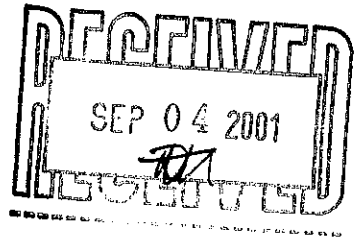


NM BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

PO BOX 25101
SANTA FE, NM 87504
(505) 827-7171



I. APPLICATION FOR LICENSURE

I hereby make application for a license to practice Osteopathic Medicine in the State of New Mexico. I am submitting the following information as the person named in this application. The photograph attached hereto is a true likeness of myself and was taken less than one year prior to the date of this application.

FULL NAME: Rothman Emily
(LAST NAME) (FIRST NAME) (MIDDLE) (MAIDEN)

BUSINESS ADDRESS: UNMH - Dept of Family + Community
(STREET) 2400 Tucker NE Medicine
Albuquerque NM 87131
(CITY/STATE/ZIP)
(505) 272-1671
(TELEPHONE NUMBER)

HOME ADDRESS: [REDACTED]
(TELEPHONE NUMBER)

DATE OF BIRTH: 70 PLACE OF BIRTH: [REDACTED]
SOCIAL SECURITY NUMBER: [REDACTED] DEA NUMBER: _____

II. CERTIFICATE OF MEDICAL EDUCATION

This certifies that Emily Rothman (previously Lichtman) D.O., entered the program on 08-28-1995
(PHYSICIAN'S NAME) (DATE MATRICULATED)
at the Philadelphia College of Osteopathic Medicine located in Philadelphia PA
(NAME OF UNIVERSITY) (CITY & STATE)

The person named attended the required courses and received a diploma conferring the degree of Doctor of Osteopathy on 06-06-1999.
(DATE GRADUATED)

Kimberly J. Citrus
(SIGNATURE OF PRESIDENT, DEAN, REGISTRAR)
Registrar 8-28-2001
(TITLE) (DATE)



(UNIVERSITY SEAL)

ATTACH A PASSPORT QUALITY PHOTO TO THE SPACE PROVIDED AT THE RIGHT. (NO POLAROIDS)

AUG 27 2001

III. EXAMINATION INFORMATION

This application is for licensure by endorsement of:

FLEX National Board USMLE COMLEX State Exam (State _____)

Date final part of exam was passed: February 2000

VI. POST GRADUATE MEDICAL EDUCATION

Hospital/Institution	Location	Month/Year to	Month/Year
Internship: <u>UNMH</u>	<u>Albuquerque, NM</u>	<u>6/99</u>	<u>6/00</u>
Residency: <u>UNMH - Dept of Family</u>	<u>Albuquerque, NM</u>	<u>6/00</u>	<u>present</u>
Residency: <u>and Community Medicine</u>			

V. SPECIALTIES AND BOARD CERTIFICATIONS

Specialty	Board Certified?	Board Eligible?	Date Certified
<u>Family Practice</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

VI. STATE LICENSES

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

State or Province	License Number	Date Issued	Date Expired
<u>N/A</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VII. HOSPITAL/CLINIC AFFILIATIONS

List all hospital/clinical staffs on which you have served in the past five (5) years.

Dates	Hospital/Clinic Name	Location (Address, city, state)
<u>6/99-present</u>	<u>UNMH</u>	<u>2211 Lomas Blvd NE Albuquerque NM</u>
<u>6/99-present</u>	<u>USPHS Indian Hospital</u>	<u>801 Vassar Dr NE Albuquerque NM</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 1. Have you ever been charged with or convicted of a federal, state or local statute? Yes No
- 2. Have you, during the past five years, had personal or legal problems with alcohol, narcotics, stimulants or habit forming drugs? Yes No
- 3. Have you during the past 5 years been treated or hospitalized for mental illness? Yes No
- 4. Have you ever had any action taken against you for Medicaid, Medicare, or insurance fraud? Yes No
- 5. Have you ever surrendered your provider number or the status of a provider for the Medicare or Medicaid program by any division or agency of any state or federal government? Yes No
- 6. Have you ever had a medical license denied, revoked, suspended or limited by any state licensing board or province? Yes No
- 7. Have you ever failed to pass any examination or part thereof, required by any state board or province for licensure? (Flex, National Board, State exam, COMLEX, USMLE) Yes No
- 8. Have you ever resigned or withdrawn your application from a hospital staff or professional medical group? Yes No
- 9. Have your hospital privileges ever been revoked or withdrawn for any reason? Yes No
- 10. Have you surrendered hospital privileges, state licenses, controlled substances registration, or DEA registration after disciplinary cases or investigations were started? Yes No
- 11. Do you have any malpractice claims, settlements, judgments or medically related lawsuits against you or pending? Yes No
- 12. Have you previously applied for a New Mexico Osteopathic Medical license or permit? Yes No
- 13. Are you currently more than thirty days in arrears in payments of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state? Yes No

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

IX. AFFIDAVIT

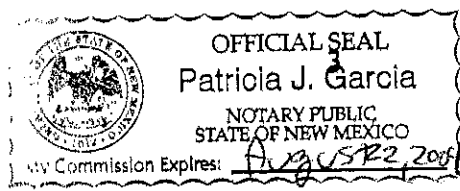
Emily Rothman, being duly sworn, deposes and states that the foregoing statements are true and correct. I further solemnly swear that if granted a license to practice osteopathic medicine in the State of New Mexico, that I shall abide by the laws of the State.

Dated 8/16/01 Signed [Signature]

State of New Mexico) : County of Bernalillo)

SUBSCRIBED AND SWORN TO before me this 16th day of August, 2001.

My commission expires: August 22, 2004 Patricia J. Garcia
Date Notary Public Signature & Seal





STATE OF NEW MEXICO
REGULATION AND LICENSING DEPARTMENT
BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

P.O. Box 25101 * Santa Fe, New Mexico 87504-25101
Phone (505) 476-7120 * Fax: (505) 476-7095

Kelly S. Ward
SUPERINTENDENT

Liz Z. Montoya
Executive Director

Gary E. Johnson
GOVERNOR

October 26, 2001

Emily Rothman


Dear Dr. Rothman:

Thank you for applying to obtain a license to practice Osteopathic Medicine and Surgery in New Mexico. The board meeting scheduled for November 10, 2001 has been rescheduled for November 17, 2001.

The NM Board of Osteopathic Medical Examiners will be interviewing new applicants at the next regular scheduled board meeting. You are scheduled to meet with the board for a personal interview. The interview details are as follows:

Date: November 17, 2001
Time: 10:55am
Location: Regulation and Licensing
725 St. Michaels Dr.
Santa Fe, NM 87504

The items that we have not yet received are one letter of recommendation.. ^{✓ 11/07} **If your application is not complete, your appointment will be cancelled.**

Please call to confirm that you have received this notice and will be attending. In the event that you are unable to appear, please notify this office and confirm in writing. If you have any questions regarding this interview you may contact this office at (505) 476-7120.

Thank you,



Suzette Porter
Administrative Assistant



Gary E. Johnson
GOVERNOR

STATE OF NEW MEXICO
REGULATION AND LICENSING DEPARTMENT
BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

P.O. Box 25101 * Santa Fe, New Mexico 87504-25101
Phone (505) 476-7120 * Fax: (505) 476-7095

Kelly S. Ward
SUPERINTENDENT

Liz Z. Montoya
Executive Director

September 20, 2001

Emily Rothman

Dear Dr. Rothman:

Your application for a license to practice Osteopathic Medicine and Surgery has been received. This letter is to notify you of the status of the application. You are lacking the following marked items:

- 1. Completed application
- 2. Photograph attached to application (NO POLAROID)
- 3. \$300.00 Application fee (NON-REFUNDABLE)
- 4. Notarized copy of osteopathic college diploma (8 1/2 by 11)
- 5. Notarized internship certificate
- X 6. Notarized residency certificate *→ (3 yr) completed but complete in 10 mths*
- X 7. Letter from the internship program director *is the same letter as res.*
- 8. Letter from the residency program director
- 9. Exam scores (from NMBOME, FLEX, COMLEX, USMLE)
- 10. Verification of licensure from the
- X 11. Hospital affiliation from USPHS Indian Hospital *→ goes through UHM*
- 12. American Osteopathic Association profile
- X 13. One letters of recommendation
- 14. Federation of State Medical Boards
- 15. Other:
- 16. Your application is complete and you will be scheduled for your personal interview with the board. You will be notified of the exact time of your personal interview at a later date.

