

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT OR EXAMINATION

To the Board of Medical Examiners of the state of New Mexico:

I hereby make application for a license to practice medicine and surgery in the State of New Mexico and submit the following statement concerning my age, moral character, and medical education and practice.

- 1. Name in full... Richard Alan GROSSMAN
2. Address...
3. Place and date of birth... Philadelphia, Pennsylvania
4. American citizen... Yes
5. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted Board of Medical Examiners... 0 years, as follows;
6. I am a member of the following Medical Societies or Associations... None
7. Upon what license or certificate do you base this application? National Board of Medical Examiners
8. In what states licensed? None
9. On what hospital staffs have you served in the past 5 years? Hartford Hospital - Intern
10. Are you now, or have even been, an itinerant or advertising doctor? No
11. Are you now, or have you ever been, directly or indirectly associated with an advertising doctor or advertising medical office? No
12. Have you ever resigned or withdrawn your application from any hospital staff or other professional group? No
13. Have you ever been denied a certificate or the privilege of taking an examination before any State Medical Examining Board? No
14. Has any State Medical Examining Board ever taken disciplinary action against you? No
15. Have you ever been charged with violation of any Federal, State or Local Statute? No
16. Military Service... None
17. Do you intend to restrict your practice to any specialty? No
18. Are you Board eligible? No
19. Has disciplinary action ever been taken against you by a hospital staff or by any County Medical Society? No
20. Have you ever had any problems with narcotics or alcohol? No

From None To

From To

From To

I received the degree of M.D. from University of Pennsylvania School of Medicine located at Philadelphia, Pennsylvania on the 19 day of May, 1969.

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated 21 May 1970 Signed Richard A. Grossman M.D.

Address 194 Washington Street Hartford

County of Hartford State of Connecticut

In above said county on this 21st day of May

A.D. 1970, personally appeared before me Richard A. Grossman who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and that every statement recorded above is true and correct.

My commission expires April 1, 1971. Mary E. Leane Notary Public.

CERTIFICATION OF COUNTY MEDICAL SOCIETY

State of }
County of } ss.

*, M.D., President of the County Medical Society, State of

....., M.D., Secretary of the County Medical Society, State of

Being duly sworn upon oath and say, each for himself that he has known, or investigated said M.D., and knows h.....to be of good moral and professional character, that he has been in practice of medicine or has interned at..... for the pastyears, that he recommends h.....as being worthy and well qualified for a Physician's and Surgeon's license to practice in the State of New Mexico.

....., M.D., President of the County Medical Society, State of

....., M.D., Secretary of the County Medical Society, State of

Subscribed and sworn to this.....day of....., 19.....

(SEAL) Notary Public.

My Commission expires.....

It is hereby certified that..... Richard A. Grossman
of..... Philadelphia, Penna. Matriculated in
Univ. of Pennsylvania Sch. of Medicine at Philadelphia, Penna. 19104
Date. 9/8/65 attended..... 4 courses of instruction
of..... 8½ months..... months each, and received a diploma conferring the degree of Doctor of Medicine
(date)..... 5/19/69
Date..... 6/3/70

Kathryn M. Gantz
~~SECRETARY~~, Secretary of ~~BOARD~~
Kathryn M. Gantz
(SEAL)

ASSOCIATE DIRECTOR
CERTIFICATE OF ~~SECRETARY~~
~~OF NATIONAL BOARD~~

You will note that the date entered for certification is later than the current date in order to coincide with satisfactory completion of one year of internship.

I, William B. Kennedy, M.D., Associate Director ~~Secretary~~ of the National Board
of Medical Examiners certify that
Richard A. Grossman, M.D. will be ~~was~~ granted certificate
No. 103176 ~~to practice medicine in the State of~~
on the..... 1st day of..... July, 1970 based on..... written examination
and that said certificate has never been revoked. (Written examination or diploma)

Associate Director
If by written examination the ~~Secretary~~ should further certify:

I further certify that the aforesaid..... Richard Alan Grossman, M.D.
in his written examination before this Board, obtained a general average of..... 89.1..... per cent in the following
branches:

SUBJECT	PER CENT	SUBJECT	PER CENT
Anatomy	86	Surgery	87
Physiology	96	Obstetrics	88
Biochemistry	85	Public Health and Prev. Med.	90
Pathology	88	Pediatrics	91
Bacteriology	85	Psychiatry	86
Pharmacology	90	Practical, clinical (Part III)	90.0
Medicine	89		

Acting on behalf of the..... National Board of Medical Examiners
I hereby certify to the reputability of Dr. Richard A. Grossman
based on the records, and recommend him to the Board of Medical Examiners of the State of New Mexico as a fit
and proper person to receive a certificate.

Wm. B. Kennedy

**APPLICATION FOR LICENSE THROUGH
ENDORSEMENT OR EXAMINATION**
Issued by the
NEW MEXICO BOARD OF MEDICAL EXAMINERS

Two recent unmounted photographs of applicant
3x5 inches must be furnished with this applica-
tion. One to be pasted in space below — the other
with name and address on back in applicant's
own handwriting.

RULES GOVERNING LICENSURE

Every applicant for licensure in this State, whether by examina-
tion or endorsement of another State Board of Medical Examiners, or National
Medical Examiners must have a diploma from a medical college in gov-
ernment as defined by New Mexico law.

The Board holds regular meetings at Santa Fe on the third M-
Tuesday in May and November each year. Permanent licenses can
only be granted at regular meetings of the Board. The Secretary may grant a
license effective until the next regular meeting of the Board, to a qual-
ified applicant for licensure by endorsement.

The fee for licensure by endorsement or by examination is \$100.00
must be paid by MONEY ORDER OR CASHIER'S CHECK. NEITHER
CASH NOR PERSONAL CHECKS CAN BE ACCEPTED. THIS FEE IS
NON-REFUNDABLE.

An applicant for licensure by endorsement or examination must com-
plete form in every detail and file it with the Secretary, together with a photo
of his diploma with affidavit on the back stating that he is the possessor
and is the person therein named. A graduate of a foreign medical school
must file a certified translation of his diploma when necessary.

All applicants must be American Citizens or have filed Declaration
of Intention of becoming a citizen.

A personal interview with the Secretary of the Board of Medical
Examiners is required before a temporary license can be granted. Before a candidate
is granted a permanent license by endorsement or examination he must appear
before the Board at a regular meeting.

Completed application must be filed with the Secretary not later than
SIX WEEKS before a regular meeting, or FOUR WEEKS before examination.



Name: Richard Hama
Address: Greenleaf N M
Application Received: 6-19-70
Fee \$100.00 Paid: 6-19-70
Certificate Examined: _____
Certificate Approved: _____
License Granted: _____
License No.: _____
Personal Appearance: R.C. Delgado
Temporary License Granted: 7-6-70
Temporary License No.: 1447



File: 5074

THE UNIVERSITY OF NEW MEXICO
SCHOOL OF MEDICINE
ALBUQUERQUE, N.M. 87131

4 October 1978



DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
2211 LOMAS BLVD., N.E.
TELEPHONE 277-4051

R. C. Derbyshire, M.D.
Secretary-Treasurer
New Mexico Board of Medical Examiners
227 East Palace
Santa Fe, New Mexico 87501

Dear Doctor Derbyshire:

Please verify New Mexico Medical Licensure for Dr. Richard A. Grossman. Dr. Grossman is in private practice in Durango, Colorado, but wishes to practice in this department during his frequent visits to Albuquerque. This information is required in order for him to be granted staff privileges in Obstetrics and Gynecology at the Bernalillo County Medical Center.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Thomas Condon".

Thomas Condon
Administrative Coordinator

TPC/rcw

(Misfiled -- sorry for inconvenience)

Dr. Richard Alan Grossman was granted New Mexico license #70-135 issued in 1970. Dr. Grossman's license is current and contains no derogatory information.

NEW MEXICO STATE BOARD OF
MEDICAL EXAMINERS
R. C. DERBYSHIRE, M. D., Sec'y-Treas.

New Mexico Board of Medical Examiners

R.C. Derbyshire, M.D., Secretary-Treasurer
227 EAST PALACE AVE. — SUITE 0
SANTA FE, NEW MEXICO 87501
(505) 827-2215

W.E. BADGER, M.D.
President

VAUN T. FLOYD, M.D.
Vice-President

KENT F. JACOBS, M.D.
Board Member

HOWARD L. SMITH, M.D.
Board Member

July 18, 1978

Richard A. Grossman, M.D.


Dear Doctor Grossman:

According to the records of the New Mexico Board of Medical Examiners your license has been reinstated and is current and in good standing.

Sincerely,

R. C. Derbyshire
R. C. Derbyshire, M.D.
Secretary-Treasurer

RCD:mer

New Mexico Board of Medical Examiners

R. C. Derbyshire, M.D., Secretary-Treasurer
210 EAST MARCY ST. — SUITE 10
SANTA FE, NEW MEXICO 87501
(505) 827-2215

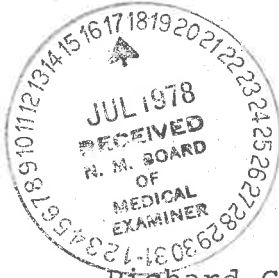
VAUN T. FLOYD, M.D.
Board Member
HOWARD L. SMITH, M.D.
Board Member
HOWARD F. HOUK
Legal Counsel

W. E. BADGER, M.D.
President
W. D. SEDGWICK, M.D.
Vice-President

April 5, 1978

*Peggy - Would you plz write to make sure
that I was reinstated? Thanks!*

Dick



Richard Grossman, M.D.

