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\$350.00 APPLICATION FEE

\$50.00 PS LICENSE FEE

\$40.00 INTERIM FEE

BOARD OF MEDICAL EXAMINERS

DO NOT SEPARATE OR COPY THIS FORM

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, medical education and practice.

Full name: OGBURN JOSEPH A.
LAST FIRST MI MAIDEN

Address: [REDACTED] GALLUP NM 87301
STREET STATE ZIP

Telephone numbers: [REDACTED] (505) 722-1342
OFFICE

DEA Number: [REDACTED] (EXPIRED) Social Security Number: [REDACTED]

Date of Birth: [REDACTED] 58 Place of birth: ST. PETERSBURG, FL.

This application is for licensure by:

Endorsement of: FLEX National Board USMLE LMCC State Exam

Date exam taken: _____

Examination/USMLE (Check here only if exam is being taken in New Mexico)

ECFMG # _____ (Foreign Medical Graduates Only)
(Education Certificate for Foreign Medical Graduates)

CERTIFICATE OF MEDICAL EDUCATION
(For School Use Only)

It is hereby certified that Joseph Anthony Ogburn
PHYSICIAN'S FULL NAME
matriculated on 8/23/82 at the University of Florida College of Medicine
ADMISSION DATE SCHOOL/UNIVERSITY
located in Gainesville, Florida, attended all required courses of
CITY/STATE
instruction of Four months/years each, and received a diploma of

Doctor of Medicine on 5/31/86
COMPLETION DATE

5/1/97
DATE

[Signature]
PRESIDENT, SECRETARY, REGISTRAR, DEAN

Rebecca D. Leacock
Senior Registrar Officer for Medicine
(SCHOOL SEAL)

Attach a passport quality photo to the space provided at the right. (NO POLAROID)

SCHOOL SEAL MUST OVERLAP PHOTOGRAPH

Head on photograph must be no less than 1 1/2 inches long as indicated.

(FOREIGN MEDICAL GRADUATES ONLY)

*Attach U.S. Consul Verification or Appostille to this page



6. Citizenship: USA by birth
 USA by naturalization/Nat. Cert. # _____

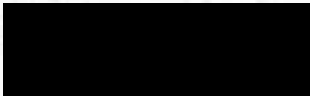
7. Are you in compliance with the Immigration and Naturalization Act of 1986? *N/A* Yes _____ No _____

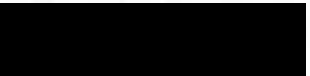
8. Have you served in the Armed Forces? Yes _____ No

What service? _____ Dates _____ to _____
(Submit notarized copy of discharge or separation papers)

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

Dept. of Defense _____ Indian Health Service *7/91 - PRESENT*
(Including Armed Forces) Veterans Administration _____
Public Health Service _____ Nat'l Health Serv. Corp. _____

10. Have you during the past 5 years been treated for mental illness? Hospitalized for mental illness? 

11. Do you have a physical impairment that would affect your ability to practice medicine? 

12. Have you ever been denied a license by or withdrawn an application for a license from a state medical licensing board? Yes _____ No

13. Has any state medical licensing board started disciplinary action against your license? Yes _____ No

14. Have you ever resigned or withdrawn your application from a hospital staff or professional medical group? Yes _____ No

15. Have your hospital privileges ever been revoked or withdrawn for any reason? Yes _____ No

16. Has disciplinary action ever been started against you by a hospital staff, county medical society, HMO, PPO, IPA or PRO? Yes _____ No

17. Have you surrendered hospital privileges after disciplinary cases or investigations were started? Yes _____ No

18. Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? Yes _____ No

19. Have you ever been charged with violation of a federal, state or local statute? Yes _____ No

20. Have you had a malpractice settlement or judgment against you? Yes _____ No

21. Do you have any malpractice or medically related claims or lawsuits pending against you? Yes _____ No

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS
PLEASE SUBMIT AN EXPLANATION ON A SEPARATE PAGE.**

1. GRADUATE MEDICAL EDUCATION Internship/Residencies/Fellowships

Month/Year From	Month/Year to	Name of Hospital	Location
7/86	6/90	UNIVERSITY OF CAL-IRVINE	ORANGE, CA.
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

2. List specialties and specialty board certifications:

Specialty	Board Certified		Date Certified
	Yes	No	
OBSTETRICS AND GYNECOLOGY	✓		12/92
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

State or Province	Lic#	Date Issued	Current (yes/no)
CALIFORNIA	G062674	4/18/88	YES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Dates	Name	Address	City/State/Zip
7/91	GALLUP INDIAN MEDICAL CENTER	BOX 1337	GALLUP, NM 87305
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name	Address	City/State/Zip
N/A	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AFFIDAVIT

I am the person named in this application and I received the degree of DOCTOR OF MEDICINE from UNIVERSITY OF FLORIDA located in GAINESVILLE, FLORIDA on the 31ST day of MAY, 1986.

The photograph attached hereto is a true likeness of myself and was taken within one year prior to the date of this application.

JOSEPH A. OGBURN, MD, personally appeared before me, being duly sworn, deposes and says that he has read carefully and truthfully answered all questions on this application and that every statement recorded is true and correct.

Joseph A. Ogburn
SIGNATURE OF APPLICANT

4/11/97
DATE

County of McKinley)
State of New Mexico)

SUBSCRIBED AND SWORN TO before me this 11th day of April, 1997.

My commission expires: 03rd February 1999
Londschneig
Notary Public



New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building, 2nd Floor
Santa Fe NM 87501
505-827-9933

87501 SFOA



UNIVERSITY OF FLORIDA

Office of the University Registrar 222 Criser Hall, Box 114000
Gainesville, FL 32611-4000 352-392-1374

Do Not Release to Third Party Without Student Permission

STUDENT NAME: JOSEPH ANTHONY OGBURN
SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: [REDACTED] 1958
GENDER: MALE
BASIS OF ADMISSION: HIGH SCHOOL
COLLEGE: MEDICINE
MAJOR: MEDICINE
RESIDENCY STATUS: FLORIDA RESIDENT
DATE PRINTED: APRIL 24, 1997
TYPE OF CREDIT: SEMESTER HOURS
COPIES REQUESTED: 01 COPY NUMBER: 01 PAGE NO.: 01

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APR 29 1997

NEW MEXICO BOARD OF
MEDICAL EXAMINERS

This transcript is not valid without the university seal and signature of the University Registrar.