Personal Interview:
Location:

Your application must be complete in every detail before you will be scheduled for a personal interview with the Board. If you have any questions you may contact me at (505) 476-7120.

Thank You,

Suzette Porter, Administrative Assistant

This is to certify that this is an official copy of the diploma awarded to Emily Rothman (formally Lichtman) at Commencement ceremonies on June 6, 1999

Kimberly J. Litvinov

Kimberly J. Litvinov
Registrar
8/28/2001



PHILADELPHIA COLLEGE
OF
OSTEOPATHIC MEDICINE

BE IT KNOWN THAT
EMILY LIGHTMAN

HAVING SATISFIED THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF OSTEOPATHIC MEDICINE
HAS ACCORDINGLY BEEN ADMITTED TO THAT DEGREE WITH ALL THE
RIGHTS PRIVILEGES AND RESPONSIBILITIES THEREUNTO APPERTAINING
IN TESTIMONY WHEREOF THE SEAL OF THE COLLEGE AND THE SIGNATURES
AUTHORIZED BY THE BOARD OF TRUSTEES ARE HEREUNTO AFFIXED
SIGNED THIS SIXTH DAY OF JUNE ANNO DOMINI
ONE THOUSAND NINE HUNDRED AND NINETY NINE

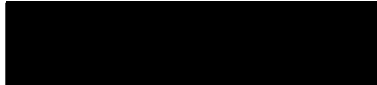
Kimberly J. Litvinov
PRESIDENT AND CHIEF EXECUTIVE OFFICER

Robert M. ...
CHAIRMAN BOARD OF TRUSTEES

Wendy J. ...
DEAN

AUG 27 2001

August 28, 2001



State of New Mexico
Board of Osteopathic Medical Examiners
P.O. Box 25101
Santa Fe, NM 87504

To Whom It May Concern:

I am a third year Family Practice Resident in the Department of Family and Community Medicine at the University of New Mexico, and I would like to apply for a medical license in the State of New Mexico. I have enclosed my medical license application fee and certified degree of internship completion. My application will be sent to you directly from the Philadelphia College of Osteopathic Medicine.

In addition, due to the fact that my last name has changed since I graduated from medical school, I included copies of my new social security card and the court document decreeing my legal name change.

If you have any questions or concerns, please feel free to contact me at [REDACTED] or page me at [REDACTED]

Thank you for your time and assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Emily Rothman', with a long horizontal flourish extending to the right.

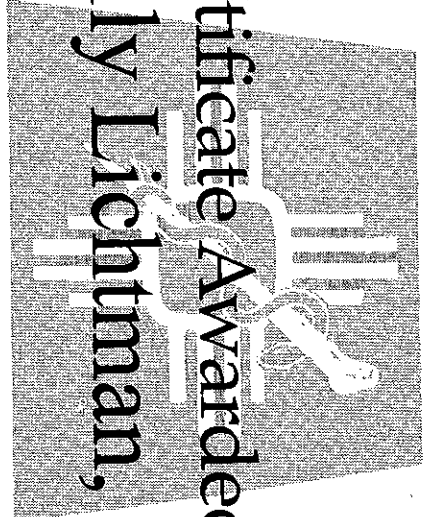
Emily Rothman, D.O.

I certify that this is a true and exact copy of the original.

Joe Sparkman 8-21-01
Joe Sparkman, Notary Public, Exp 6/30/03

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE AFFILIATED HOSPITALS

ALBUQUERQUE, NEW MEXICO

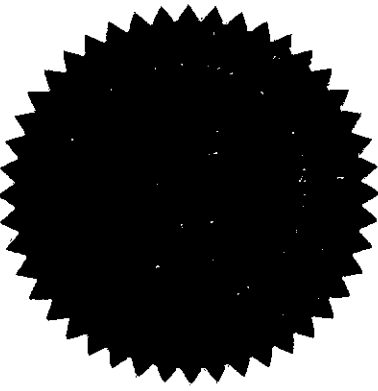


Certificate Awarded to
Emily Lichtman, DO

in recognition of successful completion
of the accredited program as
Intern in Family Practice
June 1999 - June 2000

Carole Ann Starnberger MD
Associate Dean for Graduate
Medical Education

Paul J. ...
Dean, School of Medicine



John ...
Program Director
John ...
Department Chairman

EMILY ROTHMAN, DO



RECORDED
MAY 23 2005
CL 299 / 25.00

MAILED
5/24/05
removed 5/26/05

May 21, 2005

NM Board of Osteopathic Medical Examiners
2550 Cerrillos Road
PO Box 25101
Santa Fe, NM 87504

To Whom It May Concern:

I am writing to request that my home address be removed from my medical license certificate. Please use my home address (listed above) for any correspondences (including license renewal notifications) from your office.

Below I have listed my business address; please place that address on my medical license certificate:

MSC 08 4600
1 University of New Mexico
Albuquerque, NM 87131-0001

Per the instructions from Suzette Porter, I have enclosed a check for \$25. If you have any questions, please feel free to contact me at 505-350-0159. Thank you for your assistance.

Sincerely,

Emily Rothman, D.O.
License No. A-1176-01



STATE OF NEW MEXICO
 Regulation and Licensing Department
BOARD of OSTEOPATHIC MEDICAL EXAMINERS
 P.O. Box 25101
 Santa Fe, NM 87504
 (505) 476-7120

RECEIVED
 AUG 23 2001
 Robin Dozier-Otten
 SUPERINTENDENT

Gary E. Johnson
 GOVERNOR

Liz Z. Montoya
 EXECUTIVE DIRECTOR

HOSPITAL AFFILIATION FORM

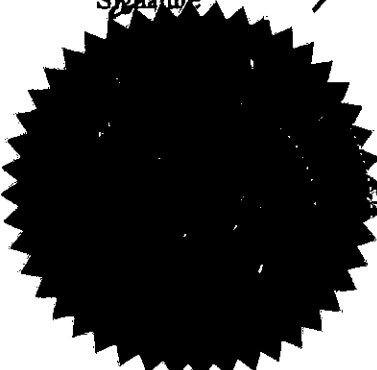
In applying for license to practice osteopathic medicine, the New Mexico Board of Osteopathic Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital or clinic where I have held privileges, consultation or teaching appointments during the past five 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, directly to the above address.

Applicant Signature: *Emily Rothman* Date: 8/16/01
 Applicant Name: Emily Rothman Title (D.O. or P.A.): D.O.
 Address: _____ City: _____ State: _____ Zip Code: _____

1. What Privileges were extended to the applicant? Resident Physician
Rotations at UNMH, VAMC, Abq Indian Hospital
 For how long? 6/24/99-pres
2. Were staff privileges ever removed or restricted? No (If yes, please explain)
3. Derogatory Information, if any: None

Univ of New Mexico HSC
 Hospital Name
 Joe Sparkman
 Chief of Staff/Administrator
 Signature: *Joe Sparkman*

915 Camino de Salud, Albuquerque, NM 87131
 Address
 Albuquerque, NM
 City State Zip Code
 Date: 21 August 2001



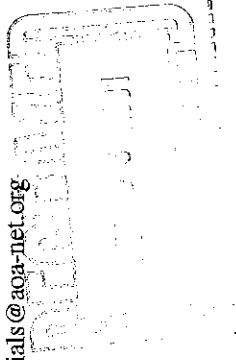
DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL



OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

AMERICAN OSTEOPATHIC ASSOCIATION

CREDENTIALS SERVICES, 142 E. Ontario Street Chicago, Illinois 60611-2864 800-621-1773 EXTENSION 8145 FAX 312-202-8206
ELECTRONIC MAIL: credentials@aoa-net.org



Physician Name and Address:

Emily Lichtman, DO

[Redacted Address]

Major Professional Activity: Probable Resident

Self-Designated Major Practice Focus: Family Practice

AOA Membership Status: Member

Report Valid Only For Requesting

Phone:

[Redacted Phone Number]

Birthdate:

70

Self-Designated Minor Practice Focus:

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education: Philadelphia College of Osteopathic Medicine
Philadelphia, PA

Year of Graduation: 1999

Postdoctoral Education: (Current and/or prior osteopathic postdoctoral internship and residency training programs approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)

Internship: WesternU/COMP/UNM Hospital - Internship Training, Albuquerque, NM

Dates Attended: 07/01/1999 -- 06/30/2000 Reverifying

Residency: WesternU/COMP/UNM Hospital - Family Practice Residency, Albuquerque, NM

Dates Attended: 07/01/2000 -- 06/30/2001 Verified

Residency: WesternU/COMP/UNM Hospital - Family Practice Residency, Albuquerque, NM

Dates Attended: 07/01/2001 -- 06/30/2002

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended are listed below. Check with the program director if "unverified."