Dear Doctor Grossman;

As you no doubt know, the New Mexico Medical Practice Act requires that all physicians licensed in New Mexico must register annually with the New Mexico Board of Medical Examiners. Your registration was due on December 31, 1977 but the Law allows a grace period of 90 days so that the deadline for registration was March 31, 1978. We have sent you three notices and as you have not registered you no longer have a valid license to practice in New Mexico.

Sincerely yours,

R. C. Derbyshire

R. C. Derbyshire, M. D.
Secretary-Treasurer

RCD:sg

\$ 15

Durango Ob-Gyn Associates, P.C.

La Plata Medical Arts Building
3801 North Main
Durango, Colorado 81301
303-247-5543

Daniel K. Wolfe, III, M.D.

Richard A. Grossman, M.D.

Lawrence M. Robbins, M.D.



17 April 1978

Dear Sus:

Enclosed please find a check for \$15.00 for renewal of my New Mexico license. I am sorry for any part of the delay that is my fault.

I would appreciate your changing my mailing address from my home to my office. It is.

Richard A Grossman, M.D.
3801 North Main
Durango, CO 81301

With many thanks,

Sincerely,

Richard A Grossman (M)



V N I V E R S I T A S
 P E N N S Y L V A N I E N S I S
OMNIBVS HAS LITTERAS LECTVRIS SALVTEM DICIT

Cum academiis antiquis mos sit scientiis litterisve
 humanioribus excultos titulo iusto condecorare
 nos igitur auctoritate Curatorum nobis commissa

RICHARD ALAN GROSSMAN

ob studia a Professoribus approbata ad gradum

MEDICINAE DOCTORIS

admisimus eique omnia iura honores privilegia ad hunc

gradum pertinentia libenter concessimus

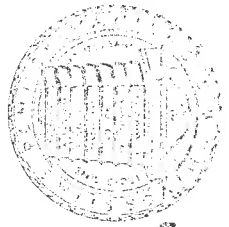
Cuius rei testimonio nomina nostra die mensis

Maii xix Anno Salutis MCMXXIX et Vniuersitatis

conditae ccxx:ix Philadelphiae subscripsimus

William A. Owen

Sigilli Custos



S. Macmillan
 PRAESES
Alfred Gillhorn
 DECANVS



REGULATION and LICENSING DEPARTMENT
BOARD of MEDICAL EXAMINERS

P.O. Box 20001
Santa Fe, NM 87504
(505) 827-9933

October 21, 1988

Richard A. Grossman, M.D.
Durango OB-GYN Associates, P.C.
1810 East Third Avenue
Durango, CO 81301

Re: CME Credits

Dear Dr. Grossman:

Reference is made to your letter of October 7, 1988.

New Mexico Board of Medical Examiners, Rule 79-13, Continuing Medical Education, allows 40 credit hours for each full academic year of study for any M.P.H. degree. This is the same credit as allowed per year for a fellowship training.

Since the course will take 4 years of part-time study, the Board will credit you with 10 CME credits per year.

Sincerely,

JoAnn N. Levitt, M.D.
Secretary/Treasurer

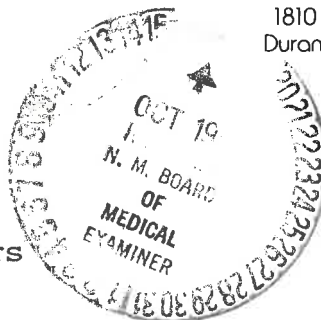
JNL/dd

Durango Ob-Gyn Associates, P.C.

Lawrence M. Cullum, M.D.
Richard A. Grossman, M.D.

1810 East Third Avenue
Durango, Colorado 81301
303-247-5543

October 7, 1988



New Mexico Board of Medical Examiners
227 East Palace, Suite O
Santa Fe, NM 87501

Dear Sirs:

I have enrolled in a Master of Public Health program through Loma Linda University. This is the off-campus program, which takes about four years to complete. I will be taking one course every three months (on the average) to fill the requirements for this program.

I am concerned that I may not have an opportunity to partake in as much continuing medical education as I have in the past. Because of this, I would like your opinion as to whether the course work through Loma Linda University would be eligible for credit as continuing medical education.

With many thanks in advance for your consideration.

Sincerely,

Richard A. Grossman M.D.
Richard A. Grossman, M.D.

NM license 70-135

RAG:dmg



434201

SD ✓

BOARD OF MEDICAL EXAMINERS
RENEWAL APPLICATION
FOR LICENSE TO PRACTICE MEDICINE



ALL information (unless noted) must be supplied.

INCOMPLETE FORMS WILL BE RETURNED WITHOUT BEING PROCESSED.

The fee of \$50 must be received by the Board before December 31, 1987. IF YOU DO NOT RENEW YOUR LICENSE BY DECEMBER 31, 1987 YOUR NAME WILL NOT BE INCLUDED IN THE 1988 MEDICAL DIRECTORY PUBLISHED BY THE BOARD.

(\$10 will be applied to the Impaired Physician Monitored Treatment Program created by Chapter 204 during the 1987 session of the Legislature.)

PLEASE PRINT OR TYPE

ORIGINAL NM LICENSE # 70-135

NAME AS IT APPEARS ON YOUR CURRENT LICENSE

Grossman Richard A.
Last Name First Name Middle Initial

MAIDEN NAME _____

DATE OF BIRTH [REDACTED] 43 SOCIAL SECURITY # [REDACTED]
Month Day Year

BUSINESS ADDRESS (Not a P.O. Box)

(Law 61-6-23 states that a Certificate of annual registration shall be at all times displayed conspicuously in the office of the practitioner to whom it has been issued.)

1810 East Third Avenue
Street
Durango CO 81301
City State Zip

PHONE NO. 303 247 5543

Any practitioner who changes the location of his office or residence shall, before doing so, notify the Board of such change.

HOME ADDRESS [REDACTED]

PHONE NO. [REDACTED]

BOARD CERTIFIED Yes [] No

SPECIALTY OB-GYN

OBG

X

MEDICAL SCHOOL Name University of Pennsylvania School of Medicine
Address Philadelphia PA
Date of Graduation 1969

CURRENT HOSPITAL AFFILIATIONS

1. Mercy Medical Center Durango CO
2. La Plata Community Hospital Durango CO
3. Southwest Memorial Hospital Cortez CO
4. University of New Mexico Hospital Albuquerque NM

Do you have any physical or mental conditions which would impair your ability to practice medicine? [] Yes [X] No

If yes, explain: _____

Have you ever been convicted of a felony? [] Yes [X] No

If yes, explain: _____

FAILURE TO PAY THE RENEWAL REGISTRATION FEE IN A TIMELY MANNER (AS PER 61-6-28) MAY RESULT IN A PHYSICIAN BEING SUSPENDED FROM THE PRACTICE OF MEDICINE.

Has any form of disciplinary action been instituted against you by any licensing authority, professional organization, medical institution or any other medically related entity? [] Yes [X] No

If yes, you must provide complete details of the disciplinary action with your renewal.

STAPLE YOUR CHECK AND ANY ATTACHMENTS TO THE FORM.

11.23.87
Date

Richard A. Grossman (M)
Signature of Physician

RETURN RENEWAL FORM AND ATTACHMENTS TO:

Board of Medical Examiners
PO Box 20001
Santa Fe, NM 87504

NEW MEXICO BOARD OF MEDICAL EXAMINERS
VERIFICATION OF CONTINUING MEDICAL EDUCATION
 (61-6-3E/61-6-22 NMSA 1978 and NMBME Rule 79-13)

Print Name Richard A. Grossman License No. 70-135

I certify that I have completed the Continuing Medical Education requirements for re-registration of my license in 1988 as follows:

Required Education Category I during 1985, 1986, 1987:

- Physicians Recognition Award of AMA Year _____ Points _____
- Certificate of CME of AAFP: Year _____ Points _____
- Certification or Recertification by a Specialty Board Year _____ Points _____
- FLEX Component II: Year _____ Points _____
- Internship, Residency or Fellowship:

_____ / _____ Points _____
 Program Location Dates

-- Advanced Degree: _____ Points _____
 Medical School

-- Self Assessment Tests: _____ Points _____
 Educational Institution

-- Teaching: _____ Points _____
 Medical School or Approved Program Institution

-- Preceptors: _____ Points _____
 Medical School

-- Scientific Paper on Publications: _____ Points _____
 Please see attached

1986/87 149

35
114
49



TOTAL POINTS _____

Date 11.23.87

Richard A. Grossman
 Signature

IMPORTANT

THOSE PHYSICIANS RECEIVING A CONTINUING EDUCATION YELLOW FORM MUST REMIT ALL CERTIFICATES AND OTHER VERIFYING DOCUMENTS OF ATTENDANCE FOR ALL MEETINGS, ETC. ATTENDED THAT FULFILL THE REQUIREMENTS FOR RELICENSURE.
YOUR FEE IS NOT REFUNDABLE IF YOU DO NOT MEET THE CME REQUIREMENT!

