

10/23/2017

Boyd, Curtis W

Medical Doctor

71-11

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| 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 | 05/16/2017 |
| 2. Since your last renewal have you been denied professional liability insurance coverage? | N | 05/16/2017 |
| 3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage? | N | 05/16/2017 |
| 4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization? | N | 05/16/2017 |
| 5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid? | N | 05/16/2017 |
| 6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated). | N | 05/16/2017 |
| 7. Since your last renewal, have you been named as a defendant in any criminal proceedings? | N | 05/16/2017 |
| 8. Since your last renewal, have you 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 | 05/16/2017 |
| 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 | 05/16/2017 |
| 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, for any reason, except for medical records delinquency unrelated to your professional | N | 05/16/2017 |
| 10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation? | N | 05/16/2017 |
| 10. c. Since you last renewal, have you been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason? | N | 05/16/2017 |
| 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 | 05/16/2017 |
| 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 | 05/16/2017 |
| 12. b. Are any currently held licenses pending investigation or being challenged? | N | 05/16/2017 |
| 13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature? | N | 05/16/2017 |
| 14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted? | N | 05/16/2017 |
| 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 | Y | 05/16/2017 |
| 16. Since your last renewal have you been reported to the National Practitioner Data Bank? | N | 05/16/2017 |
| 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? | | 05/16/2017 |
| 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 | | 05/16/2017 |
| 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 | 05/16/2017 |
| 19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration. | Y | 05/16/2017 |
| 20. I attest that I will limit my practice to areas in which I am competent to practice. | Y | 05/16/2017 |
| 21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state? | N | 05/16/2017 |