



**APPLICATION FOR A LICENSE TO PRACTICE  
MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA**

State Form 29485 (R14 / 6-08)  
Approved by State Board of Accounts, 2008

**RECEIVED**

MAR 06 2012

**MEDICAL LICENSING BOARD OF INDIANA  
PROFESSIONAL LICENSING AGENCY**  
Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2000  
E-mail: [pls3@pla.in.gov](mailto:pls3@pla.in.gov)  
[www.pla.in.gov](http://www.pla.in.gov)

\* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1.  
\*\* This information is being requested for workforce statistical purposes only; disclosure is voluntary.

Disclosure of non-Professional record cannot be processed without it.  
Licensing Agency

FOR OFFICE USE ONLY	
Application fee: <b>\$ 250.00</b>	Date fee paid (month, day, year): <b>3/7/12</b>
Receipt number: <b>3728182</b>	Application number:
License number: <b>010709116A</b>	License issuance date (month, day, year): <b>3/4/12</b>
Permit fee:	Date fee paid (month, day, year):
Receipt number:	Permit number:
Permit issuance date (month, day, year):	



**DO NOT WRITE ABOVE THIS LINE**

APPLICANT INFORMATION			
Name of applicant (last, first, middle): <b>Faines, Larry</b>	Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number*	
Address of practice (number and street or rural route): <b>211 E Ontario Street Suite 200</b>			
City, state, and ZIP code: <b>Chicago, IL 60611</b>			
Telephone number (daytime):	Date of birth (month, day, year): <b>01/28/59</b>	Ethnicity**	Recp.** <b>African American</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
City, state, and ZIP code (if different from above): <b>0851 S. Constance Ave. Chicago, IL 60649</b>			
E-mail address:	National Provider Identifier number: <b>1558490128</b>		

TEMPORARY PERMIT INFORMATION
Do you desire a temporary permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY		
A foreign medical school must meet LCME standards at the time of graduation.		
Name of school: <b>Univ. of Medicine &amp; Dentistry of NJ</b>	Location: <b>Newark, NJ</b>	Date of graduation (month, day, year): <b>05/25/88</b>
Specialties: <b>Emergency Medicine</b>	Board certification (list ABMS certification): <b>American Board of Emergency Medicine</b>	

EXAMINATION	
Check appropriate box(es) indicating which examination or combination of examinations you have taken. (Please review instruction sheet for address and telephone numbers on how scores may be obtained.)	
<input type="checkbox"/> FLEX EXAMINATION	<input type="checkbox"/> STATE BOARD EXAMINATION
<input type="checkbox"/> Component I <input type="checkbox"/> Component II <input type="checkbox"/> Other	Examination taken in which state?
<input checked="" type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	<input type="checkbox"/> LMCC EXAMINATION
<input checked="" type="checkbox"/> Part I <input checked="" type="checkbox"/> Part II <input checked="" type="checkbox"/> Part III	
<input type="checkbox"/> USMLE EXAMINATION	<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
<input type="checkbox"/> Step I <input type="checkbox"/> Step II <input type="checkbox"/> Step III	<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III

PRE-MEDICAL / OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Amherst College	Amherst, MA	09/77 - 05/82

MEDICAL / OSTEOPATHIC EDUCATION		
<i>A foreign medical school must meet LCME standards at the time of graduation.</i>		
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Univ. of Medicine & Dentistry of NJ	Newark, NJ	08/84 - 05/25/88

POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA				
<i>(Include ALL internships, residencies and / or fellowships)</i>				
<i>All programs must have been ACGME accredited at the time of enrollment.</i>				
NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
MacNeal Hosp. (Rush-Presbyterian-St. Luke's Med. Ctr.)	Berwyn, IL	06/88	06/89	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cook County Hosp. (John H. Stroger Jr. Hosp.)	Chicago, IL	07/89	06/92	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL	
GENERAL LOCATION	DATE (month, day, year)

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL		
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)
Cook County Hospital Center 1826 N. Harrison Ave. Chicago, IL 60612	Attending Physician	07/92 - 06/93
North Western Memorial Hospital 833 E. Superior Chicago, IL 60611	Attending Physician / <sup>Asst.</sup> Professor	06/93 - Present
Provident Hospital of Cook County 601 E. 51 <sup>st</sup> St. Chicago, IL 60611	Attending Physician / <sup>Asst.</sup> Professor	09/94 - 09/97