Residency:

Dates Attended:

AOA Report For: Emily Lichtman, DO

08/29/2001

A product of the American Osteopathic Accreditation Program (AOAP)

© 2001 by the American Osteopathic Association



OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

AMERICAN OSTEOPATHIC ASSOCIATION

CREDENTIALS SERVICES, 142 E. Ontario Street Chicago, Illinois 60611-2864 800-621-1773 EXTENSION 8145 FAX 312-202-8206
ELECTRONIC MAIL: credentials@aoa-net.org

License(s):	Date	Expiration	Status	Date Last	** Contact Board for
State	Granted:	Date		Reported	More Information

**** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.**

Osteopathic Specialty Board Certification(s): (Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists and meeting all current requirements for maintaining certification status.)

General Certification(s):

Issue Date: **Expiration Date:**

Certification(s) of Special Qualifications:

Issue Date: **Expiration Date:**

Certification(s) of Added Qualifications:

Issue Date: **Expiration**

Certification by member board(s) of the American Board of Medical Specialties (ABMS): (Only those certificates that have been verified by the ABMS are listed below.)

Date	Expiration	Date Last Reported
Granted:	Date:	to the AOA

Primary Board(s):

Certificates of Added/Special Qualifications:

AOA Accredited Continuing Medical Education: CME is not required for this physician.

Please note: The AOA reports CME for AOA members only.

Federal Drug Enforcement Administration: None Reported

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



OFFICIAL OSTEOPATHIC PHYSICIAN PROFILE REPORT

AMERICAN OSTEOPATHIC ASSOCIATION

CREDENTIALS SERVICES, 142 E. Ontario Street Chicago, Illinois 60611-2864 800-621-1773 EXTENSION 8145 FAX 312-202-8206
ELECTRONIC MAIL: credentials@aoa-net.org

Federal Sanctions(s):

To date, there have been no Medicare/Medicaid, DEA, or health education loan sanctions reported to the AOA by the DHHS. As of 12/31/97 there have been no sanctions reported to the AOA by any branch of the U.S. military, the Veterans Administration, or the US Public Health Service.

The following is historical biographical information obtained from various sources

Former Name(s):

Emily J. Lichtman

Former City/State Address(es):

Philadelphia, PA

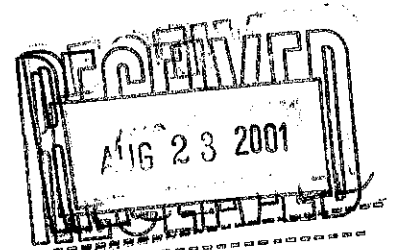
Please Note: The content of this Official Osteopathic Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing policies and procedures would meet the primary source requirements of the: American Osteopathic Association Healthcare Facilities Accreditation Program; Joint Commission on Accreditation of Healthcare Organizations; the American Accreditation Healthcare Commission, Inc.; and the National Association of Insurance Commissioners. The National Committee for Quality Assurance recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you note any discrepancies, please mark them on a copy of this report and return to the AOA at the address above. Thank you.

AOA Report For: Emily Lichtman, DO
08/29/2001

The Federation of State Medical Boards
of the United States, Inc.

Federation Place
400 Fuller Wisser Road, Suite 300
Eules, Texas 76039-3855
Telephone: (817) 868-4000
FAX (817) 868-4099



BOARD ACTION SEARCH RECONCILIATION REPORT

August 21, 2001

Attn: Liz. Z. Montoya
New Mexico Bd. of Osteo. Med.
Examiners
PO Box 25101
Santa Fe, NM 87504

Re: Board Action Query Dated: August 20, 2001
Your Reference Number:
FSMB Batch Number: BQ588008

PRACTITIONERS CLEARED WITH NO ACTION AS OF APPLICABLE SEARCH DATE

Name	DOB	SSN	School	Yr/Grad	Request ID
Rothman, Emily Lichtman	██████████70	██████████	039060	1999	7498352

Please refer to prior clearance reports to determine the search date for each practitioner.

RENEWAL FEES ARE NON-REFUNDABLE

OFFICE USE ONLY

\$100.00
 \$ 50.00

RENEWAL FEE
PENALTY FEE

NEW MEXICO BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
2055 S. PACHECO, SUITE 400
PO BOX 25101 / SANTA FE, NM 87504
(505) 476-7120

2003-2004 RENEWAL APPLICATION

RECEIVED

MAY 22 2003

2392

LIC#: A-1176-01

Emily Rothman, DO

ADDRESS CHANGE:

Business Phone #:

Residence Phone #:

RENEWAL INFORMATION

Your license expires on **06/30/2003**. License renewal is required annually, no later than June 30th of each year. To renew your Osteopathic License for **July 1, 2003 through June 30, 2004**, please complete this renewal application form and return it with the **RENEWAL FEE of \$100.00** to this office no later than **June 30, 2003**.

PENALTY - A penalty fee of **\$50.00** will be assessed for failure to submit the renewal fee, properly executed renewal form, explanation to "yes" answers and required information on continuing education. (If applicable) **Renewals must be postmarked no later than June 30, 2003.**

YOU ARE NOT REQUIRED TO SUBMIT CONTINUING EDUCATION WITH THIS RENEWAL!

CONTINUING EDUCATION INFORMATION

Seventy-five hours (75) of approved continuing medical education is required over a three-year period. These may be distributed over the three-year period, or may be obtained all in one year. The board will also accept active membership in the AOA or AMA, forty hours (40) per year in an approved residency or fellowship or hour-for-hour of teaching medical students or physicians in an approved medical school.

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you ever:

- | | Yes | No |
|----|--------------------------|-------------------------------------|
| 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- been convicted of a felony [not previously reported to this Board]?
 had any disciplinary action taken against your D.O. license in any state [not previously reported to this Board]?
 been a defendant in a legal action involving professional liability (malpractice) [not previously reported to this Board]?
 had a professional liability claim paid in your behalf [not previously reported to this Board]?
 paid such a claim yourself [not previously reported to this Board]?
 Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or in any other state?

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION AND OFFICIAL DOCUMENTATION (DOCUMENTATION FROM INSURANCE COMPANIES, COURTS, HOSPITAL, ETC.)

CHECK LIST

In order to properly renew my license I have enclosed the following:

- Check or money order for \$100.00 (Fees are non-refundable)
- Renewal application complete signed and dated
- Proof of seventy-five (75) hours of continuing medical education (if applicable)

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE: 5/19/03

SIGNATURE

[Handwritten Signature]
(Original signature by the licensee is required)

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

No. CV-2000-10439J

ENDORSED
FILED IN MY OFFICE THIS

IN THE MATTER OF THE NAME CHANGE
PETITION FOR EMILY JENNIFER LICHTMAN.

