

Interview File Report

4/12/2012

Margaret Maybin Boozer

Board Date	04/12/2012	License#	MD
Intended Location	Birmingham		
POB	Atlanta GA United States	DOB	04/22/1968
Original License	USMLE/SC	Date	09/04/2002
PreMed	Duke U	BA 90	
Medical	Duke University School of Medicine	8/95-5/99	
Residency	Medical University of South Carolina	7/99-6/03	



ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION RECEIPT

Receipt Number: 897240
Reference: Margaret Sudarshan: 130
Staff: Jackie Baskin

Date of Receipt: 02/21/2012
Total Amount: \$175.00

Received From (Individual)	GL Code	GL Description	Amount
Margaret Maybin Boozer 626 E Mandalay DR San Antonio, TX 78212	100-4101	100-4101 - License Application Fee	\$175.00



ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION RECEIPT

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Received From (Individual)	GL Code	GL Description	Amount
Margaret Maybin Boozer 626 E Mandalay DR San Antonio, TX 78212	100-4116	100-4116 - Criminal Background Fr	\$65.00

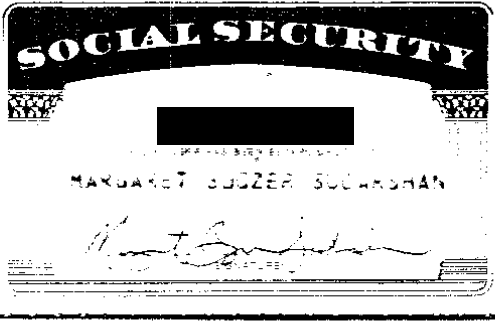
Margaret M. Boozer

Application for Alabama State Licensure
February 14, 2012

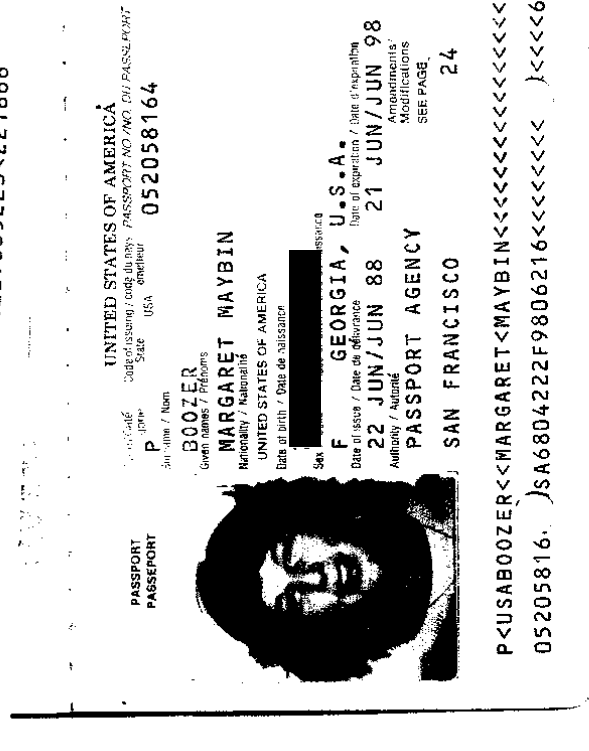
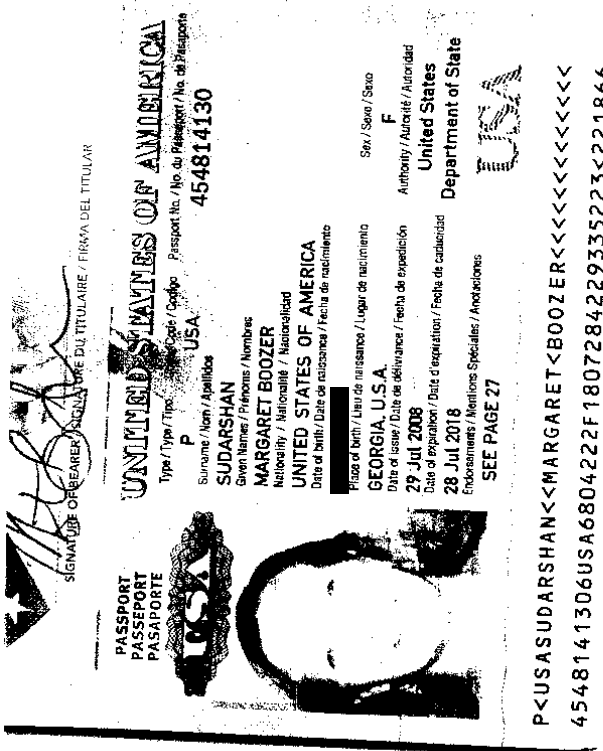
Explanation of employment gap, 2005-2007

