

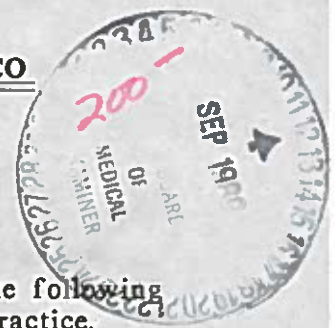
925501 925501

Application Fee Enclosed \$ 200.00

DO NOT SEPARATE OR COPY THIS FORM

BOARD of MEDICAL EXAMINERS of the STATE of NEW MEXICO

Application for license to practice medicine  
through endorsement or examination



To the 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, and medical education and practice.

DEA NUMBER [REDACTED]

Full name Leeman Lawrence M  
 last first mi maiden  
 Address [REDACTED] Albuquerque New Mexico 8707  
 street zip  
 Telephone numbers ( [REDACTED] ) ( )

**CERTIFICATE OF MEDICAL EDUCATION**

It is hereby certified that Lawrence Michael Leeman, M.D.  
 of Albuquerque, New Mexico Matriculated in  
University of California at San Francisco  
 Date 6/13/83, attended 13 courses of instruction  
 of 3 months each, and received a diploma of Doctor  
 of Medicine (date) 6/12/88.

[Signature] M.D.  
 (President, Secretary or Dean)

Date 7/3/89

(SCHOOL SEAL)

U.S. Council Verification or Appostille

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.  
 Send one additional photo of same size and quality with application. (One on application and one additional- 2 total)



1. Date of birth [REDACTED] / 59 Place of birth New York, USA  
(state, country)

2. Citizenship USA by birth yes  no   
USA by naturalization  Nat. cert.#

3. Are you in compliance with the Immigration and Naturalization Act of 1986? yes  no

4. Is this an application for licensure by (check one)  
Endorsement  Examination

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

State or Province	Lic. #	Date of Issue	Current yes no
<u>NONE</u>			

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

Name	Address	City	State	Zip
<u>University of New Mexico Hospital</u>	<u>3211 Lomas Blvd NE</u>	<u>Albuquerque</u>	<u>N. Mexico</u>	<u>87107</u>

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

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

√ 8. Have you ever been treated for mental illness? yes  no   
Hospitalized? yes  no  If yes, explain on separate page.

9. Do you have a physical impairment? yes  no   
(If yes, explain on separate page.)

10. Have you ever resigned or withdrawn your application from any hospital staff or professional medical group? yes  no   
(If yes, explain on separate page.)

11. Have your hospital privileges ever been revoked or withdrawn for any reason? yes \_\_\_ no  (If yes, explain on separate page.)

12. Have you ever been denied a certificate or privilege of taking an examination before any state medical examining board? yes \_\_\_ no  (If yes, explain which one and why on separate page.)

13. Has any state medical examination board ever taken disciplinary action against your license? yes \_\_\_ no  (If yes, explain on separate page.)

14. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? yes \_\_\_ no  (If yes, explain on separate page.)

15. Have you ever been charged with violation of any federal, state, or local statute? yes \_\_\_ no  (If yes, explain on separate page.)

16. Has disciplinary action ever been taken against you by a hospital staff or county medical society, HMO, PPO, IPA, or PRO? yes \_\_\_ no  (If yes, explain on separate page.)

17. Have you ever had any malpractice judgements against you?  
yes \_\_\_ no   
Do you have any pending malpractice suits against you?  
yes \_\_\_ no   
(If yes, explain and enumerate on separate page.)

18. Are you board certified? yes \_\_\_ no   
Board \_\_\_\_\_ Date Certified \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_ \_\_\_\_\_

19. Did you ever serve in the armed forces? yes \_\_\_ no   
What service? Dates \_\_\_\_\_ to \_\_\_\_\_  
(Attach copy of discharge or separation papers)

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

	yes	no	dates
Dept. of Defense (Including Armed Forces)	___	<input checked="" type="checkbox"/>	_____
Public Health Service	___	<input checked="" type="checkbox"/>	_____
Indian Health Service	___	<input checked="" type="checkbox"/>	_____
Veterans Administration	<input checked="" type="checkbox"/>	___	5/89-6/89
National Health Services Corp.	___	<input checked="" type="checkbox"/>	_____



**GRADUATE MEDICAL EDUCATION  
Internship/Residencies/Fellowships**

	Month/Year	To	Month/Year	Name of hospital	Location
From	<u>6/88</u>	To	<u>6/89</u>	<u>UNIV. of New Mexico</u>	<u>Albuquerque New Mexico</u>
From	_____	To	_____	_____	_____
From	_____	To	_____	_____	_____
From	_____	To	_____	_____	_____

**AFFIDAVIT**

I received the degree of MD from University of California, San Francisco located at San Francisco, Calif. on the 12 day of June, 1988

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated September 11<sup>th</sup>, 1989 Signed Lawrence M Leary  
 County of Bernalillo Address 3900 San Isidro NW Albuquerque NM 87107  
 State of New Mexico

In Bernalillo said county on this 11<sup>th</sup> day of September A.D. 1989, personally appeared before me Judy Hinz who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and the every statement recorded above is true and correct.

My commission expires Sept. 22, 1989 Judy Hinz Notary Public

**Foreign Medical Graduates Only**

For: U.S. Council verification of Medical School Official  
Signature (See front page.\*) or Apostille

**FOR BOARD USE ONLY**

**Application Completed**

Date     /    /      
 Received by: \_\_\_\_\_  
 Notified by: mail \_\_\_\_\_ Telephone \_\_\_\_\_  
 Notified on:     /    /    

**Temporary License**

Date Granted     /    /      
 Number \_\_\_\_\_  
 Interviewer \_\_\_\_\_

Entered into computer.

Date \_\_\_\_\_  
 By \_\_\_\_\_

**Regular License**

Date Granted     /    /      
 Number \_\_\_\_\_

Entered into computer.

Date \_\_\_\_\_  
 By \_\_\_\_\_

928501

NM Board of Medical Examiners  
P.O. Box 20001  
Santa Fe, NM 87504

STAFF USE ONLY  
Amt. Rec.  
Ent. By:



IMPORTANT

RETURN BY OCTOBER 18, 1989 SO THAT YOU WILL RECEIVE YOUR ANNUAL REGISTRATION AND YOUR ORIGINAL WALL CERTIFICATE AT ORIENTATION. YOU MAY NOT CONTINUE OR BEGIN TO PRACTICE MEDICINE IN NEW MEXICO UNTIL YOUR PERMANENT LICENSE HAS BEEN REGISTERED.

To register your license you must complete this form and pay a pro-rated registration fee of \$50.00. By law you are required to furnish the Board with a location Business address. A post office box alone is not acceptable. All blanks must contain a response before your form will be processed.

Interim # 39 (If applies)  
NAME : Lawrence Leeman  
BUS. ADDRESS : 2400 Turkeo N.E Family Practice UNMH  
CITY/ST/ZIP : Albuquerque NM 87120  
B-PHONE : 2721970

HOME ADDRESS  
CITY/ST/ZIP  
H-PHONE

LIST ANY HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

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

STATE: \_\_\_\_\_ LICENSE# \_\_\_\_\_  
STATE: \_\_\_\_\_ LICENSE# \_\_\_\_\_

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)

CHECK LIST

I have enclosed my check or money order for \$50.00, to register my NM license as active. (DO NOT SEND CASH!)

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

I WILL ATTEND THE NOVEMBER 17, 1989 ORIENTATION.