RECEIVED
SEP 04 2001
CLERK DISTRICT COURT

DEC 13 2000

MONICA SANCHEZ

FINAL ORDER CHANGING NAME

This matter having come before the Court on the Petition for Name Change of Petitioner, Emily Jennifer Lichtman, and the Court having reviewed the Petition and the Affidavit of Notice of Pendency of Action and being otherwise fully advised in the premises:

Finds and Concludes:

1. This Court has jurisdiction of the subject matter and of the party hereto.
2. Petitioner has met the requirements of law to change her name to Emily Lichtman Rothman.
3. The Petitioner for Name Change should be granted.

It is, therefore, ordered, adjudged and decreed that henceforth Petitioner Emily Jennifer Lichtman shall be known as Emily Lichtman Rothman.

Theresa Baca
District Court Judge

Submitted by:

Arnold W. Melbiness
Attorney for Petitioner

CERTIFIED AS A TRUE AND CORRECT COPY
OF THE ORIGINAL FILED IN MY OFFICE.
BE: JINA G. ARMIJO-SISNEROS, Clerk of
the District Court.

By: Date DEC 13 2000
DEPUTY

AUG 27 2001

STATE OF NEW MEXICO
COUNTY OF BERNALILLO
SECOND JUDICIAL DISTRICT COURT

No. CV-2000-10439

IN THE MATTER OF THE NAME CHANGE
PETITION FOR EMILY JENNIFER LICHTMAN.

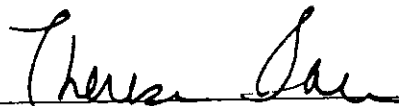
FINAL ORDER CHANGING NAME

This matter having come before the Court on the Petition for Name Change of Petitioner, Emily Jennifer Lichtman, and the Court having reviewed the Petition and the Affidavit of Notice of Pendency of Action and being otherwise fully advised in the premises:

Finds and Concludes:

1. This Court has jurisdiction of the subject matter and of the party hereto.
2. Petitioner has met the requirements of law to change her name to Emily Lichtman Rothman.
3. The Petitioner for Name Change should be granted.

It is, therefore, ordered, adjudged and decreed that henceforth Petitioner Emily Jennifer Lichtman shall be known as Emily Lichtman Rothman.



Theresa Baca
District Court Judge

Submitted by:



Arnold W. Melbhiess
Attorney for Petitioner

ENDORSED
FILED IN MY OFFICE THIS

DEC 13 2000

CLERK DISTRICT COURT

MONICA GARCIA

CERTIFIED AS A TRUE AND CORRECT COPY
OF THE ORIGINAL FILED IN MY OFFICE.
BE: JINA G. ARMIJO-SISNEROS, Clerk of
the District Court.

By: 
DEPUTY

Date DEC 13 2000

RECEIVED
JUN 16 2000

National Board of Osteopathic Medical Examiners

8765 W. Higgins Road, Suite 200, Chicago, IL 60631 (773)714-0622 Fax (773)714-0631

TRANSCRIPT

	Scaled Score 1	Standard Score 2
PART I/Level 1 Passed		
Anatomy		
Physiology		
Biochemistry		
Pharmacology		
Pathology		
Microbiology		
Osteopathic Principles		
Total Score		
Minimum Total Passing Scaled Score or Standard Score		

PART II/Level 2 Passed		
Total Score		
Minimum Total Passing Scaled Score or Standard Score		

PART III/Level 3 Passed		
Total Score		
Minimum Total Passing Scaled Score or Standard Score		

- 1 Examinations taken prior to February 1987 are reported as scaled scores.
- 2 Beginning in 1987 NBOME criteria for certification are based upon candidate's total score in Part I, Part II and Part III and not scores of individual subjects within each part.
- 3 Prior to March 1990, Part II included the areas of 'Preventative Maintenance and Public Health and Medical Jurisprudence'. Currently, those are combined in the area of 'Community Medicine and Medical Humanities'.
- 4 Effective February 1995, the COMLEX Level 3 exam replaced the Part III exam.
- 5 Effective March 1997, the COMLEX Level 2 exam replaced the Part II exam.
- 6 Effective June 1998, the COMLEX Level 1 exam replaced the Part I exam.

I, Joseph F. Smoley, Ph.D., Executive Director of the National Board of Osteopathic Medical Examiners, Inc. do hereby certify the above to be a true report of the record of

Emily Lichtman, D.O

issued Certificate of Completion No. 35477 on April 14, 2000

June 12, 2000

Date Prepared


 Joseph F. Smoley, Ph.D.
 Executive Director



STATE OF NEW MEXICO
 Regulation and Licensing Department
BOARD of OSTEOPATHIC MEDICAL EXAMINERS

P.O. Box 25101
 Santa Fe, NM 87504
 (505) 827-7171

Federation of State Medical Boards
 400 Fuller Wiser Road
 Suite 300
 Euless, TX 76039

DISCIPLINARY INQUIRES

The New Mexico Board of Osteopathic Medical Examiners requests a disciplinary search concerning the following individual:

Emily Rothman (Previously Lichtman)
 Name

[Redacted]
 Address

[Redacted]
 City, State and Zip

[Redacted] 70
 Date of Birth

[Redacted]
 Social Security Number

Philadelphia College of Osteopathic Medicine
 Medical School of Graduation and Branch Location

6/99
 Date of Graduation

Please mail your response to the following address:

New Mexico Board of Osteopathic Medical Examiners
Attention: Liz Z. Montoya, Executive Director
P.O. Box 25101
Santa Fe, NM 87504

WE HAVE NO UNFAVORABLE INFORMATION
 REGARDING THE ABOVE NAMED PHYSICIAN

AUG 20 2001

[Signature]
 Signature

[Signature]
 DALE L. AUSTIN
 INTERIM CHIEF OPERATING OFFICER

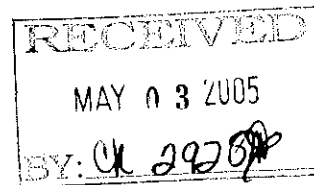
NEW MEXICO BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2550 CERRILLOS ROAD * PO BOX 25101

SANTA FE, NM 87504

(505) 476-4695

2005 RENEWAL APPLICATION



LIC#: A-1176-01

Emily Rothman, D.O.

ADDRESS CHANGE:

APPROVED

Business Phone #: (505) 350-0159

Residence Phone #: [REDACTED]

RENEWAL INFORMATION

To renew your Osteopathic License for July 1, 2005 through June 30, 2006, please complete this renewal application form and return it with the ACTIVE RENEWAL FEE of \$200.00 to this office no later than July 1, 2005.

Renewal Application Form Requirements:

- A completed renewal application accompanied by the required fees
- 16 Hours of Board Approved Continuing Education
- All incomplete applications will be returned with the renewal application and check

16.17.4.8 ANNUAL RENEWAL OF LICENSE:

- On or before July 1 of each year, all physicians must submit an application for renewal form provided by the board. Physicians who fail to renew their certificates as of July 1 will be subject to suspension of their license.
- As a condition of annual renewal, physicians must submit proof of completion of continuing education.
- Physicians must submit a renewal fee.

16.17.4.9 CME HOURS REQUIRED: The New Mexico board of osteopathic medical examiners will require seventy-five (75) hours of continuing education every three years in required education, category I. These may be distributed over the three year period, or they may all be obtained in one year. The board accepts one (1) credit hour for every clock hour of participation in a CME activity.

16.17.4.10 ACCEPTABLE AS CME:

- A. The board will also accept active membership in the American osteopathic association.
- B. Certification or re-certification by a specialty board during the three year cycle.
- C. Passage of the SPEX with a score of seventy-five (75), during the three year cycle

For more information on acceptable CME's see rule 16.17.4.10

16.17.1.10 OSTEOPATHIC FEES:

- A. Licensure Fees:
 - (4) Renewal \$200.00
 - (5) Late renewal monthly penalty \$100.00

16.17.4.13 EMERGENCY DEFERRAL: A physician unable to fulfill the CME requirements prior to the date of license expiration may apply to the board for an emergency deferral of the requirements. A designee of the board may grant deferrals of up to ninety (90) days.

