

**Online Licensing Request**

Request ID: 1359871  
 Request Type: RENEW  
 Date: 05/17/2012  
 Regulator: BOARD OF LICENSURE IN MEDICINE  
 TXN Title: Renew as an Active Medical Doctor  
 License Prefix: MD  
 License Status: A  
 License: SHANNON L. CARR, MD (MD16521)

**Application Information:**

**Foreign Lic:**

**Add** Type: MD  
 Number: MD2012-0010  
 Jurisdiction: NM  
 Issue Date: 01/06/2012  
 Expiration Date: 07/01/2012

**Licensee Board Data:**

Legal State:  
**LICENSEE BOARD DATA ATTR - INDIVIDUALS**  
 [REDACTED]  
**NPI Number: 1023016789**

**Questions:**

- Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it? Yes
- 
1. Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring? No
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2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application? No
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1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No
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2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration (DEA)? No
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3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or

- voluntarily suspended by any state/territory of U.S. INCLUDING MAINE? No

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- 4. Have you received a sanction from Medicare or from any state Medicaid program? No

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- 5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider? No

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- 6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities? No

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- 7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such? No

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- 8. If any of your answers to questions 5-7 is *Yes*, are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program? No

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- 9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)? No

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- 10. Are you currently engaged in the illegal use of drugs or misuse of any drugs? No

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- 11. Have you been diagnosed with or treated for any type of sexual behavior disorder? No

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- 12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations. No

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- 13. Have you applied for hospital, HMO or other health care entity privileges which were denied? No

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- 14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily? No

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- 15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation? No

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- 16. Have you been deselected from a managed care organization health

care provider panel? No

17. Have you been disciplined by a professional society or resigned while an accusation was pending? No

18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No

19. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? No

Do you have any open malpractice claims? No

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Have you earned the 40 CME Category I credits required? Yes

Category II includes programs with non-accredited sponsorship, i.e. Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other meritorious learning experiences. Note: Category I credits may be substituted in Category II.

Have you earned the total of 100 CME Category I and Category II credits required? Yes

**Payments:**

Amount: \$500.00  
Method: [REDACTED]  
Expiration: 08/2013

**Online Licensing Request**

**Request ID:** 1577096  
**Request Type:** RENEW  
**Date:** 05/18/2014  
**Regulator:** BOARD OF LICENSURE IN MEDICINE  
**TXN Title:** Renew as an Active Medical Doctor  
**License Prefix:** MD  
**License Status:** A  
**License:** SHANNON L. CARR, MD (MD16521)

**Application Information:**

**Email Address:**



Email Usages: PR

**Foreign Lic:**

- Add** Type: MD  
 Number: MD2012-0010  
 Jurisdiction: NM  
 Issue Date: 01/06/2012  
 Expiration Date: 07/01/2015
  
- Add** Type: MD  
 Number: P9310  
 Jurisdiction: TX  
 Issue Date: 03/17/2014  
 Expiration Date: 05/31/2016

**Questions:**

- Have you taken the Maine State Board of Medicine Written Exam within the four years previous to your current license expiration date and passed it? Yes
- 
1. Had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, or probation with or without monitoring? No
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2. Been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application? No
- 
1. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No
- 
2. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by the U.S. Drug Enforcement Administration

(DEA)?	No
3. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by any state/territory of U.S. INCLUDING MAINE?	No
4. Have you received a sanction from Medicare or from any state Medicaid program?	No
5. Have you been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice medicine or to function as a health care provider?	No
6. Have you been diagnosed with or treated for any medical, mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?	No
7. Are you now, or have you been dependent upon alcohol or habituating drugs or undergone treatment for such?	No
8. If any of your answers to questions 5-7 is <i>Yes</i> , are the limitations or impairments caused by your medical, mental health, or addictive condition reduced or improved because you receive ongoing professional treatment (with or without medication) or because you participate in a professional monitoring program?	No
9. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?	No
10. Are you currently engaged in the illegal use of drugs or misuse of any drugs?	No
11. Have you been diagnosed with or treated for any type of sexual behavior disorder?	No
12. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses but not minor traffic or parking violations.	No
13. Have you applied for hospital, HMO or other health care entity privileges which were denied?	No
14. Have you had your staff privileges or employment at any hospital, nursing home, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily?	No

15. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation? No

16. Have you been deselected from a managed care organization health care provider panel? No

17. Have you been disciplined by a professional society or resigned while an accusation was pending? No

18. Have you been named as a party or a defendant, or as an employee of a party or a defendant, in a medical malpractice liability claim or lawsuit, including a nuisance suit, which has been settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No

19. Do you have any open malpractice claims? No

20. Do you practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? No

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities must be separately documented.