Having completed residency training in 2003, I became the fourth physician in a private practice in general obstetrics and gynecology. During that time, I carried a high-risk pregnancy and was placed on bed rest at 23 weeks for the duration of a term pregnancy. After delivery, I returned to full practice; however, within my son's first year, he was diagnosed with a chronic renal disorder, which required three-time daily medication and resulted in failure to thrive. Caring for him required a significant time investment and commitment. In 2005, we moved to Maryland for my husband's fellowship, and shortly after moving there, I became pregnant with our second son. I was again advised to remain on modified bed rest during the pregnancy, and we continued to struggle with our first son's illness, which required multiple physician visits and weekly therapy sessions in Baltimore. For these reasons, my husband and I decided it would be best if I did not work during the two-year interval of his fellowship, 2005-2007. In July 2007, we moved to San Antonio, Texas for my husband's faculty appointment. I applied for state licensure on arrival. The process can take 8-12 months on average. I received my Texas license in February 2008 and started working immediately thereafter.





This copy of my various forms of identification and the copy of our marriage license is included as explanation as to why my SSN & federal tax ID, etc are "Sudarshan" but my medical degree and state licenses are "Boozer." I would still prefer my license to be issued under the name "Margaret Maybin Boozer."



Marrriage Certificate

State of Georgia

County of

Fulton

SUNIL SUDARSHAN

427621

This Certifies that

and

MARGARET MAYBIN BOOZER

were united in

Marrriage

RECT GEORGE ALEXANDER II

by

on the EIGHTH

day of MAY

, 19 99

in the City of ATLANTA

County of FULTON

Georgia, as appears of record in my office in Marrriage

Record Book

455

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This 20

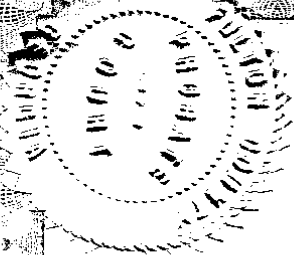
day of

MAY

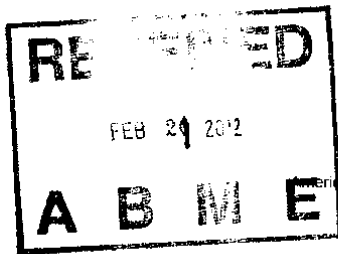
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J. E. Forpat



MODE OF THE PROCLAMATION, FULTON COUNTY, GA



ABO+G

Larry C. Gilstrap, III, M.D.
Executive Director
American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Phone: (214) 871-1619
Fax: (214) 871-1943

February 16, 2012

Alabama State Board of Medical Examiners
Attn: Jackie Baskin, Director of Licensure
P.O. Box 946
Montgomery, AL 36101
United States

The below referenced physician is a Diplomate of the American Board of Obstetrics & Gynecology, Inc. (ABOG)

RE: Certification Status of:
Margaret M. Boozer, M.D.

Obstetrics and Gynecology Certification

Original Certification Date: 11/11/2005
Certification Status: Valid through: 12/31/2012
Meeting Requirements of Maintenance of Certification: Yes

An individual becomes a Diplomate of ABOG when he/she has fulfilled all requirements, has satisfactorily completed the written and oral examinations and has been awarded ABOG's certifying diploma. Diplomas issued prior to 1986 for basic Ob/Gyn and November 1987 for subspecialties are unlimited. Diplomas issued in 1986 for basic Ob/Gyn and November 1987 for subspecialties, as well as all subsequent dates, are valid for a maximum of 10 years. The expiration date on a subspecialty diploma is the same as that of the Ob/Gyn diploma.