Barbara Talmadge
Barbara Talmadge
University Registrar



NEW MEXICO BOARD MED EXAMINER
491 OLD SANTA FE TRAIL
SECOND FLOOR, TAMY BLDG
SANTA FE NM
87501

Prefix & Course Number	Course Title	Type	Grade	Credit	Credit Earned	Credit for GPA	Prefix & Course Number	Course Title	Type	Grade	Credit	Credit Earned	Credit for GPA
FTG TOTAL DATE 483 FLORIDA JC 1975 SUMMER APY CTRL ANTHROPOL A 3.00 3.00 EARNED HRS 3.00 GRADE PTS 12.00 HRS CARRIED 3.00 FLORIDA JC 1976 WINTER NPR ECOLOGCL CRISIS B 3.00 3.00 EARNED HRS 3.00 GRADE PTS 9.00 HRS CARRIED 3.00 FLORIDA JC 1976 SPRING HUM INTL UNDERSTN I C 3.00 3.00 EARNED HRS 3.00 GRADE PTS 6.00 HRS CARRIED 3.00 UNIVERSITY OF FLORIDA 1UC 1976 FALL CY 0211 GENERAL CHEMISTRY C 2.67 2.67 2.67 EH 0111 EXPOS & ARGUE WRITING C 2.00 2.00 2.00 MS 0301 ANAL GEOM & CALCUL 1 C 3.33 3.33 3.33 PL 0101 BASIC CONCEPTS S 0.67 0.67 PSY 0340 INTRO HUMAN PSYCHOL B 2.67 2.67 2.67 EARNED HRS 11.34 GRADE PTS 24.01 HRS CARRIED 10.67 CREDIT BY EXAM - ADV PLACEMENT 1976 FALL CBS 0211 BIOLOGICAL SCIENCES P 2.00 2.00 HY 0245 UNITED STATES TO 1877 P 3.33 3.33 EARNED HRS 5.33 GRADE PTS 0 HRS CARRIED .00 UNIVERSITY OF FLORIDA 1UC 1977 WINTER CY 0212 GEN CHEM & QUAL ANAL C 2.67 2.67 2.67 EH 0122 INTRO TO DRAMA B 2.00 2.00 2.00 HUM 0221 WESTERN HUMANITIES B 2.67 2.67 2.67 MS 0302 ANAL GEOM & CALCUL 2 B 3.33 3.33 3.33 PL 0153 BOWLING S 0.67 0.67 EARNED HRS 11.34 GRADE PTS 29.34 HRS CARRIED 10.67 UNIVERSITY OF FLORIDA 1UC 1977 SPRING EH 0121 INTRO TO FICTION C 2.67 2.67 2.67 HUM 0231 WESTERN HUMANITIES B 2.67 2.67 2.67 ZY 0201 INTRO ZOOLOGY LAB B 2.67 2.67 2.67 EARNED HRS 8.01 GRADE PTS 21.36 HRS CARRIED 8.01 UNIVERSITY OF FLORIDA 2UC 1977 FALL FH 0101 BEGINNING FRENCH 1 B 3.33 3.33 3.33 PS 0211 GENERAL PHYSICS 1 C 2.67 2.67 2.67 PS 0221 LAB FOR PHYSICS 211 B 0.67 0.67 0.67 ZY 0202 PRIN OF ANIMAL BIOL B 3.33 3.33 3.33 EARNED HRS 10.00 GRADE PTS 27.33 HRS CARRIED 10.00							UNIVERSITY OF FLORIDA 2UC 1978 WINTER FS 0201 MANS FOOD A 1.33 1.33 1.33 MCS 0302 BASIC BIOL MICROORG C 2.00 2.00 2.00 PS 0212 GENERAL PHYSICS 2 B 2.67 2.67 2.67 PS 0222 LAB FOR PHYSICS 212 A 0.67 0.67 0.67 EARNED HRS 6.67 GRADE PTS 20.01 HRS CARRIED 6.67 UNIVERSITY OF FLORIDA 3AS 1978 SPRING CY 0213 GEN CHEM & QUAL ANAL C 2.67 2.67 2.67 FH 0134 BEGINNING FRENCH 2 B 3.33 3.33 3.33 PS 0213 GENERAL PHYSICS 3 C 2.67 2.67 2.67 PS 0223 LAB FOR PHYSICS 213 B 0.67 0.67 0.67 EARNED HRS 9.34 GRADE PTS 22.68 HRS CARRIED 9.34 UNIVERSITY OF FLORIDA 3AS 1978 SUMMER CY 0331 QUANTITATIVE ANALYSIS B 3.33 3.33 3.33 ES 0201 BASIC ECONOMICS 1 B 3.33 3.33 3.33 FRE 0301 PRIN OF FRE A 3.33 3.33 3.33 STA 0320 INTRO TO STATISTICS 1 A 2.67 2.67 2.67 EARNED HRS 12.66 GRADE PTS 43.98 HRS CARRIED 12.66 UNIVERSITY OF FLORIDA 3AG 1978 FALL AEB 3300 MARKETING A 3.33 3.33 3.33 CHM 3210 ORGANIC CHEMISTRY C 2.67 2.67 2.67 MCB 3020 L BASIC BIOL MICRO LAB B+ 1.33 1.33 1.33 PCB 3136 CELL STRUC & FUNC A 3.33 3.33 3.33 EARNED HRS 10.66 GRADE PTS 36.63 HRS CARRIED 10.66 UNIVERSITY OF FLORIDA 4AG 1979 WINTER AEB 3133 FARM FIRM MANAGEMENT A 3.33 3.33 3.33 AEB 3934 FRE JUNIOR SEMINAR A 0.67 0.67 0.67 CHM 3211 ORGANIC CHEMISTRY B 2.00 2.00 2.00 ENC 3351 BUSINESS COMMUNICATNS A 2.67 2.67 2.67 PCB 3253 DEVELOPMENTAL BIOLOGY B 2.67 2.67 2.67 EARNED HRS 11.34 GRADE PTS 40.69 HRS CARRIED 11.34 UNIVERSITY OF FLORIDA 4AG 1979 SPRING APB 4544 HUMAN PARASITOLOGY C 2.67 2.67 2.67 APB 4544 L HUMAN PARISITOL LAB A 0.67 0.67 0.67 CHM 3210 L ORGANIC CHEMISTRY LAB A 0.67 0.67 0.67 COP 3110 INTRO TO COMPU PROG A 1.33 1.33 1.33 PCB 4206 DIFFERENTIATED CELLS B+ 2.00 2.00 2.00 SPC 2300 INTRO TO SPEECH COMMU A 3.33 3.33 3.33 EARNED HRS 10.67 GRADE PTS 36.34 HRS CARRIED 10.67 UNIVERSITY OF FLORIDA 4AG 1979 SUMMER AEB 3306 AGRI COMMODITY MARKET A 2.00 2.00 2.00 AGR 3303 GENETICS A 3.33 3.33 3.33 CHM 3211 L ORGANIC CHEMISTRY LAB B+ 1.33 1.33 1.33 MCB 4905 UNDERGRAD RESEARCH A 3.33 3.33 3.33 EARNED HRS 9.99 GRADE PTS 39.29 HRS CARRIED 9.99 (SEE NEXT PAGE)						

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The name of the university appears in small letters across the face of this 8 1/2" X 11" document.



UNIVERSITY OF FLORIDA

Office of the University Registrar 222 Criser Hall, Box 114000
Gainesville, FL 32611-4000 352-392-1374

Do Not Release to Third Party Without Student Permission

87501 SFOA

STUDENT NAME: JOSEPH ANTHONY OGBURN
SOCIAL SECURITY NUMBER: [REDACTED]
DATE OF BIRTH: [REDACTED] 1958
GENDER: MALE
BASIS OF ADMISSION: HIGH SCHOOL
COLLEGE: MEDICINE
MAJOR: MEDICINE
RESIDENCY STATUS: FLORIDA RESIDENT
DATE PRINTED: APRIL 24, 1997
TYPE OF CREDIT: SEMESTER HOURS
COPIES REQUESTED: 01 COPY NUMBER: 01 PAGE NO.: 02

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Barbara Talmadge
Barbara Talmadge
University Registrar