Have you earned the 40 CME Category I credits required? Yes

Category II includes programs with non-accredited sponsorship, i.e. Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other meritorious learning experiences. Note: Category I credits may be substituted in Category II.

Have you earned the total of 100 CME Category I and Category II credits required? Yes

**Payments:**

Amount:	\$500.00
Method:	<span style="background-color: black; color: black;">XXXXXXXXXX</span>
Expiration:	10/2016

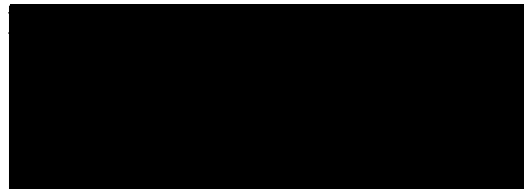
**Online Licensing Request**

**Request ID:** 1819396  
**Request Type:** UPDAUX  
**Date:** 05/30/2016  
**Regulator:** BOARD OF LICENSURE IN MEDICINE  
**TXN Type:** UPDOCC  
**TXN Title:** Update License Information  
**License Prefix:** MD  
**License Status:** A  
**License:** SHANNON L. CARR, MD (MD16521)

**Application Information:**

**Address:**

1 UNIVERSITY OF NEW MEXICO DEPT OF  
 ALBUQUERQUE, NM 87131-0001  
 FIPS: 35001  
 Country: US  
 Addr Usages: BU  
 Cancel Date: 05/30/2016

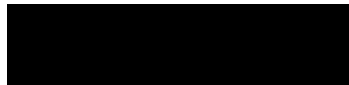


**Email Address:**



Email Usages: PR

**Phone:**



+1 (505) 414-8406  
 Phone Usages: CA WO

**Online Licensing Request**

**Request ID:** 1822050  
**Request Type:** RENEW  
**Date:** 06/07/2016  
**Regulator:** BOARD OF LICENSURE IN MEDICINE  
**TXN Type:** RENEW  
**TXN Title:** Renew as an Active Medical Doctor  
**License Prefix:** MD  
**License Status:** A  
**License:** SHANNON L. CARR, MD (MD16521)

**Application Information:**

**Foreign Lic:**

**Change** Type: MD  
 Number: MD2012-0010  
 Jurisdiction: NM  
 Issue Date: 01/06/2012  
 Expiration Date: 07/01/2018

**Change** Type: MD  
 Number: P9310  
 Jurisdiction: TX  
 Issue Date: 03/17/2014  
 Expiration Date: 05/31/2018

**Questions:**

1. Have you EVER had ANY licensing authority (INCLUDING MAINE) deny your application for any type of license, or take any disciplinary action against the license issued to you in that jurisdiction, including but not limited to warning, reprimand, fine, suspension, revocation, restrictions in permitted practice, probation with or without monitoring? No

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2. Have you EVER agreed with any licensing authority to voluntarily follow practice limitations, restrictions, guidelines, to make reports or to complete specific continuing education or course work? No

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3. Have you EVER been notified of the existence of allegations involving you, filed with or by ANY licensing authority (INCLUDING MAINE), which allegations remain open as of the date of this application? No

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4. Have you left a medical licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending? No

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- 5a. Have you been denied registration or had your ability to prescribe or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by, or surrendered to the U.S. Drug Enforcement Administration (DEA)? No

