



NEW MEXICO BOARD OF MEDICAL EXAMINERS

*Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501*

October 5, 1999

GARY E. JOHNSON
GOVERNOR

JOHN S. ROMINE, M.D.
PRESIDENT

SUSAN M DIAZ, MD
CHILDREN'S HOSPS HC CC DIV
3030 CHILDREN'S WAY STE 115
SAN DIEGO, CA 92123-

Dear Dr. DIAZ:

As you requested, your New Mexico License Number 98-247 to practice medicine has been placed on **Inactive Status** status effective **06/30/99**. A physician whose license is on inactive status may no longer prescribe, consult, perform physicals or other hands-on procedures in the state of New Mexico.

If you wish to reinstate your New Mexico license at a future time, please contact the Board in writing.

When a license is reinstated after being inactive two years or more, an updated application is required and the Board has to approve reinstatement. The Board meets four times a year in February, May, August, and November. Reinstating a license within a period of two years after becoming inactive is a much faster and simpler process.

Sincerely,

C. Grant La Farge, M.D.
Secretary-Treasurer
CGLF/dp

ADMINISTRATION

(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL

(505) 827-6759
(505) 827-4052

INVESTIGATIONS

(505) 827-8491
(505) 827-7362

LICENSING

(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

**THE FEDERATION OF STATE MEDICAL BOARDS OF THE U.S., INC.
400 FULLER WISER ROAD, SUITE 300
EULESS, TX 76039-3855**

**MAY 13-14, 1997 USMLE STEP 3 EXAMINATION
SCORE RESULTS**

STATE BOARD: 032 NEW MEXICO

USMLE ID: 4-036-337-6

NAME: DIAZ, SUSAN

PASS/FAIL: PASS

THREE DIGIT: 197

TWO DIGIT: 81

NEW MEXICO BOARD OF MEDICAL EXAMINERS

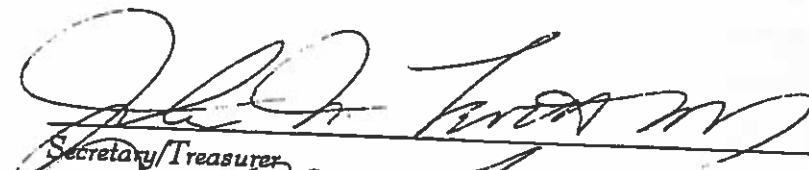

PUBLIC SERVICE INTERIM

NO. 7618PS

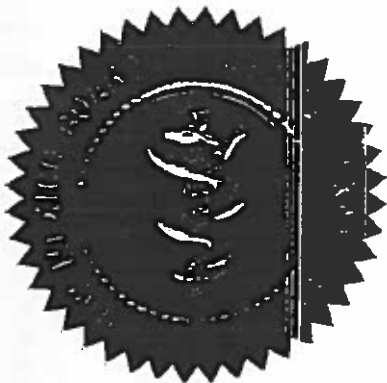
SUSAN M DIAZ, MD

having filed a satisfactory application and paid his/her license fee, through endorsement of USMLE is hereby granted this License to practice medicine in the State of New Mexico, valid until the next regular meeting of the New Mexico Board of Medical Examiners in Santa Fe, New Mexico, on NOVEMBER 21, 1997

Dated this 16TH Day of OCTOBER, 1997.


Secretary/Treasurer

Board Member or Secretary/Treasurer

This Certificate Not Valid Without Two Signatures



OFFICE USE ONLY:

\$350.00 EXAM FEE

\$350.00 APPLICATION FEE

\$50.00 PS LICENSE FEE

\$25.00 INTERIM FEE

705001

DO NOT SEPARATE OR COPY THIS FORM

BOARD of MEDICAL EXAMINERS of the STATE of NEW MEXICO

I hereby make application for a license to practice medicine and submit the following statement concerning my age, moral character, medical education and practice.

Full name: DIAZ SUSAN M
LAST FIRST MI MAIDEN

Address: [Redacted] NM 87107 US
STATE ZIP COUNTRY

Telephone: [Redacted] (505) 272-3909
HOME OFFICE

DEA Number: [Redacted] Social Security Number: [Redacted]

Date of Birth: 11/14/59 Place of Birth: BALTIMORE, MD

This application is for licensure by:

Endorsement of: FLEX National Board error and USMLE LMCC State Exam

Date exam taken: 05/13-14/97

Examination/USMLE (Check here only if exam is being taken in New Mexico)

RECEIVED
FEB 19 1997
NM
STATE
NM BOARD OF
MEDICAL EXAMINERS

ECFMG # _____ (Foreign Medical Graduates Only)
(Education Certificate for Foreign Medical Graduates)

CERTIFICATE OF MEDICAL EDUCATION

(For School Use Only)

It is hereby certified that SUSAN MARIA DIAZ
PHYSICIAN'S FULL NAME

Matriculated on 8/6/92 at the UNIV. OF NEW MEXICO SCHOOL OF MEDICINE
ADMISSION DATE SCHOOL/UNIVERSITY

Located in ALBUQUERQUE, NEW MEXICO, attended all required courses of
CITY/STATE

instruction of FOUR ~~12~~ months/years each, and received a diploma of

Doctor of Medicine on 05/11/96
COMPLETION DATE

2/12/97 Diana G. Keller
DATE PRESIDENT, SECRETARY, REGISTRAR, DEAN

Attach a passport quality photo to the space provided at the right.

School seal must overlap photograph
Head on photograph must be no less than 1 1/2 inches long as indicated.

(Foreign Medical Graduates Only)
*Attach U.S. Consul Verification or Apostille to this page.