Prefix & Course Number	Course Title	Type	Grade	Credit	Credit Earned	Credit for GPA	Prefix & Course Number	Course Title	Type	Grade	Credit	Credit Earned	Credit for GPA
UNIVERSITY OF FLORIDA 4AC 1979 FALL							BMS 5004 MEDICAL MICROBIOLOGY P 5.00 5.00						
BCH 4313	INTRO PHYS BIOCHEM	A		3.33	3.33	3.33	BMS 5005	MEDICAL NEUROSCIENCE	P		4.00	4.00	
MCB 4905	UNDERGRAD RESEARCH	A		2.67	2.67	2.67	BMS 5006	MEDICAL IMMUNOLOGY	P		2.00	2.00	
PCB 4745 C	ANIMAL PHYSIOLOGY	B		3.33	3.33	3.33	BMS 5007	MEDICAL VIROLOGY	P		2.00	2.00	
PPE 4445	PERSONALITY & SOMATIC	B		2.67	2.67	2.67	BMS 5100 C	GROSS ANATOMY	P		6.00	6.00	
EARNED HRS	12.00	GRADE PTS	42.00	HRS CARRIED	12.00		BMS 5110	MICROSCOPIC ANATOMY	P		4.00	4.00	
UNIVERSITY OF FLORIDA 4AC 1980 WINTER							BMS 5121 HUMAN EMBRYOLOGY P 2.00 2.00						
BCH 4203	INTRO INTERMED METAB	A		3.33	3.33	3.33	BMS 5201 C	CELL & MOLECULAR BIOL	P		6.00	6.00	
MCB 4905	UNDERGRAD RESEARCH	A		3.33	3.33	3.33	UNIVERSITY OF FLORIDA 2MD						
PCB 4233	BASIC IMMUNOLOGY	B		2.00	2.00	2.00	BCC 5151	DISORD THINK-EMO-BEHA	A		3.00	3.00	3.00
PHI 4633	ETHICAL ISSUES IN MED	A		2.67	2.67	2.67	BMS 5460	PHARMACOLOGY	A		4.00	4.00	4.00
AWARDED BACHELOR OF SCIENCE IN AGRICULTURE							BMS 5600 C	SYSTEMIC PATHOLOGY	B		8.00	8.00	8.00
GRADUATED MAR 22 1980							BMS 5822	SOCIAL & ETHIC ISSUES	A		3.00	3.00	3.00
MAJOR MICROBIOLOGY							BMS 5830	PHYS DIAG & CLIN MED	A		5.00	5.00	5.00
EARNED HRS	11.33	GRADE PTS	43.32	HRS CARRIED	11.33		UNIVERSITY OF FLORIDA 3MD						
UNIVERSITY OF FLORIDA 6LS 1980 SPRING							BCC 5100	ANESTHESIOLOG CLERKSHIP	B		1.00	1.00	1.00
ADMITTED TO POST BACCALAUREATE STATUS							BCC 5110	MEDICAL CLERKSHIP 1	A		8.00	8.00	8.00
CHM 3400	PHYSICAL CHEMISTRY	B		2.67	2.67	2.67	BCC 5120	NEUROLOGY CLERKSHIP	A		3.00	3.00	3.00
LIT 3321	ETHNIC LITERATURE	A		2.67	2.67	2.67	BCC 5130	OBS & GYN CLERKSHIP	A		8.00	8.00	8.00
MCB 4203	BACTERIAL PATHOGENS	B		2.00	2.00	2.00	BCC 5140	PEDIATRIC CLERKSHIP	B		8.00	8.00	8.00
PCB 4535	BIOCHEMICAL GENETICS	A		2.67	2.67	2.67	BCC 5150	PSYCHIATRIC CLERKSHIP	A		8.00	8.00	8.00
EARNED HRS	10.01	GRADE PTS	35.37	HRS CARRIED	10.01		BCC 5160	SURGICAL CLERKSHIP 1	A		8.00	8.00	8.00
UNIVERSITY OF FLORIDA 6LS 1980 SUMMER							BCC 5170	COMMUNITY HLTH CLKSP	B		5.00	5.00	5.00
CHM 3401	PHYSICAL CHEMISTRY	B		2.67	2.67	2.67	UNIVERSITY OF FLORIDA 3MD						
HUN 4241	HUMAN NUTRITION	A		2.67	2.67	2.67	BMS 5465	ADV PHARMACOLOGY	A		4.00	4.00	4.00
REL 3690	INTRO STUDY JUDAISM	A		2.67	2.67	2.67	BMS 6310	INFECTIOUS DISEASES	S		3.00	3.00	
STA 3024	INTRO TO STATISTICS 2	A		2.00	2.00	2.00	BMS 6501	PATHOPHYSIOLOGY	B		3.00	3.00	3.00
EARNED HRS	10.01	GRADE PTS	37.37	HRS CARRIED	10.01		UNIVERSITY OF FLORIDA 4MD						
UNIVERSITY OF FLORIDA 6LS 1980 FALL							BCC 5111	REQUIRED MEDICINE	A		4.00	4.00	4.00
CHM 4131	ANALYTICAL CHEN 2	A		2.00	2.00	2.00	BCC 5161	REQUIRED SURGERY	B		1.00	1.00	1.00
HSC 2531	HLTH/LIFE SCI TERM	B		2.67	2.67	2.67	GMS 5930	EMERGENCY MEDICINE	B		4.00	4.00	4.00
PHY 4070	INTRO TO BIOPHYSICS	A		2.67	2.67	2.67	GMS 5931	EPIDEMIOLOGY	A		1.00	1.00	1.00
ZOO 3703 C	FUNCT VERT ANATOMY	B		3.33	3.33	3.33	GMS 5932	HEMATOLOGY	A		1.00	1.00	1.00
EARNED HRS	10.67	GRADE PTS	36.68	HRS CARRIED	10.67		GMS 5933	OB/GYN	A		4.00	4.00	4.00
UNIVERSITY OF FLORIDA 6LS 1981 FALL							GMS 5933 1	GYNECOLOGIC ENDOCRIN	A		4.00	4.00	4.00
BCH 6065	ADV PHYSICAL BIOCHEM	B		4.00	4.00	4.00	GMS 5934	EXT FAMILY PRACTICE	P		4.00	4.00	
EARNED HRS	4.00	GRADE PTS	12.00	HRS CARRIED	4.00		GMS 5935	GASTROENTEROLOGY	B		4.00	4.00	4.00
UNIVERSITY OF FLORIDA 0MD 1982 SPRING							GMS 5936	RADIOLOGY	B		4.00	4.00	4.00
BCH 6415	ADV MOLEC & CELL BIOL	A		5.00			GMS 5937	ANATOMY	A		2.00	2.00	2.00
UNIVERSITY OF FLORIDA 1MD							GMS 5938	NEPHROLOGY	A		4.00	4.00	4.00
BMS 5000	PRIN OF PHYSIOLOGY	P		2.00	2.00		AWARDED DOCTOR OF MEDICINE						
BMS 5002	INTRO HUMAN BEHAV 1	P		1.00	1.00		GRADUATED MAY 31 1986						
							MAJOR MEDICINE						

END OF TRANSCRIPT.

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NATIONAL BOARD OF MEDICAL EXAMINERS®

Record of Scores and Endorsement of Certification

This document was prepared by
National Board of Medical Examiners (NBME)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9599

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MAY 01 1997

NATIONAL BOARD OF
MEDICAL EXAMINERS

Recipient: New Mexico St Bd Med Exam
Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe, NM 87501-2753

Date: 04/28/1997

Examinee: Joseph Anthony Ogburn

Examinee ID: 3-335-953-0

Date of Birth: [REDACTED] 958

NBME Certification Date: 07/01/1987

Certificate#: 335953

This record shows only NBME passing scores for each NBME examination reported on this document unless a complete NBME examination history has been requested by the examinee. If applicable, also results for USMLE Steps taken by this examinee (and for which scores have been reported to date) are shown.

This examinee has successfully completed the examination, education and training requirements for NBME certification.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores						
					Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
06/1985	Pass	Three-Digit	570	(380)	585	595	455	560	550	565	610
		Two-Digit	84	(75)	86	87	78	84	84	85	87

NBME PART II

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)	Individual Subject Scores					
					Med	Surg	ObGyn	PM/PH	Peds	Psych
04/1985	Pass	Three-Digit	600	(290)	495	450	640	630	595	685
		Two-Digit	86	(75)	82	80	89	88	87	91

NBME PART III

Test Date	Pass/Fail	Score Scale	Total Score	(Min.Pass)
		Two-Digit	79.6	(75)

*** END OF DOCUMENT ***

See reverse side for explanation of information reported above.

The University of Florida

has conferred on
Joseph Anthony Ogburn

the degree

Doctor of Medicine

and all the rights and privileges thereto appertaining.

In Witness Whereof, this diploma, duly signed, has been issued and the seal of the University affixed.

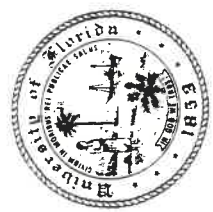
Issued by the Board of Regents upon recommendation of the Faculty of

The College of Medicine

at Gainesville, this thirty-first day of May, A. D. 1986.

Bob Graham
Governor

J. Lowell Lawrence
Chairman, Board of Regents



Marshall W. Lewis
President

William R. Deaf MD
Dean

UNIVERSITY OF CALIFORNIA, IRVINE CALIFORNIA COLLEGE OF MEDICINE

This Certificate of Postgraduate Medical Training
is hereby awarded to

Joseph Anthony Ogburn, M.D.

in recognition of disciplines undertaken at
the affiliated hospitals and the College
in the capacity of

Resident in Obstetrics and Gynecology

July 1, 1986 to June 30, 1990



J. W. Patton
Chairman
Walter D. Horvath, MD
Dean, College of Medicine
Thomas A. Gandy, MD
Department Chairman
Paul D. Kuylenstierna, MD
Program Director



NEW MEXICO BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

Gary E. Johnson
GOVERNOR

Livingston Parsons, Jr., M.D.
PRESIDENT

AUTHORIZATION FOR RELEASE OF INFORMATION

In applying for a license to practice medicine in the State of New Mexico, the Board of Medical Examiners requires this form be completed by the applicant in order to allow the Board to make inquiries into the background of the applicant. My signature on this form authorizes the Board and their staff to obtain information in licensure and investigative files, favorable or otherwise. I therefore authorize release of information regarding myself in this matter of licensure.

 M.D.
Applicant Signature

Date: 4/10/97

Applicant Name: JOSEPH ANTHONY OGBURN

License No. CAL. G062674

Address: 

87301

Phone No: 

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

FINANCIAL
(505) 827-6759

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

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



MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
1426 Howe Avenue, Suite 56
Sacramento, CA 95825-3236
(916) 263-2360 FAX (916) 263-2487



April 28, 1997

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail, 2nd fl
Santa FE, NM 87501

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MAY 06 1997

MEDICAL BOARD OF
MEDICAL EXAMINERS

TO WHOM IT MAY CONCERN:

This is to verify that Dr. Joseph Ogburn, born on 8/3/58 was issued California physician and surgeon's certificate #G62674, on 4/18/88, based on National Board Credentials. The license is current and renewal fees are paid through 8/31/97. There is no current record of accusation and/or disciplinary activity.