Continuing Medical Education
for Richard Grossman MD 1985

Date	Name & Place ; Agency	hours & category
2.22-24	Mountain Medicine - Ouray Colorado Western Colorado Area Health Education Center	12 hrs cat 1
4.2	Perinatal Conference - Tamaron (Durango) CO Western Colorado Area Health Education Center	7 hrs cat 1
10.17	Outpatient Sterilization - Seattle WA Association of Planned Parenthood Physicians	5 hrs cat 1
10.18-19	Annual Meeting - Seattle WA Association of Planned Parenthood Physicians	12 hrs cat 2
11.8-10	Aviation Medicine Course San Diego CA Federal Aviation Administration	26 hrs cat 1
11.26	Chlamydia Review SUNY - Downstate Medical Center	2 hrs cat 1
11.25-27	Visiting Physician Course - OB-GYN Ultrasound Johns Hopkins University Baltimore MD	24 hrs cat 1
various	CME at Mercy Medical Center Durango CO	4 hrs cat 1
various	Consultation	10 hrs cat 5B
various	Reading various journals	20 hrs cat 5a
various	Teaching medical students & residents	<u>20 hrs</u> cat 3
		142 hrs
		80 hrs in cat 1

Richard A. Grossman MD



WILLIAM M. McCORMACK, M.D.
DEPARTMENT OF MEDICINE
INFECTIOUS DISEASES DIVISION

November 26, 1985

Richard Grossman, M.D.
1810 East 3rd Avenue
Durango, Co. 81301

Dear Dr. Grossman:

You have satisfactorily completed the Chlamydia Monograph Review and Test.

The SUNY-Downstate Medical Center has designated this continuing medical education activity for 2 credit hours in category 1 of the Physician's Recognition Award of the American Medical Association.

SUNY-Downstate Medical Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Sincerely,

William M. McCormack, M.D.
Professor of Medicine and of
Obstetrics and Gynecology
Chief, Infectious Diseases
Division



U.S. Department
of Transportation
**Federal Aviation
Administration**

Certificate of Continuing Medical Education

Presented to RICHARD A. GROSSMAN, M.D.

In recognition of satisfactorily completing a course in

AVIATION MEDICINE

**Approved for 26 Hrs. Category 1 CME credit by AMA
Awarded at**

San Diego, California

dated this 10th **day of** November 19 85

Frank H. Hunter, Jr.
Federal Air Surgeon

Robert L. Lile, M.D.
Manager, Civil Aeromedical Institute

W. A. Samuel, M.D.
Regional Flight Surgeon

Gavin S. Martin
Manager, Aeromedical Education Branch



Association of Planned Parenthood Professionals

Presents this Certificate to

Richard Grossman, M.D.

who has received Training in Human Reproduction, Sexuality and Family Planning
October 18-19, 1985
Four Seasons Olympic Hotel, Seattle, Washington
has received the following Continuing Education Credits:

This meeting has been approved for
12 cognates, Formal Learning, by the
American College of Obstetricians and
Gynecologists

The Association of Planned Parenthood
Professionals is accredited by the
Accreditation Council for Continuing
Medical Education to sponsor continuing
medical education for physicians

This meeting has been
approved for 12 Elective
Hours by the American
Academy of Family
Physicians

M. L. L. Doyle

Chairman, Program Committee

John F. Delaney, MD

President





Association of Planned Parenthood Professionals

Presents this Certificate to

Richard Grossman, M.D.

who has received five hours of Postgraduate Training in
Human Reproduction, Sexuality and Family Planning
October 17, 1985
Four Seasons Olympic Hotel, Seattle, Washington

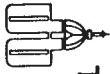
This meeting has been
approved for 5 elective
hours by the American Academy
of Family Physicians

This course has been approved for 5 cognates,
Formal Learning, by the American College
of Obstetricians and Gynecologists

The Association of Planned Parenthood
Professionals is accredited by the Accreditation
Council for Continuing Medical Education to
sponsor continuing medical education for physicians

Veronica Bruce
Graduate Education

Phyllis F. Sulzberger, MD
President



The Johns Hopkins University School of Medicine
Office of Continuing Medical Education
720 Rutland Avenue / Baltimore, Maryland 21205

CERTIFICATE OF ATTENDANCE

Course Title: VISITING PHYSICIAN IN DIAGNOSTIC ULTRASOUND

Place & Date: NOVEMBER 25 - 27, 1985

AMA Category I Credit

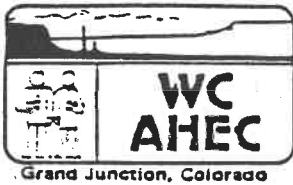
Hours Earned: 24

Richard Grossman, M.D.

1810 E. Third Street

Durango, CO 81301

Carol Johnson Johns, M.D.
Director, Continuing Medical Education



Western Colorado Area Health Education Center

THIS CERTIFIES THAT

Richard Grossman, M.D.

Attended the Continuing Education Program Entitled

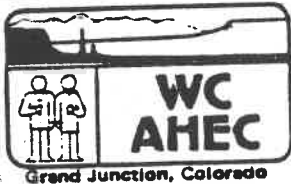
Mountain Medicine - Ouray 1985

given at Ouray Community Center, Ouray, CO *this*

22, 23 and 24 *day of* February, 1985.

12 APPROVED CONTACT HOURS
By WCAHEC

Barbara Sutherland
Barbara Sutherland, R.N., M.S.



Western Colorado Area Health Education Center

THIS CERTIFIES THAT

Richard Grossman, M.D.

Attended the Continuing Education Program Entitled

Perinatal Conference: Tamarron 1985

given at Tamarron *this*

2nd *day of* April, 1985.

7 APPROVED CONTACT HOURS
By WCAHEC

Barbara Sutherland
Barbara Sutherland, R.N., M.S.

Continuing Medical Education
for Richard A Grossman MD 1986

<u>Date</u>	<u>Name & Place; Agency</u>	<u>Hours & category</u>
Sept	Article: "How to manage uterine inversion" VA Catanzarite & R.A. Grossman published in Contemporary OB-GYN September 1986	10 cat 1
July	Candidiasis Series - Baylor College of Medicine	3 cat 1
August	Hypertension Management & Dx - Harvard Medical School	5 cat 1
15 Sept	Healthier Babies through prenatal care Durango Weston CO Area Health Education Center	3 cat 1
16-17 Oct	Postgrad course on reproduction, sexuality & family planning - Assoc. of Planned Parenthood Professionals New Orleans	14 cat 1 38
various	CME at Mercy Medical Center Durango CO	4 cat 1
various	Consultation	10 cat 5b
various	Reading medical journals	20 cat 5a
various	Teaching medical students & residents	20 cat 3

89

39 hours in cat 1

Richard A. Grossman MD

How to manage uterine inversion

By Valerian A. Catanzarite, MD, PhD, and Richard Grossman, MD

Massive hemorrhage and shock can ensue when the uterus inverts after delivery. You must be ready to reposition it manually, replenish fluid and blood, and, in some cases, give tocolytics and uterotonics.

When the uterine fundus completely or partially protrudes through the cervix after childbirth, the diagnosis is puerperal uterine inversion. Frequently life threatening, inversion usually occurs immediately after delivery but may be delayed by hours or days. It can also happen repeatedly. The condition is unpredictable and rare, with estimates of its frequency varying from 1 in 740 deliveries to 1 in 20,000. Recent reports suggest it occurs once in 2,000 deliveries.¹⁻⁴

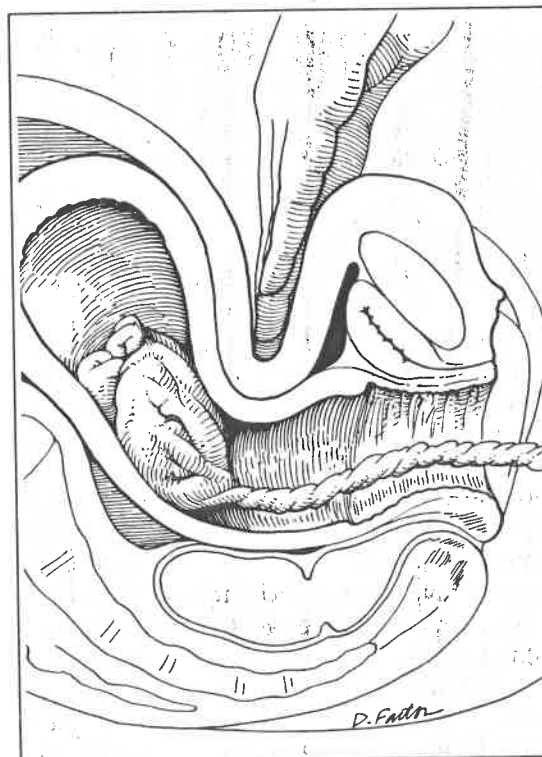
What causes inversion?

Such factors as prolonged labor, primiparity, fundal implantation of the placenta, abnormal placental adherence to the uterine wall, and magnesium sulfate ($MgSO_4$) administration during labor have all been implicated.^{1,3,5} Many authors, however, hold that faulty management of the third stage of labor causes inversions.

