

NAME COOPER, Theodore Alan FORM ME-16

DATE OF BIRTH Brooklyn, New York LICENSE NO. 17975

LICENSED BY \_\_\_\_\_ EXAM. \_\_\_\_\_ %CREDS. X FEE \$75 DATE Apr. 10, 1973

STATE LICENSE ENDORSED National Board certificate NO. 103257 ISSUED 7-1-70

COLORADO BASIC SCIENCE CERT. NO. 10094 DATE 3-9-73 GRANTED BY Rec-N.Bd.

SCHOOL & DEGREE, SUNY Downstate Medical Center M.D. DATE June 5, 1969

INTERNSHIP Kings County Med. Center FROM 7-1-69 TO 6-30-70

ADDRESS ~~1335 Glencoe St., Denver, CO 80220~~  
12/74 Bs: General Rose  
Res\*\*525 South Olive Way, Denver 80222 80224  
1/85: B 4545 E. 9th Ave. #310, Denver 80220

ANNUAL REGISTRATION		
YEAR	DATE PAID	AMOUNT
1969		
1970		
1971		
1972		
1973		
1974	<u>12-11-73</u>	<u>5</u>
1975	<u>12-2-74</u>	<u>5</u>
1976	<u>12-24-75</u>	<u>5</u>
1977	<u>12-10-76</u>	<u>15</u>
1978	<u>1-3-78</u>	<u>15</u>
1979	<u>2-21-79</u>	<u>15</u>
1980	<u>12-19-79</u>	<u>16.50</u>
1981	<u>12-15-80</u>	<u>44.00</u>
1982		
1983	<u>6-3-83</u>	<u>91.00</u>
1984	<u>6-15-85</u>	<u>28.00</u>
1987	<u>6-23</u>	<u>97.00</u>

NAME COOPER, THEODORE ALAN

DATE OF BIRTH Brooklyn NY LICENSE NO. 17975

LICENSED BY \_\_\_\_\_ EXAM. \_\_\_\_\_ %CREDS. X FEE \$75 DATE 4/10/73

STATE LICENSE ENDORSED National Board NO. 103257 ISSUED 7/1/70

SCHOOL & DEGREE SUNY Downstate Med Center M.D. DATE June 5, 1969

INTERNSHIP Kings County Med. Center FROM 7/69 TO 6/70

ADDRESS 525 S Olive Way Denver CO 80224  
1/85 4545 E 9th Ave #310 Denver 80220 BUSS

ANNUAL REGISTRATION		
YEAR	DATE PAID	AMOUNT
1984		
1985		
1986		
1987	<u>6-23</u>	<u>97</u>
1988		
1989		
1990		
1991		
1992		
1993		
1994		
1995		

FORM ME-26R

DATES OF EXAMINATION \_\_\_\_\_

RESIDENCY TRAINING OB-Gynecology residency at Univ. of Colo. Med. Center  
Denver, CO 9-1-72 to present. 1972-74 1975-76 UCMC Res.Ob-Gyn

SPECIALTY \_\_\_\_\_

BOARDS AND DATES \_\_\_\_\_

MILITARY RECORD: BRANCH USPHS RANK L-CDR  
FROM 9-4-70 TO 9-4-72

REMARKS: Lic. by rec. in New York 7-1-70.  
7/16/86 Verif ltr to DEA-Denver CO  
9/2/86: Verif to Combined Med. Staff Office, Englewood

DATES OF EXAMINATION \_\_\_\_\_

RESIDENCY TRAINING \_\_\_\_\_

SPECIALTY \_\_\_\_\_

BOARDS AND DATES \_\_\_\_\_

MILITARY RECORD: BRANCH \_\_\_\_\_ RANK \_\_\_\_\_  
FROM \_\_\_\_\_ TO \_\_\_\_\_

REMARKS: \_\_\_\_\_

**Renewal - DR.0017975**

Name	Theodore Alan Cooper
Credential	DR.0017975

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$334.00
Renewal Fee	\$3.00
Renewal Fee	\$18.00
Renewal Fee	\$144.00
	<b>\$501.00</b>

**DR Renewal Questionnaire****PART I: MANDATORY RENEWAL QUESTIONNAIRE**

You must answer "YES" or "NO" to each question below. If you answer "YES" to a question, you must mail a copy of this questionnaire and a detailed explanation to include dates, amounts and contact information, to the Board for each "YES" answer within **thirty (30) days** of submitting your renewal. If the matter has already been disclosed to the Board, you must send a letter to the Board providing the case number and identifying information. If no documentation is received, a case may be opened and a complaint issued for an explanation of each "YES" answer.