A handwritten signature in cursive script that reads 'Nancy A. Jurisich'.

Nancy Jurisich
Division of Licensing

To expedite the verification process, the above is the standard format used by the Medical Board of California.

SEAL



NEW MEXICO BOARD OF MEDICAL EXAMINERS

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

Gary E. Johnson
GOVERNOR

RECEIVED
APR 16 1997
Winston Parsons, Jr., M.D.
PRESIDENT
BOARD OF
MEDICAL EXAMINERS

HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners 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 past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise.

[Signature], M.D. Date: 4/10/97
Applicant Signature

Applicant Name: JOSEPH ANTHONY OGBURN
Address: [Redacted]

- 1. What privileges were extended to the applicant? OB / GYN
2. For how long? 7/91 - present
3. Were limitations imposed on such privileges? No [checked] Yes
4. Were staff privileges ever removed or restricted? No [checked] Yes
5. Derogatory information, if any: none

Hospital Name: Gallup Indian Medical Center
Address: Gallup, NM 87301

Affiliated hospitals:

Chief of Staff or Administrator: Gary A. Escobedo, M.D. - Medical Director
Signature: [Signature] Date: 4/11/97

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL
(Please use reverse side for comments)

(SEAL)

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

FINANCIAL
(505) 827-6759

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

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

American Medical Association

Physicians dedicated to the health of America

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MAY 14 1997



Physician Profile Service

AMERICAN BOARD OF
MEDICAL EXAMINERS

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

JOSEPH ANTHONY OGBURN MD

Phone: [REDACTED]

Birthdate: [REDACTED]/1958

Birthplace: GULFPORT FL USA

Physician's Major Professional Activity: FULL-TIME HOSPITAL STAFF

Self Designated Practice Specialties (SDPS):

Primary: OBSTETRICS AND GYNECOLOGY

Secondary: UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources

Medical School:

UNIV OF FL COLL OF MED, GAINESVILLE FL 32610 (VERIFIED)

Year of Graduation: 1986 (VERIFIED)

Current and/or Prior Medical Training or Fellowship:

Institution: UNIV CA IRVINE MED CTR
RESIDENT

State: CALIFORNIA
(VERIFIED)

Specialty: OBSTETRICS AND GYNECOLOGY

07/1986 - 06/1990

Note: Additional information, used for appointments and privileges, is not solicited, nor is it received from the residency program directors. If additional information is required, please contact the program director(s).

National Board Certification Year: MD: 1987

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	As of
CALIFORNIA		04/18/1988	08/31/1997	ACTIVE	UNLIMITED	11/07/1996

Note: When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. A blank expiration date indicates that the data is not provided to AMA by the licensing board. Please contact the appropriate licensing board directly for this information.

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Federal Drug Enforcement Administration:

TO DATE, FEDERAL DEA REGISTRATION STATUS IS UNKNOWN.

Note: Many states require their own controlled substances registration/license.
Please check with your state licensing authority as the AMA does not maintain this information.

Specialty Board Certification(s):

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

Primary Board: AM BRD OF OBSTETRICS AND GYNECOLOGY

Effective: 01/1992 Expires: 01/01/2002 INITIAL CERTIFICATION

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective: Expires:

Note: For certification dates, a default value of "01" appears in the month field if data was not provided to AMA. Please contact the appropriate specialty board directly for this information.

Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY HCFA.

Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

The content of the Physician Profile is intended as an instrument to assist with credentialing. Appropriate use of the Physician Masterfile data contained on this profile by an organization would meet the primary source verification requirements of the Joint Commission on Accreditation of Healthcare Organizations and the Utilization Review Accreditation Commission. The Physician Masterfile meets the National Committee for Quality Assurance Standards for verification of medical education, residency training and board certification.

If you note any discrepancies, please mark them on a copy of the profile and return to: American Medical Association Department of Data Services, 515 N. State Street, Chicago, IL 60610.

728001

STAFF USE ONLY
Amt. Rec. 1.00



NEW MEXICO BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe New Mexico 87501

RECEIVED
OCT 07 1997

Gary E. Johnson
GOVERNOR

William D. Johnson
Livingston Parsons, Jr., M.D.
MEDICAL EXAMINER PRESIDENT

NOVEMBER 21, 1997 ORIENTATION
INITIAL LICENSE REGISTRATION FORM

RETURN BY OCTOBER 17, 1997 IN ORDER TO RECEIVE YOUR ANNUAL REGISTRATION AND YOUR ORIGINAL WALL CERTIFICATE AT ORIENTATION. YOU MAY NOT PRACTICE MEDICINE IN NEW MEXICO UNTIL YOUR PERMANENT LICENSE HAS BEEN ISSUED AND REGISTERED. To register your license you must complete this form and pay a pro-rated fee of \$60.00. By law you are required to furnish the Board with a location of your business address. A post office box alone is not acceptable. All blanks must contain a response before your form will be processed.

DEA #: [REDACTED]

INTERIM #: 7446

NAME : JOSEPH A OGBURN, M.D.
BUS. ADDR : UNMH OB/GYN DEPT
2211 LOMAS BLVD NE
CITY/ST/ZIP : ALBUQUERQUE, NM 87131-5286
BUS. PHONE : 505-272-6372

HOME ADDR : [REDACTED]
CITY/ST/ZIP : [REDACTED]
HOME PHONE : [REDACTED]

SPECIALTY : OBSTETRICS AND GYNECOLOGY -

LIST ANY ADDITIONAL HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES:
1. KIRTLAND AIR FORCE BASE HOSPITAL 3. _____
2. VA - ALBUQUERQUE 4. _____

LIST ANY OTHER STATE MEDICAL LICENSES YOU HAVE ACQUIRED SINCE YOUR INTERVIEW WITH THE NEW MEXICO BOARD: N/A
STATE: _____ LIC# _____ STATE: _____ LIC# _____

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)

I have enclosed the fee for \$60.00, (personal check or money order) to register my NM license to attend the **NOVEMBER 21, 1997 ORIENTATION.**

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

Signature: [Signature] Date: 10/3/97
(Must be signed by physician)

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

FINANCIAL
(505) 827-6759

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

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

NEW MEXICO BOARD OF MEDICAL EXAMINERS

4000



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INTERIM PERMIT 798707

JUN 16 1997

NO. 7446

NEW MEXICO BOARD OF MEDICAL EXAMINERS JOSEPH OGBURN, M.D.

having filed a satisfactory application and paid his/her license fee, through endorsement of NATIONAL BOARD is hereby granted this Interim Permit to practice medicine in the State of New Mexico, valid until the next regular meeting of the New Mexico Board of Medical Examiners in Santa Fe, New Mexico, on NOVEMBER 21, 1997

Dated this 16th of JUNE, 1997.

[Handwritten Signature]

Secretary/Treasurer

[Handwritten Signature]

Board Member or Secretary/Treasurer



THIS CERTIFICATE NOT VALID WITHOUT TWO SIGNATURES



NEW MEXICO BOARD OF MEDICAL EXAMINERS

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

CME'S NOT REQUIRED SECTION 8

RECEIVED

APR 29 1998

GARY E. JOHNSON GOVERNOR

TRIENNIAL LICENSE RENEWAL
JULY 1, 1998 - JUNE 30, 2001

LIVINGSTON PARSONS, JR., M.D. PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 1998. \$61-6-26 (A)-(F) NMSA 1978.
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. \$61-6-19 NMSA 1978.

ADDRESS CORRECTION REQUESTED

JOSEPH A OGBURN, M.D.
UNMH OB/GYN DEPT
2211 LOMAS BLVD NE
ALBUQUERQUE NM 87131-5286

505-272-6372

Business Phone

505-272-9703

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

97-329

1958

Home Address:

Other State Licenses Granted Within The Past 3 Years:

Table with columns: State, #, State, #, State, #. Includes rows for ABMS Specialty (1) OBSTETRICS AND GYNECOLOGY and ABMS Specialty (2).

Physician Assistants/Nurse Practitioners Under Your Supervision:

PA's -
NP's -

Hospital Privileges:

- 1) GALLUP IHS
2) KIRTLAND AFB HSP
3) VA ALB.

