



DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION  
BOARD OF LICENSURE IN MEDICINE

**KYM M. BOYMAN, MD**

**MEDICAL DOCTOR**

License Number: MD16345  
Status: [Failed to Renew](#)  
First Licensure: 11/21/2003  
Expiration Date: 03/01/2011

**History**

Detailed license history prior to November 14, 2011 is unavailable online.

License Type	Start Date	End Date
*** NOT ACTIVE ***	02/01/2011	03/01/2011
MEDICAL DOCTOR	11/24/2008	01/31/2011

**License Suspension for Non-Renewal**

Start Date	End Date
02/01/2011	02/28/2011

**Specialty** [\(1 record\) hide](#)

The Board does not verify current specialties. To determine if a physician has been board certified by the American Board of Medical Specialties please visit [www.abms.org](http://www.abms.org).

Description	Origin
Obstetrics and Gynecology	Not certified

**License/Disciplinary Action**

None.
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**GENERAL INFORMATION**

Gender: Female

**Other Addresses** (1 record) [hide](#)

Address	Type
383 INVERNESS PKWY STE 280 ENGLEWOOD, CO 80112-5863	Business

**Other Phone Numbers** (1 record) [hide](#)

Phone Number	Type
+1 (802) 863-9001	Work

**Education** (1 record) [hide](#)

Type	Completion Date	Provider
MD	06/01/1999	UNIV OF VERMONT COLLEGE OF MEDICINE, BURLINGTON, VT

Education and Training Note: Information up to the date of initial licensure is verified by the Board. Information provided by the licensee after this date is not verified by the Board.

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