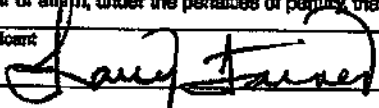
LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION				
STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	MD	036-081591	10/06/90	Active
IL	MD (Resident)		05/11/88	Inactive

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

- |  |   |
|--|---|
| 1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Are you now being, or have you ever been treated for drug or alcohol abuse or addiction?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have you ever been convicted of, plead guilty or <i>nolo contendere</i> to, or are charges pending:<br>A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction?<br>B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines.) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. Have you ever had a malpractice judgment against you or settled any malpractice action?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**APPLICATION AFFIRMATION**

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

Signature of applicant 	Date signed (month, day, year) 2/29/2012
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

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

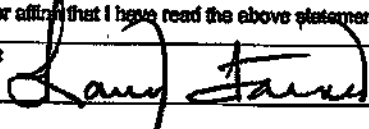
I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

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

**AFFIRMATION**

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

Signature of applicant 	Date signed (month, day, year) 2/29/2012
---	---

1

March 27, 2012



4-3-12  
OK  
Joe

Kristen Kelley, Director  
Medical Licensing Board of Indiana  
402 West Washington Street, Room W072  
Indianapolis, IN 46204

Re: Application for Indiana License

Dear Director Kelley:

This letter responds to yours to me of March 7, 2012. In your letter you requested information concerning the outcome/resolution of an arrest that occurred in Newark, New Jersey in 1977.

On March 29, 1977, two months after I turned 18, the Newark, New Jersey municipal police arrested me for allegedly shoplifting at a department store in which I worked. I had not committed the crime I was accused of, and the charge was dismissed less than a month later on April 20, 1977. I did not include information concerning this arrest in my application because I was not convicted; I did not plead guilty; and, did not plead *nolo contendere*. The case was dismissed because of the total lack of evidence to support the charge.

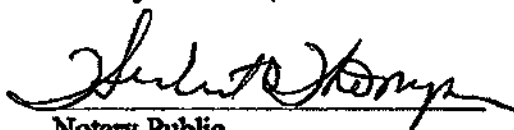
For your convenience, I am attaching a copy of the New Jersey Criminal History Detailed Record and a letter from Hattie Roberts, Assistant Chief Court Administrator for the City of Newark reflecting the outcome as I described.

If you have any questions or need any other information, please give me a call.

Sincerely,

By   
Larry Faines, MD

Sworn to before me this  
27<sup>th</sup> day of March, 2012

  
Notary Public



JAMES J. MOFFIC  
HERBERT O. THOMPSON  
STATE PUBLIC DEFENDER  
COMMERCIAL BANKING

CITY OF NEWARK

Richard E. A. Nunes  
Acting Chief Judge  
Municipal Court of the City of Newark

Amy K. DePaul  
Municipal Court Director  
973-733-6116

Customer Service  
973-733-6520

November 10, 2010



Larry Faines  
6851 South Constance Avenue  
Chicago, Ill. 60649

CDR#: WC46019  
Charge: Shoplifting  
D.O.B.: 01-28-1959  
D.O.I.: 03-29-1977

Dear Sir or Madam:

The court acknowledges receipt of your communication regarding the above referenced matter. The official court records indicate the following adjudication:

Not Guilty:

Guilty: Fine \_\_\_\_\_ Cost \_\_\_\_\_ Jail \_\_\_\_\_ VCCB \_\_\_\_\_ AF \_\_\_\_\_ AM \_\_\_\_\_  
Probation \_\_\_\_\_ Jail Suspended \_\_\_\_\_ SN \_\_\_\_\_ DEDR \_\_\_\_\_  
Community Service \_\_\_\_\_ Lab Fee \_\_\_\_\_ CF \_\_\_\_\_ Misc. Fee \_\_\_\_\_

Dismissed: Superior Court \_\_\_\_\_ Plea Agreement \_\_\_\_\_  
Lack of Prosecution \_\_\_\_\_ Wrong Deft \_\_\_\_\_ Lack of Witness \_\_\_\_\_

Fine and Cost Suspended

First Offenders

Other: Dismissed on 04-20-1977

If you should require any additional information, please feel free to contact our Customer Service Call Center at (973) 733-6520.