Date: October 7th

Signature: Lawrence M Leeman MD  
(Must be signed by physician)

THE REGENTS OF THE  
**University of California**

ON THE NOMINATION OF THE FACULTY OF THE SCHOOL OF MEDICINE  
HAVE CONFERRED UPON

**LAWRENCE MICHAEL LEEMAN**

THE DEGREE OF DOCTOR OF MEDICINE  
WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING  
GIVEN AT SAN FRANCISCO THIS TWELFTH DAY OF JUNE IN THE YEAR  
NINETEEN HUNDRED AND EIGHTY-EIGHT

*George S. Dukenjian*  
GOVERNOR OF CALIFORNIA AND  
PRESIDENT OF THE REGENTS

*Harold P. Gardner*  
PRESIDENT OF THE UNIVERSITY



*Julius Kravans*  
CHANCELLOR AT SAN FRANCISCO

*Wesley H. Merrill*  
DEAN OF THE SCHOOL



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

NATIONAL BOARD OF MEDICAL EXAMINERS  
 OF THE  
 UNITED STATES OF AMERICA

Lawrence Michael Leeman, M.D.  
 having satisfied all the requirements and having successfully passed the examinations is hereby  
 declared a Diplomate of the National Board of Medical Examiners.

Attest L. THOMPSON BOWLES, M.D., PH.D.  
 Chairman of the Board

SEAL ROBERT L. VOLLE, PH.D.  
 President of the Board

Philadelphia, Pa.  
 07/01/89

Certificate # 3 1132



It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from U CA - SAN FRANCISCO in JUNE 1988 and whose birth date is 02/28/1959. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<b>PART I passed</b> <u>06/85</u>		
Anatomy	515	81
Physiology	635	89
Biochemistry	595	87
Pathology	670	91
Microbiology	580	86
Pharmacology	660	91
Behavioral Sciences	675	92
<b>TOTAL TEST (Minimum Passing Score 380/75)</b>	<b>640</b>	<b>88</b>
<b>PART II passed</b> <u>09/87</u>		
Internal Medicine	650	89
Surgery	705	92
Obstetrics and Gynecology	580	86
Public Health and Preventive Medicine	725	93
Pediatrics	660	90
Psychiatry	670	90
<b>TOTAL TEST (Minimum Passing Score 290/75)</b>	<b>705</b>	<b>90</b>
<b>PART III passed</b> <u>03/89</u>		
A General Test of Clinical Competence		
<b>TOTAL TEST (Minimum Passing Score 290/75)</b>	<b>685</b>	<b>88</b>
<b>GENERAL AVERAGE (Parts, I, II, and III Scale Score)</b>		<b>88</b>

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

*Melanie Valente*

Secretary for Certification

SEAL

06/29/89

Date



## The University of New Mexico

Medical Center  
Office of the Assistant Dean for  
Graduate Medical Education  
BioMedical Research Building  
Albuquerque, NM 87131  
Telephone 505: 277-6225



September 7, 1989

JoAnn N. Levitt, M.D.  
NM Board of Medical Examiners  
PO Box 20001  
Santa Fe, NM 87504

RE: LAWRENCE M. LEEMAN, M.D.

Dear Doctor Levitt:

Lawrence M. Leeman, M.D., began serving a Residency in the Department of Family Practice at the University of New Mexico Affiliated Hospitals on June 24, 1988. His first year was completed on June 23, 1989.

There is nothing of a derogatory nature in Dr. Leeman's file. All indications are that he is performing in an entirely professional and ethical manner.

Sincerely,

A handwritten signature in cursive script that reads "Pat Brusuelas".

Pat Brusuelas  
Program Manager

PB: dcr





# BOARD OF MEDICAL EXAMINERS

Lamy Building, Room 134  
491 Old Santa Fe Trail  
P. O. Box 20001  
Santa Fe, NM 87503  
(505) 827-9933

## HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Medical Board 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 five past years preceding my application. This is your authority to release any information in your files of record, favorable or otherwise, direct to:

New Mexico Board of Medical Examiners

DO NOT SUBMIT THIS  
FORM WITHOUT A HOSPITAL  
SEAL OR NOTARY SEAL

Lawrence M. Leeman M.D.  
Name: LAWRENCE M. LEEMAN M.D.  
Address: [REDACTED]

(DO NOT DETACH)

1. What privileges were extended to the applicant? \_\_\_\_\_

RESIDENT PHYSICIAN

2. For how long? 6-24-88 to PRESENT

3. Were any limitations imposed on such privileges? NONE

If yes, please explain \_\_\_\_\_

4. Were staff privileges ever removed or restricted? NO

If yes, please explain \_\_\_\_\_

Derogatory information, if any NONE

Comments, if any \_\_\_\_\_

Chief of Staff or Administrator: KENNETH D. GARDNER, JR, MD

Hospital Name: UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS

Address: BOX 535

Albuquerque, NM 87131

Date: 9-7-89

Signature: Kenneth D. Gardner

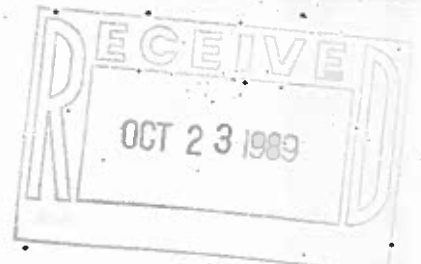
(PLEASE USE REVERSE SIDE FOR COMMENTS)

(SEAL OF HOSPITAL)  
(If none, so indicate)



**DISCIPLINARY INQUIRIES-**

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



The Board of Medical Examiners requests a disciplinary search concerning the following individual:

Lawrence Michael Leeman

Name



Address

Albuquerque, NM 87107

WE HAVE NO UNFAVORABLE INFORMATION  
REGARDING THE ABOVE NAMED PHYSICIAN

City, State and Zip



/59

Date of Birth

OCT 25 1989



*James R. Winn, M.D.*

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

Social Security Number

Univ of California, San Francisco

Medical School of Graduation and Branch Location

1988

Date of Graduation

Please mail the response to the following address:

BOARD OF MEDICAL EXAMINERS

P. O. Box 20001 (Lamy Building)

Santa Fe, N.M. 87504

ATTENTION: Bonnie Jones

Administrator for Licensing

*Bonnie Jones*  
Signature

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
535 NORTH DEARBORN STREET  
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES  
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 10-24-89  
TIME: 10:11 PM

NAME: LEEMAN, LAWRENCE MICHAEL, M.D.  
ADDRESS: UNIV NM SCH OF MED-DEPT FAM-PR  
ALBUQUERQUE NM 87131

BIRTHPLACE: NEW ROCHELLE, NY  
BIRTHDATE: [REDACTED]/59  
MEMBER OF AMA: NOT MEMBER  
MEDICAL SCHOOL



UNIV OF CALIFORNIA, SAN FRANCISCO, SCH OF MED, SAN FRANCISCO, CA 94143  
YEAR OF GRADUATION: 1988

LICENSES (INITIAL YEAR GRANTED BY STATE):  
NONE REPORTED TO DATE

NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE  
SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: RESIDENT  
SELF DESIGNATED SPECIALTIES  
PRIMARY: FAMILY PRACTICE  
SECONDARY: UNSPECIFIED  
TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: INTERN  
HOSPITAL: UNIV NM SCH OF MED ALBUQUERQUE NM 87131  
DATES OF TRAINING: 07/88-06/89 -- (CONFIRMED)  
SPECIALTY: FAMILY PRACTICE  
SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: NONE REPORTED TO DATE  
FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1989 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. \*\*\*\*AMA FILES CHECKED





*The*  
**University of New Mexico**

**MEDICAL CENTER**  
**OFFICE OF THE ASSISTANT DEAN FOR GRADUATE MEDICAL EDUCATION**  
BioMedical Research Building  
Albuquerque, NM 87131  
Telephone 505: 277-6225

May 3, 1988

JoAnn N. Levitt, M. D.  
NM Board of Medical Examiners  
PO Box 20001  
Santa Fe, NM 87504

RE: Lawrence Leeman, M. D.

Dear Doctor Levitt:

Attached you will find an application for Lawrence Leeman, M. D. Please grant permission for Dr. Leeman participate in our Residency Training Program at the University of New Mexico and Affiliated Hospitals from June 24, 1988 through June 30, 1989.