Mail all documentation to:

Colorado Medical Board, ATTN: Renewal, 1560 Broadway, Suite 1350, Denver, CO 80202

**SECTION A: SINCE YOU LAST RENEWED YOUR COLORADO MEDICAL LICENSE:**

1. Have you been admonished, reprimanded, censured and/or disciplined in any way by any licensing agency in another state or country, by any peer review committee or body, by any health care facility or committee thereof, by any professional or medical society or association or committee thereof, or by any governmental agency, law enforcement agency or court of law, whether involuntary or in lieu of investigation?

No

2. Have you surrendered a license or other authorization to practice medicine in another state or jurisdiction, or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?

**If you answer YES to question number 2,** you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

3. Have you, in any state, been denied medical liability insurance, or has your medical liability insurance coverage been limited, restricted or terminated by action of the insurance carrier?

**If you answer YES to question number 3,** you must provide a copy of the notification from the insurance carrier and a summary of the events which led to the action by the carrier. If you do not have a copy of the notification, contact the insurance carrier to obtain one.

No

4. Have you had any felony or misdemeanor charges of any kind brought against you? Have you had any traffic citations involving drugs or alcohol brought against you? Regardless of the case disposition, you must answer YES if you have been charged.

**If you answer YES to question number 4,** you must provide a detailed summary of the events which led to the charges or citation. Include a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction.

No

5. **For question 5, you must answer YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your medical staff membership or clinical privileges at any hospital or healthcare facility been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 5, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken.

No

6. For question 6, you must answer **YES** if any of these actions are currently pending, or if you have withdrawn or failed to proceed with an application for these items.

Has your DEA registration been involuntarily or in lieu of investigation reduced, limited, placed on probation, not renewed or relinquished, or been denied, revoked or suspended?

If you answer **YES** to questions 6, you must provide a detailed summary to the Board of the conduct/allegation upon which action was taken. And you must include the notification from the DEA. If you do not have a copy of the notification, contact the DEA to obtain a copy.

No

**SECTION B IN THE LAST TWO YEARS:**

**PART 2: MANDATORY ATTESTATION**

9. By submitting this application for renewal of my license, I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

I wish to to renew my license in ACTIVE status, therefore I attest that I meet (or claim exemption from) the financial responsibility standards as indicated below. (select the correct option A-I) If you are currently in Active status an wish to change to Inactive status you cannot renew online and must contact the Division at 303-894-2984.

I am currently in INACTIVE status and am exempt from the provisions above. (If so, you must select option "J"). \*If you wish to change to ACTIVE status, you must first renew your license in inactive status, and then submit the reactivation application and fee. The reactivation application is available on the Medical Board website.

**Please select only 1 item below.**

A. I maintain commercial professional liability insurance with COPIC, in minimum indemnity amounts of at least \$1,000,000 per incident and \$3,000,000 annual aggregate per year.

**DR Renewal HPPP**

**Healthcare Professions Profiling Program ACTIVE status only:**

**REMINDER:**

Healthcare Professions Profile Program (HPPP): All Active status licensees must maintain their Healthcare Professions Profile with current information. This profile must be updated within 30 days of any change or reportable event.

After you have completed and paid for you renewal please visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp) if you need to review and/or update your Profile. Please note: The Profile database is a separate system from our renewal system and uses a different login and password than the ones you used to renew your license.

If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profile Program (HPPP) at: [dora\\_dpo\\_hppp@state.co.us](mailto:dora_dpo_hppp@state.co.us) or (303) 894-5942.

After you have read the above, please click the "Next" button below.