Poor uterine contractility very likely precipitates some inversions. Normally, the uterus contracts uniformly after delivery, expel-

ling the placenta through its firm, thick, funnel-shaped lower segment (Figure 1). If the uterus is atonic, some remaining placental attachments to the uterine wall—even minimal ones—may drag the fundus through the cervix (Figure 2). $MgSO_4$ may contribute to atony.

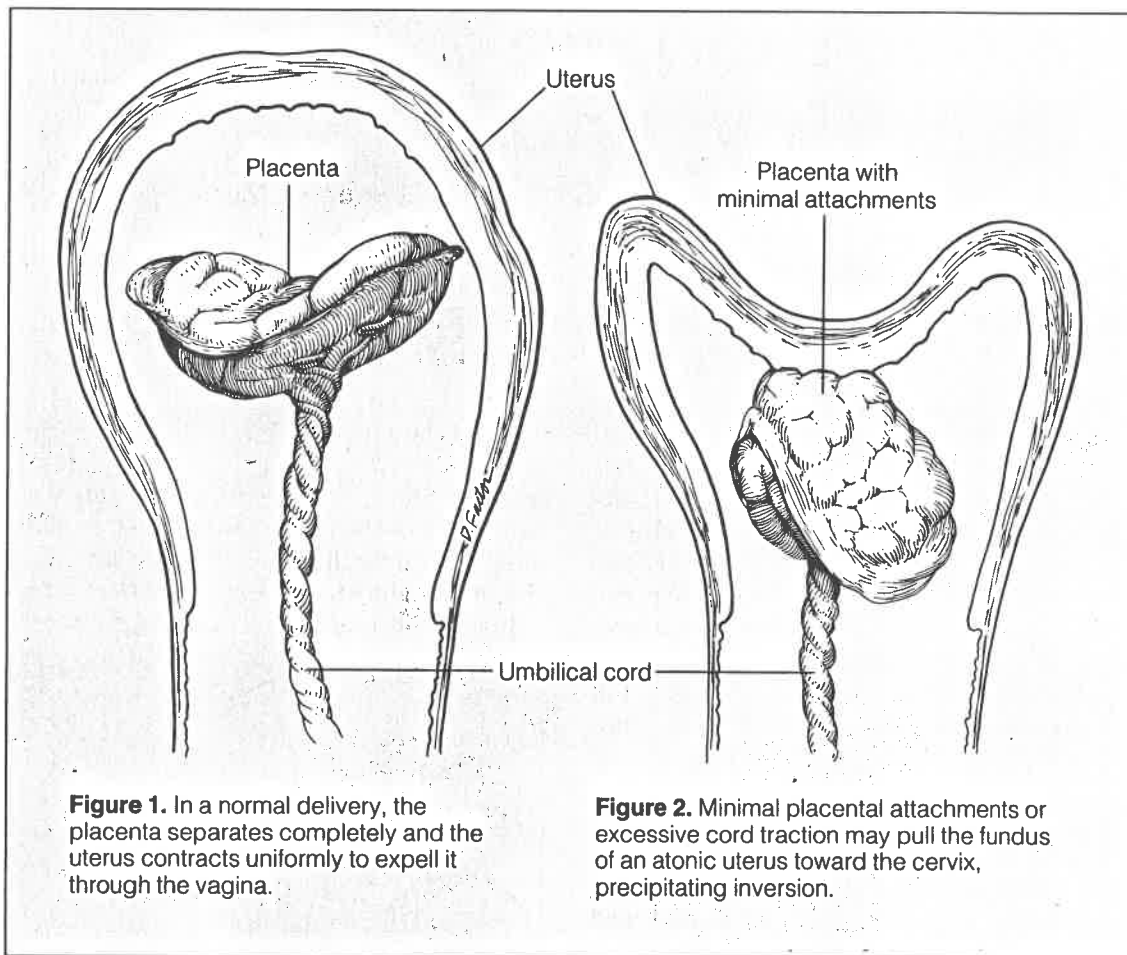
In other instances, delivery of the placenta



Dr. Catanzarite is assistant professor, division of maternal-fetal medicine, and Dr. Grossman is clinical assistant professor, department of ob-gyn, University of New Mexico Medical Center, Albuquerque, N.M.

Series editor Robert H. Hayashi, MD, is director, maternal-fetal medicine division, department of ob-gyn, Women's Hospital, University of Michigan School of Medicine, Ann Arbor, Mich.

UTERINE INVERSION



may be incorrect. Excessive traction on the umbilical cord before placental separation could cause problems. Failing to hold the fundus in place when delivering the placenta, particularly when it adheres abnormally to the uterine wall (Figure 3), may also produce an inversion. Unless you support the uterus, traction may not help the placenta to separate but may simply carry the fundus downward. Finally, having the patient "push" to aid placental expulsion is counterproductive. The increased intra-abdominal pressure does not help the placenta to separate but may well invert the uterus.

If the placenta has not separated spontaneously 10 to 20 minutes after delivery, traction may be applied to the cord while one hand supports the fundus, as shown in Figure 4, or the placenta may be manually extracted. Don't give a high dose of oxytocin or another uterotonic agent after delivering the placenta without confirming that the uterus is in its correct position. These drugs may convert an easily repositioned, incomplete inversion into a much more dangerous complete one.

In most reported cases of inversion, however, none of the usual precipitating factors was present. The uterus was not noticeably atonic,

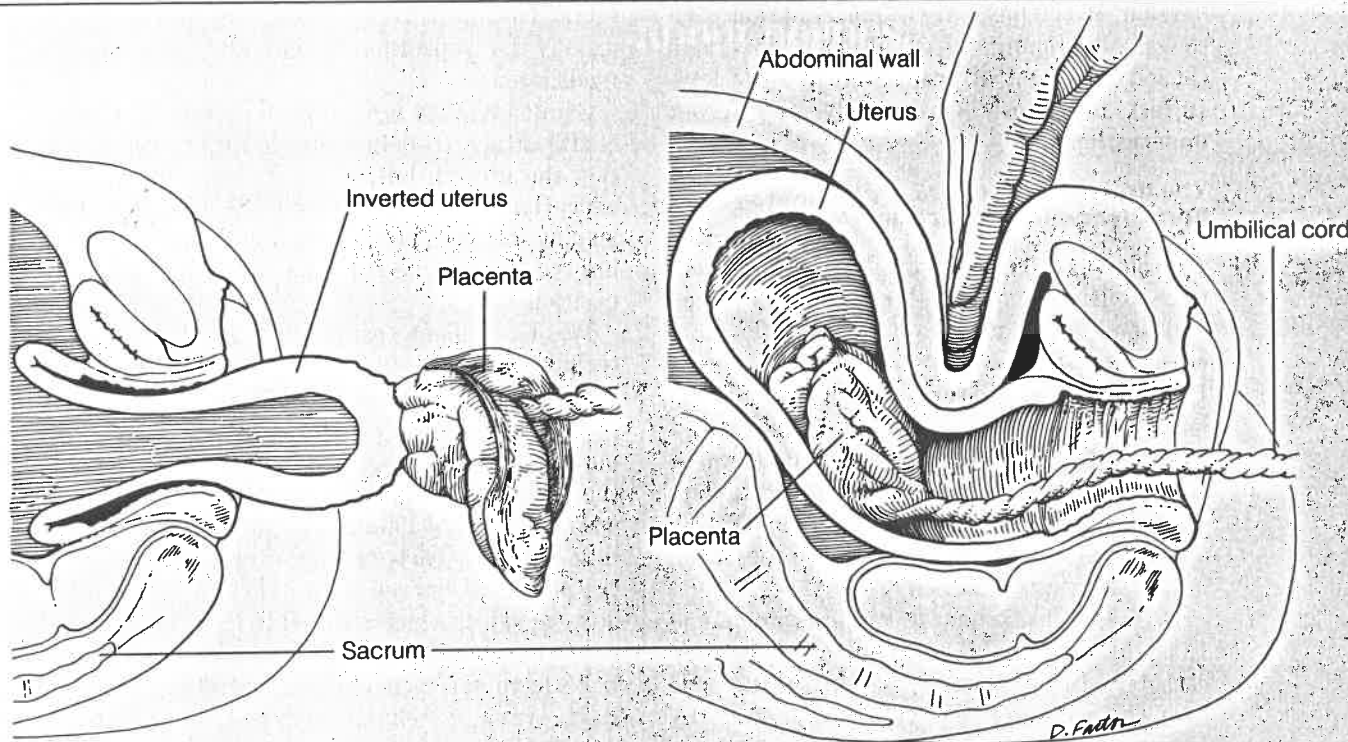


Figure 3. An abnormally adherent placenta may cause uterine inversion. Here, the inversion is complete—the uterus protrudes through the vagina—but the placenta remains attached.

Figure 4. During delivery of the placenta, a hand posted above the symphysis holds the fundus in its proper position and keeps the uterus from inverting.

the patient didn't receive uterine relaxants during labor, the placenta was not delivered incorrectly, and no morbid placental adherence to the uterus was observed.

Harris advocates routine uterine exploration after every delivery to exclude the possibility of retaining placental fragments and to prevent inversion.⁶ If performed just after the placenta is delivered, this procedure causes minimal discomfort in most patients.