Sincerely,

*Pat Brusuelas*  
Pat Brusuelas  
Program Manager

Enclosure  
PB: dcr

Attach photograph below.  
Head must be no smaller  
than indicated.

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Application for approval to practice as a  
as a:

RESIDENT PHYSICIAN



1. Name Leeman LAWRENCE M  
(last) (first) (MI) (maiden)
2. Birthdate [REDACTED] / 59 Place of Birth New Rochelle NY USA  
city state country
3. Address [REDACTED] San Francisco CA 94117  
street city state zip
4. Telephone numbers [REDACTED] ( ) \_\_\_\_\_
5. Social Security number [REDACTED]
6. Medical school Information  
Name University of California, San Francisco  
Address 500 PARNASSUS AVENUE San Francisco CA 94143  
street city state zip  
Country USA Date of Graduation 5 / 21 / 88
7. National Examination (Check one or indicate None.)  
National Boards   
FLEX.....  
ECFMG.....  
LMCC.....  
Other (Specify) \_\_\_\_\_  
None.....
8. Are you licensed in any other States? yes \_\_\_ no   
(If yes, list states and license numbers.)  
State License no.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Field of approved residency: Family Medicine FTAP
10. Current year of residency training 1st year

11. Hospital(s) where training will be conducted in New Mexico  
 University of New Mexico Other Associated Hospitals/Clinics  
 Albuquerque Veteran's Administration Hosp  
 Presbyterian Hospital  
 Gallup Indian Medical Center Univ. of New Mexico Affiliated Hospital
12. Date of entry into residency program in New Mex. 6/24/88
13. Length of residency program Three Years
14. Have you ever been charged with violation of any federal, state or local statute? yes  no   
 (If yes, explain on attachment.)
15. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? yes  no   
 (If yes, explain on attachment.)

**AFFIDAVIT**

I certified the information I have provided is correct, and that I will inform the Board of Medical Examiners, through the university of New Mexico Medical School of any changes of my address or telephone number(s), and changes of status in the residency program.

Date May 18, 1988 Signature Larry Leeman

Notarized by Pamela B. Wagman  
 Notary expiration date 9/4/90

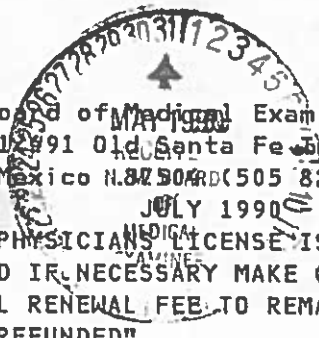


FOR BOARD USE ONLY

<p>Initial Approval          Date <u>June 1, 1988</u>          By: <u>[Signature]</u>          (Sec/Treasurer)</p> <p>Resident No  <u>88-R-143</u></p>	<p>New Mexico License          Temp. # _____          Date _____          Regular # _____          Date _____</p> <p>Approval by Yr. By  <u>16Y-1 88-89</u> <u>SAL</u></p>	<p>Disciplinary action or          Dismissal from program</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
--	--	---



015101



New Mexico Board of Medical Examiners  
PO Box 20001, 2991 Old Santa Fe Trail  
Santa Fe, New Mexico N.M. 87504 (505 827-7317)

STAFF USE ONLY:

AMT REC 210<sup>00</sup>  
ENT BY \_\_\_\_\_

SECTION A  
RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW INFORMATION PROVIDED, ANSWER ALL QUESTIONS AND IF NECESSARY MAKE CORRECTIONS IN THE SPACE PROVIDED. A CHECK FOR \$210 FOR THE TRIENNIAL RENEWAL FEE TO REMAIN ACTIVE OR \$25 FOR INACTIVE MUST ACCOMPANY THIS FORM. "NO FEE WILL BE REFUNDED".

LICENSE #: 89-243      BIRTH DATE: [REDACTED] / 59      DEA #: [REDACTED]      SSN: [REDACTED]

NAME : LAWRENCE M LEEMAN      M.D. \_\_\_\_\_  
BUS-ADDR : UNM / FAMILY PRACTICE  
BUS-ADDR : 2400 TUCKER NE  
CITY/ST/ZIP: ALBUQUERQUE, NM 87120

BUS-PHONE: 505-272-1722

HOME-ADDR [REDACTED]  
HOME-ADDR [REDACTED]  
CITY/ST/ZIP: ALBUQUERQUE, NM 87107

HOME-PHONE: [REDACTED]

HOSPITAL PRIVILEGES: UNM  
NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED  
ST: LIC#:      ST: LIC#:      ST: LIC#:

Are you known by any other name(s)? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony? X NO (Specify) YES  
Has any licensing authority, professional organization, medical institution or any other medically related entity ever instituted disciplinary action or proceedings against you?  
X NO        YES

Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institute or any other medically related entity?  
X NO        YES

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL. PLEASE INCLUDE DOCUMENTATION.

ACTIVE STATUS: X I wish my license to remain active.  
INACTIVE STATUS:        I wish my license to become inactive at this time.  
With an inactive license I understand that, in accordance with New Mexico law I may not practice medicine (in any form) including the writing of prescriptions.

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGES WITHIN THIS THREE YEAR PERIOD TO ASSURE PROPER NOTIFICATION OF YOUR NEXT RENEWAL.

I verify that all above information is true and accurate.

SIGNATURE: Laurence M Leeman MD      DATE: May 26 1990  
(Must be signed by physician)

\*Inactive Status - See explanation on attached letter.

309600 #210.00

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504  
SECTION A JULY 1, 1993 - JUNE 30, 1996 TRIENNIAL RENEWAL

RECEIVED

PLEASE REVIEW INFORMATION PROVIDED, "ANSWER ALL QUESTIONS" AND MAKE CORRECTIONS IN THE SPACE PROVIDED.

FEES - CHECK ENCLOSED \$ 210.00

FEES ARE NON-REFUNDABLE NMSA 61-6-33. I WISH MY LICENSE TO REMAIN ACTIVE. I WISH MY LICENSE TO BECOME INACTIVE.

ACTIVE STATUS \$210.00 X

\*INACTIVE STATUS \$ 25.00

WITH AN INACTIVE LICENSE I UNDERSTAND THAT, I MAY NOT PRACTICE MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS. (NMSA 61-6-33)

APR 06 1993  
NM BOARD OF MEDICAL EXAMINERS

LICENSE #: 89-243 DEA #: AB 7003469 SSN: 054-38-9155 BIRTH DATE: 02/28/59

NAME : LAWRENCE M LEEMAN

M.D.

BUS-ADDR : UNM / FAMILY PRACTICE

BUS-ADDR : 2400 TUCKER NE

CITY/ST/ZIP: ALBUQUERQUE, NM 87131

Zuni Indian Hospital  
PO Box 467  
Zuni New Mexico 87327

BUS-PHONE : 505-272-1722 SOS - 982-443

OUT-OF-STATE PHYSICIANS - NM BUSINESS ADDRESS (PLEASE PROVIDE)

HOME-ADDR :  
HOME-ADDR :  
CITY/ST/ZIP:

HOME-PHONE :

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.

HOSPITAL PRIVILEGES:

ADDITIONAL HOSPITAL PRIVILEGES

UNM Zuni Indian Hospital

OTHER STATE LICENSES:

ST: LIC#: ST: LIC#: ST: LIC#: ST: LIC#:

SPECIALITY (1) FAMILY PRACTICE

SPECIALITY (2) PULMONARY DISEASES Public Health

ARE YOU BOARD CERTIFIED X YES NO

ARE YOU BOARD CERTIFIED YES NO

LIST ALL PA'S AND/OR NURSE PRACTITIONERS CURRENTLY UNDER YOUR SUPERVISION:

PA: FARLON COOYAK Zuni Indian Health NP:  
PA: Andee Cowsayake Employees NP:

Are you known by, have you used or have you ever been licensed under any other names(s)? YES NO X If yes, please specify

Have you ever been convicted of, plead guilty or no contest to any offense punishable by incarceration in a state penitentiary or federal prison? YES NO X If yes, please specify

Has disciplinary action ever been instituted or taken against you by a licensing authority, professional organization, medical institution or medical related entity? YES NO X If yes, please specify

Have you ever had a medical license stipulated, restricted or otherwise encumbered by a licensing authority? YES NO X If yes, please specify

"IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND DOCUMENTATION."