1. Graduate Medical Education Internship/Residencies/Fellowships

Month/Year	Month/Year	Name of Hospital	Location
From <u>6/96</u>	to <u>6/99</u>	<u>UNIV. OF NEW MEXICO HEALTH SCI. CTR.</u>	<u>ALBUQUERQUE, NM</u>
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

2. List specialties and specialty board certifications:

Specialty	Board Certified		Date Certified
	Yes	No	
<u>PEDIATRICS</u>		<input checked="" type="checkbox"/>	

3. List all states or provinces in which you are now or have ever held a license or permit to practice medicine.

State or Province	License #	Date Issued	Current (yes/no)
<u>NONE NM</u>	<u>TRAINING LIC. # 96 RH1</u>	<u>6/96</u>	<u>YES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. List all hospital staffs on which you have served in the past five (5) years (Use another sheet if needed.)

Dates	Name	Address	City/State/Zip
<u>6/24/96</u>	<u>UNIV. OF NM. HEALTH SCI. CTR.</u>	<u>ACC. TOMAS NE</u>	<u>ALBUQUERQUE, NM</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. List all of the following to which you have belonged, HMO, PPO, IPA, PRO (Use another sheet if needed.)

Name	Address	City/State/Zip
<u>NONE</u>	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Citizenship: USA by birth
 USA by naturalization/Nat. Cert. # _____

7. Are you in compliance with the immigration and Naturalization Act of 1986? Yes No

8. Have you served in the armed forces? Yes No

What service? _____ Dates _____ to _____
(Submit notarized copy of discharge or separation papers)

9. If you have served in/or been employed by any of the following as a physician, please indicate.

Dates _____	Dates _____
Dept. of Defense _____ (including Armed Forces)	Indian Health Service _____
Public Health Service _____	Veterans Administration _____
	Nat'l Health Serv. Corp. _____

10. Do you have a physical impairment that would affect your ability to practice medicine? Yes No

11. Have you ever been denied a license by or withdrawn an application for a license from a state medical licensing board? Yes No

12. Has any state medical licensing board started disciplinary action against your license? Yes No

13. Have you ever resigned or withdrawn your application from a hospital staff or professional medical group? Yes No

14. Have your hospital privileges ever been revoked or withdrawn for any reason? Yes No

15. Has disciplinary action ever started against you by a hospital staff, county medical society, HMO, PPO, IPA or PRO? Yes No

16. Have you surrendered hospital privileges after disciplinary cases or investigations were started? Yes No

17. Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? Yes No

18. Have you ever been charged with violation of a federal, state or local statute? (Not including minor traffic tickets) Yes No

19. Have you had a malpractice settlement or judgement against you? Yes No

20. Do you have any malpractice or medically related claims or lawsuits pending against you? Yes No

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS
PLEASE SUBMIT AN EXPLANATION ON A SEPARATE PAGE.**

AFFIDAVIT

I am the person named in this application and I received the degree of DOCTOR OF MEDICINE

from UNIV. OF NEW MEXICO SCHOOL OF MEDICINE

located in ALBUQUERQUE, NM

on the ELEVENTH day of MAY, 19 96.

The photograph attached hereto is a true likeness of myself and was taken within one year prior to the date of this application.

SUSAN M. DIAZ, personally appeared before me, being duly sworn, deposes and says that he has read carefully and truthfully answered all questions on this application and that every statement recorded is true and correct.

Susan M. Diaz
SIGNATURE OF APPLICANT

2-14-97
DATE

County of Bernalillo)
State of: New Mexico)

SUBSCRIBED AND SWORN TO before me this 14 day of Feb, 19 97.

My commission expires: 6-30-99

[Signature]
Notary Public



New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building, 2nd Floor
Santa Fe, NM 87501
505-827-9933



United States Medical Licensing Examination™ Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 02/14/1997

RECEIVED

FEB 17 1997

DEPARTMENT OF
MEDICAL EXAMINERS

New Mexico State Board of Medical Examiners
ATTN: Liz Z Montoya
Lamy Bldg., Second Floor
491 Old Santa Fe Trail
Santa Fe, NM 87501

Examinee: Diaz, Susan M
USMLE ID#: 4-036-337-6
DOB: [REDACTED] 1959
Alt Name(s):

STEP1 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/ Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
6/1994	PASS	186	176	77	75	

STEP2 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/ Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
8/1995	PASS	184	167	78	75	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

See reverse side for explanation of information reported above.