ADDITIONAL HOSPITAL PRIVILEGES:
UNIVERSITY OF NEW MEXICO HOSPITAL

OVER

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 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/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.)
y [REDACTED]

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine?
y [REDACTED]

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

[Signature]
Signature of Licensee/Registrant

4/9/98
Date



New Mexico Board of Medical Examiners
 Second Floor, Lamy Building
 491 Old Santa Fe Trail
 Santa Fe New Mexico 87501

30 CC
RECEIVED

MAY 04 2001

003151

NM BOARD OF
 MEDICAL EXAMINERS

PLEASE NOTE - ALL QUESTIONS MUST BE ANSWERED

Current Information

License # 97-329

Gender: Male Female

JOSEPH A OGBURN, MD
 UNMH OB/GYN DEPT
 ALBUQUERQUE, NM 87131-5286
 Phone: 505-272-9703

Corrections

PHONE 505-272-6383
fax # 505-272-6385 e-mail JOGBURN@SALUD.
UNM.EDU

fax # _____ e-mail: _____

Physician Assistant(s) currently under your supervision:

NONE

AMERICAN BOARD OF MEDICAL SPECIALTY:

Are you currently certified by a Board that is a member of the American Board of Medical Specialties?..... Yes No

If yes, designate AB#:

OBG, AB 30
 (Select from attached list of Recognized American Specialty Boards)

FIELD(S) OF PRACTICE:

OBG

OBG
 (Select appropriate code(s) from enclosed list)

Due And Payable By July 1, 2001

Renewal Fee: \$310

Your license will expire on June 30, 2001

Due And Payable After July 1, 2001

Late Renewal Fee: \$410

Renewals postmarked after July 1, 2001 require payment of a late fee of \$100

I request the following change in license status:

- Inactive Status/\$25 Fee:** I am not practicing medicine in New Mexico. I understand that once inactive status is granted, NMBME will waive the triennial renewal fees and CME requirements. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is inactive. Reinstatement after two years requires Board approval.
- Retired Status/No Fee:** I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine, hold registration with Drug Enforcement Administration or write prescriptions. I further understand, if at any time I wish to practice medicine in New Mexico, I will be required to re-apply and maybe required to take the SPEX examination.
- Voluntary Lapsed Status/No Fee:** I choose not to renew my New Mexico medical license. A voluntarily lapsed license is not valid for practice in New Mexico.

Do not submit CME documentation unless a CME audit form is included with your renewal.

Since the last renewal:

1. Has any action, including any disciplinary action, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board?..... Yes No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license?..... Yes No
3. Have you been treated for use or misuse of any chemical substance?..... Yes No
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine?..... Yes No
5. Have you been denied a license in another state?..... Yes No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?..... Yes No
7. Have you been reported to the National Practitioner Data Bank?..... Yes No
8. Have you been arrested, convicted of, or pled no contest to a crime?..... Yes No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you?..... Yes No

If you answered "Yes" to any of the above, please provide a complete written explanation with this application.

Practice Information:

1. Do you practice full-time in New Mexico? Yes No
2. Do you practice part-time in New Mexico? Yes No
 - A. Average weeks per year? (Circle one) ≥ 50 45-49 40-44 35-39 30-34 20-29 10-19 ≤ 9
 - B. Average days per week? (Circle one) 7 6 5 4 3 2 1 0
 - C. Average hours per week? (Circle one) ≥ 60 50-59 40-49 30-39 20-29 10-19 ≤ 9
3. Are you retired but maintain an active license? Yes No
4. Please indicate number of work location(s)

Office(s): 1 (2) 3 4 5 6 ≥ 7	Clinic(s): 1 2 3 4 5 6 ≥ 7	Hospital(s): 1 (2) 3 4 ≥ 5
City(s)/Town(s): (1) 2 3 4 ≥ 5	Rural: 1 2 3 4 ≥ 5	

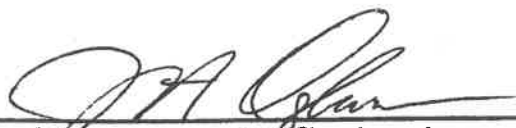
Physician Practice Information data will not be identified to any other person or institution.

Payment Information:

- | | |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Visa | <input type="checkbox"/> Check |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Money Order |

Account No. [REDACTED] Expiration Date 02-03

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that if I was licensed during the calendar years 1998, 1999 and 2000, I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16 NMAC 10.4



Signature of Licensee (Signature stamp are not accepted)

4/23/01

Date

97-329

Tipton, Lynn F., BME

Rel.
6-25-07

From: Nicole Sandoval [nasandoval@salud.unm.edu]
Sent: Monday, June 25, 2007 2:30 PM
To: Tipton, Lynn F., BME
Subject: Dr Tony Ogburn

Follow Up Flag: Follow up
Flag Status: Red

Attachments: CME.pdf



CME.pdf (1 MB)

Lynn,

I have attached copies of Dr. Ogburn's CME credits. I will e-mail you Dr. Espey's tomorrow. Please let me know if this is enough. Thank you for your assistance with this matter.

Nicole Sandoval
Administrative Assistant III
Department of OB/GYN
1 University of New Mexico
MSC10 5580
Albuquerque, NM 87131
Phone: (505) 272-6383
Fax: (505) 272-6385
NASandoval@salud.unm.edu

This inbound email has been scanned by the MessageLabs Email Security System.

Tipton, Lynn F., BME

97-329

From: Nicole Sandoval [nasandoval@salud.unm.edu]
Sent: Monday, June 25, 2007 2:30 PM
To: Tipton, Lynn F , BME
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Rel.
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CME.pdf (1 MB)

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Department of OB/GYN
1 University of New Mexico
MSC10 5580
Albuquerque, NM 87131
Phone: (505) 272-6383
Fax: (505) 272-6385
NASandoval@salud.unm.edu

This inbound email has been scanned by the MessageLabs Email Security System.

Expired

The American College of Obstetricians and Gynecologists

Association of Professors of Gynecology and Obstetrics

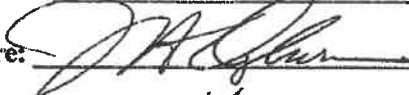
2004 APGO Faculty Development Seminar
Ob-Gyn Education: Getting to the Core
January 10-13, 2004

ACME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA CME Category I Credits and ACOG Cognate Hours

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 16 category I credit towards the AMA Physician's Recognition Award and a maximum of 16 category I ACOG cognate credit. Each physician should claim only those hours of credit that he/she actually spent in the activity.

Name: J A. (Tony) OGBURN
ACOG ID #: 035 7642
Signature: 
of Credits Earned: 16

ACOG Fellows/Junior Fellows participating in the Cognate Program, need to send one copy of the attendance letter to:

ACOG Cognate Program
PO Box 96920
Washington, DC 20090-6920 or

******THIS FORM MAY BE COMPLETED AND TURNED IN
ON-SITE AT THE REGISTRATION DESK AND APGO WILL
FORWARD IT TO ACOG******



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Continuing Education Activity
Certificate of Attendance

IHS CLINICAL SUPPORT CENTER
TWO RENAISSANCE SQUARE
40 NORTH CENTRAL AVENUE - SUITE 780
PHOENIX, AZ 85004

FILE NUMBER: 4218.00
DATE(S): 01/30/2004 - 02/01/2004
LOCATION: Telluride, Colorado

THIS IS TO CERTIFY THAT

TONY OGBURN

ATTENDED

WOMEN'S AND CHILDREN'S HEALTHCARE

ON

JANUARY 30, 2004 THRU FEBRUARY 1, 2004

AND HAS BEEN AWARDED 9.00 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 11.00 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

Medical Educator

05/28/2004



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

*Participated in the following CME activity
conducted by this office:*

*University of New Mexico
2004 GME Retreat, "Patient Safety and GME"
March 30, 2004
Wyndham Airport Hotel - Albuquerque, New Mexico*

Credit Approvals:

AMA Category 1

Credits Approved:

8/4

Ellen M. Cosgrove, M.D.

Office of CME Authorization

I certify that I participated in the above CME
activity for _____ credits.

Tony Collier
Participant Signature



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

*Participated in the following CME activity
conducted by this office:*

Advances in Indian Health

April 21-23, 2004

*UNM CONTINUING EDUCATION AND CONFERENCE CENTER
Albuquerque, New Mexico*

Credit Approvals:

AMA, Category 1

AAFP (Prescribed)

Credits:

13.5

13.5

Ellen M. Cosgrove, M.D.

Office of CME Authorization

I certify that I participated in the above CME
activity for 4 hours.

*gave
3 lectures*

Tony [Signature]
Participant Signature



The University of California, Irvine College of Medicine certifies that

J. Anthony Ogburn, M.D.
1204 Hidden Valley NE
Albuquerque, NM 87111

has participated in the educational activity titled
15th ANNUAL PHILIP J. DISAIA SOCIETY/RESIDENT PAPER DAY

at
Disney's Grand Californian Hotel
on
5/22/04

And is awarded 3.0 category 1 credit(s) toward the
AMA Physician's Recognition Award.