I verify that all above information is true and accurate.

SIGNATURE: Lawrence Leeman (Must be signed by physician)

DATE: 4/2/93

NEW MEXICO BME, P O BOX 20001, SANTA FE, NEW MEXICO 87504

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIAN'S MUST REPORT AND DOCUMENT "75" HOURS FROM AMA CATEGORY I OF CONTINUING MEDICAL EDUCATION ONCE EVERY THREE YEARS.

DOCUMENTATION MUST BE ATTACHED

NAME: LAWRENCE M LEEMAN M.D. LICENSE NUMBER: 89-243

I certify that I have complied with the Continuing Medical Education requirement for renewal my license and that appropriate documentation is attached.

Ultrasound 20 hrs 9/92  
Colposcopy 14 hrs 3/91  
GYNst-Edwh 5 hrs 10/92

AMA Category I Accredited

- Clinical Courses.
- AMA Physicians Recognition Award
- AAFP Certificate of CME
- Certification or Recertification by ABMS Speciality Board
- FLEX Component II

6/91 - 6/94

Credit Hours 39  
Year \_\_\_\_\_ Credit Hours \_\_\_\_\_  
Year \_\_\_\_\_ Credit Hours \_\_\_\_\_

- Internship, Residency or Fellowship (40 hours maximum per year)

Inclusive dates 6/88 - 8/91  
Credit Hours 40 correct!

- Advanced Degree In Medically Related Field Year(s) \_\_\_\_\_  
(40 hours maximum per each full year of study)

- Self Assessment Tests:  
Certificate of credit must be attached  
(No Limit)

Credit Hours 48

- Teaching  
Statement from approved medical school must be attached  
(40 hours maximum)

Credit Hours \_\_\_\_\_

- Preceptors:  
Statement from approved medical school must be attached  
(30 hours maximum)

Credit Hours \_\_\_\_\_

- Scientific Paper or Publications (original)  
10 hours per paper copy(ies) must be attached  
(30 hours maximum) attached

Credit Hours \_\_\_\_\_

4/3/93  
Date

Laurence Leeman MD  
Signature

(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:

CMES Approved By delw Date: 4/13/93 Doc. Rec. ✓





**The University of New Mexico**

---

School of Medicine  
Department of Family and Community Medicine  
Preceptorship Program  
Albuquerque, NM 87131-5136  
(505) 277-3510

**CERTIFICATE OF ATTENDANCE**

This is to certify that Larry Leeman, M.D., attended the 13th Annual Ghost Ranch Conference in Abiquiu, New Mexico, on October 9, 10, 11, 1992.

This program was sponsored by the Department of Family and Community Medicine, University of New Mexico School of Medicine and was approved for five (5) prescribed credit hours by the American Academy of Family Practice Physicians.

Berthold E. Umland, M.D.  
Associate Professor  
Department of Family and Community Medicine

DATE: 10/14/92

1991-92 CORE CONTENT REVIEW OF FAMILY MEDICINE  
PERFORMANCE EVALUATION

TEST	YOUR SCORE	RES MEAN	NATIONAL MEAN	SUBJECT	YOUR SCORE
1	69.3	.0	64.4	1	69.3
2	68.0	.0	65.5	2	75.0
3	69.3	.0	67.2	3	67.8
4	68.0	.0	64.8	4	75.0
5	72.0	.0	70.2	5	70.2
6	60.0	.0	67.3	6	80.0
7	72.0	.0	67.3	7	64.2
				8	61.1
				9	52.1
				10	80.7
				11	50.0
				12	54.0
				13	68.1
				14	.0
				15	.0
				16	63.6
				17	66.6
				18	71.1
				19	65.5

Larry Leeman, M.D.

ID:4154 STATE:33 RES:067

THIS PRINTOUT CONFIRMS YOUR PARTICIPAT  
IN THIS 48 CREDIT HOUR PROGRAM.

NOTE: WE ARE PLEASED TO ENCLOSE A COMPLETE WORD-IDENTIFYING  
INDEX, WHICH WE URGE YOU TO KEEP WITH YOUR CORE CONTENT  
REVIEW MATERIAL

IF YOU FIND A ROW OF 5 STARS (\*\*\*\*\*) LISTED UNDER  
THE AREA OF YOUR SCORE NEXT TO ONE OF THE TEST  
NUMBERS, IT MEANS THAT YOUR ANSWER SHEET WAS  
NOT GRADABLE FOR ANY ONE OF THE FOLLOWING  
REASONS:

1. THE ANSWER SHEET WAS NOT RECEIVED;
2. THE WRONG ANSWER SHEET WAS USED, I.E., THE  
ANSWER SHEET FOR #6 WAS APPARENTLY SUBMITTED FOR  
REVIEW # 1;
3. IMPROPER MARKINGS ON THE ANSWER SHEET SUCH AS  
RESPONSES CIRCLED OR CHECKED RATHER THAN FILLED IN;
4. USE OF SOFT OR HARD TIPPED PENS RATHER THAN A #2  
PENCIL, AS CLEARLY INDICATED ON BOTH THE ANSWER  
SHEET AND QUESTION BOOKLETS.

IF YOU HAVE NOT REGISTERED FOR 1992-93 REVIEW  
A BROCHURE AND REPLY ENVELOPE IS ENCLOSED.

Completed 4/92

**A** **M** **E** **S**  
AMERICAN MEDICAL ASSOCIATION

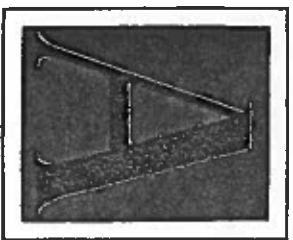


Physician's Recognition Award  
Lawrence Michael Leeman MD  
has fulfilled the requirements for the  
Physician's Recognition Award  
in Continuing Medical Education

Valid JUN 1 1991 - JUL 1 1994

*A. Gordon Tappan MD*  
President

*James H. Ebel MD*  
Executive Vice President



# American Academy of Family Physicians

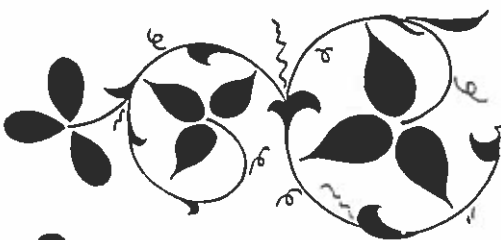
Congratulates

Lawrence M. Leeman, M.D.

on the successful completion

of an Accredited Residency in Family Practice.

1991



*Alan F. Duberman MD*  
President



*Robert Graham MD*  
Executive Vice President



# BASIC COLPOSCOPY

NEW YORK, NEW YORK  
MARCH 20-21, 1991

## CERTIFICATE OF ATTENDANCE

As an organization accredited for continuing medical education, the Danbury Hospital certifies that LARRY LEE MAN, M.D. attended the Basic Colposcopy course and designates this continuing medical activity as meeting the criteria for 14 credit hours in Category I for the Physicians Recognition Award of the American Medical Association as well as 14 cognates towards the American College of Obstetricians & Gynecologists and the American Academy of Family Physicians programs for continuing professional development.