DATE OF BIRTH: [REDACTED] 1959

COURSE	T	DESCRIPTION	GRADE	HOURS	POINTS		COURSE	T	DESCRIPTION	GRADE	HOURS	POINTS	
FALL 1989 NON-DEGREE							SPRING 1993 SCHOOL OF MEDICINE						
CHEM	301	ORGANIC CHEMISTRY	A	3	12.00		CLIN S 530	RURAL CLNCL CLERKSH	G	2	6.00		
CHEM	303	ORGANIC CHEM LAB	A	1	4.00		CLIN S 530	INDIV PROCESS ASSMNT	G	7	21.00		
		SEM. GPA = 4.00 EARNED HRS = 4					CLIN S 530	INTRO MICRO & PHARM	G	2	6.00		
		CUM. GPA = 4.00 EARNED HRS = 4					CLIN S 530	INDIV PROCESS ASSMNT	G	2	21.00		
SPRING 1990 NON-DEGREE							SEM. GPA = 3.00 EARNED HRS = 18						
CHEM	302	ORGANIC CHEMISTRY	A	3	12.00		FALL 1993 SCHOOL OF MEDICINE						
CHEM	304	ORGANIC CHEM LAB	A	1	4.00		CLIN S 532	CV HEHE PULM RENAL					
		SEM. GPA = 4.00 EARNED HRS = 4					CLIN S 532	INDIV PROC ASSMNT					
		CUM. GPA = 4.00 EARNED HRS = 8					CLIN S 532	NEURO BEH SC OCCPTNA					
FALL 1990 NON-DEGREE							SEM. GPA = 3.00 EARNED HRS = 18						
		WITHDREW 09/07/90					SPRING 1994 SCHOOL OF MEDICINE						
		SEM. GPA = 0.00 EARNED HRS = 0					CLIN S 532	GI/ENDO/REPRD	G	7	21.00		
		CUM. GPA = 4.00 EARNED HRS = 8					CLIN S 532	INDIV PROCESS ASSHT	G	4	12.00		
SPRING 1991 NON-DEGREE							SEM. GPA = 3.00 EARNED HRS = 18						
MATH	180	ELEMENTS OF CALC I	A	3	12.00		FALL 1994 SCHOOL OF MEDICINE						
		SEM. GPA = 4.00 EARNED HRS = 3					CLIN S 541	OBSTETRICS-GYNECOL	G	6	18.00		
		CUM. GPA = 4.00 EARNED HRS = 11					CLIN S 542	PEDIATRICS CLERKSHIP	O	6	24.00		
FALL 1991 NON-DEGREE							SEM. GPA = 3.66 EARNED HRS = 18						
NAVAJO	101	ELEMENTARY NAVAJO	A+	3	12.99		CLIN S 550	AMBULATORY CARE	O	6	24.00		
		SEM. GPA = 4.00 EARNED HRS = 3					CLIN S 555	PERSPECTIVES/MED III	CR	0	0.00		
		CUM. GPA = 4.00 EARNED HRS = 14					SPRING 1995 SCHOOL OF MEDICINE						
SPRING 1992 NON-DEGREE							SEM. GPA = 3.16 EARNED HRS = 24						
NAVAJO	102	ELEMENTARY NAVAJO	A+	3	12.99		CLIN S 540	MEDICINE	G	8	24.00		
		SEM. GPA = 4.00 EARNED HRS = 3					CLIN S 543	T/PSYCH	O	4	16.00		
		CUM. GPA = 4.00 EARNED HRS = 17					CLIN S 543	NEURO	G	4	12.00		
FALL 1992 SCHOOL OF MEDICINE							SEM. GPA = 3.00 EARNED HRS = 20						
CLIN S 511		INTRO TO PATIENT	CR	0	0.00		CLIN S 544	GENERAL SURGERY	G	8	24.00		
CLIN S 511		INTRPRS COM & CLIN I	CR	0	0.00		CLIN S 555	PERSPECT IN MED III	CR	0	0.00		
CLIN S 511		BIOMETRY	G	1	3.00		FALL 1995 SCHOOL OF MEDICINE						
CLIN S 511		EMERGENCY MEDICINE	G	1	3.00		CLIN S 570	SPORTS MEDICINE	O	4	16.00		
CLIN S 530		INTRO MECH DISEASE	G	7	21.00		CLIN S 570	EMERGENCY MEDICINE	G	4	12.00		
CLIN S 530		INDIV PROC ASSMNT	G	2	6.00		CLIN S 570	FAMILY PRACTICE	O	4	16.00		
CLIN S 530		INTRO/REG SUR HUM BD	G	6	18.00		CLIN S 570	ORTHOPAEDIC SURGERY	O	4	16.00		
		SEM. GPA = 3.00 EARNED HRS = 17					CLIN S 570	PRECEPTORSHIP	O	4	16.00		
SPRING 1996 SCHOOL OF MEDICINE							SEM. GPA = 4.00 EARNED HRS = 12						
CLIN S 570		PEDIATRC SPECIALTIES	O	4	16.00		*** CONTINUED ON NEXT PAGE ***						
CLIN S 570		PRECEPTORSHIP	O	4	16.00								
CLIN S 570		PEDIATRICS, INPT	O	4	16.00								

RECEIVED
FEB 14 1997

NIM DUANU OF
MEDICAL EXAMINER



THIS OFFICIAL DOCUMENT IS PRINTED ON TAMPER-PROOF SECURITY PAPER AND DOES NOT REQUIRE A RAISED SEAL. THIS DOCUMENT IS NOT TO BE RELEASED TO A THIRD PARTY WITHOUT STUDENT'S CONSENT.

Fred W. Christ Jr
REGISTRAR

ISSUED TO:

NEW MEXICO BD OF MED EXAM
491 OLD SANTA FE TR
LAMY BLDG, 2ND FLOOR
SANTA FE, NM 87501

A BLACK & WHITE DOCUMENT IS NOT OFFICIAL

DATE OF BIRTH: [REDACTED] 59

DATE PRINTED: 02/12/97

COURSE	T	DESCRIPTION	GRADE	HOURS	POINTS	COURSE	T	DESCRIPTION	GRADE	HOURS	POINTS
*** DEGREE AWARDED ***											
<p>DOCTOR OF MEDICINE MAY 11, 1996 MAJOR: MEDICINE</p>											
*** END OF TRANSCRIPT ***											



ISSUED TO:

NEW MEXICO BD OF MED EXAM
491 OLD SANTA FE TR
LAMY BLDG, 2ND FLOOR
SANTA FE, NM 87501



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Fred W. Christ Jr
REGISTRAR

A BLACK & WHITE DOCUMENT IS NOT OFFICIAL



NEW MEXICO BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

Gary E. Johnson
GOVERNOR

Livingston Parsons, Jr., M.D.
PRESIDENT

AUTHORIZATION FOR RELEASE OF INFORMATION

In applying for a license to practice medicine in the State of New Mexico, the Board of Medical Examiners requires this form be completed by the applicant in order to allow the Board to make inquiries into the background of the applicant. My signature on this form authorizes the Board and their staff to obtain information in licensure and investigative files, favorable or otherwise. I therefore authorize release of information regarding myself in this matter of licensure.

Susan M. Díaz, M.D. Date: 2/7/97
Applicant Signature

Applicant Name: Susan M. Díaz

License No. N/A Training 96R41

Address: [REDACTED]

Phone No: [REDACTED]

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-7362
(505) 827-8491

LICENSING
(505) 827-9033 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATION

THE UNIVERSITY OF NEW MEXICO

has conferred upon

Suzan María Davis

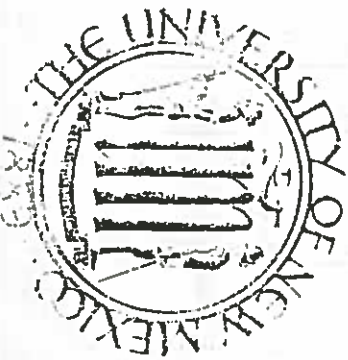
the degree of

Doctor of Medicine

with all the rights and privileges appertaining to that degree,
in testimony whereof the Regents of the University upon recommendation
of the Faculty have granted this diploma bearing the seal of the University
this eleventh day of May, nineteen hundred and ninety-six.