- In case of illness or other documented circumstances, the board may grant an additional extension of time in which the necessary credits may be earned. The request must be made in writing at the time of renewal and approved by the board.
- A licensee practicing or residing outside the United States shall not be required to fulfill the CME requirements for the period of the absence. The board must be notified prior to license expiration that the licensee will be outside the US, including the period of the absence. Upon return to the US, the licensee shall complete the CME required for the years of practice within the US during the renewal cycle, or apply for an emergency deferral.

YOU MUST PROVIDE THE FOLLOWING INFORMATION:

All incomplete applications will be returned with the renewal application and check.

Yes, I have met all continuing education requirements for this renewal period as outlined in 16.17.4.9 Hours Required.

** (Note you may be required to submit proof of continuing education at the request of the Board. Failure to complete continuing education as dictated by statute and rule is cause for discipline by the Board.)

NEW MEXICO BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
2550 CERRILLOS ROAD * PO BOX 25101
SANTA FE, NM 87504
(505) 476-4695
www.rld.state.nm.us/b&c/osteopathic
2006 RENEWAL APPLICATION

MAY 11 2006
PB. Call # 2739
\$200.00 Fee 802054

LIC#: A-1176-01

Emily Rothman

ADDRESS CHANGE:

Business Phone #: _____
Residence Phone #: _____

RENEWAL INFORMATION

To renew your Osteopathic License for July 1, 2006 through June 30, 2007, please complete this renewal application form and return it with the ACTIVE RENEWAL FEE of \$200.00 to this office no later than July 1, 2006.

Renewal Application Form Requirements:

- A completed renewal application accompanied by the required fees
- 75 Hours of Board Approved Continuing Education
- All incomplete applications will be returned with the renewal application and check

16.17.4.8 ANNUAL RENEWAL OF LICENSE:

- On or before July 1 of each year, all physicians must submit an application for renewal form provided by the board. Physicians who fail to renew their certificates as of July 1 will be subject to suspension of their license.
- As a condition of annual renewal, physicians must submit proof of completion of medical continuing education.
- Physicians must submit a renewal fee.

16.17.4.9 CME HOURS REQUIRED: The New Mexico board of osteopathic medical examiners will require seventy-five (75) hours of continuing education every three years in required education, category I. These may be distributed over the three year period, or they may all be obtained in one year. The board accepts one (1) credit hour for every clock hour of participation in a CME activity.

16.17.4.10 ACCEPTABLE AS CME:

- A. The board will also accept active membership in the American osteopathic association.
- B. Certification or re-certification by a specialty board during the three year cycle.
- C. Passage of the SPEX with a score of seventy-five (75), during the three year cycle

For more information on acceptable CME's see rule 16.17.4.10

16.17.1.10 OSTEOPATHIC FEES:

- A. Licensure Fees:
 - (4) Renewal \$200.00
 - (5) Late renewal monthly penalty \$100.00

16.17.4.13 EMERGENCY DEFERRAL: A physician unable to fulfill the CME requirements prior to the date of license expiration may apply to the board for an emergency deferral of the requirements. A designee of the board may grant deferrals of up to ninety (90) days.

- In case of illness or other documented circumstances, the board may grant an additional extension of time in which the necessary credits may be earned. The request must be made in writing at the time of renewal and approved by the board.
- A licensee practicing or residing outside the United States shall not be required to fulfill the CME requirements for the period of the absence. The board must be notified prior to license expiration that the licensee will be outside the US, including the period of the absence. Upon return to the US, the licensee shall complete the CME required for the years of practice within the US during the renewal cycle, or apply for an emergency deferral.

YOU MUST PROVIDE THE FOLLOWING INFORMATION:

All incomplete applications will be returned with the renewal application and check.

Yes, I have met all continuing education requirements for this renewal period as outlined in 16.17.4.9 Hours Required.

** (Note you may be required to submit proof of continuing education at the request of the Board. Failure to complete continuing education as dictated by statute and rule is cause for discipline by the Board.)

THIS IS TO CERTIFY THAT
Emily Rothman, D.O.

is licensed / registered by the New Mexico Regulation and Licensing Department
in accordance with provisions of laws in the State of New Mexico.

License / Registration No. **A-1176-01** License / Registration No. **Factor of Osteopath**

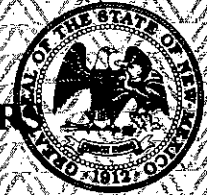
Issue Date **11/17/2001** Issue Date **07/01/2007**

The bearer is prohibited by law from using this identification card to give the
impression that they are in any way connected with a governmental agency.

Signature of holder:

State of New Mexico
Regulation & Licensing Department
NM BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2530 CERRILLOS ROAD
P.O. Box 25101
SANTA FE, NM 87504
PHONE: (505) 476-4695



THIS IS TO CERTIFY THAT

Emily Rothman, D.O.

LICENSE NO. **A-1176-01**

HAVING COMPLIED WITH THE LAWS OF THE STATE OF NEW MEXICO REGULATING OSTEOPATHIC
MEDICINE IS HEREBY AUTHORIZED TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY.

1ST ISSUE DATE: **11/17/2001**

Emily Rothman, D.O.

DATE EXPIRES: **07/01/2007**

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS

EMILY ROTHMAN, DO

May 10, 2006

NM Board of Osteopathic Medical Examiners
2550 Cerrillos Road
PO Box 25101
Santa Fe, NM 87504

To Whom It May Concern:

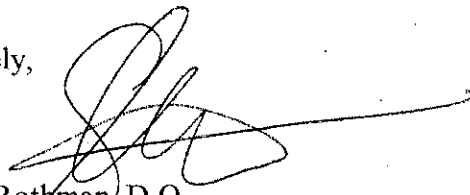
Per my discussion with Pamela, I am writing to request that you use place my business address on my medical license certificate. Please use my home address (listed above) for any correspondences, including license renewal notifications.

Below I have listed my business address; again, please place that address on my medical license certificate:

MSC 08 4600
1 University of New Mexico
Albuquerque, NM 87131-0001

If you have any questions, please feel free to contact me at 505-350-0159. Thank you so much for your assistance!

Sincerely,



Emily Rothman, D.O.
License No. A-1176-01



AAFP CME Credit Report for Emily Rothman, DO

Current as of May 07, 2006

2005

Date	Title	CME Credit
2005-01-01	#294M Common Hepatobiliary Problems	5 Prescribed
2005-01-01	#297M Caring for Elderly Individuals	5 Prescribed
2005-01-01	#305M Hypertension	5 Prescribed
2005-04-17	PG Seminar:North Amer Updates on Abortion	5 Prescribed
2005-04-18	29th Mtg Coming Together:Science/Politics/Ethics	9.5 Prescribed
2005-04-18	29th Mtg Coming Together:Science/Politics/Ethics	1.25 Elective
2005-07-01	#314M Womens Genitourinary Conditions	7 Prescribed
2005-09-28	Update on Childhood and Adolescent Immunizations	2.5 Prescribed
2005-09-28	Methamphetamine: A Growing Epidemic	0.5 Prescribed
2005-09-28	Hot Topics in GI Disease	2.5 Prescribed
2005-09-28	Update on Headaches	2.5 Prescribed
2005-09-28	Deep Venous Thrombosis and Pulmonary Embolism	1 Prescribed
2005-09-28	Congestive Heart Failure:Evidence-Based Practice	2 Prescribed
2005-09-28	Prevention and Tx of Childhood Obesity	2 Prescribed
2005-09-28	Colorectal Cancer Screening Controversies	2 Prescribed
2005-09-28	Elbow Wrist and Hand Injuries	3 Prescribed
2005-09-28	Evaluation/Mgmt of the Patient with Chest Pain	6 Prescribed
2005-09-28	Perspectives on Chronic Pain	3 Prescribed
2005-09-28	CV Dis Tx with Evidence-Based Nutritional Changes	6 Prescribed
2005-09-28	Detection and Mgmt of COPD in the Office	6 Prescribed
2005-09-28	Hyperlipidemia:Applying the Evidence	6 Prescribed
2005-09-28	Office Emergencies:Med Mgmt/Legal Landmines	6 Prescribed
2005-09-28	Women Baby Boomers:Perimenopause Risks and Cancer	6 Prescribed
2005-09-28	Preoperative/Perioperative Care of Med Patient	6 Prescribed
2005-11-08	Formal Group Activity-Category 1	12.5 Elective