Gerard D. Robilotti, M.D.  
Vice President for Clinical Services  
& Medical Education, Danbury Hospital

This is to certify that

LARRY LEEMAN, M.D.

has attended the Continuing Medical Education Program

**REAL-TIME ULTRASOUND IN CLINICAL OBSTETRICS**

sponsored by The Good Samaritan Hospital

September 9, 10, 11, 1992

The program is accredited as follows:

Physician's Recognition Award of the American Medical Association

Category I: 20 Credit Hours

American College of Obstetricians and Gynecologists:

20 cognates Formal Learning

*Arnold L. Medearis, M.D.*  
Arnold L. Medearis, M.D.  
Program Co-Director

*F.R. Schlichting, M.D.*  
Frederick R. Schlichting, M.D.  
Program Co-Director



Gary E. Johnson  
GOVERNOR

#461

ent 5/22/96

NEW MEXICO BOARD OF MEDICAL EXAMINERS

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

TRIENNIAL LICENSE RENEWAL  
JULY 1, 1996 - JUNE 30, 1999

61120 611201 SECTION A  
RECEIVED

APR 27 1996

LIVINGSTON PARSONS, JR., M.D.  
PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 1996. §61-6-16 (A)-(F) NMSA 1978.  
There are substantial penalties for late renewals. §61-6-19 NMSA 1978.

LAWRENCE M. LEEMAN, M.D.

ZUNI INDIAN HSP

PO BX 467

ALBUQUERQUE NM 87327-

ADDRESS CORRECTION REQUESTED

505-782-4431 Business phone

Out of state physicians - provide New Mexico business address, if any.  
NM Bus Addr: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

FEES: Active Status \$210.00 Inactive Status \_\_\_\_\_ 25.00  
(A licensee on inactive status may not practice medicine nor write prescriptions.)

It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978.  
Please review the information below for accuracy.

License #                      Social Security #                      DEA #                      Date of Birth  
89-243                      [REDACTED]                      [REDACTED]                      [REDACTED] 1959

Home Address:

Other State Licenses:

State #                      State #  
State #                      State #  
State #                      State #

ABMS Specialty (1) FAMILY PRACTICE                      Board certified? Yes  
ABMS Specialty (2) PUBLIC HEALTH                      Board certified?

Physician Assistants/Nurse Practitioners under your supervision:

PA's -

NP's -

Hospital Privileges:

- 1) ZUNI INDIAN HSP
- 2)
- 3)
- 4)

Additional Hospital Privileges:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

FINANCIAL  
(505) 827-6759

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

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

NM BOARD OF MEDICAL EXAMINERS

LAMY BUILDING, SECOND FLOOR

491 OLD SANTA FE TRAIL

SANTA FE, NEW MEXICO 87501

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD IMMEDIATELY PRECEDING TRIENNIAL RENEWAL.

NAME: LAWRENCE M. LEEMAN M.D. LICENSE #: 89-243

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses Credit Hours 82.5  
New Mexico Specific Category 1 Clinical Courses Credit Hours \_\_\_\_\_

- A M A Physicians Recognition Award Year \_\_\_\_\_
- A A F P Certificate of CME Year \_\_\_\_\_
- Certification or Recertification Year \_\_\_\_\_  
by ABMS Specialty Board
- USMLE Step 3 Year \_\_\_\_\_
- Internship, Residency or Fellowship Inclusive dates UNM FP 1988-1991
- Advanced Degree In Medically Related Field Year(s) \_\_\_\_\_  
(40 hours maximum per year of study) Credit Hours \_\_\_\_\_
- Self Assessment Tests:  
Certificate of credit must be attached  
(No limit) Credit Hours 39
- Teaching - medical students  
Statement from approved medical school must  
be attached  
(40 hours maximum credit) Credit Hours \_\_\_\_\_
- Preceptorships - medical students  
Statement from approved medical school must  
be attached  
(30 hours maximum credit) Credit Hours \_\_\_\_\_
- Scientific Articles  
10 hours each. Proof of publication must be  
attached  
(30 hours maximum credit) Credit Hours \_\_\_\_\_

STAFF USE ONLY:

CMEs Approved By JM Date: 5/6/96 Doc. Rec. \_\_\_\_\_



LAWRENCE LEEMAN  
ZUNI INDIAN HOSPITAL  
PO BOX 467  
ZUNI, NM 87327-0467  
USA

**The Medical Letter<sup>®</sup>**  
and  
**the Yale School of Medicine**  
continuing medical education program

*This is to certify that*

LAWRENCE LEEMAN

*has successfully completed*

Exam No. 30 July 1994

*and is therefore awarded 13 credits in Category 1 for Educational Materials.*

Yale University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Yale University School of Medicine has designated this continuing medical education activity as meeting the criteria for 13 credit hours in Category 1 for Educational Materials for the Physician's Recognition Award of the American Medical Association or any other organization that recognizes such Category 1 credit.

The program has also been reviewed and is acceptable for 13 prescribed hours by the American Academy of Family Physicians.

Additional accreditations of the program have been listed in the examination booklets. They can be supplied on request.



James D. Kenney, M.D.  
Associate Dean for Postgraduate  
and Continuing Medical Education  
Yale University School of Medicine

Lawrence Leeman  
Po Box 467  
Zuni, NM 87327-0467  
USA

**The Medical Letter®**  
and  
**the Yale School of Medicine**  
continuing medical education program

*This is to certify that*

Lawrence Leeman

*has successfully completed*

Exam No. 29

January 1994

*and is therefore awarded 13 credits in Category 1 for Educational Materials.*

Yale University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Yale University School of Medicine has designated this continuing medical education activity as meeting the criteria for 13 credit hours in Category 1 for Educational Materials for the Physician's Recognition Award of the American Medical Association or any other organization that recognizes such Category 1 credit.

The program has also been reviewed and is acceptable for 13 prescribed hours by the American Academy of Family Physicians. Additional accreditations of the program have been listed in the examination booklets. They can be supplied on request.



James D. Kenney, M.D.  
Associate Dean for Postgraduate  
and Continuing Medical Education  
Yale University School of Medicine



Lawrence Leeman  
Po Box 467  
Zuni, NM 87327-0467  
USA

**The Medical Letter<sup>®</sup>**  
and  
**the Yale School of Medicine**  
continuing medical education program

*This is to certify that*

Lawrence Leeman

*has successfully completed*

Exam No. 28 July 1993

*and is therefore awarded 13 credits in Category 1 for Educational Materials.*

Yale University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Yale University School of Medicine has designated this continuing medical education activity as meeting the criteria for 13 credits hours in Category 1 for Educational Materials for the Physician's Recognition Award of the American Medical Association or any other organization that recognizes such Category 1 credit.

The program has also been reviewed and is acceptable for 13 prescribed hours by the American Academy of Family Physicians. Additional accreditations of the program have been listed in the examination booklets. They can be supplied on request.



*James D. Kenney*

James D. Kenney, M.D.

Assistant Dean for Postgraduate  
and Continuing Medical Education  
Yale University School of Medicine

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that LAURENCE M. LEONARD participated in the following CME activity conducted by this office:

Title of Program: Current Concepts and Controversies in Perinatal Care

Date & Location: September 16 - 18, 1993 - Hilton Hotel

Sponsor: UNM School of Medicine, Department of Obstetrics and Gynecology, and the Office of Continuing Medical Education

Credit Approvals:  
AMA, Category I  
AAFP

Hours Approved:  
12.75  
12.75

Credit Approvals:  
ACOG  
NM CEARP

Hours Approved:  
13.0 Cognates  
15.3

NM CEARP Code # 9207-054-PR92  
Date of Approval: 7/31/92

I certify that I participated in the above CME activity for 12.75 hours.

Robert P. Cantor  
Office of CME Authorization

Jerry L. ...  
Participant Signature



THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Larry Leeman, MD participated in the following CME activity conducted by this office:

Title of Program: ORIENTATION WORKSHOP FOR PRECEPTORS

Date(s): APRIL 23, 1994

Co-Sponsor(s): DEPT. OF FAMILY AND COMMUNITY MEDICINE

Credit Approvals: Hours Approved: I certify that I participated in the  
AMA CATEGORY I 5 above CME activity for 5 hours.

