

Interview File Report

5/16/2012

Razel Remen

Board Date	05/16/2012	License#	L
Intended Location	Tuscaloosa		
POB	Brooklyn NY	Date	05/23/2012
Original License	LL/AL		
Medical	Escuela Lation Americana de Medicina	9/03-7/09	



ALABAMA STATE BOARD OF MEDICAL EXAMINERS
JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE
(334) 833-0165

April 24, 2012

Razel Remen, M.D.

Dear Dr. Remen:

This will acknowledge receipt of your completed application for a limited license to practice medicine as a Resident at the UAB/Tuscaloosa Family Medicine Residency Program in Tuscaloosa. Your application will be considered by the Board of Medical Examiners at its meeting on **May 16, 2012**.

If you are approved by the Board, a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your limited license.

Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to the Commission's office with the required fee of \$75.** The Commission will meet on **May 23, 2012**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). **Once you receive your Alabama license, please complete the application to include your full name and correct address, and return it with the required fee of \$150.** In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. If you have any questions or if this office can be of further assistance to you please contact us.

Sincerely,
ALABAMA BOARD OF MEDICAL EXAMINERS

Jackie Baskin
Director of Licensure

Enclosures



ALABAMA BOARD OF MEDICAL EXAMINERS/MEDICAL LICENSURE COMMISSION RECEIPT

Receipt Number: 898639

Date of Receipt: 04/24/2012

Reference: Capstone Health Services Foundation: 2519

Total Amount: \$175.00

Staff: Jackie Baskin

Received From (Individual)	GL Code	GL Description	Amount
Razel Remen	100-4103	100-4103 - Limited Lic Application 1	\$175.00

Educational Commission for Foreign Medical Graduates



The ECFMG[®] certifies that

Razel Remen

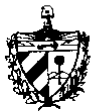
has successfully passed the required examinations, satisfied all the requirements of the Commission, and has been awarded this Certificate.


Chair, Board of Trustees


President and Chief Executive Officer

Certificate Number	0-678-053-0
Medical Science	
USMLE Step 1	October 19, 2006
USMLE Step 2 CK	August 18, 2008
Clinical Skills	
USMLE Step 2 CS	February 16, 2010

Date Issued April 1, 2010



REPÚBLICA DE CUBA
MINISTERIO DE EDUCACIÓN SUPERIOR

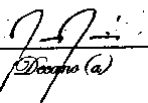
El Rector de la Escuela Latinoamericana de Medicina

en uso de las facultades que le están conferidas y a propuesta del Decano (a) de la Facultad, expide el presente Título de **Doctora en Medicina**


a favor de
Razel Remen

en atención a que la misma ha cumplido los requisitos establecidos para los estudios de la especialidad y ha realizado los ejercicios correspondientes para la culminación de los mismos, el día quince del mes de julio de dos mil nueve.

En testimonio de lo cual, se suscribe en la Ciudad de La Habana, a los veinticuatro días del mes de julio de dos mil nueve.


Decano (a)


Rector

Repondado 
Secretario (a) General

Registrado Tomo 5 Folio 26 Número 662 del libro correspondiente a la Secretaría de este Centro de Educación Superior

Registrado Tomo 1 Folio 5 Número 18 del libro correspondiente a la Secretaría de la Facultad de C.M. "Dr. Salvador Allende."

Lda. Tania M. Garcia Cabello, Lda. Maria de los Angeles Montalvo Carril, Asesores Juridicos del Ministerio de Salud Pública, Por la presente:

CERTIFICO: Que la firma del funcionario que antecede es auténtica por la semejanza que guarda con la que acostumbra a usar en sus actos oficiales

Dado en la Ciudad de La Habana a los 24 días del mes de Julio del 2009



M. García Cabello

REPÚBLICA DE CUBA
MINISTERIO DE RELACIONES EXTERIORES
DIRECCIÓN DE ASUNTOS CONSULARES Y DE CUBANOS RESIDENTES EN EL EXTERIOR

Quilín

LA HABANA, 28 JUL. 2009

Este documento es una reproducción para fines informativos y no constituye un documento original. La firma que aparece en este documento es una reproducción de la firma original. En este sentido, el presente documento no tiene validez legal. El presente documento es una reproducción de la firma original.

