizona 85015 PLEASE PRINT ALL INFORMATION

Full Legal Name: Stephen L.G. Rothman (FIRST) (MIDDLE) (LAST)

Current Office Address: Rothman-Chafetz Medical Group, 3605 Long Beach Blvd., #209 Long Beach, CA 90807

City: Long Beach State: California Zip Code: 90807 Area Code: 213 Phone: 988-8583

Current Residence Address: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted] Area Code: [Redacted] Phone: [Redacted]

MEDICAL SCHOOL: Name: Albert Einstein College of Medicine. City and State: Bronx, New York. Date of Degree: 1967

If transferred from other medical school, please indicate name

Name of any medical school attended but did not graduate or transfer from

5TH PATHWAY PROGRAM U.S. Medical School.

HOSPITAL: Term: Started: Completed: (MONTH AND YEAR)

INTERNSHIP: (List U.S. & Canadian only) HOSPITAL: Mt. Sinai Hospital, 100th St. & 5th Ave. New York City NY. Term: Started: July 1967 Completed: June 1968

RESIDENCY: (List U.S. & Canadian only) HOSPITAL: Yale University School of Medicine (interrupted by military service) City: New Haven State: CT Term: Started: July 1968 Completed: June 1969

Specialty Field: Radiology

RESIDENCY: (List U.S. & Canadian only) HOSPITAL: Yale University School of Medicine City: New Haven State: Connecticut Term: Started: Oct. 1971 Completed: Sept. 1973

Specialty Field: Neuroradiology (fellowship)

(NOTE Attach separate list for additional Residency and/or Fellowship)

Stamp area containing: INFORMATION FOR OFFICE USE ONLY, RECIPROCITY, EXAM APPLICATION FORWARDED 11-6 1981, and handwritten notes like NB3, Ama FS, 4/10/82, 3 lies.

FOREIGN MEDICAL SCHOOL GRADUATES : ECFMG Cert. No. _____ Date Issued _____

CLINICAL WRITTEN EXAMINATION : Refer to last page for required FLEX/SPEX scores

State Board Exam? _____ Name of State _____ Cert. No. _____ Date Issued _____

National Board Exam? Cert. No. 93786 Date Issued July, 1968

LMCC (Canada)? _____ Cert. No. _____ Date Issued _____

FLEX Exam prior to January 1, 1985? _____ Did you receive a minimum grade of seventy percent (70%) on each DAY of the Examination? Yes _____ No _____.

If "Yes", were Flex grades obtained in one sitting? Yes _____ No _____

FLEX Exam after January 1, 1985? _____ Did you receive a minimum grade of seventy-five percent (75%) in each, Component I and Component II? Yes _____ No _____.

Date Component I was taken _____
(MONTH & YEAR)

Date Component II was taken _____
(MONTH & YEAR)

SPECIAL PURPOSE EXAMINATION

(SPEX): _____ Date SPEX examination was taken _____
(MONTH & YEAR)

Did you receive a minimum grade of seventy-five percent (75%)? _____

Are you a Diplomate of any of the American Medical Specialty Boards? Yes No _____

If "Yes," which Board(s)? American Board of Radiology; American Society of Neuro-radiology

Have you completed the educational requirements for any of the American Medical Specialty Boards?

Yes _____ No _____ If "Yes," which Board(s)? _____

LICENSES : List all States or Provinces in which you have ever held licensure.

- (1) California (2) Virginia (3) Connecticut (4) _____ (5) _____
- (6) _____ (7) _____ (8) _____ (9) _____ (10) _____

LIST all hospital affiliations and locations for the past five (5) years (Other than Postgraduate Training Hospitals) Please list all hospital affiliations (including moonlighting) and medical agencies of employment, e.g. physician placement group, emergency medical group, radiology group, etc Rancho Los Amigos Hospital, 7601 E. Imperial

Highway, Downey, CA; Torrance Memorial Hospital, 3330 Lomita Blvd., Torrance, CA; Beverly Hospital, 309 West Beverly Blvd., Montebello, CA;

San Pedro Peninsula Hospital, 1300 W. 7th St., San Pedro, CA

(NOTE. Attach separate list for additional hospital affiliations/medical agencies)