The University of California, Irvine College of Medicine is accredited by
The Accreditation Council for Continuing Medical Education
to provide continuing medical education for physicians.

Handwritten signature of Thomas C. Cesario in black ink.

Thomas C. Cesario, M.D.
Dean

Handwritten signature of Gerald A. Maguire in black ink.

Gerald A. Maguire, M.D.
Assistant Dean,
Continuing Medical Education



CERTIFICATE OF ATTENDANCE

POSTGRADUATE COURSE ON OBSTETRIC, NEONATAL, AND GYNECOLOGIC CARE

Developed by
The Committee on American Indian Affairs
In cooperation with the
Indian Health Service

ACCME Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of The American College of Obstetricians and Gynecologists (ACOG) and the Committee on American Indian Affairs and the Indian Health Service.

AMA CME Category 1 Credit and ACOG Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 32 Category 1 credits toward the AMA Physician's Recognition Award and a maximum of 32 category 1 ACOG cognate credits. **Each physician should claim only those credits that he/she actually spent in the activity.**

AAFP Accreditation

This activity has been reviewed and is acceptable for up to **29.5 Prescribed** credits by the American Academy of Family Physicians

This is to certify that

Joseph A. Ogburn, MD

attended the 2004 postgraduate course June 13, 14, 15, 16, and 17, 2004 and claimed 32 hours of credit.

7/15/04
Date

[Signature]
Authorized Signature



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

OFFICE OF CONTINUING MEDICAL EDUCATION

169.25

6/22/2007

Transcript Report

Name: Tony Ogburn, MD
UNM School of Medicine

Date	Title	Type	Units
1/16/2004	NPO Status of Parturients	AMA	1.00
1/23/2004	Molecular Mechanisms in Cervic	AMA	1.00
2/7/2004	2004 Annual Women's Health Care Seminar	AMA	11.00
2/12/2004	Discussion Session: Practical Strategies to Assess Professionalism in Residencies Faculty	AMA	1.00
2/12/2004	Workshop: Assessing Professionalism from Concept to Construct	AMA	2.00
2/13/2004	Bladder Matters	AMA	1.00
2/20/2004	Update on Graduate Medical Edu	AMA	1.00
2/27/2004	Critical Care for the Obstetrician	AMA	1.00
3/12/2004	Anatomy of Female Pelvis	AMA	1.00
3/19/2004	Bringing the Prenatal Record	AMA	1.00
3/30/2004	Patient Safety and GME	AMA	8.00
4/9/2004	Gastroschisis	AMA	1.00

102.5

111.5

81.5

71

127.5

4/16/2004	The Origin of Adult Disease in Fetal Life	AMA	1.00
4/23/2004	Advances in Indian Health	AMA	13.50
4/23/2004	Continuing Medical Education	AMA	1.00
4/30/2004	ITA, A Revolutionary Molecule in Pregnancy Management and Cancer Treatment	AMA	1.00
5/7/2004	Post-operative Voiding Dysfunction	AMA	1.00
6/4/2004	Rational Use of HPV DNA Testing in Clinical Practice	AMA	1.00
6/11/2004	Young Mothers Group and Center	AMA	1.00
10/8/2004	2004: Patient Safety Update	AMA	1.00
10/8/2004	National Patient Safety	AMA	1.00
10/29/2004	Natural Hormone Replacement	AMA	1.00
11/19/2004	ART (Assisted Reproductive Tec	AMA	1.00
12/3/2004	Risk Management in OB/GYN (2)	AMA	1.00
12/17/2004	A Trip to Your Neighborhood Pharmacy: An Obstetricians's Perspective	AMA	1.00
1/7/2005	Peri-partum Hemorrhage and a Systematic Team Approach	AMA	1.00
1/14/2005	Uterine Artery Embolization	AMA	1.00
1/28/2005	Controversies in UI Epidemiology, How Common Is "Common"?	AMA	1.00
2/11/2005	Mood Disorders in Women Related to Hormones	AMA	1.00
2/25/2005	Diabetes and women: Issues in	AMA	1.00

3/11/2005	Breast feeding:What's new at u	AMA	1 00
3/18/2005	Obstetric Anesthesia Update	AMA	1.00
4/1/2005	Update on intrauterine Contrace	AMA	1.00
4/8/2005	Obesity: A Weighty Problem	AMA	1 00
4/14/2005	Adhesions and Their Morbidity	AMA	2 00
4/22/2005	First Trimester Prenatal Diagn	AMA	1.00
4/29/2005	Recreational Drugs and Pregnanc	AMA	1 00
5/13/2005	Advances in Indian Health 2005	AMA	4 00
5/20/2005	Colposcopy in Pregnancy	AMA	1 00
5/27/2005	Advanced Techniques in Pelvic	AMA	1.00
6/10/2005	The Pharmaceutical Industry	AMA	1.00
5/5/2006	Advances in Indian Health 2006	AMA	24 00
2/10/2007	2007 Women's Health Care Seminar	AMA	11 00
2/10/2007	2007 Women's Health Care Seminar	SPKR	2 00
5/4/2007	2007 Advances in Indian Health	AMA	26 00
5/4/2007	2007 Advances in Indian Health	SPKR	2.00
Total Credits:		AMA	136.50
		SPKR	4.00

Ellen M. Cosgrove, M.D.

Office of CME Authorization

The American College of Obstetricians and Gynecologists

Association of Professors of Gynecology and Obstetrics

2005 APGO Faculty Development Seminar
Team Ob-Gyn: Energizing Our Students and Educators
January 8-11, 2005

ACME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA CME Category I Credit and ACOG Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 13 category I credit(s) towards the AMA Physician's Recognition Award and a maximum of 13 category I ACOG cognate credit(s). Each physician should claim only those credits that he/she actually spent in the activity.

Name: OGBURN

ACOG ID #: _____

(Required)*

Signature: _____

of Credits Earned: 13 hours

ACOG Fellows/Junior Fellows participating in the Cognate Program need to send one copy of the attendance letter to:

ACOG Cognate Program
PO Box 96920
Washington, DC 20090-6920 or fax to (202) 484-1586

CERTIFICATE OF ATTENDANCE
PLEASE KEEP THIS FORM FOR YOUR RECORDS

The American College of Obstetricians and Gynecologists

The Council on Resident Education in Obstetrics and Gynecology and The Association of
Professors of Gynecology and Obstetrics

2005 CREOG & APGO Annual Meeting
Finding the Resources, Finding the Time-
Education in Ob-Gyn
March 2-5, 2005

ACCME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA CME in Category 1 Credit and ACOG Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 20 credits in Category 1 towards the AMA Physician's Recognition Award and a maximum of 20 credits in Category 1 ACOG cognate credits

Wednesday, 3/2 = 4 credits

Thursday, 3/3 = 8 credits

Friday, 3/4 = 6 credits

Saturday, 3/5 = 2 credits

All attendees MUST sign-in each day in order to get credits

Each physician should claim only those credits that he/she actually spent in the activity.

Name: _____

ACOG ID #: _____

of Credits Earned: _____


IF YOU DID NOT SUPPLY US WITH YOUR ACOG #, FILL IN THIS FORM AND MAIL IT TO:

ACOG Cognate Program

PO Box 96920

Washington, DC 20090-6920

Fax: (202) 484-1586

CERTIFICATE OF PHYSICIAN ATTENDANCE

NATIONAL
ABORTION
FEDERATION

NAF's 29th Annual Meeting

Coming Together: Science, Politics, and Ethics
April 18 & 19, 2005
Montréal, Québec

This Certifies the Attendance of

Joseph Ogbum, MD

NAF is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The National Abortion Federation designates this continuing medical education activity for 14 credit hours (maximum of 13) in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 14 cognate credits to this program.

Split Credit with Concurrent Sessions:

This activity has been reviewed and is acceptable for up to 9.50 credits by the American Academy of Family Physicians. This includes 9.50 Prescribed and 1.25 Elective credits. Because some sessions run concurrently, no more than a total of 9.50 credits may be reported.