EXENI
Impuestos Documentos
Resolución 12/98 y 354/04
Ministerio Finanzas y Precios

REPUBLIC OF CUBA
MINISTRY OF HIGHER EDUCATION

**THE RECTOR OF THE LATIN AMERICAN
SCHOOL OF MEDICAL SCIENCES**

by the authority vested in him, and at the instance of the Dean of the School, awards this Degree of

Medical Doctor

to

Razel Remen

In consideration of the fact that he/she has met the established requirements for the study of the specialty and has fulfilled the relevant exercises for the completion of the same, on the fifteenth day of July, two thousand and nine.

In witness whereof, we sign this document in Ciudad de La Habana, this twenty-fourth day of July, two thousand and nine.

(Signed)
Dean

(Signed)
Rector

Countersigned:

(Signed)
Registrar

Recorded in volume 5 folio 26, number 647 in the relevant register of the Registry of this Higher Education Center
Recorded in volume 2 folio 5, number 118 in the relevant register of "Dr. Salvador Allende" School of Medical Sciences



I, Tania M. García Cabello Lib, María de los Angeles Montalvo Carrió Lib, Legal Advisors of the Ministry of Public Health

HEREBY CERTIFY: That the above signature of the official authorizing this document appears to be authentic and matches the one he/she uses in his/her official capacity.

Issued in the City of Havana this 24th day of July, 2009

(Signed)

(Stamp: Ministry of Public Health, Salus Populis, Suprema Lex, Legal Advisory)

REPUBLIC OF CUBA
MINISTRY OF FOREIGN AFFAIRS
DIVISION OF CONSULAR AFFAIRS AND CUBAN RESIDENTS ABROAD

Cerilo Rojo Alvarez

Official authorized to certify signature authentication on documents issued for use abroad.

CERTIFIES: THAT THE ABOVE SIGNATURE OF THE OFFICIAL AUTHORIZING THIS DOCUMENT APPEARS TO BE AUTHENTIC AND MATCHES THE SIGNATURE HE/SHE HAS REGISTERED WITH THIS MINISTRY FOR USE IN HIS/HER OFFICIAL CAPACITY. IN WITNESS WHEREOF, I AUTHORIZE THIS DOCUMENT WITH MY SIGNATURE AND THE SEAL OF THIS MINISTRY.

HAVANA, July 28, 2009

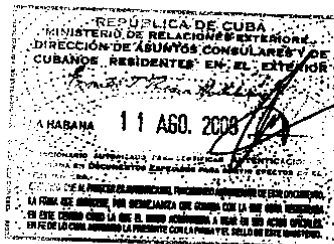
(Signed)

(Seal: Ministry of Foreign Affairs, Republic of Cuba)

EXEMPT FROM PAYMENT
Taxes on Documents
Resolutions 12/98 and 354/04
Ministry of Finance and Prices

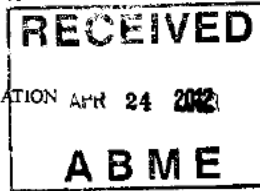
This is a true translation of the original

EQUIPO DE SERVICIOS DE TRADUCTORES E INTERPRETES



ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, AL 36101
(334) 242-4116



APPLICATION FOR A LIMITED CERTIFICATE OF QUALIFICATION

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a limited certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full Razel Roman
2. Address _____
3. Place of Birth Brooklyn, NY Date of Birth _____
Sex F Telephone _____

	YES	NO
4. Have you ever been convicted of a felony?	_____	<u>X</u>
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	_____	<u>X</u>
6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	_____	<u>X</u>
7. Have you ever been denied a state or federal controlled substance certificate?	_____	<u>X</u>
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	<u>X</u>
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	<u>X</u>
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	_____
11. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	<u>X</u>
12. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	<u>X</u>
13. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	<u>X</u>
14. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	<u>X</u>
15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	<u>X</u>
16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	<u>X</u>
17. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	_____
18. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	<u>N/A</u>
19. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	<u>X</u>
20. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	<u>X</u>