Sincerely yours,

Larry C. Gilstrap, M.D.
Executive Director

ABOG ID: 9007410

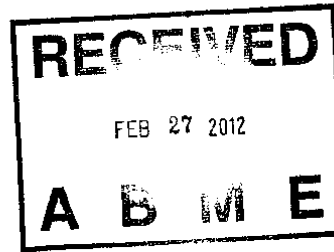
A042300

Incorporated 1930
A founding member of The American Board of Medical Specialties
www.abog.org



Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P. O. BOX 946
MONTGOMERY, AL 36101-0946

February 21, 2012

For: ALABAMA STATE BOARD OF MEDICAL EXAMINERS

In response to a recent request, we verify the following information:

Physician: MARGARET MAYBIN BOOZER, MD
License: M8547
Date Issued: 02/08/2008
Licensed by:
Date of Birth: 1968
Medical School: DUKE UNIV SCH OF MED, DURHAM
Graduation Year: 1999
Permit Expires: 08/31/2013

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

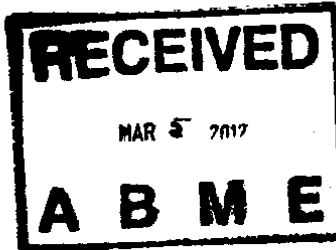
If you have any further questions, please contact the Hearings division

Sincerely,

Customer Information Center

BOARD SEAL

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue — 36104



APPENDIX A
MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Margaret Maybin Boozer of San Antonio, TX
matriculated in Medicine at Duke University School of Medicine from 8/14/1995
to 4/10/1999 and received a diploma from Duke University School of Medicine
conferring the degree of Doctor of Medicine/Osteopathy on 5/16/1999

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual. Y N

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please attach a copy of the written notification to the individual of the disciplinary action. Y N

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual. Y N

Date 3/1/2012

Deanna M. Lester, Staff Specialist
President, Secretary or Dean

(SEAL)

Office of the Registrar
Duke University School of Medicine
Box 3878 - DUMC
200 Trent Drive
0119 Duke Clinic, Purple Zone
Durham, NC 27710

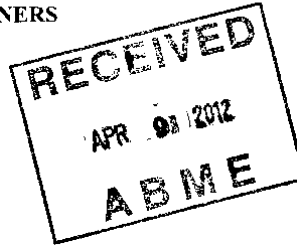
Duke U Sch of Med
ABME

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104



APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Stacey Westbury, Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of Obstetrics & Gynecology @ MUSC certify that the records of this Program show that Margaret M. Boogzer, MD has successfully completed 4 year/years of post graduate training* in this program from 7/1/99 am to 6/30/2003

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's post graduate training. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation? If yes, please attach a copy of the written notification to the individual. Y N

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons? If yes, please attach a copy of the written notification to the individual of the disciplinary action. Y N

Does this individual's official record reflect that he/she was ever notified in writing that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical competence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual. Y N

Date 4-1-12

Stacey Westbury
Administrator of Hospital
Medical Education Director
Director of Residency Training

(SEAL OF PROGRAM)

med U of SC
0786

Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

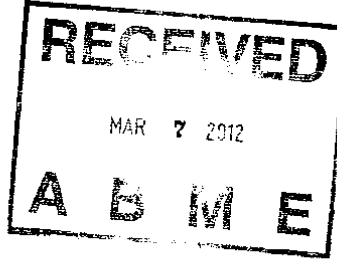
*"has completed ___ years of post graduate training" means the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for promotion to the next level of post graduate training or the applicant has successfully completed or met the program's established criteria, standards or requirements which are necessary for completion of this program.

Note to applicant: Merely accumulating 12 months or 36 months of post graduate or residency training shall not be evidence satisfactory to the Board that the applicant has fulfilled the post graduate requirement necessary for qualifying for the issuance of a certificate of qualification for a license to practice medicine in Alabama.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:
Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101

SC



APPENDIX C
ORIGINAL LICENSURE

CERTIFICATE OF EXECUTIVE DIRECTOR OF BOARD ISSUING ORIGINAL LICENSE

I, Latonea H Jones ^{Admin. Asst} ~~Executive Director~~ of SC

Board of Medical Examiners, certify that Margaret Maybin Boozer was granted Certificate/License
NO. 23247 to practice medicine in the State of SC on
the September 4 2002 based on USMLE
Month Day Year
and that said certificate or license has not been revoked or subject to disciplinary action.

I further certify that _____ in his written exam before this Board, obtained a general
average of See attachment percent in the following branches:

Acting on behalf of the SC Board of Medical Examiners, I hereby certify to the reputability of Dr.
_____ based on the records, and recommend him to the Alabama Board of Medical Examiners.