Respectfully,

*Flattie Roberts*  
Flattie Roberts  
Asst. Chief Court Administrator

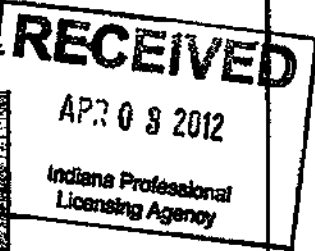


### New Jersey Criminal History Detailed Record

Use of this record is governed by Federal and State regulations. Unless fingerprints accompanied your inquiry, the State Bureau of Identification cannot guarantee this record relates to the person who is the subject of your request. Use of this record shall be limited solely to the authorized purpose for which it was given and it shall not be disseminated to any unauthorized persons. To eliminate a possible dissemination violation, and to comply with future Espionage Act orders, this record shall be destroyed IMMEDIATELY after it has served its intended and authorized purposes. Any person violating Federal or State regulations governing access to Criminal History record information may be subject to criminal and/or civil penalties.

This record is certified as a true copy of the Criminal History record information on file for the assigned State Identification Number.

Subject's Name: PAINES, LARRY  
 Date of Birth: 01/28/1959  
 FBI Number: 47814683  
 State ID Number: 716037A  
 Attention: FELICIANO GUADALBERTO



State ID No. 716037A    FBI No. 47814683    Date Requested 11/10/2010  
Name: PAINES, LARRY

Sex	Race	Birth Date	Height	Weight	Eyes	Hair	Birth Place
M	B	01/28/1959	509	135	BRN	BRN	NY

Receiving Agency: NJ007013A    U.S. Citizen: YES

FPC: NA11106068A03050907    AFKS No: 588168    IIX: SINGLE STATE  
MIA Available: NO

Social Security Number  
147-52-0309

..... Arrest 001 .....

Arrested 03/29/1977    Agency Case No: 131750  
 Agency: NEWJ00000    PD NEWARK  
 001 Cnt: NJ2A170-97    SHOPLIFTING

Summons/Warrant    Exoniate/Arrest No:  
 No: WC46019    Disposition Dates 04/20/1977  
 Agency: NJ007091J    NEWARK MUN CT CRIMINAL

Disposition: DISMISSED  
001 Cnt: NJ2A170-97    Dept: SHOPLIFTING

..... Department of Corrections data not found for this SBI Number .....

#### Criminal History Diversion Program and Felony Conviction Summary

Pre-Trial Intervention: 000  
 Conditional Discharge: 000  
 Felony Convictions: 000  
 Violation of Probation: 000

Court Disposition information contained in this record is reported electronically from the Sentencing court. Questions concerning disposition information should be directed to the Municipal or Superior court listed on the record. Information regarding corrections to this record may be directed to the SBI at (609)882-2000, extension 2369, 2457, or 2066.

End of CUR Record



**Medical Licensing Board of Indiana**

402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2080  
Fax: (317) 233-4236  
Email: [pla3@ola.IN.gov](mailto:pla3@ola.IN.gov)  
Website: [www.PLA.IN.gov](http://www.PLA.IN.gov)

March 7, 2012

Larry Faines  
6851 S. Constance Ave.  
Chicago, IL 60649

Dear Dr. Eaton:

The Medical Licensing Board of Indiana received the attached report on your criminal background check. Please provide us with a sworn notarized affidavit explaining the outcome/resolution of the indicated arrest. If you wish, you may also supplement your affidavit with documentation.

Once received and your application is complete, your application for licensure will be reviewed by myself and/or the Board.

If you have any questions, please contact our office at the above email or phone number.

Sincerely,

Kristen Kelley, Director  
Medical Licensing Board of Indiana



**UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY**

**New Jersey Medical School**

Be it known that <sup>JACOB JACOBSON</sup> ~~what person~~ has by the authority of the Faculty and by the authority of the University of Medicine and Dentistry of New Jersey hereby confers upon

**Harry H. Stines**  
the degree of

**Doctor of Medicine**

with all the rights and privileges thereof.