Office CME Authorization Mark R. Centant MD Participant Signature Larry Leeman

THE OFFICE OF CONTINUING MEDICAL EDUCATION at  
THE UNIVERSITY OF CALIFORNIA, SAN DIEGO SCHOOL OF MEDICINE  
and  
THE AMERICAN INSTITUTE OF POSTGRADUATE EDUCATION

certify that  
LARRY LEE MAN, M.D.

has participated in

PEDIATRIC EMERGENCIES

January 21 - 28, 1995

Kona, Hawaii

The University of California, San Diego School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCM) to sponsor continuing medical education for Physicians. AM/ACMA: The University of California, San Diego School of Medicine designates this continuing medical education activity for up to 21 Category I credit hours for the Physician's Recognition Award of the American Medical Association and for the Certification Program of the California Medical Association.

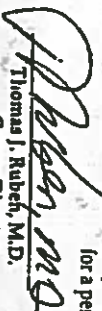
ACEP: This course has been approved by the American College of Emergency Physicians for 21 hours of ACEP Category I credits.

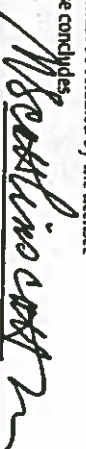
AAFP: This continuing medical education activity has been reviewed and is acceptable for 21 AAFP credit hours. These credits can be applied toward the PREP Education Award available to Fellows and Candidate Fellows of the American Academy of Pediatrics.

AAFP: This program has been reviewed and is acceptable for 21 Prescribed hours by the American Academy of Family Physicians.

AAFP: Accepts Category I CME approval from the AAFP and the organizations accredited by the ACCME to grant Category I hours towards the Physician's Recognition Award. 21 credit hours are available when program is completed.

This course has been approved by the California Board of Registered Nursing, BRN Provider No. 00676 (Scripps Memorial Hospital) for 21 contact hours. This certificate must be retained by the licensee for a period of 4 years from the date the course concludes.

  
Thomas J. Rubert, M.D.  
Course Director

  
M. Scott Lincoln, Jr., M.D.  
Course Director

New Mexico Heart Clinic, Ltd.



Diagnostic and Interventional Cardiology

Kathleen Blake, MD  
Daniel B. Friedman, MD  
Jerome E. Goss, MD  
Michael B. Harding, MD  
Alan S. King, MD  
George F. Leatherman, MD  
Charles H. Machell, MD  
Frank M. Mowry, MD  
Barry W. Ramo, MD  
Neal Shadoff, MD  
Marc S. Shalek, MD

*This is to verify that  
Larry Lehman, MD  
attended*

*"Management of the Patient  
With Cardiac Disease"*

*in Albuquerque, New Mexico on September 17, 1994.*

*This program has been reviewed and is acceptable  
for 6.5 prescribed hours of CME by the  
American Academy of Family Physicians.*

*Presbyterian Healthcare Services is accredited by the New  
Mexico Medical Society to sponsor continuing medical  
education for physicians.*

*Presbyterian Healthcare Services designates this  
continuing medical education activity as meeting the  
criteria for 6.5 credit hours in Category 1 of the  
Physician's Recognition Award of the American Medical  
Association.*

*Neal Shadoff*

*Neal Shadoff, M.D.  
Course Director*





DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Continuing Education Activity  
Certificate of Attendance

INDIAN HEALTH SERVICE  
CLINICAL SUPPORT CENTER  
1618 E. INDIAN SCHOOL RD., SUITE 375  
PHOENIX, ARIZONA 85016

FILE NUMBER: 1893.00  
DATE(S): 10/28/94 - 10/31/94  
LOCATION: Whiteriver, Arizona

THIS IS TO CERTIFY THAT

LARRY LEEMAN

ATTENDED

*ADVANCED LIFE SUPPORT IN OBSTETRICS*

ON

OCTOBER 28, 1994 THRU OCTOBER 31, 1994

AND HAS BEEN AWARDED 12.75 CREDIT HOURS.

Accreditation:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing medical education activity for 12.75 hours of Category I credit towards the Physician's Recognition Award of the American Medical Association.

The AMA Category I credit is accepted by the American Academy of Physician Assistants.

This program has been reviewed and is acceptable for 12.75 prescribed hours by the American Academy of Family Physicians.

*John J. Swan, M.D.*

Medical Educator

12/02/94





**The University of New Mexico**

Office of Continuing Medical Education  
School of Medicine Box 517  
Albuquerque, NM 87131-5126  
Telephone (505) 277-6611  
FAX (505) 277-8604

April 28, 1994

Larry Leeman, M.D.  
Zuni Public Health Service  
Zuni, New Mexico 87327

Dear Dr. Leeman:

It was a pleasure to have you at the University of New Mexico School of Medicine for a minisabbatical with the Department of OB/GYN from April 21-22, 1994. Your impressions and feedback are appreciated and will certainly be considered in planning programs in the future.

You have been granted 16 hours of AMA Category 1 credit for your miniresidency.

Thank you for your interest and participation in the miniresidency program. Do not hesitate to contact us if we can be of further assistance in your CME endeavors.

Sincerely,

*Judith L. Rogers*

Judith L. Rogers, M.A., Coordinator  
Continuing Medical Education



**The University of New Mexico**

School of Medicine  
Department of Family and Community Medicine  
Preceptorship Program  
Albuquerque, NM 87131-5136  
(505) 277-3510 FAX (505) 277-5351

**CERTIFICATE OF ATTENDANCE**

This is to certify that Larry Leeman, MD, attended the Orientation Workshop for Preceptors at the University of New Mexico School of Medicine, on April 23, 1994.

This program was sponsored by the Department of Family and Community Medicine, University of New Mexico School of Medicine, and was approved for four and one half (4.5) prescribed credit hours of Continuing Medical Education by the American Academy of Family Practice Physicians.

*D. Derksen*

Daniel Derksen, M.D.  
Assistant Professor  
Department of Family and Community Medicine

Date: 5/1/94

✓

The following questions request information that has developed 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:

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

Have you been licensed 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 safely practice medicine? Yes \_\_\_ No

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

Laurence Leeman  
Signature of Licensee/Registrant

4/25/99  
Date

915301



NEW MEXICO BOARD OF MEDICAL EXAMINERS SECTION C

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

RECEIVED

JUN 02 1999

310-

NM BOARD OF MEDICAL EXAMINERS

OVER

GARY E. JOHNSON GOVERNOR

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

LIVINGSTON PARSONS, JR., M.D. PRESIDENT

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.

LAWRENCE M LEEMAN, M.D.

ADDRESS CORRECTION REQUESTED

716-249-6270 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 # DATE OF BIRTH
89-243 1959

HOME ADDRESS: ADDRESS CORRECTION REQUESTED

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE NY # 210117 STATE # STATE #

ABMS SPECIALTY (1) FAMILY PRACTICE BD CERTIFIED? Yes
ABMS SPECIALTY (2) BD CERTIFIED?

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S -
NP'S -

HOSPITAL PRIVILEGES:

ZUNI INDIAN HSP

ADDITIONAL HOSPITAL PRIVILEGES:

Highland Hospital Rochester New York

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 X

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

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

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 X

Have you had a malpractice settlement or judgment against you? Yes \_\_\_ No X

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes \_\_\_ No X

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 X

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

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

Janeva Jean  
Signature of Licensee/Registrant

5/23/89  
Date

NM BOARD OF MEDICAL EXAMINERS  
LAMY BUILDING-SECOND FLOOR  
491 OLD SANTA FE TRAIL  
SANTA FE NEW MEXICO 87501

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD FROM JANUARY 1996 THROUGH DECEMBER 1998.

NAME: LAWRENCE LEE MAN M.D. LICENSE #: 89-243

**DOCUMENTATION MUST BE ATTACHED**

**NEED ACTUAL COPIES OF ATTENDANCE CERTIFICATES-A LIST IS NOT ACCEPTABLE**

I certify that I have complied with the Continuing Medical Education requirement for renewal of my New Mexico license and that appropriate documentation is attached.