Recognizing inversion

Inversion is obvious when the uterine fundus continues to adhere to the placenta as it

emerges from the vagina. More commonly, though, the first symptom is excessive bleeding, either immediately after delivery of the placenta or during episiotomy repair. Inversion is confirmed when the uterus cannot be palpated abdominally and the vagina contains a firm mass that has the characteristic grey hue of the endometrium.

At least two nurses, two obstetricians, and an anesthesiologist should be present to stanch the bleeding. Unless the uterus can be immediately repositioned and then made to contract firmly, the patient stands to lose a great deal of blood within minutes of the in-

version. In the past, it was believed that peritoneal stretching after uterine inversion caused shock out of proportion to blood loss. In fact, blood loss is frequently massive but underestimated.⁵

The first response: hemodynamic stabilization

As soon as inversion has been recognized, have at least two large-bore IV lines placed and send for 8 units of type-specific, non-crossmatched blood for possible transfusion. Begin vigorous fluid replacement with crystalloid, pending the arrival of blood. Drugs that may be needed to relax or firm the uterus—such as 4 g of MgSO₄ and 5 mg of prostaglandin F_{2α} (PGF_{2α}) or 500 μg of 15-methyl-PGF_{2α} (carboprost, Prostin/M15)—should be made immediately available.

It takes less than 3 minutes to pump 1,000 mL of crystalloid through a 16-gauge IV catheter. In one case at our institution, we kept the patient hemodynamically stable by giving her 2,000 mL of fluid and 6 units of blood via one 14-gauge and three 16-gauge IV lines, replacing nearly her entire blood volume over a 10-minute period.

Measure blood pressure (BP) and pulse rate every 2 to 5 minutes. If the patient is bleeding and her uterus has not been repositioned by the time blood arrives, assume that she will need it and start the transfusion rather than wait for shock to develop. Particularly if she has been given PGF_{2α} or ergot preparations, the patient's pulse may be a better index of intravascular volume than her BP level. Since oxytocics cause vasoconstriction, you may not see a drop in BP until the patient is severely depleted.

Repositioning maneuvers

Pushing the uterus back through the cervix is likely to succeed if you can do it before the lower uterine segment and cervix have had a chance to contract around the fundus. With a

relaxed lower uterine segment, the uterus can usually be repositioned without using any medication.

Some advocate removing the placenta, if it is still attached, before attempting to reposition the uterus, but others believe this may exacerbate the bleeding.^{1,6,7} We recommend leaving the placenta attached until the uterus has been returned to its intra-abdominal position.

We have been satisfied with Johnson's technique (Figure 5) of applying steady pressure at the periphery of the uterus, usually posteriorly.⁸ In contrast, Jones advocated pushing the fingers into the center of the inverted fundus and pressing slowly upward.⁹ We have found that putting pressure first on one part of the uterus, then on the other, allows the person doing the procedure to sense which method is most likely to succeed.

We have had no experience with the hydrostatic pressure technique described by O'Sullivan.¹⁰ A disadvantage of this method is that most hospitals would not have the equipment necessary to carry it out as quickly as needed. It also poses a risk of embolization of clot or debris through open venous sinuses in the placental bed.

Once the uterus has been returned to its normal position, it should be supported manually until it contracts firmly. The hand may then be cautiously withdrawn. To prevent reinversion, it's important to keep the uterus firmly contracted for at least the next 24 hours.

Administering uterine relaxants

In most cases of incomplete uterine inversion, repositioning can be done without using drugs. With complete inversion, however, tocolytics may be needed to avoid abdominal surgery.

During administration of uterine relaxants, keep one hand in the posterior fornix, pressing

Technique for uterine replacement

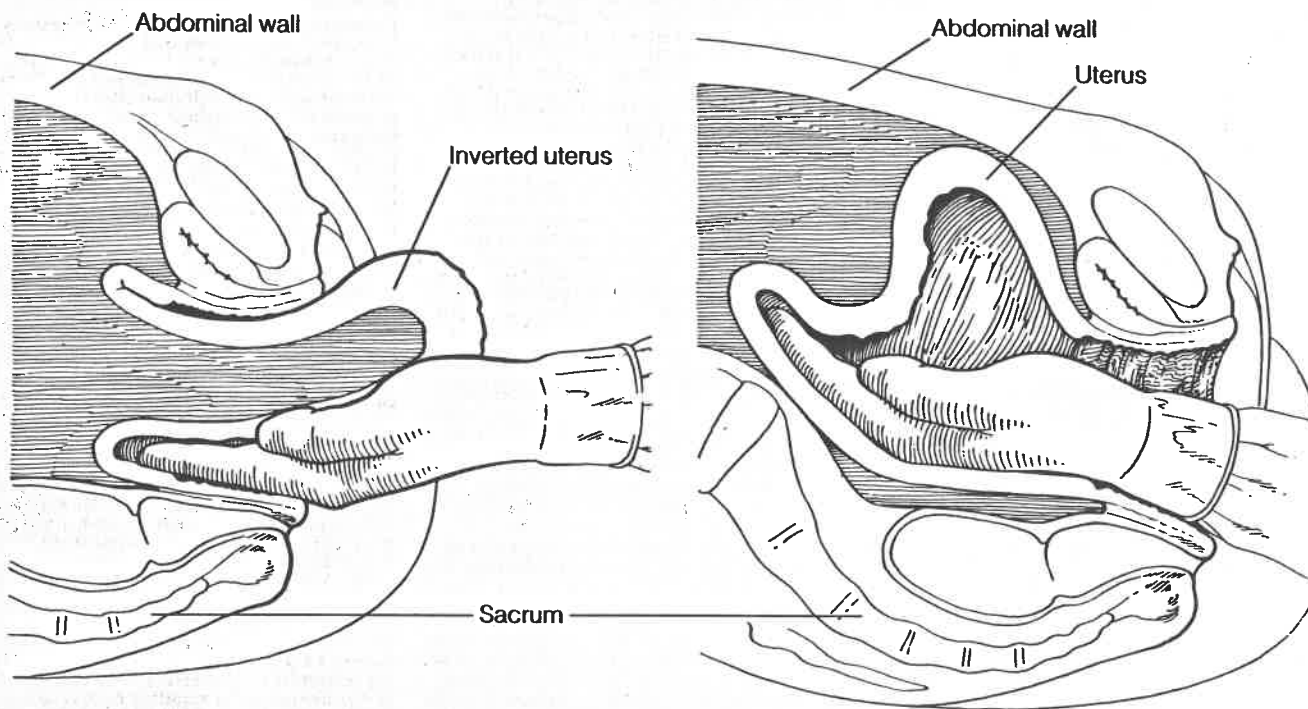


Figure 5. First place a hand in the posterior fornix of the vagina and apply gentle pressure to return the uterus to its normal intra-abdominal position. When most of the uterus is back in place, continue to press upward.

the posterior margin of the inverted uterus. As the medication is given, you may feel the contraction ring around the cervix soften and the uterus start to move back into the abdominal cavity. Try to replace it without giving more of the drug, because in a few moments you will want to reverse tocolysis and make the uterus contract firmly.

MgSO₄ is the agent of choice for uterine repositioning.^{4,7} It usually does not relax vascular tone yet is an effective tocolytic. Give 2 to 4 g IV at the rate of 1 g per minute

until the uterus relaxes enough to allow replacement. Remember that an IV bolus can cause cardiac standstill. You can control the rate of administration by drawing 4 g of the drug into 50 mL of saline in a 60-mL syringe and injecting it into the IV tubing through a 25-gauge needle. Steady pressure by a strong hand will not inject the drug faster than 1 g per minute.

The β₂-sympathomimetics have also been used for uterine repositioning.¹¹⁻¹³ However, they cause vasodilatation, which may produce

abrupt hypotension in the volume-depleted patient.

If a 4-g dose of $MgSO_4$ doesn't adequately relax the uterus, try 0.125 to 0.25 mg of terbutaline IV or the equivalent dose of another β_2 -sympathomimetic before using halothane (Fluothane). Use the minimum effective dose of these agents.

In the past, halothane general anesthesia was required in approximately 22% to 56% of patients.⁴ The textbooks still cite this potent uterine relaxant as the next recourse if manual repositioning without medication fails.³ Over the past few years, it's become clear that less-hazardous tocolytics may be just as effective.

Halothane is a dangerous drug for the hemorrhaging patient because of its potent vasodilatory and cardiac depressant effects. In the patient who is barely hemodynamically compensated, it may abruptly lower BP and cardiac output. If halothane must be tried to avoid surgery, give it in a high concentration, which will rapidly provide maximal relaxation.¹⁴

If this step fails to relax the uterus enough for repositioning, you will have to operate. Begin by opening the abdomen, and use traction on the round ligaments, together with upward pressure by a hand in the vagina, to bring the fundus back into its correct position. If a cervical contraction ring denies access, you might need to incise the anterior part of the ring.^{1,6} Most authors recommend uterine suspension to prevent reinversion after operative replacement. So far, we have never had to resort to surgery to reposition the uterus.