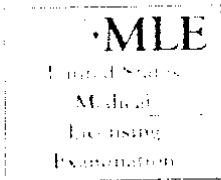
Latonea H Jones
Executive Director, ~~Secretary~~, Chairman

Date 3/2/2012
Place SC Bd of Med Ex

(SEAL OF BOARD)

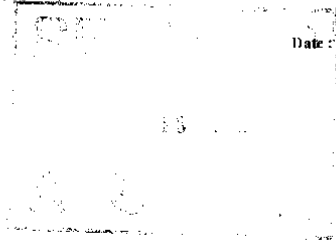
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INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:
Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address, Please do not send
this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76039-3856 -- Telephone (817) 868-4041



Date: 02/22/2012

Recipient:

Alabama State Board of Medical Examiners
ATTN: Larry D Dixon, Executive Director
848 Washington Avenue
Montgomery, AL 36104

Examinee ID#: 5-022-408-8
Date of Birth: [REDACTED]

Examinee: Boozer, Margaret Maybin
Alt Name(s): Sudarshan, Margaret

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/1998	Pass	215	179	86	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
03/02/1999	Pass	209	170	84	75	

USMLE STEP 3

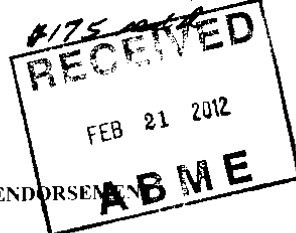
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
SOUTH CAROLINA 05/21/2001	Pass	202	182	82	75	

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

This document was printed from a secure website and accurately reflects score information maintained by the FSMB

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, AL 36101
 848 Washington Avenue - 36104
 (334) 242-4116



APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

M.D. (Choose One)
 D.O.

1. Name in Full Margaret Maybin Boozer
First Middle Last

2. Address 626 E. Mandalay Drive, San Antonio, TX 78212
Street City State Zip

3. Place of Birth Atlanta, GA Date of Birth [REDACTED] Email: boozermm@gmail.com
City State

Social Security # [REDACTED] Sex F Telephone (H) (214) 237-7040 (W) (214) 835-8648

	YES	NO
4. Indicate whether you are a citizen of the U.S. If yes, and foreign born, attach proof of citizenship. If no, indicate your status with U.S. immigration and attach a copy of your current Visa or Work Permit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever been denied a state or federal controlled substance certificate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Have you ever had a judgement rendered against you, or action settled relating to performance of your professional service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation: any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems or any other reason during your medical education or postgraduate training?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years. IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

25. Military Service, Branch _____ Dates _____
 26. Place of Intended Residence in Alabama Birmingham, AL

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

List all schools attended, elementary through college and post-graduate work other than medical school.

Name of School	Dates Attended	Degree Conferred
The Westminster Schools	1973-1986	
Duke University	1986-1990	BA
Georgia State University	1993-1995	post-graduate work
Duke Univ. School of Medicine	1995-1999	M.D.
UNC School of Public Health	1997-1998	Masters of Public Health
_____	_____	_____
_____	_____	_____

II. MEDICAL EDUCATION

List all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

Name of School	Address
Duke Univ. School of Medicine	Office of the Registrar Duke Univ. School of Medicine DUMC Box 3818 Durham, NC 27710
_____	_____
_____	_____

III. POST GRADUATE MEDICAL EDUCATION TRAINING

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

Hospital/Institution	Address
Medical Univ. of S.C.	Department of Obstetrics & Gynecology 96 Jonathan Lucas Street, Ste 634 Charleston, SC 29425
_____	_____
_____	_____

From	To	Specialty(s)
1999	2003	Obstetrics and Gynecology
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. ORIGINAL LICENSE
(If Applicable)**

I was issued my original (first) license in the State of South Carolina on 9/4/2002,
 license number 23247 based upon USMLE examination. I certify that this
 license has not been the subject of any disciplinary action. If so please explain on attached sheet.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete address. Use separate sheet if necessary.