In witness whereof we have hereunto affixed our signatures and the seal of the University in the State of New Jersey this twenty-fifth day of May, 1988.

*Henry H. Berger, Jr.*  
President of the University

From  
*Stuart D. Cook*



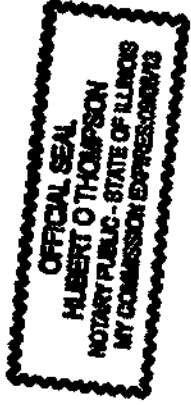
*Harold C. ...*  
Deputy, Board of Trustees

*Barbara K. ...*  
Secretary, Board of Trustees

**RECEIVED**  
MAR 06 2012  
Indiana Professional Licensing Agency

True copy of the original

Hubert O. Thompson ~~Hubert O. Thompson~~ 2/29/12



# MacNeal Hospital



## Rush-Presbyterian-St. Luke's Medical Center

JASB JACI 1980  
WOBANKMT O TREGUIM  
206111 30 ST A 13 21845 10417  
EN007 R-28H 482 H02884003

*This is to certify that*

*Larry Fairnes, M.D.*

*has satisfactorily served from*

*JUNE 27, 1988 - JUNE 26, 1989*

*in the MacNeal Hospital Transitional Residency Program*

*Thomas J. Fairnes, M.D.*  
Medical Director,  
MacNeal Hospital

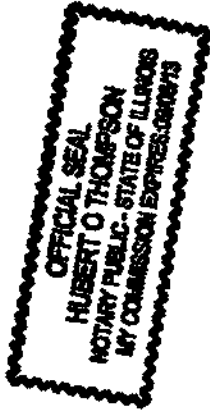
*Christopher D. Taylor, M.D.*  
Director, Transitional Residency,  
MacNeal Hospital

RECEIVED  
MAR 06  
Indiana Professional  
Licensing Agency

True copy of the original

Hubert O. Thompson

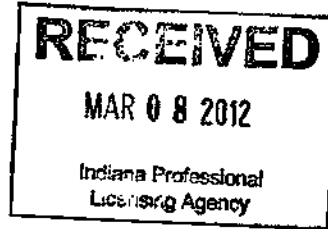
Hubert O. Thompson 2/29/12





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

**PAT QUINN**  
 Governor



**BRENT E. ADAMS**  
 Secretary  
**JAY STEWART**  
 Director  
 Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

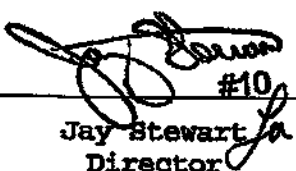
March 6, 2012

IN BOARD OF MEDICINE  
 PROFESSIONAL LICENSING AGENCY  
 402 W WASHINGTON ST ROOM W072  
 INDIANAPOLIS IN 46204

Licensee: **LARRY FAINES MD**  
 License Number: **036.081591**  
 Profession: **LICENSED PHYSICIAN AND SURGEON**  
 Date of Issuance: **10/06/1990**  
 Expiration Date: **07/31/2014**  
 License Status: **ACTIVE**  
 License Method: **ACCEPT EXAM - NBME**  
 Disciplinary History: **Has not been disciplined**

Temporary certificate physician and surgeon no.125-022116 was issued with a starting date of 6/27/1988. No disciplinary action on file. This was a medical residency training certificate only.

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

  
 #10  
 Jay Stewart  
 Director



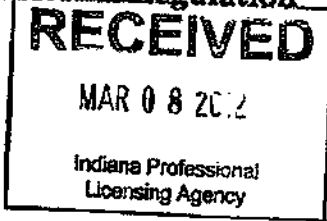
Division of Professional Regulation

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



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

**PAT QUINN**  
 Governor



**BRENT K. ADAMS**  
 Secretary  
**JAY STEWART**  
 Director  
 Division of Professional Regulation

**CERTIFICATION OF LICENSURE**


March 6, 2012

IN BOARD OF MEDICINE  
 PROFESSIONAL LICENSING AGENCY  
 402 W WASHINGTON ST ROOM W072  
 INDIANAPOLIS IN 46204

Licensee: LARRY FAINES MD  
 License Number: 125.022116  
 Profession: TEMPORARY MEDICAL PERMIT  
 Date of Issuance: 05/11/1988  
 Expiration Date: 06/27/1991  
 License Status: EXPIRED  
 License Method: NON-EXAM  
 Disciplinary History: Has not been disciplined

This was a medical residency training certificate only.