Certified AMA Category 1 Clinical Courses  
New Mexico Specific Category 1 Clinical Courses

Credit Hours 81  
Credit Hours \_\_\_\_\_

AMA Physicians Recognition Award Year \_\_\_\_\_  
 AAFP Certificate of CME Year \_\_\_\_\_

Certification or Recertification by ABMS Specialty Board Year \_\_\_\_\_

USMLE Step 3 Year \_\_\_\_\_

Internship, Residency or Fellowship Inclusive Dates: \_\_\_\_\_

Advanced Degree in Medically Related Field (40 Hours Maximum Per Year of Study) Year(s) \_\_\_\_\_

Credit Hours \_\_\_\_\_

Self Assessment Tests: Certificate of Credit Must Be Attached (No Limit)

Credit Hours \_\_\_\_\_

Teaching - Medical Students Statement From Approved Medical School Must Be Attached (40 Hours Maximum Credit)

Credit Hours \_\_\_\_\_

Preceptorship - Medical Students Statement From Approved Medical School Must Be Attached (30 Hours Maximum Credit)

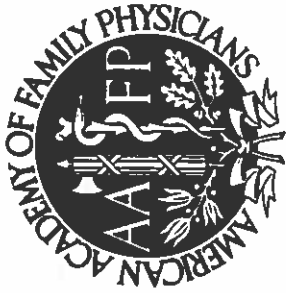
Credit Hours \_\_\_\_\_

Scientific Articles (10 Hours Each) Proof of Publication Must Be Attached (30 Hours Maximum Credit)

Credit Hours \_\_\_\_\_

STAFF USE ONLY:  
CME'S APPROVED BY MCS DATE: 6/15/99 DOC. REC.

**SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS**



# American Academy of Family Physicians

8880 Ward Parkway, Kansas City, Missouri 64114

## CERTIFICATE OF ATTENDANCE

This certifies that

**Larry Leeman, M.D.**

has attended 27 hours of a CME course entitled:

**Family Centered Maternity Care**

**July 22-26, 1998**

**Minneapolis, Minnesota**

This program has been reviewed and is acceptable for up to 27 Prescribed credit hours by the American Academy of Family Physicians.  
The optional session has been reviewed and is acceptable for an additional 8 Prescribed hours.

The AAFP is accredited by the Accreditation Council for Continuing Medical Education (ACCME)  
to sponsor continuing medical education for physicians.

The AAFP designates this educational activity for a maximum of 35 hours in Category I  
towards the American Medical Association's Physician's Recognition Award. Each physician should claim only those hours  
of credit that he/she actually spent in the educational activity.

July 26, 1998

Effective Date

Robert Graham, M.D.  
Executive Vice President  
American Academy of Family Physicians

*Submitted electronically  
7/6/98*

# CORE CURRICULUM COMMITTEE

AN INDEPENDENT ORGANIZATION DEDICATED TO EXCELLENCE IN MEDICAL EDUCATION

Sponsored by the Boston University School of Medicine

\*\*\*\*\*

Accredited by the American Academy of Family Physicians

March 31, 1998

Larry Leeman  
PO Box 1532  
Zurii NM 87327

### CORE AREAS

- Allergy/Immunology
- Cardiology
- Computers in Medicine
- Dermatology
- Endocrinology
- Family Practice
- Gastroenterology
- Gynecology
- Hematology/Oncology
- Infectious Diseases
- Metabolism
- Nephrology
- Neurology
- Orthopedics/Sports Medicine
- Pulmonary Medicine
- Preventive Medicine
- Psychiatry
- Ophthalmology
- Otolaryngology
- Rheumatology
- Risk Management
- Surgery
- Urology

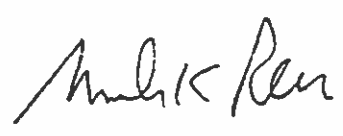
THIS IS TO CERTIFY THAT

Larry Leeman, MD

PARTICIPATED IN THE CORE CURRICULUM COMMITTEE'S ACCREDITED CME COURSE:

- Psychiatry and Pain Management
- Infectious Diseases
- Rheumatology
- Cardiovascular Medicine
- Gastroenterology
- Preventive Medicine

TOTAL HOURS: 24  
ACCREDITATION: 24 AMA Category 1 Hours  
24 AAFP Prescribed Hours



Michael K. Rees  
CME Director



# American Medical Association

Physicians dedicated to the health of America

Submitted  
7/6/98



Continuing Medical Education  
515 North State Street  
Chicago, Illinois 60610

312 464-4668  
312 464-5830 Fax

## Certificate of CME Credit

Lawrence M Leeman MD  
PO Box 1532  
Zuni

NM 87327

Date of Certificate: Feb 15, 1998

AMA PRA Category 1 Credit: 4.00 Hours

**Description:**

**Enduring Materials**

**Location:**

**Date(s) of Activity:**

**Self-Study**

**Jul 01, 1997 through Dec 31, 1997**

**Title of CME Activity:**

**Obstetric Ultrasound Principles And Techniques**

---

**Record of AMA Sponsored Activities:**

Start:	End:	Cert:	Hrs:	Description:	Location:	Course Name:
07/97	12/97		4.00	Enduring Materials		Obstetric Ultrasound Principles And Techniques

---

*The American Medical Association's (AMA) Ethical Opinion on Continuing Medical Education (CME) states that Physician's should only claim credit commensurate with the actual time spent attending a CME activity or in studying a CME enduring material.*

Office of Postgraduate Medical Education  
Stanford University School of Medicine  
and<sup>s</sup>

SCIENTIFIC AMERICAN MEDICINE

Continuing Medical Education

Score Report

*Submitted electronically 7/16/98*

0164511

LARRY M. LEEMAN

CASE #131: A 64-YEAR-OLD MAN WITH SUDDEN ONSET OF CHEST PAIN

APRIL 15, 1998

MANAGEMENT SCORE DATA-GATHERING SCORE MULTIPLE CHOICE SCORE

19

0%

65%

EACH TEST CAN BE TAKEN ONLY ONCE FOR CME CREDIT PURPOSES.

SHOULD YOU HAVE RECEIVED BOTH THE PAPER AND THE DISK VERSION,

YOU MUST SELECT WHICH OF THE CERTIFICATES FOR THIS TEST YOU

WILL SUBMIT TO YOUR ACCREDITING AGENCY.



Self-Study, Self-Assessment Program  
Office of Postgraduate Medical Education  
Stanford University School of Medicine  
Stanford, CA 94305

The Stanford University School of Medicine Postgraduate Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Stanford University School of Medicine designates this continuing medical education activity for 4 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association, provided it is completed as designed.

Four credit hours are acceptable for the programs indicated opposite:

Continuing Medical Education  
CREDIT AWARDED:

4 Category 1 credit hours  
toward the Physicians' Recognition Award  
of the American Medical Association

4 Prescribed credit hours  
the American Academy of Family Physicians

4 Category 1 credit hours  
The American College of Emergency Physicians

4 Category 2-B credit hours  
The American Osteopathic Association

LARRY M. LEEMAN

NM 87327

Validation Date:

APRIL 15, 1998

Examination:

64-YR-OLD MAN WITH SUDDEN  
ONSET OF CHEST PAIN

I.D. No.

0164511

Sub. No.

Office of Postgraduate Medical Education  
Stanford University School of Medicine  
and

**SCIENTIFIC  
AMERICAN MEDICINE**

Continuing Medical Education

Score Report

0164511

LARRY M. LEEMAN

CASE #132: A 25-YEAR-OLD PREGNANT WOMAN WITH HEAT INTOLERANCE

APRIL 15, 1998

MANAGEMENT SCORE    DATA-GATHERING SCORE    MULTIPLE CHOICE SCORE

44

71%

99%

EACH TEST CAN BE TAKEN ONLY ONCE FOR CME CREDIT PURPOSES.  
SHOULD YOU HAVE RECEIVED BOTH THE PAPER AND THE DISK VERSION,  
YOU MUST SELECT WHICH OF THE CERTIFICATES FOR THIS TEST YOU  
WILL SUBMIT TO YOUR ACCREDITING AGENCY.