Arthur D. Melander
President of the Regents

Barbara G. Brazie
Secretary of the Regents



Richard E. Geel
President of the Board of the Engineering

Mary Sue Cleaver
Dean of the School

1824



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of the Associate Dean for Graduate Medical Education

10 February 1997

RECEIVED
FEB 12 1997
NEW MEXICO BOARD OF
MEDICAL EXAMINERS

JoAnn Levitt, M.D.
Secretary-Treasurer
Board of Medical Examiners
491 Old Santa Fe Trail
Second Floor, Lamy Bldg
Santa Fe, NM 87501

RE: Susan M. Diaz, MD

Dear Dr. Levitt:

Susan M. Diaz, MD is serving a Residency at the University of New Mexico Health Sciences Center in the Department of Pediatrics from 24 June 1996 through the present.

There is nothing of a derogatory nature in her file. All indications are that she is performing in an entirely ethical and professional manner.

Sincerely,

Pat Brusuelas
Program Director
Graduate Medical Education



NEW MEXICO BOARD OF MEDICAL EXAMINERS **RECEIVED**
 401 Old Santa Fe Trail
 Second Floor, Lamy Building
 Santa Fe New Mexico 87501

FEB 12 1997

INDIVIDUAL
 MEDICAL EXAMINER
 Livingston Parsons, Jr., M.D.
 PRESIDENT

Gary E. Johnson
 GOVERNOR

HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise.

Susan M. Diaz, M.D. Date: 2/7/97
 Applicant Signature

Applicant Name: Diaz, Susan M.
 Address: 3009 Franciscan St. NE, Albuquerque, NM 87107

1. What privileges were extended to the applicant? Resident Physician
2. For how long? 24 June 1996 - present
3. Were limitations imposed on such privileges? No Yes
 If yes, please explain: _____
4. Were staff privileges ever removed or restricted? No Yes
 If yes, please explain: _____
5. Derogatory information, if any: None.

Hospital Name: _____
 Address: _____

Affiliated hospitals: University of New Mexico HSC
SOM, Box 535, Albuquerque, NM 87131

Chief of Staff or Administrator: Pat Brusuelas, Program Director
 Signature: Pat Brusuelas Date: 10 February 1997

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL
 (Please use reverse side for comments)



FINANCIAL
 (505) 827-6759

INVESTIGATIONS
 (505) 827-7362
 (505) 827-8491

LICENSING
 (505) 827-9933 APPLICATIONS
 (505) 827-7917 PHYSICIAN ASSISTANT
 (505) 827-6784 VERIFICATIONS

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

SUSAN MARIA DIAZ MD



Phone: UNKNOWN

Birthdate: [REDACTED] 1959

Birthplace: BALTIMORE MD USA

Physician's Major Professional Activity: RESIDENT

Self Designated Practice Specialties (SDPS):

Primary: PEDIATRICS

Secondary: UNSPECIFIED

AMA membership: NOT A MEMBER

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MAR 18 1997

MINI DIVISION OF
MEDICAL EXAMINER

Following Data Provided by the Primary Sources

Medical School:

UNIV OF NM SCH OF MED, ALBUQUERQUE NM 87131

Year of Graduation: 1996

Current and/or Prior Medical Training or Fellowship:

Institution: UNIVERSITY HOSP
RESIDENT

State: NEW MEXICO
(VERIFIED)

Specialty : PEDIATRICS

06/01/1996 - 06/30/1999

Note: Additional information on physicians in graduate medical training is not solicited, nor is it received from the residency program directors. If you feel additional information may be available, contact the program director(s).

National Board Certification Year:

NONE REPORTED TO DATE

ECFMG Certification:

Number	Certificate Date	Status
--------	------------------	--------

NOT APPLICABLE

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	As of
-----------------------	-----------	-----------------	--------------------	--------	-----------------	-------

NONE REPORTED TO DATE

Federal Drug Enforcement Administration:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

Note: Many states require their own controlled substances registration/license.
Please check with your state licensing authority 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:

Primary Board: NONE REPORTED TO DATE

Effective: Expires:

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: Expires:

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY HCFA.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY
BRANCH
OF
THE
US
MILITARY,
THE

Additional Information:

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



NEW MEXICO BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

Gary E. Johnson
GOVERNOR

Livingston Parsons, Jr., M.D.
PRESIDENT

September 18, 1997

Susan M Diaz, MD
[REDACTED]

Dear Dr Diaz: :

This letter is to inform you that we have to reschedule your interview appointment with Dr Levitt that is scheduled for Wednesday ,September 24, 1997 at 8:00 A.M.

I left a message at [REDACTED] and [REDACTED] this date.

Please call us so that we may reschedule this appointment.

Sincerely,

Imelda Gallegos
Imelda Gallegos
Applications Manager
505-827-9933

STAFF USE ONLY
Amt. Rec. _____

NEW MEXICO BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

Gary E. Johnson
GOVERNOR

Livingston Parsons, Jr., M.D.
PRESIDENT

NOVEMBER 21, 1997 ORIENTATION
INITIAL LICENSE REGISTRATION FORM

RETURN BY OCTOBER 17, 1997 IN ORDER TO RECEIVE YOUR ANNUAL REGISTRATION AND YOUR ORIGINAL WALL CERTIFICATE AT ORIENTATION. YOU MAY NOT PRACTICE MEDICINE IN NEW MEXICO UNTIL YOUR PERMANENT LICENSE HAS BEEN ISSUED AND REGISTERED. To register your license you must complete this form and pay a pro-rated fee of \$60.00. By law you are required to furnish the Board with a location of your business address. A post office box alone is not acceptable. All blanks must contain a response before your form will be processed.