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

  
 #10  
 Jay Stewart  
 Director



Division of Professional Regulation

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



**AMA Physician Profile**

**Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):**

*Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.*

*Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.*

**Sponsoring Institution:** JOHN H STROGER JR HOSP OF COOK CO  
**Sponsoring State:** ILLINOIS  
**Specialty:** EMERGENCY MEDICINE  
**Dates:** 07/1989 - 06/1992 (VERIFIED)

**Sponsoring Institution:** MAC NEAL MEM HOSP  
**Sponsoring State:** ILLINOIS  
**Specialty:** FLEXIBLE OR TRANSITIONAL  
**Dates:** 07/1988 - 06/1989 (VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1989**

**Current and/or Historical Medical Licensure:**

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
ILLINOIS	MD	10/06/1990	07/31/2014	ACTIVE	UNLIMITED	02/17/2012
ILLINOIS	MD	05/11/1988	06/27/1991	INACTIVE	RESIDENT	02/17/2012



**AMA Physician Profile**

**Current and/or Historical NPI Information:**

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
1558490128	03/02/2007	NOT RPTD	NOT RPTD	NOT RPTD	03/03/2012

**ECFMG Certification:**

**Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

**Federal Drug Enforcement Administration:**

*\* Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
XXXXXX936	22N 33N 4 5	09/30/2014	02/02/2012

Address: 6851 S Constance Ave, Chicago, IL 60649-1505

**Note:** Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

**Specialty Board Certification(s)\*:**

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

**Certifying Board:** AMERICAN BOARD OF EMERGENCY MEDICINE

**Certificate:** EMERGENCY MEDICINE

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	12/23/2004	12/31/2014	RE-CERT	02/09/2012





### AMA Physician Profile

**Certifying Board:** AMERICAN BOARD OF EMERGENCY MEDICINE

**Certificate:** EMERGENCY MEDICINE

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	06/02/1994	12/31/2004	INITIAL(**)	02/09/2012

**Note:** For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2012 American Board of Medical Specialties. All right reserved.

#### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

#### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

#### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800-665-2882  
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

The Federation of State Medical Boards  
of the United States, Inc.

PO Box 619850  
Dallas, Texas 75261-9850  
Telephone: (817) 868-4000  
FAX (817) 868-4099

**BOARD ACTION SEARCH RECONCILIATION REPORT**

March 7, 2012

Medical Licensing Board of Indiana  
Attn: Kristen A. Kelley  
402 W Washington St, Room W072  
Indianapolis, IN 46204-2298

Re: Board Action Query Dated: March 7, 2012  
Your Reference Number:  
FSMB Batch Number: BQ2040107

PRACTITIONERS CLEARED WITH NO ACTION AS OF APPLICABLE SEARCH DATE

Item	Name	DOB	School	Yr/Grad	Request ID
1	faines, larry	01/28/1959		1988	24962994
2	jacobsen, stephen	02/04/1978		2006	24962998
3	vyas, sahana	08/12/1972		2000	24963004

Please refer to prior clearance reports to determine the search date for each practitioner.



February 22, 2012

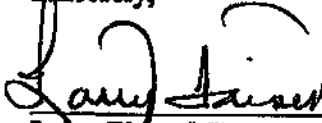
Medical Licensing Board of Indiana  
Indiana Health Professions Bureau  
402 W. Washington Street, Room# W072  
Indianapolis, IN 46204

RE: Release and Authorization  
Larry Fines, MD  
DOB: 1/28/1959  
SSN:

To Whom It May Concern:

This letter will serve as my written authorization to allow you to discuss my licensing process with Jill Hassid, Licensing Coordinator from Weatherby Healthcare, Inc. at 800.586.5022 x 2355 or [Jill.Hassid@weatherbyhealthcare.com](mailto:Jill.Hassid@weatherbyhealthcare.com). She may speak and coordinate any and all conversations and documentation, if necessary, on my behalf. Thank you for your consideration regarding this matter.

Sincerely,



Larry Fines, MD