PRACTICE: City & State Where You Now Practice: Long Beach, CA

Date Above Practice Was Established: March 20, 1989

CITIZENSHIP :

- () Birth () Hold Permanent Immigrant Status
- () Naturalization () Awaiting Quota Assignment
- () Declaration of Intention

BIRTHPLACE: _____ **DATE OF BIRTH:** _____

FORM

OCT 5 1989

MILITARY (United States Only):

() Army

() Air Force

() USPHS

() Navy

() Marine Corps

() Coast Guard

Dates of Active Duty: 1969-1971 Type of Discharge: Honorable

Has any formal disciplinary or rehabilitation action including reprimand, censure, probation, restriction, limitation, suspension or revocation been take against your license in any State/Province? Yes _____ No

Have you ever entered into a written consent agreement or stipulation with a State/Province licensing or disciplinary agency? Yes _____ No

If "Yes," indicate State/Province _____

Reason for action and action taken. _____

(NOTE Attach separate sheet, if necessary)

Have you ever been convicted of Medicare/Medicaid fraud? Yes _____ No

If "Yes," when? _____

Where? _____

Have your prescription/dispensing/or administration abilities ever been denied, restricted or modified by a Federal/State/Province government agency? Yes _____ No

If "Yes," when? _____

Where? & By Which Agency? _____

Have you ever been involved in any malpractice matter which resulted in a settlement or judgement against you in excess of \$20,000? Yes _____ No

Have you ever had hospital privileges revoked; denied; suspended or restricted in any way? Yes _____ No

If "Yes," name and address of hospital(s) _____

(NOTE Attach separate sheet, if necessary)

I DECLARE UNDER PENALTY OF PERJURY that my answers and all statements made by me herein are true and correct Should I furnish any false information on this Preliminary Questionnaire, I hereby agree that such shall constitute cause for the denial of my eligibility to apply for licensure as an allopathic physician in the State of Arizona.

SIGNATURE: , M.D. DATE 10/26/89

SOCIAL SECURITY NO.: 074-34-7533

DO NOT WRITE
OCT 31 1989

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

ADDENDUM TO PRELIMINARY QUESTIONNAIRE EFFECTIVE SEPTEMBER 15, 1989
RELATIVE TO GRADUATES OF FOREIGN MEDICAL SCHOOLS

CLINICAL INSTRUCTOR - ASSISTANT PROFESSOR OR HIGHER (List U.S. &
Canadian Medical School Only):

Teaching Hospital: _____

City: _____ State: _____

Medical School Affiliate: _____

Term: Started: _____ Completed: _____
(Month and Year) (Month and Year)

Specialty Field: _____

Teaching Hospital: _____

City: _____ State: _____

Medical School Affiliate: _____

Term: Started: _____ Completed: _____
(Month and Year) (Month and Year)

Specialty Field: _____

NA

BOMEX

OCT 30 1989

Rothman,
Stephen L.

Stephen L. G. Rothman, M.D.
Neil I. Chafetz, M.D.

October 26, 1989

Director
Arizona Board of Medical Examiners
2001 West Camelback Road, Ste. 300
Phoenix, AZ 85015

Dear Sir or Madam:

My associate, Dr. Neil Chafetz, and I have been requested by several hospitals and other medical organizations in the state of Arizona to provide our special expertise to them. Dr. Chafetz and I are spine and orthopedic radiologists. We do only CT and magnetic resonance scanning of the spine, neck, head, and joints.

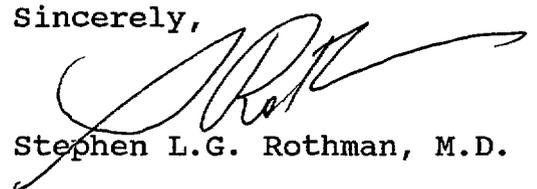
Our base of operation will be in Los Angeles, and we will not have personal contact with patients in Arizona. All radiographic studies will be sent to us by mail, messenger, or electronic transmission for review in Los Angeles, and there will be a licensed physician in charge at each of the Arizona facilities.