Self-Study, Self-Assessment Program  
Office of Postgraduate Medical Education  
Stanford University School of Medicine  
Stanford, CA 94305

The Stanford University School of Medicine Postgraduate Medical Education Program is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.  
The Stanford University School of Medicine designates this continuing medical education activity for 4 credit hours in Category 1 of the Physicians' Recognition Award of the American Medical Association, provided it is completed as designed.  
Four credit hours are acceptable for the programs indicated opposite:

Continuing Medical Education  
CREDIT AWARDED:

4 Category 1 credit hours  
toward the Physicians' Recognition Award  
of the American Medical Association

4 Prescribed credit hours  
the American Academy of Family Physicians

4 Category 1 credit hours  
The American College of Emergency Physicians

4 Category 2-B credit hours  
The American Osteopathic Association

LARRY M. LEEMAN

NM 87327

Validation Date:  
APRIL 15, 1998

Examination:  
25-YR-OLD PREGNANT WOMAN  
W/ HEAT INTOLERANCE

I.D. No.

0164511

Sub. No.

SilverPlatter Education, Inc.  
246 Walnut Street, Suite 302  
Newton, MA 02160-1639  
U.S.A.  
Tel: 617-244-0284  
Fax: 617-244-5979

September 22, 1998

Larry Leeman  
[REDACTED]

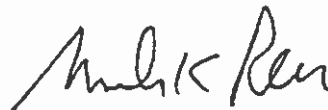
THIS IS TO CERTIFY THAT

Larry Leeman, MD

PARTICIPATED IN THE CORE CURRICULUM COMMITTEE'S  
ACCREDITED CME COURSE:

PulmonaryMedicine and Otolaryngology

TOTAL HOURS: 4  
ACCREDITATION: 4 AMA Category 1 Hours  
4 AAFP Prescribed Hours



Michael K. Rees  
CME Director



**ALSO**<sup>®</sup>

**CERTIFICATE OF  
INSTRUCTOR  
COURSE  
COMPLETION**

THE  
**AMERICAN ACADEMY OF  
FAMILY PHYSICIANS**

certifies that

*Lawrence M. Leeman, M.D.*

has attended 7.25 hours of the  
*Advanced Life Support in Obstetrics Instructor Course*

*July 21, 1993*

*Minneapolis, Minnesota*

This program has been reviewed and is acceptable for 7.25 Prescribed hours  
by the American Academy of Family Physicians.

*"The American Academy of Family Physicians is accredited by the  
Accreditation Council for Continuing Medical Education (ACCME)  
to sponsor continuing medical education for physicians and therefore  
designates this CME activity for hour-for-hour credit in Category I  
of the Physician's Recognition Award of the American Medical  
Association."*

*Robert Graham*

**Robert Graham, M.D.**  
*Executive Vice President*



THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE  
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Larry Leeman participated in the following CME activity conducted by this office:

Title of Program: Cystic Fibrosis and the Primary Care Physician

Date & Location: September 17, 1997 Zuni, NM

Sponsor: University of New Mexico School of Medicine Dept. of Pediatrics/Neonatology and the Office of Continuing Medical Education

Credit Approvals: Hours Approved  
AMA, Category 1 1

I certify that I participated in the above CME activity for 1 hours.

Jee Stephenson  
Office of CME Authorization

Larry Leeman  
Participant Signature

ANSWER	CREATE DATE	UPDATE DATE	QUESTION ID	QUESTION TEXT
N		5/19/2008	89-243	Are you retired but maintain an active license? <font color = red> * </font>
1		5/19/2008		If you practice in New Mexico please indicate number of work location(s)   <i>Hospital(s)</i>
1		5/19/2008		<i>Rural</i>
Not Applicable		5/19/2008		<i>Clinic(s)</i>
3		5/19/2008		Since your last renewal, have any complaints been filed against you with any licensing agency?
N		5/19/2008		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		5/19/2008		Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?
N		5/19/2008		Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?
N		5/19/2008		Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?
N		5/19/2008		Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?
11-20%		5/19/2008		<i>Administration</i>
11-20%		5/19/2008		<i>Teaching</i>
11-20%		5/19/2008		<i>Research</i>
N		5/19/2008		Do you practice part-time in New Mexico? <font color = red> * </font>   If yes, estimate the % of time you spend in the following areas (total =   <i>100)</i>
N		5/19/2008		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		5/19/2008		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		5/19/2008		Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?
N		5/19/2008		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		5/19/2008		Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?
N		5/19/2008		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		5/19/2008		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		5/19/2008		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.   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		5/19/2008		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		5/19/2008		Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?  
N		5/19/2008		Since your last renewal, have you been reported to the National Practitioner Data Bank?

Leeman, Lawrence M

Leeman, Lawrence M

89-243

QUESTION ID	QUESTION TEXT	ANSWER	CREATE DATE	UPDATE DATE
56	1. Has any action.	N	4/6/2005	4/14/2005
57	2. Have you been denied	N	4/6/2005	4/14/2005
58	3. Has there been any	N	4/6/2005	4/14/2005
59	4. Have you been	N	4/6/2005	4/14/2005
60	5. Have there been any	N	4/6/2005	4/14/2005
61	6. Have you had	N	4/6/2005	4/14/2005
62	7. Do you have any	N	4/6/2005	4/14/2005
63	8. Are you currently	N	4/6/2005	4/14/2005
64	9. Have you been	N	4/6/2005	4/14/2005
65	10. I certify that I have	Y	4/6/2005	4/14/2005
86	Please select a statement	Engaged in direct patient	4/6/2005	4/14/2005
87	Do you practice full-time	Y	4/6/2005	4/14/2005
88	<li>Direct patient care:	51-60%	4/6/2005	4/14/2005
90	<li>Administration:	11-20%	4/6/2005	4/14/2005
91	<li>Teaching:	11-20%	4/6/2005	4/14/2005
92	<li>Research:	11-20%	4/6/2005	4/14/2005
94	Do you practice	N	4/6/2005	4/14/2005
95	Are you retired but	N	4/6/2005	4/14/2005
96	If you practice in New	3	4/6/2005	4/14/2005
98	<li>Hospital(s):	1	4/6/2005	4/14/2005
99	<li>Rural:	1	4/6/2005	4/14/2005
100	<li>Clinic(s):	3	4/6/2005	4/14/2005
101	<li>City(s)/Town(s):	2	4/6/2005	4/14/2005



Leeman, Lawrence M

Medical Doctor

89-243

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	05/29/2011
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	05/29/2011
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	05/29/2011
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	05/29/2011
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/29/2011
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/29/2011
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	05/29/2011
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	05/29/2011
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	05/29/2011
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	05/29/2011
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	05/29/2011
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	05/29/2011
21. If yes do you hold Lifetime Certification?	N	05/29/2011
22. If yes do you hold Time Limited Certification?	Y	05/29/2011
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	05/29/2011
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/29/2011
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/29/2011
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	05/29/2011
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/29/2011
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	05/29/2011
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/29/2011
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/29/2011
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/29/2011
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/29/2011

10/20/2014

Leeman, Lawrence M

Medical Doctor

89-243

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	06/01/2014
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/01/2014
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/01/2014
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/01/2014
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/01/2014
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	06/01/2014
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/01/2014
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	06/01/2014
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	06/01/2014
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	06/01/2014
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/01/2014
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	06/01/2014
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	06/01/2014
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/01/2014
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/01/2014
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	06/01/2014
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	06/01/2014
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/01/2014
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	06/01/2014
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	06/01/2014
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	06/01/2014
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	06/01/2014
21. If yes do you hold Lifetime Certification?	N	06/01/2014
22. If yes do you hold Time Limited Certification?	Y	06/01/2014