**Review**

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Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

**Renewal - DR.0017975**

Name	Theodore Alan Cooper
Credential	DR.0017975

**Fee Details**

Renewal Fee	\$2.00
Renewal Fee	\$238.00
Renewal Fee	\$18.00
Renewal Fee	\$162.00
	<b>\$420.00</b>

**Affidavit of Eligibility - Screening Present****AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?  
Yes

**Affidavit of Eligibility - Screening Doc Change****AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

**Affidavit of Eligibility****AFFIDAVIT OF ELIGIBILITY**

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure\* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

*\* The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

3. Please enter your Full Legal Name

**Affidavit of Eligibility - Section A****Section A: LAWFUL PRESENCE in the United States**

4. Select one of the following Lawful Presence types below and click "Next" when done:

**Affidavit of Eligibility - Section B.1**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

5. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

**Affidavit of Eligibility - Section B.1 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

6. Select one of the following Government Issued Identification:

7. Enter the name of State or Federal Agency that issued the identification:

8. Enter your full name as shown on the driver's license or State/Federal issued identification:

9. Enter the State/Federal government issued license/ID number:

10. Enter the expiration date of the license/ID:

11. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

**Affidavit of Eligibility - Section B.2**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

12. Do you have a Valid I-766 (Employment Identification Card)?

**Affidavit of Eligibility - Section B.2 if Yes**

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**Section B: SECURE AND VERIFIABLE DOCUMENTS**

13. Enter the issuing Federal Agency:

14. Enter the name as listed on the card:

15. Enter the Alien number (A#):

16. Enter the card number:

17. Enter the Valid From Date:

18. Enter the Expiration Date:

19. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section B.3**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

20. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

### **Affidavit of Eligibility - Section B.3 if Yes**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

27. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section B.4**

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28. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

### **Affidavit of Eligibility - Section B.4 if Yes**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

32. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

33. Enter the Date of Entry:

34. Enter the Until Date:



35. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section B.5**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

36. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

### **Affidavit of Eligibility - Section B.5 if Yes**

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#### **Section B: SECURE AND VERIFIABLE DOCUMENTS**

37. Enter the issuing foreign country:

38. Enter the Passport Number:

39. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

### **Affidavit of Eligibility - Section C**

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#### **Section C: Attestation**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

40. By entering your full legal name below you attest that you have read and understand the above information.

41. Please enter today's date below:

### **DR Renewal Attestation**

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The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at [dora\\_registrations@state.co.us](mailto:dora_registrations@state.co.us) or 303-894-7800.

#### **By renewing my license in INACTIVE status, I attest that:**

- I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

**By renewing my license in ACTIVE status, I attest that:**

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

### **GLOBAL HPPP Renewal Attestation**

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Pursuant to section 24-34-110, C.R.S., all Active and Retired status licensees must maintain a current Healthcare Professions Profile. Reportable events and/or changes to information must be made within 30 days. For more information about this Program and to update your profile, visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp).

By renewing your Active or Retired license, you attest to the following:

I have updated my Healthcare Professions Profile to current date and/or I will make any updates within 30 days of any reportable event or change, and subsequent updates will be made within 30 days. This requirement is in addition to any requirement by a profession's practice act. Examples of reportable events or changes that must be updated on a profile include, but are not limited to, location of practice, public actions issued by any jurisdiction, felonies and crimes of moral turpitude, malpractice settlements/judgments, etc. To update a Healthcare Professions Profile, or for more information on the Healthcare Professions Profile Program (HPPP) and its requirements, visit [www.dora.colorado.gov/professions/hppp](http://www.dora.colorado.gov/professions/hppp) or call 303-894-5942.

If your status is Inactive you are not required to maintain a Healthcare Professions Profile, click next to proceed.

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or [dora\\_dpo\\_renewalline@state.co.us](mailto:dora_dpo_renewalline@state.co.us).

Click next to proceed.

### **Review**

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**Renewal - DR.0017975**

Name	Theodore Alan Cooper
Credential	DR.0017975

**Fee Details**

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$24.00
DR - Portal Fee	\$1.50
DR - Renewal Fee Active	\$238.50
DR- Peer Fee	\$162.00
	<b>\$428.00</b>

**Affidavit of Eligibility - Screening Present****AFFIDAVIT OF ELIGIBILITY**

1. Do you currently reside in and are you physically present in the United States?

Yes

**Affidavit of Eligibility - Screening Doc Change****AFFIDAVIT OF ELIGIBILITY**

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.