Carol, of your staff, has informed us that as long as we do not provide services within the state of Arizona, medical licensure is not necessary. In any case, we are in the process of applying for Arizona licensure, with the expectation of expanding our practice once this licensure has been obtained.

Carol suggested that I write this letter for your permanent record, and I would like to request a written confirmation stating that reviewing films out of state will not require Arizona licensure.

Thank you very much for your immediate attention to this matter.

Sincerely,



Stephen L.G. Rothman, M.D.

SLGR:ms

BOIMEX

OCT 30 1989



THE PRESIDENT AND FELLOWS OF YALE UNIVERSITY
*meeting in New Haven today adopted the following resolution
and directed the Secretary to transmit a copy to*

Stephen L. G. Rothman

Voted, that Stephen L. G. Rothman, M.D., be promoted to Professor of Diagnostic Radiology (in the clinical track), beginning July 1, 1981, with a continuing appointment, with assignment to the School of Medicine, as recommended by Dean Berliner.

June 20, 1981

Henry Kamin
Secretary

BOLINER

JUN 25



ASSOCIATION OF UNIVERSITY RADIOLOGISTS

Hereby certifies that

Stephen L. G. Rothman, M.D.

Having presented evidence of ability and sincere desire to devote professional life to the advancement of Radiology through research, the care of patients and teaching, has been elected to Membership in this Association on

May 7, 1976

Archie Ferguson, M.D.

Secretary-Treasurer

Richard H. Deane, M.D.

President

FOUNDED MAY 24, 1953

BONTEX

JAN 25 1990

Sigma Xi
The Scientific Research Society of North America



Devoted to the Promotion of Research in Science

By this Certificate Warrants that
Stephen L. G. Rothman
was duly elected a Member
by the
Hale University Chapter
of the Society

on the 8th day of May, in the year 1975
and has accepted the privileges and responsibilities
of this membership as specified by the constitution and bylaws



Frederick E. Terman
NATIONAL PRESIDENT

Thomas L. Holme
EXECUTIVE DIRECTOR

CHAPTER PRESIDENT

BOMEX

CHAPTER SECRETARY

JAN 25 1980

ARIZONA MEDICAL BOARD
2004 BIENNIAL MD LICENSE RENEWAL APPLICATION

1113

AZ MD Lic#: 19993 Stephen L. G. Rothman, MD

Renewal Fee: \$500

\$850 (if postmarked after 02/15/2004)

CURRENT INFORMATION <i>Please review and make corrections as necessary.</i>	CORRECTIONS
OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS PUBLIC ADDRESS & PHONE NUMBER 9233 W Pico Blvd Ste 210 Los Angeles CA 90035-1385 Phone #: (310) 278-7643 Fax #: (310) 278-7645 E-Mail: [REDACTED]	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS Phone #: Fax #: E-Mail: MAILING ADDRESS
MAILING ADDRESS 9233 W Pico Blvd Ste 210 Los Angeles CA 90035-1385	MAILING ADDRESS Phone #: Fax #: E-Mail: Cell Phone #: (Optional)
HOME ADDRESS [REDACTED] Phone #: Fax #: E-Mail:	HOME ADDRESS Phone #: Fax #: E-Mail: Cell Phone #: (Optional)

RECEIVED
 DEC - 8 2003
 By [Signature]
RECEIVED
 NOV 26 2003
 By [Signature]

AMERICAN BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:

Select from the attached list of Self-Designated "Field of Practice" Codes

	Certified?	Practicing?		Certified?	Practicing?
DR	Y	Y	Make corrections if necessary		
RNR	N	Y			

I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceedings against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, the board will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if I request reactivation of my license, I may be required to pass the SPEX examination and that the board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board; the board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Other than in Arizona, are you currently under investigation by any medical board or peer review body? Yes No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? (see instructions on back) Yes No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? (see instructions) Yes No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? (see instructions) Yes No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? (see instructions) Yes No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? (see instructions) Yes No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? Yes No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? Yes No
- Have you been denied a license in another state? If yes, State _____ Date of Denial _____ Reason for Denial _____ Yes No
- Since your last renewal, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? Yes No
 If yes, please attach an explanation and applicable court docket. See instructions on back.
- Since your last renewal, has a malpractice lawsuit resulted in a settlement or judgment against you? Yes No

If the answer is "yes" to any of the above questions, please provide a complete written explanation. If malpractice cases are reported, please include: the case number, venue, plaintiff name, and attorney names/addresses/phone numbers.