Preventing reinversion

Unless the replaced uterus contracts firmly, it may reinvert and continue bleeding.¹⁵ Therefore, keep a hand in the uterine cavity, holding the uterus in proper position, while uterotonic drugs are given. Ten to 20 units of oxytocin

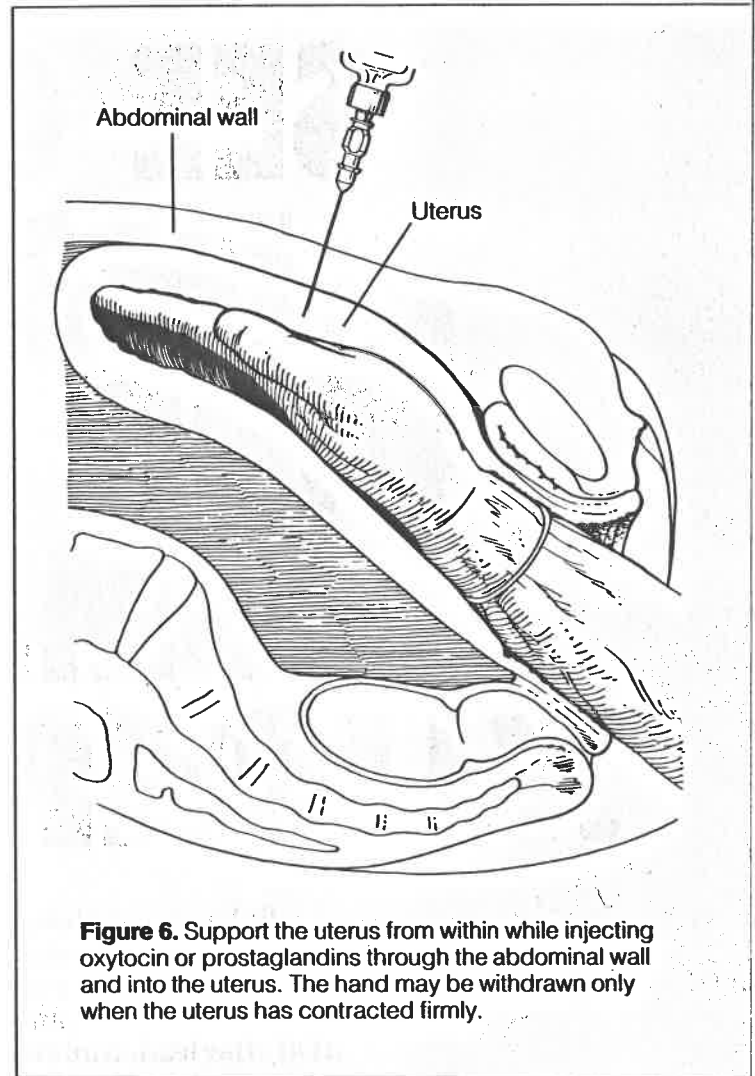


Figure 6. Support the uterus from within while injecting oxytocin or prostaglandins through the abdominal wall and into the uterus. The hand may be withdrawn only when the uterus has contracted firmly.

may be injected through the abdominal wall and into the uterus (Figure 6). If $MgSO_4$ was given for uterine relaxation, IV calcium may reverse its effect. The effect of halothane will rapidly vanish as the drug is eliminated through ventilation with high-flow oxygen.

If these efforts do not produce palpable, firm contraction, give $PGF_{2\alpha}$, 1 to 5 mg, or 15-methyl- $PGF_{2\alpha}$, 125 to 500 μg , by direct injection through the abdominal wall into the

TABLE 1
Experience with uterine inversions

Parity*	Delivery of placenta	Degree of inversion	Transfusion (units PRBC)	Hematocrit (%)		Use of tocolytics	Use of carboprost	MgSO ₄ during labor for preeclampsia
				Admission	Discharge			
1	Manual	Complete	3	37	35	Terbutaline, 0.25 mg	Yes	Yes
0	Manual	Complete	6	40	31	MgSO ₄ , 4 g	Yes	No
0	Spontaneous	Complete	4	36	31	Terbutaline, 0.25 mg	No†	No
0	Spontaneous	Incomplete	0	39	34	None	Yes	No
0	Spontaneous	Complete	0	31	29	MgSO ₄ , 2 g	Yes	No
1	Manual‡	Incomplete	0	—	—	None	Yes	Yes
0	Spontaneous	Complete	8	36	33	Terbutaline, 0.25 mg	Yes	No
0	Spontaneous	Incomplete	0	—	—	—	No	No

Eight cases out of approximately 10,500 deliveries at the University of New Mexico Medical Center and Kirtland Air Force Base Hospital, 1983-1986.

*Parity before the current pregnancy.

†Required operative uterine suspension because of tendency to reinvert.

‡Manual removal of retained placental fragment.

myometrium. Both these drugs are more potent as uterotonics than oxytocin or ergot preparations.^{16,17} Since they are also bronchoconstrictors, they may cause wheezing in asthmatics, although we have encountered no problems at these doses.

PGF_{2α} and 15-methyl-PGF_{2α} are also vasoconstrictors. Generally, they increase systolic and diastolic BP by 10 to 20 mm. Lower BP levels are usually welcome when a patient is hemorrhaging or in shock, but they may give a false sense of reassurance that the intravascular space has been adequately replenished.

The patient's pulse, mental status, and urine output are better indices of adequate intravascular volume than BP.

We urge caution in the use of ergot derivatives for postpartum hemorrhage or after uterine inversion. These powerful uterotonics are more toxic and less effective than PGF_{2α} or 15-methyl-PGF_{2α}. Furthermore, ergots decrease prolactin secretion and may interfere with lactation. Nevertheless, availability may make them the drug of choice when safer agents aren't at hand.

Reinversion may occur even after the uter-

An illustrative case

The patient was a 19-year-old, gravida 2, para 1, who delivered at 38 weeks' gestation. Her labor was augmented with oxytocin and the infant delivered spontaneously weighing 2,210 g. After 5 minutes, heavy bleeding began. The placenta, which had partially separated, was manually removed. Bleeding increased markedly.

The patient complained of nausea and vomited. The uterus was not palpable abdominally but was seen in the proximal vagina. The diagnosis of complete uterine inversion was made and immediate manual replacement accomplished.

Oxytocin, 40 units/L, was added to the IV solution and run "wide open," but the uterus reinverted. It was replaced again, but once more it reinverted and a contraction ring prevented repositioning. Terbutaline, 0.25 mg, was given IV, the uterus was repositioned, and 250 µg of Prostin/M15 was injected transabdominally into the myometrium. The uterus firmed. After several minutes, the hand supporting the uterus was slowly withdrawn from the uterine cavity.

The patient's BP transiently fell as low as 60/40; estimated blood loss was 1,500 mL. A

second IV line had been started, 2,000 mL of IV fluids had been given during the attempts at replacement, and 3 units of packed red cells were transfused. The hematocrit fell from 37 g/100 mL at admission to 35 at discharge. Treatment of shock also included deep Trendelenburg position and administration of oxygen.

Uterine inversion after manual removal of the placenta is uncommon. In this case, the technique was probably incorrect. Our recommendation for manual removal is to introduce one hand into the uterine cavity, separate the placenta from the uterine wall, and then push the placenta downward, keeping one hand in the uterine cavity until the placenta is out. Then we massage the uterus, give oxytocin, and remove the hand after the uterus firms. This technique might have prevented inversion in this patient. Quick action resulted in immediate replacement, but the uterus should have been held in position until it contracted well. Instead, it inverted twice more, and eventually terbutaline was needed. Fortunately, this patient received adequate fluid therapy.

—V.A.C.

us has been repositioned and forced to contract. Oxytocin or additional doses of PGF_{2α} or 15-methyl-PGF_{2α} may be needed if the uterus softens; inversion won't recur if firm contraction is maintained.

Management of late complications

If much blood has been lost, it may be necessary to replace platelets, clotting factors, and calcium. In addition, the patient who has been in shock and has received large volumes of fluids and blood may develop post-

partum adult respiratory distress syndrome.

The role of prophylactic antibiotics in uterine inversion has not been established. One series showed the same rate of infection after inversion, whether or not antibiotics were given prophylactically.³ Nonetheless, it is difficult to argue against giving two or three doses of a penicillin or cephalosporin.

When a woman has had a uterine inversion, she carries the risk of recurrence at subsequent deliveries. She should be made aware of this risk, and precautions should be taken for

BACTRIM™ (brand of trimethoprim and sulfamethoxazole/Roche)

Before prescribing, please consult complete product information, a summary of which follows:
CONTRAINDICATIONS: Hypersensitivity to trimethoprim or sulfonamides; documented megaloblastic anemia due to folate deficiency; pregnancy at term and during the nursing period; infants less than two months of age.

WARNINGS: FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS.

BACTRIM SHOULD BE DISCONTINUED AT THE FIRST APPEARANCE OF SKIN RASH OR ANY SIGN OF ADVERSE REACTION. Clinical signs, such as rash, sore throat, fever, pallor, purpura or jaundice, may be early indications of serious reactions. In rare instances a skin rash may be followed by more severe reactions, such as Stevens-Johnson syndrome, toxic epidermal necrolysis, hepatic necrosis or serious blood disorder. Perform complete blood counts frequently.