Yes

**DR Renewal Attestation**

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at [dora\\_registrations@state.co.us](mailto:dora_registrations@state.co.us) or 303-894-7800.

**By renewing my license in INACTIVE status, I attest that:**

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

**By renewing my license in ACTIVE status, I attest that:**

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

## **HPPP - DR Introduction**

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### **Healthcare Professions Profile**

Please be aware that this profile is only for your Physician license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

## **HPPP GLOBAL - Location of Practice**

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### **Location of Practice**

49. Are you currently practicing in the healthcare profession associated with this profile?

Yes

**HPPP GLOBAL - Location of Practice If Yes****Location of Practice**

50. Practice Locations:

Address	City	State	Zip Code	Phone Number
4495 Hale Parkway #101	Denver	Colorado	80220	(303) 399-4067

**HPPP - MEDICAL Education and Training****Education and Training**

51. School or Education Level:

State Uni of NY, Downstate Med Ctr Col of Med

52. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

1969

**HPPP GLOBAL - Other Licenses****Other Licenses**

53. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

No

**HPPP GLOBAL - Board Certifications****Board Certifications**

55. Do you hold any current Board Certifications?

Yes

**HPPP - MEDICAL Board Certifications if Yes****Board Certifications**

56. Board Certifications:

Certification
Obstetrics and Gynecology

**HPPP GLOBAL - Practice Specialties****Practice Specialties**

57. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

**HPPP - MEDICAL Practice Specialties if Yes**

**Practice Specialties**

58. Practice Specialties:

<b>Specialty</b>
Obstetrics and Gynecology

**HPPP GLOBAL - CO Hospital Affiliations**

**Colorado Hospital Affiliations**

59. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

**HPPP GLOBAL - Other Hospital Affiliations**

**Other Health Care Facilities and Out of State Hospital Affiliations**

61. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

No

**HPPP GLOBAL - Business Ownership**

**Business Ownership**

63. Do you have a current business ownership interest in any healthcare-related business?

No

**HPPP GLOBAL - Employer**

**Employer**

65. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

**HPPP GLOBAL - Employer if Yes**

**Employer**

66. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Theodore Cooper	8249 E. 5th AV	Denver	Colorado	80230	(303) 344-0312

**HPPP GLOBAL - Employment Contracts**

**Employment Contracts**

67. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

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**HPPP GLOBAL - Disciplinary Actions****Disciplinary Actions**

69. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

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**HPPP GLOBAL - Restrictions and Suspensions****Restrictions and Suspensions**

71. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

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**HPPP GLOBAL - Healthcare Facility Actions****Healthcare Facility Actions**

73. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

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**HPPP GLOBAL - Termination of Employment****Termination of Employment**

75. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

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**HPPP GLOBAL - DEA Registration****DEA Registration Surrender**

77. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

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**HPPP GLOBAL - Convictions****Convictions**



80. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

### HPPP GLOBAL - Malpractice Claims

#### Malpractice Claims

82. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

Yes

### HPPP GLOBAL - Malpractice Claims if Yes

#### Malpractice Claims

83. Malpractice Claims:

Year	State	Claim Type	Arbitrator, Mediator or Court
2008	Colorado	Settlement	COPIC

### HPPP GLOBAL - Malpractice Carrier Refusal

#### Malpractice Carrier Refusal

84. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

### HPPP GLOBAL - Optional Narrative

#### Optional Narrative

86. Optional Narrative:

### HPPP GLOBAL - Attestation

#### Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- You are the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

87. Submission Date:

03/22/2017

### Review

Please make sure to [PRINT THIS SCREEN](#) for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.





## Lookup Detail View

### Licensee Information

This serves as primary source verification\* of the license.

\*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by 24-34-102 C.R.S.

Name	Public Address
Theodore Alan Cooper	4500 E 9TH 700 DENVER, CO 80220

### Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0017975	Original	Physician	Active	04/10/1973	05/01/2017	04/30/2019

### Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

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