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- 5b. Have you been denied registration or had your ability to prescribe or



dispense controlled substances modified, restricted (except by administrative rule or statute in a jurisdiction), suspended, revoked, or voluntarily suspended by, or surrendered to any state/territory of U.S. INCLUDING MAINE?	No
6. Has there been a finding by any state or federal court or governmental agency that you violated any rule or law regulating the practice of health care?	No
7. Has there been a finding against you in any inquiry, investigation, or administrative or judicial proceeding by an employer, educational institution, professional organization, or licensing authority, or in connection with an employment disciplinary or termination procedure?	No
8. Have you received a sanction regarding Medicare or any state Medicaid program?	No
9a. Do you have a mental or physical condition that currently impairs your ability to safely and competently practice medicine?	No
9b. Have you been diagnosed with or treated for any medical or mental health disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?	No
9c. Do you currently use any chemical substance(s), including alcohol, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?	No
9d. Are you currently engaged in the illegal use of illicit drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship? "Legitimate" means "Being in compliance with the law or in accordance with established and accepted standards."	No
9e. Have you used illegal drugs or prescription drugs that have not been prescribed to you pursuant to a legitimate physician-patient relationship?	No
9f. Have you obtained illegal drugs or prescription drugs that were not prescribed to you pursuant to a legitimate physician-patient relationship?	No
9g. Have you furnished or provided illegal drugs to anyone other than medical marijuana per applicable state law?	No
9h. Have you furnished prescription drugs to or written a prescription for anyone without having a legitimate physician-patient relationship (This includes conduct for which you may NOT have been adjudicated in any civil, administrative or criminal proceeding)?	No
a. Possessed, used, prescribed for use, or distributed any drugs in any way other than for legitimate or therapeutic purposes?	No
b. Diverted any drugs?	No
c. Violated any drug law?	No
d. Prescribed any controlled substances for yourself or family/household members?	No

- 9j. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or substance misuse disorder as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)? No

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- 10. Have you been charged, summoned, indicted, arrested, or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution? Please include motor vehicle offenses such as Operating Under the Influence, but not minor traffic or parking violations. No

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- 11. Have you applied for hospital, HMO or other health care entity privileges which were denied? No

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- 12. Have you had your staff privileges or employment at any hospital, long term care facility, HMO, or other health care entity terminated, revoked, reduced, restricted in any way, suspended, made subject to probation, limited in any way, or withdrawn involuntarily? No

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- 13. Have you voluntarily surrendered privileges or resigned from staff membership during peer review or investigation or to avoid peer review or investigation? No

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- 14. Have you resigned from employment in lieu of termination or while under investigation? No

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- 15. Have you been terminated or suspended from any employment? No

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- 16. Have you been deselected from a managed care organization physician panel? No

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- 17. Have you been disciplined by a professional society or resigned while an accusation was pending? No

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- 18. Have you endangered the safety of others, breached fiduciary obligations, or violated workplace conduct rules? No

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- 19. Have you been named in a medical malpractice liability claim or lawsuit, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent? No

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- 20. Do you have any open/pending malpractice claims? No

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- 21. Do you intend to practice medicine within the State of Maine without active medical staff privileges at a Maine hospital? No

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- 22. Do you plan to practice telemedicine in Maine? No

Category I includes programs that have received accreditation by the AMA Council on Medical Education, the Accreditation Council for Continuing Medical Education (ACCME), or the Committee on CME of the Maine Medical Association. Category I CME's earned outside the U.S. or Canada must be approved by the Board; therefore such activities


must be separately documented.

Have you earned the 40 CME Category I credits required? Yes

Category II includes programs with non-accredited sponsorship, i.e. Medical Teaching, Papers, Books, Publications, and Exhibits. Also included are non-supervised individual CME activities and other meritorious learning experiences. Note: Category I credits may be substituted in Category II.

Have you earned the total of 100 CME Category I and Category II credits required? Yes

**Payments:**

Amount:	\$500.00
Method:	
Expiration:	10/2016

**Online Licensing Request**

**Request ID:** 1822048  
**Request Type:** UPDAUX  
**Date:** 06/07/2016  
**Regulator:** BOARD OF LICENSURE IN MEDICINE  
**TXN Type:** MEDEXAM  
**TXN Title:** Take the Online Exam  
**License Prefix:** MD  
**License Status:** A  
**License:** SHANNON L. CARR, MD (MD16521)

**Application Information:**

**Exam:**

Exam ID: WRITTEN-R  
Exam Date: 06/07/2016  
Raw Score: 100