BACTRIM SHOULD NOT BE USED IN THE TREATMENT OF STREPTOCOCCAL PHARYNGITIS. Clinical studies show that patients with group A β -hemolytic streptococcal tonsillopharyngitis have a greater incidence of bacteriologic failure when treated with Bactrim than with penicillin.

PRECAUTIONS: General: Give with caution to patients with impaired renal or hepatic function, possible folate deficiency (e.g., elderly, chronic alcoholics, patients on anticonvulsants, with malabsorption syndrome, or in malnutrition states) and severe allergies or bronchial asthma. In glucose-6-phosphate dehydrogenase deficient individuals, hemolysis may occur, frequently dose-related.

Use in the Elderly: May be increased risk of severe adverse reactions in elderly, particularly with complicating conditions, e.g., impaired kidney and/or liver function, concomitant use of other drugs. Severe skin reactions, generalized bone marrow suppression (see WARNINGS and ADVERSE REACTIONS) or a specific decrease in platelets (with or without purpura) are most frequently reported severe adverse reactions in elderly. In those concurrently receiving certain diuretics, primarily thiazides, increased incidence of thrombocytopenia with purpura reported. Make appropriate dosage adjustments for patients with impaired kidney function (see DOSAGE AND ADMINISTRATION).

Use in the Treatment of Pneumocystis Carinii Pneumonitis in Patients with Acquired Immuno-deficiency Syndrome (AIDS): Because of unique immune dysfunction, AIDS patients may not tolerate or respond to Bactrim in same manner as non-AIDS patients. Incidence of side effects, particularly rash, fever, leukopenia, with Bactrim in AIDS patients treated for *Pneumocystis carinii* pneumonitis reported to be greatly increased compared with incidence normally associated with Bactrim in non-AIDS patients.

Information for Patients: Instruct patients to maintain adequate fluid intake to prevent crystalluria and stone formation.

Laboratory Tests: Perform complete blood counts frequently; if a significant reduction in the count of any formed blood element is noted, discontinue Bactrim. Perform urinalyses with careful microscopic examination and renal function tests during therapy, particularly for patients with impaired renal function.

Drug Interactions: In elderly patients concurrently receiving certain diuretics, primarily thiazides, an increased incidence of thrombocytopenia with purpura has been reported. Bactrim may prolong the prothrombin time in patients who are receiving the anticoagulant warfarin. Keep this in mind when Bactrim is given to patients already on anticoagulant therapy and reassess coagulation time. Bactrim may inhibit the hepatic metabolism of phenytoin. Given at a common clinical dosage, it increased the phenytoin half-life by 39% and decreased the phenytoin metabolic clearance rate by 27%. When giving these drugs concurrently, be alert for possible excessive phenytoin effect. Sulfonamides can displace methotrexate from plasma protein binding sites, thus increasing free methotrexate concentrations.

Drug/Laboratory Test Interactions: Bactrim, specifically the trimethoprim component, can interfere with a serum methotrexate assay as determined by the competitive binding protein technique (CBPA) when a bacterial dihydrofolate reductase is used as the binding protein. No interference occurs if methotrexate is measured by a radioimmunoassay (RIA). The presence of trimethoprim and sulfamethoxazole may also interfere with the Jaffé alkaline picrate reaction assay for creatinine, resulting in overestimations of about 10% in the range of normal values.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenesis: Long-term studies in animals to evaluate carcinogenic potential not conducted with Bactrim. **Mutagenesis:** Bacterial mutagenic studies not performed with sulfamethoxazole and trimethoprim in combination. Trimethoprim demonstrated to be nonmutagenic in the Ames assay. No chromosomal damage observed in human leukocytes *in vitro* with sulfamethoxazole and trimethoprim alone or in combination; concentrations used exceeded blood levels of these compounds following therapy with Bactrim. Observations of leukocytes obtained from patients treated with Bactrim revealed no chromosomal abnormalities.

Impairment of Fertility: No adverse effects on fertility or general reproductive performance observed in rats given oral dosages as high as 70 mg/kg/day trimethoprim plus 350 mg/kg/day sulfamethoxazole.

Pregnancy: Teratogenic Effects: Pregnancy Category C. Trimethoprim and sulfamethoxazole may interfere with folic acid metabolism; use during pregnancy only if potential benefit justifies potential risk to fetus. **Nonteratogenic Effects:** See CONTRAINDICATIONS section.

Nursing Mothers: See CONTRAINDICATIONS section.
Pediatric Use: Not recommended for infants under two months (see INDICATIONS and CONTRAINDICATIONS sections).

ADVERSE REACTIONS: Most common are gastrointestinal disturbances (nausea, vomiting, anorexia) and allergic skin reactions (such as rash and urticaria). **FATALITIES ASSOCIATED WITH THE ADMINISTRATION OF SULFONAMIDES, ALTHOUGH RARE, HAVE OCCURRED DUE TO SEVERE REACTIONS, INCLUDING STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS, FULMINANT HEPATIC NECROSIS, AGRANULOCYTOSIS, APLASTIC ANEMIA AND OTHER BLOOD DYSCRASIAS (SEE WARNINGS SECTION).** **Hematologic:** Agranulocytosis, aplastic anemia, thrombocytopenia, leukopenia, neutropenia, hemolytic anemia, megaloblastic anemia, hypoproliferative anemia, methemoglobinemia, eosinophilia. **Allergic Reactions:** Stevens-Johnson syndrome, toxic epidermal necrolysis, anaphylaxis, allergic myocarditis, erythema multiforme, exfoliative dermatitis, angioedema, drug fever, chills, Henoch-Schoenlein purpura, serum sickness-like syndrome, generalized allergic reactions, generalized skin eruptions, photosensitivity, conjunctival and scleral injection, pruritus, urticaria and rash. **Periarteritis nodosa** and systemic lupus erythematosus have been reported. **Gastrointestinal:** Hepatitis (including cholestatic jaundice and hepatic necrosis), elevation of serum transaminase and bilirubin, pseudomembranous enterocolitis, pancreatitis, stomatitis, glossitis, nausea, emesis, abdominal pain, diarrhea, anorexia. **Genitourinary:** Renal failure, interstitial nephritis, BUN and serum creatinine elevation, toxic nephrosis with oliguria and anuria, crystalluria. **Neurologic:** Aseptic meningitis, convulsions, peripheral neuritis, ataxia, vertigo, tinnitus, headache. **Psychiatric:** Hallucinations, depression, apathy, nervousness. **Endocrine:** Sulfonamides bear certain chemical similarities to some goitrogens, diuretics (acetazolamide and the thiazides) and oral hypoglycemic agents; cross-sensitivity may exist. Diuresis and hypoglycemia have occurred rarely in patients receiving sulfonamides. **Musculoskeletal:** Arthralgia, myalgia. **Miscellaneous:** Weakness, fatigue, insomnia.

DOSAGE AND ADMINISTRATION: Not recommended for use in infants less than two months of age.

URINARY TRACT INFECTIONS AND SHIGELLOSIS IN ADULTS AND CHILDREN, AND ACUTE OTITIS MEDIA IN CHILDREN: Usual adult dosage for urinary tract infections is one DS tablet, two tablets or four teaspoonfuls (20 ml) b.i.d. for 10 to 14 days. Use identical daily dosage for 5 days for shigellosis. **Recommended dosage for children** with urinary tract infections or acute otitis media is 8 mg/kg trimethoprim and 40 mg/kg sulfamethoxazole per 24 hours, in two divided doses every 12 hours for 10 days. Use identical daily dosage for 5 days for shigellosis. **Renal Impaired:** Creatinine clearance above 30 ml/min, give usual dosage; 15-30 ml/min, give one-half the usual regimen; below 15 ml/min, use not recommended.

ACUTE EXACERBATIONS OF CHRONIC BRONCHITIS IN ADULTS: Usual adult dosage is one DS tablet, two tablets or four teasp. (20 ml) b.i.d. for 14 days.

PNEUMOCYSTIS CARINII PNEUMONITIS: Recommended dosage is 20 mg/kg trimethoprim and 100 mg/kg sulfamethoxazole per 24 hours in equal doses every 6 hours for 14 days. See complete product information for suggested children's dosage table.

HOW SUPPLIED: DS (double strength) tablets (160 mg trimethoprim and 800 mg sulfamethoxazole)—bottles of 100, 250 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 20. **Tablets** (80 mg trimethoprim and 400 mg sulfamethoxazole)—bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 40. **Pediatric Suspension** (40 mg trimethoprim and 200 mg sulfamethoxazole per teasp.)—bottles of 100 ml and 16 oz (1 pint). **Suspension** (40 mg trimethoprim and 200 mg sulfamethoxazole per teasp.)—bottles of 16 oz (1 pint).

STORE TABLETS AT 15°-30°C (59°-86°F) IN A DRY PLACE PROTECTED FROM LIGHT. STORE SUSPENSIONS AT 15°-30°C (59°-86°F) PROTECTED FROM LIGHT.



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UTERINE INVERSION

dealing with an inversion at all her future deliveries. This might include referring her to a tertiary care hospital.