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

21. Military Service, Branch N/A Dates _____
 22. Place of Intended Residence in Alabama _____

I. PRE-MEDICAL EDUCATION

	Name of School	Dates Attended	Degree Conferred
1.	<u>Evergreen State College</u>	<u>9/2000-3/01</u>	<u>BA</u>
2.	<u>CUNY - Hunter College</u>	<u>01/95-6/99</u>	<u>---</u>
3.	_____	_____	_____

II. MEDICAL EDUCATION

List all medical schools attended, dates, and complete addresses of institutions. Do list internship and/or residency training. 275095

	From	To	Name of School	Address
1.	<u>09/03</u>	<u>07/09</u>	<u>Escuela Latinoamericana de Medicina</u>	<u>Carretera Panamericana Km 3/2, Playa, Santa Fe, Habana, Cuba</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

III. INTERNSHIP AND/OR TRAINING

List all internship and/or residency training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

	From	To	Name of School	Address
1.	_____	_____	<u>Tuscaloosa Family Medicine Residency</u>	<u>Box 870377, Tuscaloosa, AL 35487</u>
2.	<u>08/10</u>	<u>09/10</u>	<u>University of New Mexico Family Medicine Residency</u>	_____
3.	_____	_____	_____	_____

IV. AFFIDAVIT AND RELEASE

I, Razel Remen, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date 4/13/12
 County of Tuscaloosa
 State of Alabama

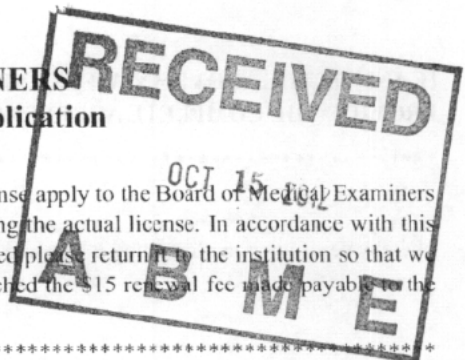
Razel Remen
 Applicant's Signature

SWORN to and subscribed before me this 13th day of April
 (SEAL) _____
B. J. G.
 Notary Public

CERTIFICATION:
 This is to certify that the aforementioned individual is making application for a limited certificate of qualification at this institution.

My Commission Expires: 4/6/12
[Signature]
 Director — Residency Training Program

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application



Section 34-24-75, Code of Alabama 1975, as amended, required that all physicians holding limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed, please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attached the \$15 renewal fee made payable to the Board of Medical Examiners.

 Name in Full Razel Remen, MD

Name of Institution Tuscaloosa Family Medicine Residency

License Number L.3632 R Date Issued 5/29/12 Social Security # _____

Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

Position Held: Resident Physician Number of Years: 3 months

Do you limit your practice to the confines of the institution?
 If the answer is no, please explain. YES NO

Do you plan to obtain a full license in Alabama?
 If the answer is no, please explain. YES NO

Have you ever been arrested for a violation of any Federal, State or Local statute?
 If the answer is yes, please explain. YES NO

Have you ever been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action?
 If the answer is yes, please explain. YES NO

Within the past two years, have you been diagnosed with or have you been treated bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? YES NO

Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner? YES NO

Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority? YES NO

Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? YES NO

Are you currently engaged in the illegal use of controlled dangerous substances? YES NO

If you answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? YES NO N/A

Have you been, within the past five (5) years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving? YES NO

Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation? YES NO

¹The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

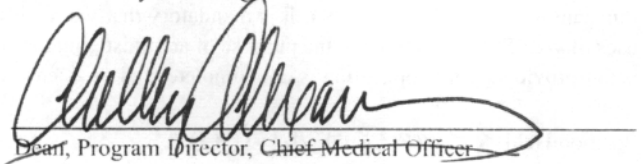
IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

I hereby certify that the foregoing is true and correct to the best of my knowledge.

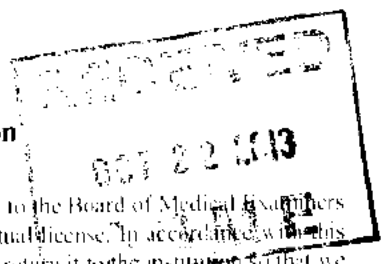
09/12/2012
Date


Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.