I hereby certify under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar years 2002 and 2003 I have completed a minimum of 40 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)

11/27/03
 Date



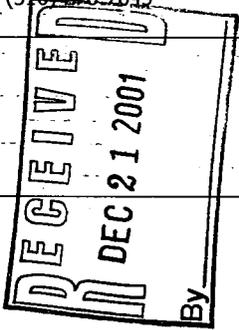
NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM IS INCLUDED WITH YOUR RENEWAL PACKET

**ARIZONA STATE BOARD OF MEDICAL EXAMINERS
2002 BIENNIAL MD LICENSE RENEWAL APPLICATION**

AZ MD Lic#: 19993 Stephen L. G. Rothman, MD *2351*

Renewal Fee: \$450 Late Fee: \$800 (if postmarked after 02/15/2002)

CURRENT INFORMATION Please review and make corrections as necessary →	CORRECTIONS
OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS 9233 W Pico Blvd Ste 210 Los Angeles CA 90035-1385	OFFICE ADDRESS/PRINCIPAL PLACE OF BUSINESS
Phone #: (310) 278-7643 Fax #: (310) 278-7645	Phone #: Fax #:
E-Mail: [REDACTED]	E-Mail:
MAILING ADDRESS 9233 W Pico Blvd Ste 210 Los Angeles CA 90035-1385	MAILING ADDRESS
HOME ADDRESS [REDACTED]	HOME ADDRESS
Phone #: [REDACTED] Fax #:	Phone #: Fax #:
E-Mail:	E-Mail:
	Cell Phone #: (Optional)



BOARD CERTIFICATIONS AND FIELDS OF PRACTICE:

Select from the attached list of Self-Designated "Field of Practice" Codes

	Certified?	Practicing?
DR	Y	Y
NBN	N	Y

Make corrections if necessary

	Certified?	Practicing?
<i>RNR</i>	<i>N</i>	<i>Y</i>

I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

- INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the board, the board has not commenced any disciplinary proceeding against me, and I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, BOMEX will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that if request reactivation of my license, I may be required to pass the SPEX examination and that the Board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.
- CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the Board; the Board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- Other than in Arizona, are you currently under investigation by any medical board or peer review body? Yes No
- Other than in Arizona, since your last renewal have you had a medical license disciplined resulting in revocation, suspension, limitation, restriction, probation, voluntary surrender or cancellation during an investigation? Yes No
- Since your last renewal have you had hospital privileges revoked, denied, suspended or restricted? Yes No
- Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government? Yes No
- Since your last renewal, have you had the authority to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency? Yes No
- Within the last 5 years, have you had or do you have a medical condition that impairs or limits your ability to safely practice medicine? Yes No
- Do you engage in the illegal use of any controlled substance, habit-forming drug, or prescription medication? Yes No
- Have you consumed intoxicating beverages resulting in your present ability to exercise the judgment and skills of a medical professional, being impaired or limited? Yes No
- Have you been denied a license in another state? If yes, State _____ Date of Denial _____ Reason for Denial _____ Yes No
- Within the past 5 years, have you been found guilty or entered into a plea of no contest to a felony, or misdemeanor involving moral turpitude in any state? Yes No
If yes, please attach an explanation and applicable court documents.
- Within the past 5 years, have you been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against you? Yes No
If yes, please attach a copy of the National Practitioner Data Bank report, even if previously submitted to the Board. Please include the claimant's name.

If the answer is yes to any of the above questions, please provide a complete written explanation even if submitted with a previous renewal

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that during calendar year 2001, I have completed a minimum of 20 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee: *Stephen L. G. Rothman* (Signature stamp will not be accepted) Date: *12/5/01*



NOTE: DO NOT SUBMIT CME DOCUMENTATION UNLESS A CME AUDIT FORM FOR CALENDAR YEAR 2001 IS INCLUDED WITH YOUR RENEWAL PACKET

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