DEA # _____

INTERIM # 7618PS

NAME : Susan M. Diaz

BUS. ADDR : UNM HSC, Dept. of Peds.

CITY/ST/ZIP : Albuquerque, NM

BUS. PHONE : 505-272-3900

HOME ADDR : 
CITY/ST/ZIP : 
HOME PHONE : 

LIST ANY ADDITIONAL HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES:
1. na 2. na 3. na

4. na

LIST ANY OTHER STATE MEDICAL LICENSES YOU HAVE ACQUIRED SINCE YOUR INTERVIEW WITH THE NEW MEXICO BOARD:

STATE: na LIC# _____ STATE: na LIC# _____

Since your interview with the New Mexico Board have you been convicted of a felony or had any action against any medical license you hold? NO YES (If yes, attach explanation)

NA I have enclosed the fee for \$60.00, (personal check or money order) to register my NM license to attend the NOVEMBER 21, 1997 ORIENTATION.

verify that all above information is true and accurate on this date.

Signature: SMDiaz
(Must be signed by physician)

Date: 10/16/97

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6750

INVESTIGATIONS
(505) 827-7362
(505) 827-8401

LICENSING
(505) 827-0033 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

6/24/96-6/30/95
96-R-4/7/1/95-6/30/99



BOARD OF MEDICAL EXAMINERS
FOR POST GRADUATE TRAINING LICENSE



PASSPORT TYPE PHOTOGRAPH
POLAROID IS UNACCEPTABLE

Personal Information:

Name: DIAZ SUSAN M.
Last First MI Maiden
Social Security Number: [REDACTED]
Birthdate: 1/59 Place of Birth: BALTIMORE MD USA
City State Country
Address: [REDACTED] ALBUQ. NM 87107
Street City State Zip Code
Telephone: () - - [REDACTED]
Work Phone

Medical School Information:

School Attended: UNIV. OF NEW MEXICO SOM
Address: [REDACTED] ALBUQ. NM 87131
Street City State Zip Code
Country: USA Date of Graduation: 5/11/96

National Examination: Indicate Which Applies, If None Check None.

National Boards -> _____ FLEX-----> _____
ECFMG-----> _____ LMCC-----> _____
SPEX-----> _____ USMLE----->
Other (Specify)--> _____ None-----> _____

Are you licensed in any other state or states? Yes _____ No
(If yes, list states and corresponding license numbers)

State	License Number
_____	_____
_____	_____
_____	_____

Field of Post Graduate Training: PEDIATRICS

Current year of Post Graduate Training: 1

Hospital (s) where training will be conducted in NM: UNM Affiliated Hospitals, Albuquerque, NM.

Date of entry into post graduate program in New Mexico: 6/24/96

Length of post graduate program: 3 yrs.

96-247

If you answer yes to any of the following questions, please provide an explanation.

Are you at the present time known by any other name? If so, what name?
NO

Have you ever used or ever been licensed under another name(s)? If so what name(s)?
NO

Have you ever been denied a license by a medical licensing board?
Yes ___ No

Has a medical licensing board ever started disciplinary action against your license? Yes ___ No

Have you ever been charged with violation of a federal, state or local statute (excluding minor traffic citations)? Yes ___ No

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes ___ No

Have you ever had a malpractice settlement or judgement against you?
Yes ___ No

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes ___ No

Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? Yes ___ No

AFFIDAVIT

I certify that the information I have provided is correct, and that any changes of my address, telephone number(s) and changes of status in the post graduate training program shall be provided to the New Mexico Board of Medical Examiners through the University of New Mexico Medical School.

Susan M. Diaz
Signature

4/30/96
Date

[Signature]
Notarized By

Notary Expiration Date: 6/30/95



For Board Use Only

Approved By: [Signature] 5/8/96
Signature of Secretary/Treasurer Date

Resident Number: 96-R-41

New Mexico Interim Permit Number: 95-112 11/21/97
Date

New Mexico Permanent License Number: _____ / _____ / _____
Date

6/24/96-6/30/97
7/01/97-6/30/98

828601

360⁰⁰



NEW MEXICO BOARD OF MEDICAL EXAMINERS

Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501

RECEIVED

OCT 13 1998

GARY E. JOHNSON
GOVERNOR

PUBLIC SERVICE LICENSE
RENEWAL NOTICE

LIVINGSTON PARSONS, JR., M.D.
PRESIDENT

NEW MEXICO BOARD OF
MEDICAL EXAMINERS

SUSAN M DIAZ, MD

HOME PHONE#: [REDACTED]

UNM HSC PD DEPT
2211 LOMAS BLVD NE
ALBUQUERQUE, NM 87131-

BUSINESS PHONE#: 505-272-3900

LIC NO: PS-112

SSN#: [REDACTED]

DOB: [REDACTED]

1959

SPECIALTY: PEDIATRICS

HOSPITALS: UNM HSC

STATES:

Your Public Service license expires on NOVEMBER 21, 1998. You have the option to renew your Public Service License or receive a permanent license. The permanent license fee is \$350.00 and \$60.00 prorated fee to register the license. The \$50.00 that has been paid for the Public Service License will be applied toward the permanent license fee. Please review the options and send in the appropriate fees and documentation listed below no later than OCTOBER 15, 1998. By law you are required to furnish the Board with a location of your business address. A post office box alone is not acceptable. Please verify your personal information above for accuracy and answer all questions.

LICENSE OPTION

FEE

DOCUMENTS REQUIRED

1. ___ Public Service License \$ 50.00 Permission letter from Program Director

You must be serving in a residency and may only practice medicine under the direct supervision of a licensed physician or be employed in a medically underserved area. The license will be good for one year and will expire on NOVEMBER 21, 1999.