Dean, Program Director, Chief Medical Officer

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application



Section 34-24-75, Code of Alabama 1975, as amended, required that all physicians holding limited license apply to the Board of Medical Examiners for the renewal of their certificate of qualification prior to the Medical Licensure Commission renewing the actual license. In accordance with this section you are required to accurately complete this application. Once the application has been completed please return it to the institution so that we may obtain the certification of either the Dean, Program Director or Chief Medical Officer. Please attached the \$15 renewal fee made payable to the Board of Medical Examiners.

Name in Full Razel Amin, MD.

Name of Institution Tuscaloosa Family Medicine Residency

License Number L. 3632R Date Issued 5/29/2012 Social Security # _____

Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

Position Held: Resident Physician

Number of Years: 1

Do you limit your practice to the confines of the institution?
 If the answer is no, please explain

YES

NO

Do you plan to obtain a full license in Alabama?
 If the answer is no, please explain.

Have you ever been arrested for a violation of any Federal, State or Local statute?
 If the answer is yes, please explain.

Have you ever been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action?
 If the answer is yes, please explain.

Within the past two years, have you been diagnosed with or have you been treated bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner?

Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?

Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

Are you currently engaged in the illegal use of controlled dangerous substances?

If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Have you been, within the past five (5) years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?

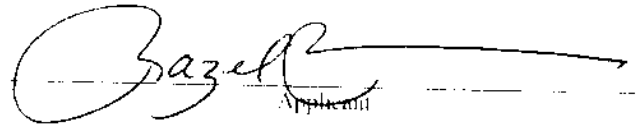
Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?

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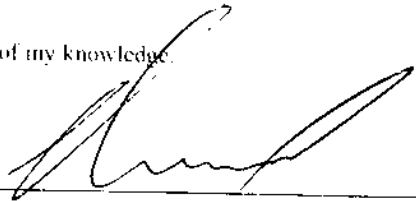
IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST / PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

I hereby certify that the foregoing is true and correct to the best of my knowledge.

10/02/2013
Date


Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.


Dean, Program Director, Chief Medical Officer

ALABAMA BOARD OF MEDICAL EXAMINERS
Limited Certificate of Qualification Renewal Application

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Name in Full Razel Remen

Name of Institution University of Alabama Family Medicine Residency Tuscaloosa

License Number L.3632 R Date Issued 05/29/12 Social Security # [REDACTED]

Pursuant to Ala. Code § 30-3-194, it is mandatory that we request and that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and intra-agency for identification purposes. If your SSN is not provided, your application is not complete, and no license will be issued.

Position Held: Resident Physician Number of Years: 2

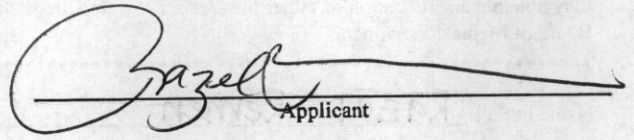
	YES	NO
1. Do you limit your practice to the confines of the institution? If the answer is no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you plan to obtain a full license in Alabama? If the answer is no, please explain.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been arrested for a violation of any Federal, State or Local statute? If the answer is yes, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have you ever been directed to appear before any medical examining board, hospital staff, professional society or institution for disciplinary action? If the answer is yes, please explain.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Within the past two years, have you been diagnosed with or have you been treated bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect, your ability to practice in a competent and professional manner?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization or licensing authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or any sexual boundary violation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Are you currently engaged in the illegal use of controlled dangerous substances? ¹	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. If you answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<u>N/A</u>
11. Have you been, within the past five (5) years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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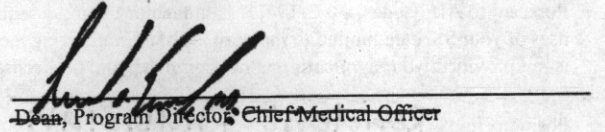
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I hereby certify that the foregoing is true and correct to the best of my knowledge.

9/8/2014
Date


Applicant

I hereby swear that the information contained in this renewal application is true to the best of my knowledge.


Dean, Program Director, Chief Medical Officer