Total Prescribed credits for 2005: 99.5

Total Elective credits for 2005: 13.75

Total Group credits for 2005: 91.25

Total credits for 2005: 113.25

2004

Date	Title	CME Credit
2004-01-01	#891 Urinary Incontinence:Assessment/Mgmt in FP	1 Prescribed
2004-01-01	#295M Office of the Future	5 Prescribed
2004-01-01	#296M Infectious Disease	5 Prescribed
2004-01-24	NM AAFP 22nd Albuquerque FM Seminar	10.5 Prescribed
2004-04-18	Post Graduate Seminar:Clinical Issues in Abort	5.5 Prescribed

2004-04-19	28th Mtg:Navigating the Barriers:Abortion Care in	11.25 Prescribed
2004-09-01	#891 Urinary Incontinence	1 Prescribed
2004-09-01	#1838 Dx/Mgmt of ADHD in FP Setting	1 Prescribed
2004-10-13	Uninsured Latino with Diabetes	1 Prescribed
2004-10-13	Influenza/SARS	1 Prescribed
2004-10-13	Uninsured Latino with Diabetes	0.5 Prescribed
2004-10-13	Influenza/SARS	0.5 Prescribed
2004-10-13	Childhood Adolescent/Adult Immunization Update	1 Prescribed
2004-10-13	New Recommendations from the USPSTF	1 Prescribed
2004-10-13	Antimicrobial Therapy:New Challenges Few Tools	1 Prescribed
2004-10-13	Childhood/Adolescent Depression	1 Prescribed
2004-10-13	Child Sexual Abuse	1 Prescribed
2004-10-13	Gastrointestinal Disease in Adolescence	1 Prescribed
2004-10-13	Adolescent Medicine Update 2004	3 Prescribed
2004-10-13	All in the Family:ADHD in Child/Adolescent/Adult	1.5 Prescribed
2004-10-13	12-Lead ECGs:A Concise Review	2.5 Prescribed
2004-10-13	Casting/Splinting	3 Prescribed
2004-10-13	Joint Injection	3 Prescribed
2004-10-13	Childhood Growth/Dev Screening	2 Prescribed
2004-10-13	Heart Failure:An Evidence-Based Review/Update	2 Prescribed
2004-10-13	Herbal/Dietary Supplements	2 Prescribed
2004-10-13	Hypertension:Evidence-Based Tx	2 Prescribed
2004-10-13	Intensive Mgmt of Type 1/Type 2 Diabetes	2 Prescribed
2004-10-13	Skin Conditions in Infants/Children	2 Prescribed
2004-11-07	Amer Osteopathic Assn/109th Convention	17.5 Prescribed

Total Prescribed credits for 2004: 91.75

Total Elective credits for 2004: 0

Total Group credits for 2004: 78.75

Total credits for 2004: 91.75

2003

Date	Title	CME Credit
2003-01-01	#284A 10 High-Leverage Chgs/Dementia/Newborn ICU	2 Prescribed
2003-01-01	#284M Depression	5 Prescribed
2003-01-18	21st Albuquerque FP Seminar	9.5 Prescribed
2003-02-01	#285A Perioperative Care/Chronic Pain/Fam Behavior	2 Prescribed
2003-02-01	#285M Family Behavioral Issues	5 Prescribed
2003-03-01	#286A Prenatal Care/Menopausal Symptoms/Cognitive	1.25 Prescribed
2003-03-01	#286M Sleep	5 Prescribed
2003-03-01	#286A Prenatal Care/Menopausal Symptoms/Cognitive	0.75 Elective
2003-03-15	CME Bulletin:Colon Cancer	1 Prescribed
2003-04-01	#287A Normocytic Anemia/End-of-Life Care/Foley	2 Prescribed
2003-04-01	#287M Genital Cancer	5 Prescribed
2003-05-01	#288A Med Rationing/Smallpox/Vitamin B12	2 Prescribed
2003-05-01	#288M Obesity	5 Prescribed
2003-05-02	2003 Presbyterian Pediatric Update	10.5 Prescribed

2003-06-01 #289A CAD/Complementary Therapy-Chronic Conditions	2 Prescribed
2003-06-01 #289M Office Urgencies	5 Prescribed
2003-07-01 #290A W Nile/Falls in Elderly/Contraceptive/Heat	2 Prescribed
2003-09-20 Risk Mgmt Seminar	10 Prescribed
2003-10-08 23rd Balloon Fiesta Med Symp	25 Prescribed
2003-10-08 23rd Balloon Fiesta Med Symp	1 Elective

Total Prescribed credits for 2003: 99.25

Total Elective credits for 2003: 1.75

Total Group credits for 2003: 56

Total credits for 2003: 101

**CME
Credits
for
1995 - 2006**

Total Prescribed Credits: 290.5

Total Elective Credits: 15.5

Total Group Credits: 226

Total Credits: 306

Provided to AAFP members
on a complimentary basis
as a membership service.



American Academy of Family Physicians
The doctors who specialize in you ®

Douglas S. Henley M.D.

Douglas Henley, M.D., F.A.A.F.P.
Executive Vice President
American Academy of Family Physicians

THIS IS TO CERTIFY THAT
Emily Rothman, D.O.

is licensed / registered by the New Mexico Regulation and Licensing Department
in accordance with provisions of laws in the State of New Mexico.

License / Registration No. A-1176-01	License / Registration Title Doctor of Osteopath
Issue Date 11/17/2001	Expiration Date 07/01/2007

The bearer is prohibited by law from using this identification card to give the
impression that they are in any way connected with a governmental agency.

Signature of holder:

State of New Mexico
Regulation & Licensing Department
NM BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2550 CERRILLOS ROAD
P.O. BOX 25101
SANTA FE, NM 87504
PHONE: (505) 476-4695



THIS IS TO CERTIFY THAT

Emily Rothman, D.O.

LICENSE NO. **A-1176-01**

HAVING COMPLIED WITH THE LAWS OF THE STATE OF NEW MEXICO REGULATING OSTEOPATHIC
MEDICINE IS HEREBY AUTHORIZED TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY.

1ST ISSUE DATE: 11/17/2001

Emily Rothman, D.O.

DATE EXPIRES: 07/01/2007

THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS

Certificate of Attendance

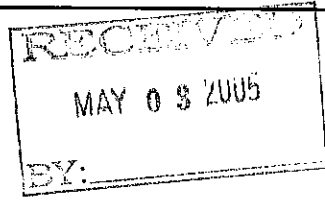
Emily Rothman, DO

*earned 8 hours of Category IA
Continuing Medical Education credits by attending the
One Day Pre-AOA Convention Workshop
How to do OMT without an "OMT table!"
course sponsored by the
American Academy of Osteopathy
on November 6, 2004
in San Francisco, California*

American Academy of Osteopathy
3500 DePauw Blvd., Suite 1080
Indianapolis, IN 46268

Stephen J. Noone, CAE

Stephen J. Noone, CAE, Executive Director



THIS IS TO CERTIFY THAT

Emily Rothman, DO

*earned 20 hours of Category IA
Continuing Medical Education
credits by attending the
Winter OMT Update
course sponsored by the
American Academy of Osteopathy®
on January 28-30, 2005
in Henderson, Nevada*



American Academy of Osteopathy

3500 DePauw Boulevard, Suite 1080
Indianapolis, IN 46268
Phone: (317) 879-1881
FAX: (317) 879-0563

RECEIVED
MAY 03 2005
BY:

Stephen J. Noone, CAE

Stephen J. Noone, CAE
AAO Executive Director



THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA OFFICE OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING THE REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THE REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATIONS SO THAT YOUR RECORD MAY BE CORRECTED.