2. [X] Permanent License \$360.00 Proof of two years of Post Graduate Training

It is mandatory that all licensed physicians be currently registered. This registration will be valid for SEVEN (7) MONTHS and will expire June 30, 1999. Prior to this time you will be sent a notice to renew your license for three additional years. At the end of this period (June 30, 2002) you will be asked to submit documentation of 75 hours of continuing medical education from January 1999 through December 2001.

Since your interview with the New Mexico Board have you been convicted of a felony or had any action against any medical license you hold? [X] NO ___ YES (If yes, attach explanation)

I verify that all above information is true and accurate on this date.

Signature: Susan M. Diaz MD (Must be signed by physician)

Date: 10/6/98

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-8491
(505) 827-7362

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

* PROOF OF 2 YRS. RESIDENCY TO ARRIVE SEPARATELY FROM UNM DEPT. PEDIAT.)



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

RECEIVED
OCT 05 1998
BOARD OF
MEDICAL EXAMINERS

Department of Pediatrics
Ambulatory Care Center - 3 West
Albuquerque, NM 87131-5311
Telephone (505) 272-5551
FAX (505) 272-6845

September 30, 1998

N.M. Board of Medical Examiners
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, NM 87501

RE: Susan Diaz, M.D.

To Whom It May Concern:

Dr. Diaz is a third year pediatric resident in training for certification by the American Board of Pediatrics at the University of New Mexico Health Science Center. Her dates of training are June 24, 1996 through June 30, 1999.

During her first two years of training, Dr. Diaz has satisfactorily completed all requirements with satisfactory to outstanding recommendations for clinical competency, medical/pediatric knowledge and medical communication skills. She has been observed to be of excellent moral character and has participated in the medical ethics curriculum. Susan has not had difficulties with alcohol or other substance abuse. Dr. Diaz has good communication skills and relates well to parents, patients and medical co-professionals.

I recommend Dr. Diaz as a resident physician in good standing and without qualification.

Sincerely,

Gary D. Overturf, M.D.
Professor of Pediatrics
Director, Residency Training Program

GDO:LT

917301

CME'S NOT REQUIRED
SECTION A
PAGE 2 OVER-

RECEIVED

JUN 22 1999

25



4/20/99

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501

NM BOARD OF
MEDICAL EXAMINERS

LIVINGSTON PARSONS, JR., M.D.
PRESIDENT

GARY E. JOHNSON
GOVERNOR

TRIENNIAL LICENSE RENEWAL
JULY 1, 1999 - JUNE 30, 2002

RENEWALS DUE ON OR BEFORE JULY 1, 1999. §61-6-26 (A)-(F) NMSA 1978.
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. §61-6-19 NMSA 1978.

ADDRESS CORRECTION REQUESTED

SUSAN M DIAZ, M.D.
UNM HSC PD DEPT
2211 LOMAS BLVD NE
ALBUQUERQUE NM 87131-

CHILDREN'S HOSPITAL & HEALTH CTR.
DIV. OF CRITICAL CARE
3030 CHILDREN'S WAY, SUITE 116
SAN DIEGO CA 92123
619-576-5863

505-272-3900 Business Phone

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.
NM BUS ADDR: _____ CITY/ST/ZIP _____

FEES: ACTIVE STATUS _____ \$310.00 INACTIVE STATUS \$25.00
(A LICENSEE ON INACTIVE STATUS MAY NOT PRACTICE MEDICINE NOR WRITE
PRESCRIPTIONS.) REINSTATEMENT OF AN INACTIVE LICENSE WITHIN A PERIOD OF
TWO YEARS FROM THE RENEWAL DATE IS A FAIRLY SIMPLE PROCESS. REINSTATING
AFTER TWO YEARS, REQUIRES A REINSTATEMENT APPLICATION AND BOARD APPROVAL.

IT IS THE LICENSEE'S RESPONSIBILITY TO NOTIFY THE BOARD OF CHANGES IN
ADDRESS OF EITHER BUSINESS OR HOME. §61-6-28 NMSA 1978. PLEASE REVIEW
INFORMATION PROVIDED, MAKE CORRECTIONS AND ANSWER ALL QUESTIONS ON BACK.

LICENSE # SOCIAL SECURITY # DEA # PENDING DATE OF BIRTH
98-247 [REDACTED] [REDACTED] 1959

Home Address:

[REDACTED]

STATE - NO CHANGE

Other State Licenses Granted Within The Past 3 Years:

State CA # PENDING State # State #

ABMS Specialty (1) PEDIATRICS BD Certified? No
ABMS Specialty (2) BD Certified?

Physician Assistants/Nurse Practitioners Under Your Supervision:

PA's -
NP's -

Hospital Privileges:

- 1) UNM HSC
- 2)
- 3)
- 4)

ADDITIONAL HOSPITAL PRIVILEGES:

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-8491
(505) 827-7362

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

The following questions request information that is new since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation on a separate page:

Are you at the present time known by any other name? If so, what name? No

Have you been licensed/registered under another name(s)? If so, what name(s)?
No

Have you been denied a license/registration by a medical licensing board? Yes ___ No

Has a medical licensing board started disciplinary action against your license/registration? Yes ___ No

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes ___ No

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes ___ No

Have you had a malpractice settlement or judgment against you? Yes ___ No

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes ___ No

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.) Yes ___ No

Do you currently have a physical or psychological impairment that, in any way, affects your ability to practice medicine safely? Yes ___ No

I verify that all the above information is true and accurate.