Vicki Saporta

Vicki Saporta
President and CEO

Vicki Breitbart

Vicki Breitbart, EdD, MSW
Chair of the Board of Directors



**CERTIFICATE OF ATTENDANCE
2005 ACOG Annual Clinical Meeting**

**May 7-11, 2005
San Francisco, CA**

**ACOG Cognate Program
PO Box 96920
Washington DC 20090-6920**

JOSEPH OGBURN MD

HAS EARNED 24 COGNATE CREDITS



**GENERAL SESSION - 18 COGNATE CREDITS/18 CREDITS AMA CAT 1
TW05 - Current Topics in Reproductive - 6 COGNATE CREDITS/6 CREDITS AMA CAT 1**



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

*Participated in the following CME activity
conducted by this office:*

Advances in Indian Health

May 11-13, 2005

*UNM CONTINUING EDUCATION CONFERENCE CENTER
Albuquerque, New Mexico*

<u>Credit Approvals:</u>	<u>Credits:</u>
AMA, Category 1	160
AAFP (Prescribed)	160

Ellen M. Cosgrove, M.D.

Office of CME Authorization

*I certify that I participated in the above CME
activity for 4 credits.*

Tony [Signature]
Participant Signature

ORANGE COUNTY OBSTETRICAL & GYNECOLOGICAL SOCIETY
300 S. Flower Street – Orange, California 92868 – (714) 978-1260 – Fax (714) 935-0578

TWENTY-SIXTH ANNUAL ORANGE COUNTY OB/GYN CONGRESS
SIXTEENTH ANNUAL PHILIP J. DI SALA SOCIETY SYMPOSIUM, and the
UNIVERSITY OF CALIFORNIA, IRVINE, DEPARTMENT OF OBSTETRICS & GYNECOLOGY
TWENTY-THIRD ANNUAL RESIDENT PAPER DAY

Westin South Coast Plaza Hotel
Costa Mesa, California
Thursday-Saturday, May 19-21, 2005

Maximum of 16 Hours Category One Credit
Institute for Medical Quality/California Medical Association

Saturday, May 21, 2005
Total of 6.5 Hours of Category One Credit

J. Anthony Ogburn, M.D.
University of New Mexico
1 University of New Mexico
MSC 10-5580
Albuquerque NM 87131

Participant's Name:

The Orange County OB/GYN Society is accredited by the Institute for Medical Quality and the California Medical Association. The above named participant attended this course and may report a maximum 6.5 hours of Category I Credit toward the California Medical Association's Certificate in Continuing Medical Education and the American Medical Association Physician's Recognition Award. (This includes 2 hours of education in pain management/end of life care**) The American College of Obstetricians and Gynecologists has assigned 7 cognate credits to this program. Only the actual hours spent in the educational activity may be reported.

****Pain Management Education:**

- 1. Update on Post Operative Nausea and Vomiting --- 1 hour**
- 2. Epidural Anesthesia to Manage Postpartum Pain – 1 hour**

If you wish to report your hours to ACOG, please provide your ACOG 7-digit ID number:

_____ and mail a copy of this certificate to: ACOG Cognate
Office, PO Box 96920, Washington, DC 20090-6920 or FAX to: (202) 484-1586.



This certificate is to be kept for six (6) years.

From: "EM" <EM@greenjournal.org>
To: <jogburn@salud.unm.edu>
Date: 7/12/2005 12:42:28 PM
Subject: CME Credit (ms 05-655)

Thank you for serving as a reviewer to Obstetrics & Gynecology. In recognition of the amount of time, effort, and expertise required of a reviewer, the American Medical Association has established criteria for the designation of continuing medical education credits for completed reviews

This e-mail is documentation for your continuing medical education credits.

ACCME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA CME Category 1 Credit and Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 3 Category 1 Credits toward the AMA Physicians's Recognition Award and a maximum of 3 Category 1 ACOG Cognate Credits

Editorial Staff
Obstetrics & Gynecology
409 12th Street, SW
Washington, DC 20024
Phone: 202-314-2317
Fax: 202-479-0830
Web site: <http://www.greenjournal.org>



3 hours
Reviewer OB/GYN
Jan 2005



ACOG CO
PO BOX 9
409 12TH
WASHING

VALIDATION OF ATTENDANCE

TONY OGBURN MD

HAS ATTENDED

2007 ACOG Leader Conf
February 25-27, 2007
Washington, DC

17 AMA PRA CATEGORY 1 CREDITS™ 17 COGNATE CREDITS

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
A COPY OF THIS FORM DOES NOT NEED TO BE SUBMITTED TO THE COLLEGE



ACOG CO
PO BOX 9
409 12TH
WASHING

VALIDATION OF ATTENDANCE

JOSEPH OGBURN MD

HAS ATTENDED

2005 CREOG Education Retreat

July 28-29, 2005

Big Sky, Montana

10 COGNATE CREDITS 10 CREDITS AMA 1

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
A COPY OF THIS FORM DOES NOT NEED TO BE SUBMITTED TO THE COLLEGE

Advanced Procedural Sedation Course

Awarded to

Joseph Ogburn MD

*This Program has been reviewed and is acceptable for 8 elective CME hours by
The University of New Mexico Office of Continuing Medical Education and University of NM Graduate
Medical Education and Hospital BATCAVE*

09/22/2005

Steve McLaughlin, MD

***Disclaimer:** The techniques and modifications taught in this course may only be used by appropriately licensed health care professionals, trained and experienced in basic and advanced airway management, and in compliance with all agency/institutional policies including those of the supervising Department of Anesthesiology and state law. If the individual being trained is not a licensed physician, he/she must perform these skills under a physician's direct supervision and authority in the context of an organized program that includes protocols, and active quality assurance program and continuing education.

***Accreditation Statement:** This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCM) through the joint sponsorship of the University of New Mexico Office of Continuing Medical Education and University of NM Graduate Medical Education and Hospital BATCAVE. The University of New Mexico Office of Continuing Medical Education is accredited by the ACCME to sponsor continuing medical education for physicians. The UNM Office of Continuing Medical Education designates this continuing medical education activity for a maximum of 8 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he/she actually spend in the educational activity.

***Disclosure Statement:** Instructors have no financial interest or other relationship with the manufacturer(s) of any commercial product(s).



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Continuing Education Activity
Certificate of Attendance

IHS CLINICAL SUPPORT CENTER
TWO RENAISSANCE SQUARE
40 NORTH CENTRAL AVENUE - SUITE 780
PHOENIX, AZ 85004

FILE NUMBER: 4682.00
DATE(S): 01/27/2006 - 01/29/2006
LOCATION: Telluride, Colorado

THIS IS TO CERTIFY THAT

TONY OGBURN

ATTENDED

WOMEN'S AND CHILDREN'S HEALTHCARE

ON

JANUARY 27, 2006 THRU JANUARY 29, 2006

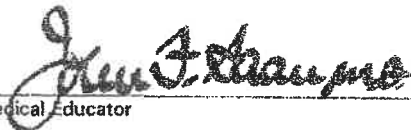
AND HAS BEEN AWARDED **9.00 CREDIT HOURS.**

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 10.25 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.



Medical Educator

07/17/2006



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

*Participated in the following CME activity
conducted by this office:*

Advances in Indian Health

May 2-5, 2006

*UNM CONTINUING EDUCATION CENTER
Albuquerque, New Mexico*

Credit Approvals:
AMA PRA, Category 1 Credit(s)[™]
AAFP (Prescribed)

Credits:
24.0
24.0

Ellen M. Cosgrove, M.D.

Office of CME Authorization

*I certify that I participated in the above CME
activity for 16 credits.*

Tony [Signature]
Participant Signature

Certificate of Continuing Education



This certifies the attendance of

Anthony Ogburn, MD

at

*Helping Your Patients Decide: Making
Informed Health Choices about
Hormonal Contraception*

May 9, 2006

The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for 1.5 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

Lee Lee Doyle, PhD

Lee Lee Doyle, PhD
Chair, ARHP

From: "EM" <EM@greenjournal.org>
To: <jogburn@salud.unm.edu>
Date: 7/17/2006 1:03 pm
Subject: CME Credit (MS 06-577)

Thank you for serving as a reviewer to Obstetrics & Gynecology. In recognition of the amount of time, effort, and expertise required of a reviewer, the American Medical Association has established criteria for the designation of continuing medical education credits for completed reviews.

This e-mail is documentation for your continuing medical education credits

ACCME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians

AMA CME Category 1 Credit and Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 3 Category 1 Credits toward the AMA Physicians's Recognition Award or a maximum of 3 Category 1 ACOG Cognate Credits

*for 2006
3 hrs*



ACOG COGNATE PROGRAM
PO BOX 96920
409 12TH ST SW
WASHINGTON, DC 20090-6920

VALIDATION OF ATTENDANCE

TONY OGBURN MD

HAS ATTENDED

2006 CREOG Education Retreat

July 27-28, 2006

Montreal, Quebec, Canada

10 AMA PRA CATEGORY 1 CREDITS™ 10 COGNATE CREDITS

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
A COPY OF THIS FORM DOES NOT NEED TO BE SUBMITTED TO THE COGNATE PROGRAM



Continuing Medical Education Certificate

This is to certify that

Tony Ogburn

attended

2007 MIDWINTER CONFERENCE ON WOMEN'S & CHILDREN'S HEALTHCARE

On

1/26/2007 - 1/28/2007 in Telluride, Colorado

and had been awarded 6.25 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 10.50 hours of Category I credit towards the Physician's Recognition Award (P^M) of the American Medical Association. This AMA Category I credit is accepted by the American Academy of Physicians Assistants.