DATE OF REPORT
 BY: _____

#BWNFWYZ
 #0730560#
 Emily Lichtman Rothman, DO

20884
 Page 1 of 1
 AOA NO. 073056



X AOA Member, Required Member
 AOA Member, Exempt
 NON-Member

75.00 CME Hours Required From 01/01/2001 To 12/31/2003 Date Recorded as of 6/30/2003

Date	Program Number	Name	Category	Hours
8/14/2002	443	OSTEOPATHIC LECTURE	1A	1.00
1/1/2003	50894	CLINICAL QUIZ/AAFP	2B	4.00
1/18/2003	50894	CLINICAL QUIZ/AAFP	2B	9.50
1/18/2003	50293	ANNUAL FAMILY PRACTICE UPDATE/AAFP	2A	9.50
3/19/2003	60854	HIPAA/AMDA	2B	9.00

Note: Provided to AOA members on a complimentary basis as a membership service.

Please note the current CME cycle ends December 31, 2003. The AOA CME record indicates you need additional hours of credit to meet the AOA requirements as printed below.

	Total Acceptable Hours Recorded	Hours Applicable Toward Requirement	Hours Needed	
Category 1A	1.00	1.00	14.00	*
Category 1B	0.00	0.00	15.00	**
Category 2A	9.50			
Category 2B	22.50	32.00	13.00	*** Requirement Fulfilled
Total Category 1 & 2	33.00	33.00	42.00	NO
	0.00	0.00	0.00	N/A

* Must be met in Cat1A

** May be met in Cat1A or Cat1B

*** May be met in Cat1 or Cat2



THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA OFFICE OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING THE REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THE REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATION SO THAT YOUR RECORD MAY BE CORRECTED.

MAY 03 2005
 BY:

#BWNFWYZ
 #0730560#
 Emily Lichtman Rothman, DO

23026
 Page 1 of 1

AOA NO. 073056



X AOA Member, Required Member
 AOA Member, Exempt
 NON-Member

120.00 CME Hours Required From 01/01/2004 To 12/31/2006 Date Recorded as of 12/07/2004

<u>Date</u>	<u>Program Number</u>	<u>Name</u>	<u>Category</u>	<u>Hours</u>
11/07/2004	73998	109TH ANNL CONV & SCI SEM/AOA	1A	23.00
11/07/2004	74003	PUBLIC HLTH SEM/AOA	1A	4.00

Note: Provided to AOA members on a complimentary basis as a membership service.

If the 2004 AOA Convention hours are not recorded on your CME Activity Report, please verify that you completed the attestation form posted on do-online.org in the CME section under forms and fax to 312-202-8212.

	Total Acceptable Hours Recorded	Hours Applicable Toward Requirement	Hours Needed	
Category 1A	27.00	27.00	3.00	*
Category 1B	0.00	0.00		
Category 2A	0.00			
Category 2B	0.00	0.00	90.00	*** Requirement Fulfilled
Total Category 1 & 2	27.00	27.00	93.00	NO

* Must be met in Cat1A

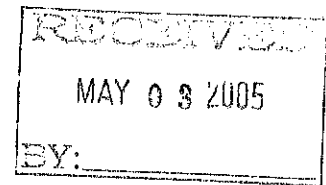
*** May be met in Cat1 or Cat2

0.00 0.00 0.00 N/A



AAFP CME Credit Report for Emily Rothman, DO

Current as of April 28, 2005



2005

Date	Title	CME Credit
2005-01-01	#294M Common Hepatobiliary Problems	5 Prescribed
2005-01-01	#297M Caring for Elderly Individuals	5 Prescribed
2005-01-01	#305M Hypertension	5 Prescribed

Total Prescribed credits for 2005: 15

Total Elective credits for 2005: 0

Total Group credits for 2005: 0

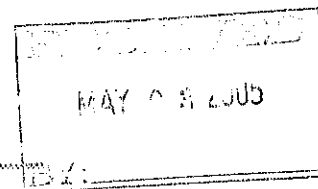
Total credits for 2005: 15

2004

Date	Title	CME Credit
2004-01-01	#891 Urinary Incontinence:Assessment/Mgmt in FP	1 Prescribed
2004-01-01	#295M Office of the Future	5 Prescribed
2004-01-01	#296M Infectious Disease	5 Prescribed
2004-01-24	NM AAFP 22nd Albuquerque FM Seminar	10.5 Prescribed
2004-04-18	Post Graduate Seminar:Clinical Issues in Abort	5.5 Prescribed
2004-04-19	28th Mtg:Navigating the Barriers:Abortion Care in	11.25 Prescribed
2004-09-01	#891 Urinary Incontinence	1 Prescribed
2004-09-01	#1838 Dx/Mgmt of ADHD in FP Setting	1 Prescribed
2004-10-13	Uninsured Latino with Diabetes	1 Prescribed
2004-10-13	Influenza/SARS	1 Prescribed
2004-10-13	Uninsured Latino with Diabetes	0.5 Prescribed
2004-10-13	Influenza/SARS	0.5 Prescribed
2004-10-13	Childhood Adolescent/Adult Immunization Update	1 Prescribed
2004-10-13	New Recommendations from the USPSTF	1 Prescribed
2004-10-13	Antimicrobial Therapy:New Challenges Few Tools	1 Prescribed
2004-10-13	Childhood/Adolescent Depression	1 Prescribed
2004-10-13	Child Sexual Abuse	1 Prescribed
2004-10-13	Gastrointestinal Disease in Adolescence	1 Prescribed
2004-10-13	Adolescent Medicine Update 2004	3 Prescribed
2004-10-13	All in the Family:ADHD in Child/Adolescent/Adult	1.5 Prescribed
2004-10-13	12-Lead ECGs:A Concise Review	2.5 Prescribed
2004-10-13	Casting/Splinting	3 Prescribed
2004-10-13	Joint Injection	3 Prescribed
2004-10-13	Childhood Growth/Development Screening	2 Prescribed
2004-10-13	Heart Failure:An Evidence-based Review/Update	2 Prescribed
2004-10-13	Herbal/Dietary Supplements	2 Prescribed
2004-10-13	Hypertension:Evidence-based Tx	2 Prescribed

2004-10-13 Intensive Mgmt of Type 1/Type 2 Diabetes	2 Prescribed
2004-10-13 Skin Conditions in Infants/Children	2 Prescribed
2004-11-07 Amer Osteopathic Assn/109th Convention	17.5 Prescribed

Total Prescribed credits for 2004: 91.75
Total Elective credits for 2004: 0
Total Group credits for 2004: 78.75
Total credits for 2004: 91.75



2003

Date	Title	CME Credit
2003-01-01	#284A 10 High-Leverage Chgs/Dementia/Newborn ICU	2 Prescribed
2003-01-01	#284M Depression	5 Prescribed
2003-01-18	21st Albuquerque FP Seminar	9.5 Prescribed
2003-02-01	#285A Perioperative Care/Chronic Pain/Fam Behavior	2 Prescribed
2003-02-01	#285M Family Behavioral Issues	5 Prescribed
2003-03-01	#286A Prenatal Care/Menopausal Symptoms/Cognitive	1.25 Prescribed
2003-03-01	#286M Sleep	5 Prescribed
2003-03-01	#286A Prenatal Care/Menopausal Symptoms/Cognitive	0.75 Elective
2003-03-15	CME Bulletin:Colon Cancer	1 Prescribed
2003-04-01	#287A Normocytic Anemia/End-of-Life Care/Foley	2 Prescribed
2003-04-01	#287M Genital Cancer	5 Prescribed
2003-05-01	#288A Medical Rationing/Smallpox/Vitamin B12	2 Prescribed
2003-05-01	#288M Obesity	5 Prescribed
2003-05-02	2003 Presbyterian Pediatric Update	10.5 Prescribed
2003-06-01	#289A CAD/Complementary Therapy-Chronic Conditions	2 Prescribed
2003-06-01	#289M Office Urgencies	5 Prescribed
2003-07-01	#290A W Nile/Falls in Elderly/Contraceptive/Heat	2 Prescribed
2003-09-20	Risk Mgmt Seminar	10 Prescribed
2003-10-08	23rd Balloon Fiesta Med Symp	25 Prescribed
2003-10-08	23rd Balloon Fiesta Med Symp	1 Elective

Total Prescribed credits for 2003: 99.25
Total Elective credits for 2003: 1.75
Total Group credits for 2003: 56
Total credits for 2003: 101

**CME
Credits
for
1995 - 2005**

Total Prescribed Credits: 206
Total Elective Credits: 1.75
Total Group Credits: 134.75
Total Credits: 207.75



American Academy of Family Physicians
The doctors who specialize in you

Provided to AAFP members
on a complimentary basis
as a membership service.