	Place	Address
1. From <u>2003</u> to <u>2005</u>	<u>East Cooper Women's Center</u>	<u>1280 Hospital Dr., Ste. 200 Mt. Pleasant, SC 29464</u>
2. From <u>2008</u> to <u>2012/present</u>	<u>Planned Parenthood Trust of South Texas</u>	<u>104 Babcock Rd., San Antonio, TX 78201</u>
3. From _____ to _____	_____	_____
4. From _____ to _____	_____	<u>* n.b. For the time interval 2005-2008, please see the enclosed separate sheet.</u>
5. From _____ to _____	_____	_____
6. From _____ to _____	_____	_____
7. From _____ to _____	_____	_____
8. From _____ to _____	_____	_____
9. From _____ to _____	_____	_____
10. From _____ to _____	_____	_____

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

	Hospital	Address
1. From <u>2003</u> to <u>2005</u>	<u>East Cooper Medical Center</u>	<u>2000 Hospital Drive Mt. Pleasant, SC 29464</u>
2. From <u>2008</u> to <u>2012 (present)</u>	<u>Metropolitan Methodist Hospital</u>	<u>1310 McCullough Ave. San Antonio, TX 78212</u>
3. From _____ to _____	_____	_____
4. From _____ to _____	_____	_____
5. From _____ to _____	_____	_____
6. From _____ to _____	_____	_____
7. From _____ to _____	_____	_____
8. From _____ to _____	_____	_____
9. From _____ to _____	_____	_____
10. From _____ to _____	_____	_____
11. From _____ to _____	_____	_____
12. From _____ to _____	_____	_____
13. From _____ to _____	_____	_____
14. From _____ to _____	_____	_____

VII. STATE LICENSURE
(If Applicable)

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

South Carolina _____
Texas _____

VIII. SPECIALTY BOARD CERTIFICATION

Are you CURRENTLY certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? YES NO _____
(If your answer is YES you must have your Specialty Board send verification directly to this office.)

IX. SPEX

1. Have you successfully completed a written licensing examination within the last ten years? YES _____ NO _____
2. Have you been certified or re-certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? YES NO _____

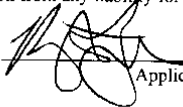
X. AFFIDAVIT AND RELEASE

I, Margaret Maybin Boozer, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date 2-14-12


Applicant's Signature

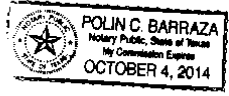
County of Bexar

State of Texas

SWORN to and subscribed before me this 14 day of February, 20 12.



Polin C. Barraza
Notary Public
My Commission Expires: 10/4/2014



THE ALBME WILL ENFORCE THE BOARD'S RULES AND OPTIONS FOR THE ISSUANCE OF NON-DISCIPLINARY CITATION AND ADMINISTRATIVE CHARGE WHEN AN APPLICANT FALSIFIES AN APPLICATION.



Boozer

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
or (334) 242-4116
FAX: (334) 240-3388
EMail: jbaskin@albme.org

February 21, 2012

Margaret Maybin Boozer, M.D.
626 E. Mandalay Drive
San Antonio, TX 78212

Dear Dr. Boozer:

This will acknowledge receipt of your Application for Certificate to Practice Medicine. You may **check the status of your application On Line** by following these steps:

1. Log onto www.albme.org
2. Click on the **CHECK PENDING APPLICATION** heading
3. Enter your last name and the last 4 digits of your social security number
4. Check Status

If you are using a credentialing service to help you with your application you must provide them with this information so they will also be able to check the status of your application. Due to the large number of applicants, **this office will no longer accept phone calls to check the status of an application.** The website is updated daily.

The Board of Medical Examiners meets once monthly. Your application must be completed (all supporting documents received) by the fourth Wednesday of the month to be considered by the Board at the next month's meeting. Once your application is complete, you will be notified by mail of the meeting date.

If you have any questions or have any problems accessing this site, please contact Mr. Carl Martin, IT Department, 334-242-4116.

Sincerely,

Jackie Baskin

~~ABC~~
~~Release Form~~
~~A~~
~~B~~
~~CSC~~
~~USMLE~~
~~TP~~



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
JACKIE BASKIN DIRECTOR OF LICENSURE

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MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
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E MAIL: jbaskin@albme.org

April 9, 2012

Margaret Maybin Boozer, M.D.
626 E. Mandalay Drive
San Antonio, TX 78212

Dear Dr. Boozer:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on **April 12, 2012**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to the Commission's office with the required fee of \$75. This form and fee must be received prior to issuance of a license number.** The Commission will meet on **April 18, 2012**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Complete the application, **to include your full name and correct address, and return it with the required fee of \$150 payable to the Alabama State Board of Medical Examiners.** In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. If you have any questions, or if this office can be of further assistance to you please contact us.

Sincerely,

Jackie Baskin
Director of Licensure

/jb

Encs.