John F. Saari, MD, Medical Educator

Date Printed: 5/3/2007

IHS Clinical Support Center Two Renaissance Square 40 North Central Avenue Suite 780 Phoenix Arizona 85004



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

Tony Ogilvie MD

*participated in the following CME activity
conducted by this office:*

*2007 Annual Women's Health Care Seminar
February 9-10, 2007
Wyndham Airport Hotel - Albuquerque, New Mexico*

Credit Approvals:

Credits Approved:

AMA PRA Category 1 Credit (s) TM

11.0

American College of Nurse-Midwives

11.0

Ellen M. Longenecker, MD

Office of CME Authorization

I certify that I participated in the above CME activity for 11 hours.

Tony Ogilvie
Participant Signature



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

Tony Ogburn

*participated in the following CME activity
conducted by this office:*

The 2007 Annual Women's Health Care Seminar

February 9-10, 2007

Wyndham Airport Hotel - Albuquerque, New Mexico

IUDs and MVAs: A Hands on Workshop - Tony Ogburn, MD

Credit Approvals:

Credits Approved:

AMA PRA Category 1 Credit (s)™

3.0

Ellen M. Cosgrove, M.D.

Office of CME Authorization

*Also attended
the conference
7 additional
hours*

I certify that I participated in the above CME activity for 3 hours.

Tony Ogburn

Participant Signature

Seventh Annual Advances in Indian Health
May 1-4, 2007
UNM Continuing Education Center, Albuquerque, New Mexico

Speakers are entitled to receive additional credit for presenting new lecture content. You may receive 2.0 credits for each 1.0 hour of presentation time. You may claim the presentation credit only once for the same lecture.

To obtain AMA credit for presenting:

Urinary Stress Incontinence Cases

1:15 – 2:10 pm

Tony Ogburn, MD

AMA PRA Category 1 Credit(s)™

Hours Approved: 2.0

I certify that I presented the above presentation. I understand this may be claimed only once for the same lecture.



Signature



Name (Please Print)

Seventh Annual Advances in Indian Health
May 1-4, 2007
UNM Continuing Education Center, Albuquerque, New Mexico

Speakers are entitled to receive additional credit for presenting new lecture content. You may receive 2.0 credits for each 1.0 hour of presentation time. You may claim the presentation credit only once for the same lecture.

To obtain AMA credit for presenting:

Contraception

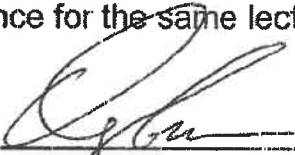
9:00 – 10:00 am

Tony Ogburn, MD

AMA PRA Category 1 Credit(s)™

Hours Approved: 2.0

I certify that I presented the above presentation. I understand this may be claimed only once for the same lecture.



Signature

OGBURN

Name (Please Print)

From: "EM" <EM@greenjournal.org>
To: <jogburn@salud.unm.edu>
Date: 5/18/2007 9:22 am
Subject: CME Credit (MS 07-197)

Thank you for serving as a reviewer to Obstetrics & Gynecology. In recognition of the amount of time, effort, and expertise required of a reviewer, the American Medical Association has established criteria for the designation of continuing medical education credits for completed reviews.

This e-mail is documentation for your continuing medical education credits.

ACCME Accreditation

The American College of Obstetricians and Gynecologists (ACOG) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians

AMA CME Category 1 Credit and Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 3 Category 1 Credits toward the AMA Physicians's Recognition Award or a maximum of 3 Category 1 ACOG Cognate Credits.

*Reviewer x 3
for total of 3 hours*

Ogburn, Joseph A

Ogburn, Joseph A 97-329

<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
	1. Has any action, including any disciplinary action, probation, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board since your last renewal?			6/15/2004
	2. Have you been denied a license in another state since your last renewal?			6/15/2004
	3. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license since your last renewal?			6/15/2004
	4. Have you been arrested, convicted of, or pled no contest to a crime since your last renewal?			6/15/2004
	5. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you since your last renewal?			6/15/2004
	6. 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")			6/15/2004
	7. Do you have any medical or mental condition that in any way impairs or limits your ability to practice safely?			6/15/2004
	8. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?			6/15/2004
	9. Have you been reported to the National Practitioner Data Bank since your last renewal?			6/15/2004
	10. 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.			6/15/2004
	Please select a statement that BEST describes your practice: * 	Engaged in		6/15/2004
	Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):	Y		6/15/2004
	Direct patient care:	91-100%		6/15/2004
	Administration:	51-60%		6/15/2004
	Teaching:	61-70%		6/15/2004
	Research:	41-50%		6/15/2004
	Other:	Not		6/15/2004
	Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100):	N		6/15/2004
	Are you retired but maintain an active license? * 	N		6/15/2004
	If you practice in New Mexico please indicate number of work location(s): Office(s):	1		6/15/2004
	Hospital(s):	1		6/15/2004
	Rural:	Not		6/15/2004
	Clinic(s):	3		6/15/2004
	City(s)/Town(s):	1		6/15/2004
	Administration (part-time):	Not		6/15/2004
	Direct patient care (part-time):	Not		6/15/2004
	Other (part-time):	Not		6/15/2004
	Research (part-time):	Not		6/15/2004
	Teaching (part-time):	Not		6/15/2004

	<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
	97-329				
	Ogburn, Joseph A				
56	Since your last renewal, have any complaints been filed against you with any licensing agency?			N	3/30/2007
57	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	3/30/2007
163	Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?			N	3/30/2007
164	Since your last renewal, have you been denied professional liability insurance coverage?			N	3/30/2007
165	Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?			N	3/30/2007
166	Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?			N	3/30/2007
167	Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?			N	3/30/2007
168	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	3/30/2007
169	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	3/30/2007
170	Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?			N	3/30/2007
171	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	3/30/2007
173	Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?			N	3/30/2007
58	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	3/30/2007
59	Since you have 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	3/30/2007
60	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.			N	3/30/2007
61	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	3/30/2007
62	Have you been treated for mental or significant medical illness during the past five years? If yes, please have your treating physician provide the NM Medical Board with a letter regarding your diagnosis and treatment.			N	3/30/2007
63	Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?			N	3/30/2007
64	Since your last renewal, have you been reported to the National Practitioner Data Bank?			N	3/30/2007
65	20. 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.			N	3/30/2007
104	<i>Direct patient care (part-time):			Not	3/30/2007
106	<i>Other (part-time):			Not	3/30/2007
107	<i>Research (part-time):			Not	3/30/2007
108	<i>Teaching (part-time):			Not	3/30/2007
86	Please select a statement that BEST describes your practice. * 			Engag	3/30/2007
87	Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):			Y	3/30/2007
88	<i>Direct patient care:			21+3	3/30/2007
90	<i>Administration:			11+2	3/30/2007
91	<i>Teaching:			51+6	3/30/2007
92	<i>Research:			0-10	3/30/2007
93	<i>Other:			Not	3/30/2007
94	Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):			N	3/30/2007
95	Are you retired but maintain an active license? * 			N	3/30/2007
96	If you practice in New Mexico please indicate number of work location(s). <i>Hospital(s):			1	3/30/2007
98	<i>Rural:			1	3/30/2007
99				Not	3/30/2007

3/28/2011

Ogburn, Joseph A

Medical Doctor

97-329

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	04/21/2010
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	04/21/2010
12. b. Are any currently held licenses pending investigation or being challenged?	N	04/21/2010
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	04/21/2010
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	04/21/2010
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	04/21/2010
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	04/21/2010
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	04/21/2010
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	04/21/2010
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	04/21/2010
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	04/21/2010
2. Since your last renewal have you been denied professional liability insurance coverage?	N	04/21/2010
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	04/21/2010
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	04/21/2010
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	04/21/2010
7. Have you ever been named as a defendant in any criminal proceedings?	N	04/21/2010
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	04/21/2010
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	04/21/2010
21. If yes do you hold Lifetime Certification?	N	04/21/2010
22. If yes do you hold Time Limited Certification?	Y	04/21/2010
8. Have you ever 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	04/21/2010
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	04/21/2010
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	04/21/2010
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	04/21/2010