Douglas S. Henley MD

Douglas Henley, M.D., F.A.A.F.P.
Executive Vice President

RENEWAL FEES ARE NON-REFUNDABLE

OFFICE USE ONLY

\$100.00
 \$ 50.00

RENEWAL FEE
PENALTY FEE

NEW MEXICO BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

2055 S. PACHECO, SUITE 400

PO BOX 25101 / SANTA FE, NM 87504

(505) 476-7120

2002-2003 RENEWAL APPLICATION

RECEIVED

MAY 10 2002

5/13

LIC#: A-1176-01

Emily Rothman, D.O.

ADDRESS CHANGE:

Business Phone #:

Residence Phone #:

RENEWAL INFORMATION

Your license expires on **06/30/2002**. License renewal is required annually, no later than June 30th of each year. To renew your Osteopathic License for **July 1, 2002 through June 30, 2003**, please complete this renewal application form and return it with the **RENEWAL FEE of \$100.00** to this office no later than **June 30, 2002**.

PENALTY - A penalty fee of **\$50.00** will be assessed for failure to submit the renewal fee, properly executed renewal form, explanation to "yes" answers and required information on continuing education. (If applicable) **Renewals must be postmarked no later than June 30, 2002.**

YOU ARE NOT REQUIRED TO SUBMIT CONTINUING EDUCATION WITH THIS RENEWAL!

CONTINUING EDUCATION INFORMATION

Seventy-five hours (75) of approved continuing medical education is required over a three-year period. These may be distributed over the three-year period, or may be obtained all in one year. The board will also accept active membership in the AOA or AMA, forty hours (40) per year in an approved residency or fellowship or hour-for-hour of teaching medical students or physicians in an approved medical school.

PLEASE ANSWER THE FOLLOWING QUESTIONS

Have you ever:

- | | Yes | No | |
|----|--------------------------|-------------------------------------|---|
| 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | been convicted of a felony [not previously reported to this Board]? |
| 2. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | had any disciplinary action taken against your D.O. license in any state [not previously reported to this Board]? |
| 3. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | been a defendant in a legal action involving professional liability (malpractice) [not previously reported to this Board]? |
| 4. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | had a professional liability claim paid in your behalf [not previously reported to this Board]? |
| 5. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | paid such a claim yourself [not previously reported to this Board]? |
| 6. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or in any other state? |

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE A DETAILED EXPLANATION.

CHECK LIST

In order to properly renew my license I have enclosed the following:

- Check or money order for \$100.00 (Fees are non-refundable)
- Renewal application complete and signed
- Proof of seventy-five (75) hours of continuing medical education (if applicable)

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

DATE: 5/8/02

SIGNATURE: [Signature]

(Original signature by the licensee is required)



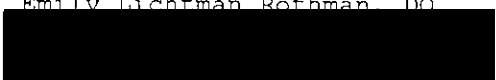
THIS REPORT OF YOUR CONTINUING MEDICAL EDUCATION ACTIVITIES HAS BEEN COMPILED FROM DOCUMENTS SUBMITTED TO AND VERIFIED BY THE AOA OFFICE OF CME AS OF THE DATE INDICATED. ALL ACCEPTABLE CME HOURS HAVE BEEN RECORDED, EVEN THOUGH THEY MAY EXCEED THE MAXIMUM ALLOWABLE FOR A PARTICULAR CATEGORY. TOTAL HOURS APPLICABLE TO YOUR AOA CME REQUIREMENT ARE INDICATED IN THE STATISTICAL SUMMARY. COMPLETE INFORMATION CONCERNING THE REQUIREMENTS, GUIDELINES AND PROCEDURES OF THE AOA PROGRAM MAY BE FOUND IN THE CME GUIDE. IF YOU FEEL AN ERROR HAS BEEN MADE IN THE REPORT, PLEASE CONTACT THE CME OFFICE AND SUPPLY APPROPRIATE DOCUMENTATIONS SO THAT YOUR RECORD MAY BE CORRECTED.

21424

Page 1 of 1

AOA NO. 073056

#BWNFWYZ
 #0730560#
 Emily Lichtman Rothman, DO



X AOA Member, Required Member
 AOA Member, Exempt
 NON-Member



75.00 CME Hours Required From 01/01/2001 To 12/31/2003 Date Recorded as of 11/25/2003

Date	Program Number	Name	Category	Hours
8/14/2002	443	OSTEOPATHIC LECTURE	1A	1.00
1/1/2003	50894	CLINICAL QUIZ/AAFP	2B	4.00
1/1/2003	50991	CME/AAFP	2A	42.00
1/18/2003	50293	ANNUAL FAMILY PRACTICE UPDATE/AAFP	2A	9.50
1/18/2003	50894	CLINICAL QUIZ/AAFP	2B	9.50
2/1/2003	50991	CME/AAFP	2A	9.50
3/19/2003	60854	HIPAA/AMDA	2B	9.00
5/2/2003	59599	PEDIATRICS/PRESBYTERIAN HLTHCARE	2A	10.00
9/20/2003	51267	RISK MANAGEMENT EDUC/PRONATIONAL SERV CORP	2B	10.00
9/21/2003	54875	RISK MGNT SEM/NATL ABORT FED	2B	11.00
10/8/2003	66454	23RD BALLOON MED SYMP/NMOMA	1A	31.00

Note: Provided to AOA members on a complimentary basis as a membership service.

Please note the current CME cycle ends December 31, 2003. The AOA CME record indicates you need **additional** hours of credit to meet the AOA requirements as printed below.

	Total Acceptable Hours Recorded	Hours Applicable Toward Requirement	Hours Needed	Requirement Fulfilled
Category 1A	32.00	32.00	0.00	
Category 1B	0.00	0.00	0.00	
Category 2A	71.00			
Category 2B	43.50	45.00	0.00	
Total Category 1 & 2	146.50	77.00	0.00	YES
	0.00	0.00	0.00	N/A

THIS IS TO CERTIFY THAT

Emily Rothman, D.O.

BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
is licensed/registered by the NM Regulation and Licensing Department
in accordance with provisions of laws in the State of New Mexico.



Registration Number	License Number A-1176-01
Date issued 11/17/2001	Expiration Date 06/30/2002

The bearer is prohibited by law from using this identification card to give the
impression that they are in any way connected with a governmental agency

Signature of holder:

State of New Mexico

NM BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
2055 S. PACHECO STREET, SUITE 400
PO BOX 25101, SANTA FE, NM 87504
PHONE: (505) 476-7120 *FAX: (505) 476-7095



THIS IS TO CERTIFY THAT

Emily Rothman, D.O.

LICENSE NO. A-1176-01

HAVING COMPLIED WITH THE LAWS OF THE STATE OF NEW MEXICO REGULATING
OSTEOPATHIC MEDICINE IS HEREBY AUTHORIZED TO PRACTICE OSTEOPATHIC MEDICINE
AND SURGERY.

1ST ISSUE DATE: 11/17/2001

DATE EXPIRES: 06/30/2002

Emily Rothman, D.O.



THIS CERTIFICATE MUST BE CONSPICUOUSLY POSTED IN PLACE OF BUSINESS.

License No. *A-1176-01*

THE NEW MEXICO BOARD OF OSTEOPATHIC MEDICAL EXAMINERS

STATE OF



NEW MEXICO

in accordance with the laws of the State of New Mexico, does hereby grant

Emily Rothman, D.O.

License to Practice

OSTEOPATHIC

MEDICINE and SURGERY

IN THE STATE OF NEW MEXICO

Given under the hands and seal of The New Mexico Board of Osteopathic Medical Examiners

this *17th* day of *November* in the year *2001*.

James H. Furman, M.D.
PRESIDENT

Robert C. Hill, M.D.
SECRETARY