Susan M. Davis MD
Signature of Licensee/Registrant

6/18/99
Date



NEW MEXICO BOARD OF MEDICAL EXAMINERS

Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501

GARY E. JOHNSON
GOVERNOR

LIVINGSTON PARSONS, JR., M.D.
PRESIDENT

M E M O R A N D U M

TO: ALL MD'S 1999 LICENSE RENEWALS
FROM: MELINDA GRIEGO & GRANT LA FARGE, MD
DATE: APRIL 1, 1999

SUBJECT: RENEWAL DATE DEADLINE JULY 1, 1999

YOU MUST CHOOSE ACTIVE OR INACTIVE STATUS. IF YOU DO NOT CHOOSE ACTIVE OR INACTIVE STATUS AND PAY THE FEE, YOU WILL BE SUSPENDED FOR NON-RENEWAL EFFECTIVE OCTOBER 1, 1999. WE STRONGLY RECOMMEND THAT THE RENEWAL FORMS BE RETURNED BY JUNE 1, 1999. AFTER JULY 1, 1999, THE FOLLOWING NOTICE WILL BE SENT:

The NM Board of Medical Examiners is in receipt of your 1999-2002 renewal form. I am sorry to inform you that it is not complete for one of the following reasons:

- () the application has not been signed.
- () the questions on the back of the form have not been completed.
- () incomplete or no CME documentaion for AMA category 1. The following are needed for completion:_____
- () the \$310.00 Renewal fee
- () the \$25.00 Inactive fee
- () the \$100.00 Late fee if deadline of July 1st is not met.
- () the \$150.00 Late fee if deadline of August 15th is not met.
- () the \$200.00 Suspension fee if renewal is not received by the final deadline of October 1st.
- () Other:

After you have completed the areas marked, return this form, supporting documents and/or check to the Board Office. Until you have furnished the Board with the additional information requested, your certification of license renewal will remain pending.

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-8491
(505) 827-7362

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS



GARY E. JOHNSON
GOVERNOR

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501

\$ 310.⁰⁰

RECEIVED

JUN 11 2001

JOHN BROMME, M.D.
PRESIDENT
NEW MEXICO BOARD OF
MEDICAL EXAMINERS

FILE

011631

**TRIENNIAL LICENSE RENEWAL
JULY 1, 1999 - JUNE 30, 2002
RE-INSTATEMENT**

RENEWALS DUE ON OR BEFORE JULY 1, 1999. §61-6-26 (A)-(F) NMSA 1978.

THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. §61-6-19 NMSA 1978.

HOME
BUSINESS ADDRESS

SUSAN M. DIAZ, MD

BUSINESS ADDRESS CORRECTION REQUESTED

Children's Hosp. + Health Ctr.
Office of Critical Care
3030 Children's Way, Suite 115
San Diego, CA 92123

BUSINESS PHONE 858-576-5863

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.

NM BUS ADDR: N/A CITY/ST/ZIP

STATUS / FEES: RE-INSTATEMENT/ACTIVE ✓ \$310.00
 (A Licensee On Inactive or Retired Status May Not Practice Medicine Nor Write Prescriptions.) Reinstatement:
 Inactive License Within Two Years, Requires Only Payment of Fees and CME; Inactive after Two Years
 Requires Reinstatement Application and Board Approval.

It is the Licensee's Responsibility to Notify the Board of Changes in Address of Either Business or Home. §61-6-28 NMSA 1978. Please Review Information Provide, Make Corrections and Answer All Questions on Back.

LICENSE # 98-247 SOCIAL SECURITY # [REDACTED] DEA # [REDACTED] DATE OF BIRTH [REDACTED] 59

HOME ADDRESS:

ADDRESS CORRECTION REQUESTED - BUSINESS

Children's Hosp. + Health Ctr.
Office of Critical Care
3030 Children's Way, Suite 115
San Diego, CA 92123

HOME PHONE [REDACTED]

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:
STATE CA # A69349 STATE # [REDACTED] STATE # [REDACTED]

ABMS SPECIALTY / CERTIFIED (1) PD\ Pediatrics 10/2000
ABMS SPECIALTY / CERTIFIED (2)

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S -
NP'S -

HOSPITAL AFFILIATIONS:

ADDITIONAL HOSPITAL AFFILIATIONS:

OVER

ADMINISTRATION (505) 827-5022
FINANCIAL (505) 827-6759
(505) 827-7377 FACSIMILE (505) 827-4052

INVESTIGATIONS (505) 827-8491
(505) 827-7362

LICENSING (505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

The following questions request information that is new since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation on a separate page:

1. Are you at the present time known by any other name? If so, what name?

NO

2. Have you been licensed/registered under another name(s)? If so, what name(s)?

No

3. Have you been denied a license/registration by a medical licensing board?

Yes__ No

4. Has a medical licensing board started disciplinary action against your license?

Yes__ No

5. Have you been charged with violation of a federal, state or local statute (except minor traffic citations)?

Yes__ No

6. Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO?

Yes__ No

7. Have you had a malpractice settlement or judgment against you?

Yes__ No

8. Do you have any malpractice or medically related claims or lawsuits pending against you?

Yes__ No

9. Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.)

Yes__ No

10. Do you currently have a physical or psychological impairment that, in any way, affects your ability to practice medicine safely?

Yes__ No

I verify that all the above information is true and accurate.

Susan M. Diaz
Signature of Licensee

4/30/01
Date

CHILDREN'S HOSPITAL AND HEALTH CENTER
3020 CHILDREN'S WAY
SAN DIEGO, CALIFORNIA 92123-4282
(619) 576-5863
(619) 279-8415 FAX

BRADLEY M. PETERSON, M.D.
DIRECTOR PEDIATRIC INTENSIVE CARE
ASSOCIATE DIRECTOR TRAUMA
F.A.C.A., F.A.A.P., F.C.C.M.
DIPLOMATE AMERICAN BOARD of PEDIATRICS
DIPLOMATE AMERICAN BOARD of ANESTHESIOLOGY
DIPLOMATE PEDIATRICS CRITICAL CARE MEDICINE
FELLOW CRITICAL CARE MEDICINE

May 3, 2001

RECEIVED

JUN 11 2001

**NM BOARD OF
MEDICAL EXAMINERS**

New Mexico Board of Medical Examiners
2nd floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe, New Mexico 87501

RE: Susan Diaz, M.D.

To Whom It May Concern:

This is to document CME for 1999-2001 for Dr. Susan Diaz. Dr. Diaz is currently a 2nd year fellow with the Division of Pediatric Critical Care at Children's Hospital – San Diego. Dr. Diaz will complete her training in June of 2002.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Bradley M. Peterson, M.D.

BMP/ev

The American Board of Pediatrics

hereby declares that

Susan M. Diaz, M.D.

is certified as a
Diplomate of the American Board of Pediatrics
for the period of 2000 - 2007

No. 069695

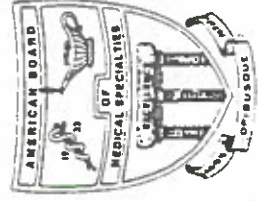
October 24, 2000

Harlan R. Reglant
Officer, American Board of Pediatrics

James C. Ackerman
President, American Board of Pediatrics



Sarah A. Fing
Secretary, American Board of Pediatrics



RECEIVED
JUN 11 2001
NM BOARD OF
MEDICAL EXAMINERS

Diaz, Susan M

Diaz, Susan M

98-247

QUESTION ID	QUESTION TEXT	ANSWER	CREATE_DATE	UPDATE_DATE
65	10. I certify that I have	Y	5/4/2005	5/11/2005
62	7. Do you have any	N	5/4/2005	5/11/2005
63	8. Are you currently	N	5/4/2005	5/11/2005
64	9. Have you been	N	5/4/2005	5/11/2005
59	4. Have you been	N	5/4/2005	5/11/2005
60	5. Have there been any	N	5/4/2005	5/11/2005
61	6. Have you had	N	5/4/2005	5/11/2005
56	1. Has any action,	N	5/4/2005	5/11/2005
57	2. Have you been denied	N	5/4/2005	5/11/2005
58	3. Has there been any	N	5/4/2005	5/11/2005
100	Clinic(s):	Not Applicable	5/4/2005	5/11/2005
101	City(s)/Town(s):	I	5/4/2005	5/11/2005
96	If you practice in New	I	5/4/2005	5/11/2005
98	Hospital(s):	I	5/4/2005	5/11/2005
99	Rural:	Not Applicable	5/4/2005	5/11/2005
93	Other:	Not Applicable	5/4/2005	5/11/2005
94	Do you practice	Not Applicable	5/4/2005	5/11/2005
95	Are you retired but	N	5/4/2005	5/11/2005
90	Administration:	Not Applicable	5/4/2005	5/11/2005
91	Teaching:	0-10%	5/4/2005	5/11/2005
92	Research:	Not Applicable	5/4/2005	5/11/2005
86	Please select a statement	Engaged in direct patient	5/4/2005	5/11/2005
87	Do you practice full-time	Y	5/4/2005	5/11/2005
88	Direct patient care:	91-100%	5/4/2005	5/11/2005

Diaz, Susan M
Diaz, Susan M

98-247

QUESTION ID QUESTION TEXT

ANSWER

CREATE DATE

UPDATE DATE

Since your last renewal, have any complaints been filed against you with any licensing agency?	N	6/11/2008
Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently held licenses pending investigation or being challenged?	N	6/11/2008
Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?	N	6/11/2008
Since your last renewal, have you been denied professional liability insurance coverage?	N	6/11/2008
Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?	N	6/11/2008
Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	6/11/2008
Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	6/11/2008
Since your last renewal, have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	N	6/11/2008
Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records?	N	6/11/2008
Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?	N	6/11/2008
Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being challenged?	N	6/11/2008
Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	6/11/2008
Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	6/11/2008
Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have you been named as a defendant in any criminal proceedings or subject to investigation by a governmental entity that could result in sanctions or licensure adverse actions?	N	6/11/2008
Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet of paper each case <p> Name, age, sex of patient/claimant. Date(s) and type of treatment and/or surgery, which led to the allegations against you. Nature of allegations in claims/suits. Specify whether a suit was ever filed. Names of other practitioners and hospitals, if any, involved in claims or suit. Disposition or current status of claim or suit (be specific). Name of Insurance carrier defending you. Name of defense attorney. I have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board approved monitoring program you may answer "No")	N	6/11/2008
Since your last renewal, have you had any physical injury or disease, or mental illness or impairment which either has affected or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment 	N	6/11/2008
Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	N	6/11/2008
Since your last renewal, have you been reported to the National Practitioner Data Bank?	N	6/11/2008
I certify that I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16 10 4 NMAC.	Y	6/11/2008
Please select a statement that BEST describes your practice * 	Engaged in	6/11/2008
Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100)	Y	6/11/2008
< >Direct patient care	91-100%	6/11/2008
< >Other	0-10%	6/11/2008
Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100)	N	6/11/2008
Are you retired but maintain an active license? * 	N	6/11/2008
If you practice in New Mexico please indicate number of work location(s) < >Office(s)	1	6/11/2008
< >Hospital(s)	1	6/11/2008

Diaz, Susan M

Medical Doctor

98-247

11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/17/2011
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/17/2011
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/17/2011
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/17/2011
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/17/2011
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/17/2011
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/17/2011
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/17/2011
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	05/17/2011
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	05/17/2011
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/17/2011
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/17/2011
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/17/2011
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/17/2011
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/17/2011
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/17/2011
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/17/2011
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	05/17/2011
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	05/17/2011
21. If yes do you hold Lifetime Certification?	N	05/17/2011
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/17/2011
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/17/2011
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/17/2011
22. If yes do you hold Time Limited Certification?	Y	05/17/2011

Diaz, Susan M

Medical Doctor

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1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	06/09/2014
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/09/2014
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/09/2014
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/09/2014
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/09/2014
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated)	N	06/09/2014
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/09/2014
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/09/2014
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/09/2014
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	06/09/2014
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/09/2014
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	06/09/2014
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/09/2014
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/09/2014
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/09/2014
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	06/09/2014
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/09/2014
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/09/2014
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	06/09/2014
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	06/09/2014
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 18.10.4 NMAC?	Y	06/09/2014
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	06/09/2014
21. If yes do you hold Lifetime Certification?	N	06/09/2014
22. If yes do you hold Time Limited Certification?	N	06/09/2014