Authors' experience with inversions

Between 1983 and 1986, there were three incomplete and five complete uterine inversions at the University of New Mexico Medical Center and Kirtland Air Force Base Hospital (Table 1). The overall rate of inversions was 1:1,310 deliveries; for complete inversion, the rate was 1:2,100. The eight patients, aged 19 to 26 years, were of low parity. Their infants' birthweights ranged from 2,210 to 4,140 g. Two of the mothers had mild preeclampsia and were treated with MgSO₄ during labor. None had excessive cord traction at delivery.

In two of the women who had incomplete inversion, the uterus was replaced without the need for a uterine relaxant. The third woman received terbutaline. None of these three patients required blood transfusion.

In all five cases of complete inversion, uterine repositioning required either MgSO₄ or terbutaline. In one patient, seen before PGF_{2 α} became available, a tendency to reinversion prompted abdominal uterine suspension. In another, reinversion occurred twice before uterine tone was reestablished using 15-methyl-PGF_{2 α} [see "An illustrative case," p.97]. In a third, terbutaline allowed uterine replacement, but persistent hemorrhage was only controlled when a total of 875 μ g of Prostin/M15 had been given; meanwhile, preparations were being made for uterine or hypogastric artery ligation or hysterectomy. Blood transfusions of 1,500 to 4,000 mL were required in four of the five patients.

Prompt action produces the best results

It is better to think through the treatment of uterine inversion in advance than to try to piece together a management plan in the de-

Mycelex® Twin Pack

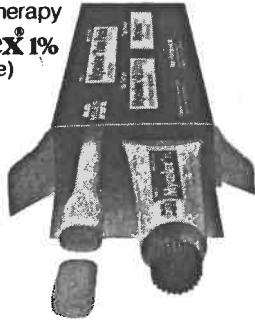
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Mycelex-G 500^{mg}
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Indications

MYCELEX-G 500 mg Vaginal Tablets are indicated for the local treatment of vulvovaginal candidiasis when one-day therapy is felt warranted. In the case of severe vulvovaginitis due to candidiasis, longer antimycotic therapy is recommended.

MYCELEX CREAM is indicated for the topical treatment of dermal infections due to *Candida albicans*.

Contraindications

MYCELEX-G 500 mg Vaginal Tablets and MYCELEX CREAM are contraindicated in women who have shown hypersensitivity to any of their components.

Warnings

MYCELEX-G 500 mg Vaginal Tablets: none. MYCELEX CREAM is not for ophthalmic use.

Precautions

MYCELEX-G 500 mg Vaginal Tablets: If there is a lack of response to the Vaginal Tablets, appropriate microbiological studies should be repeated to confirm the diagnosis and rule out other pathogens before instituting another course of antimycotic therapy.

MYCELEX CREAM: If irritation or sensitivity develops with the use of Mycelex Cream, treatment should be discontinued and appropriate therapy instituted.

Carcinogenesis

MYCELEX-G 500 mg Vaginal Tablets: No long-term studies in animals have been performed to evaluate the carcinogenic potential of 500 mg Vaginal Tablets intravaginally. A long-term study in rats (Wistar strains) where clotrimazole was administered orally provided no indication of carcinogenicity.

Usage in Pregnancy: Pregnancy Category B:

MYCELEX-G 500 mg Vaginal Tablets: The disposition of ¹⁴C-clotrimazole has been studied in humans and animals. Clotrimazole is poorly absorbed following intravaginal administration to humans, whereas it is rather well absorbed after oral administration.

In clinical trials, use of vaginally applied clotrimazole in pregnant women in their second and third trimesters has not been associated with ill effects. There are, however, no adequate and well-controlled studies in pregnant women during the first trimester of pregnancy.

Because animal reproduction studies are not always predictive of human response, this drug should be used only if clearly indicated during the first trimester of pregnancy.

MYCELEX CREAM: In the first trimester of pregnancy, Mycelex Cream should be used only when considered essential to the welfare of the patient.

Adverse Reactions

MYCELEX-G 500 mg Vaginal Tablets: Of 297 patients in double-blind studies with the 500 mg vaginal tablet, 3 of 149 patients treated with active drug and 3 of 148 patients treated with placebo reported complaints during therapy that were possibly drug related. In the active drug group, vomiting occurred in one patient, vaginal soreness with coitus in another, and complaints of vaginal irritation, itching, burning and dyspareunia in the third patient. In the placebo group, clitoral irritation occurred in one patient and dysuria, described as remotely related to drug, in the other. A third patient in the placebo group developed bacterial vaginitis which the investigator classed as possibly related to drug.

MYCELEX CREAM: The following reactions have been reported in connection with the use of this cream: erythema, stinging, blistering, peeling, edema, pruritus, urticaria, and general irritation of the skin.

Issued, July 1986

UTERINE INVERSION

livery room, with the patient in shock. You may be able to avoid uterine inversion by careful management of the third stage of labor. If inversion occurs, call for an anesthesiologist, establish at least two large-bore IV lines, and have the blood bank send up non-cross-matched blood for possible transfusion. Have an assistant draw up MgSO₄, and have PGF_{2α} available.

Reposition the uterus immediately by exerting pressure at the periphery posteriorly. If the uterus will not return to the abdominal cavity, give 2 to 4 g of MgSO₄ at a rate of 1 g/minute. If still unsuccessful, try terbutaline, 0.125 to 0.25 mg, by slow IV push. Halothane and operative repositioning are last resorts.

After the uterus is back in its normal position, administer oxytocin, calcium, or PGF_{2α}, if necessary, to make it contract and maintain its position. Until it firms within the abdomen, the uterus should be held in place by hand. □

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13. Thiery M, Delbeke L: Acute puerperal uterine inversion: Two-step management with a beta-mimetic and a prostaglandin. *Am J Obstet Gynecol* 1985;153:891
14. Albright GA, Ferguson JE, Joyce TH, et al: *Anesthesia in Obstetrics—Maternal, Fetal, and Neonatal Aspects*, ed 2. Boston, Butterworths, 1986
15. Heyl PS, Stubblefield PG, Phillippe M: Recurrent inversion of the puerperal uterus managed with 15(S)-15-methyl prostaglandin F₂-alpha and uterine packing. *Obstet Gynecol* 1984;63:263
16. Topozada M, El-Bossaly M, El-Rahman HA, et al: Control of intractable atonic postpartum hemorrhage by 15-methyl prostaglandin F₂-alpha. *Obstet Gynecol* 1981;58:327
17. Hayashi RH, Castillo MS, Noah ML: Management of severe postpartum hemorrhage due to uterine atony using an analogue of Prostaglandin F₂-alpha. *Obstet Gynecol* 1981;58:426

Miles Pharmaceuticals
Division of Miles Laboratories, Inc.
West Haven, Connecticut 06516 USA

MILES
LABORATORIES
WEST HAVEN, CT 06516
Miles Pharmaceuticals

RICHARD GROSSMAN, M.D.



**BAYLOR
COLLEGE OF
MEDICINE**

Texas Medical Center
Houston, Texas 77030

Office of
Continuing Education
(713) 799-4941

This is to certify that RICHARD GROSSMAN, M.D.
has attended the continuing medical education activity


CANDIDIASIS SERIES

Baylor College of Medicine is accredited by the
Accreditation Council for Continuing Medical Education
to sponsor continuing medical education for physicians.

Baylor College of Medicine designates this continuing
medical education activity for 3 credit hours in
Category 1 of the Physician's Recognition Award of the
American Medical Association.



Program Director



Associate Dean and Director
Office of Continuing Education



ASSOCIATION OF PLANNED PARENTHOOD PROFESSIONALS

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DAVID A. GRIMES, M.D.

Secretary

April 13, 1987

Richard Grossman, M.D.
Durango Ob/Gyn Associates
1810 East Third Avenue
Durango, CO 81301

Dear Dr. Grossman:

The Association of Planned Parenthood Professionals awards you 14 hours of postgraduate training in human reproduction, sexuality and family planning for a seminar at the Sheraton New Orleans Hotel, New Orleans, Louisiana, on October 16-17, 1987.

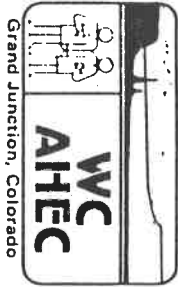
This meeting has been approved for 14 Cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.

The Association of Planned Parenthood Professionals is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education credits for physicians.

Sincerely,

Richard M. Soderstrom, M.D.
President

RMS/mar



Western Colorado Area Health Education Center

THIS CERTIFIES THAT

RICHARD A. GROSSMAN

Attended the Continuing Education Program Entitled

HEALTHIER BABIES THROUGH PRENATAL CARE

given at _____ *DURANGO, COLORADO* _____ *this*

_____ *15TH* *day of* _____ *SEPTEMBER*, _____ *1986*.

_____ *3.0* *APPROVED CONTACT HOURS*
By WCAHEC

Barbara A. Hildebrand



HARVARD MEDICAL SCHOOL

Department of Continuing Education
Boston, Massachusetts

and

Laboratory of Computer Science
Massachusetts General Hospital



THIS IS TO CERTIFY THAT

Richard Grossman, M.D.

*participated in the computer-simulated patient management
programs on the date(s) August, 1986
for a total of five (5) * hours.*

As an institution accredited for continuing medical education, the Harvard Medical School certifies that this continuing medical education offering meets the criteria for the above credit hours in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

Associate Dean
for
Continuing Education

* Hypertension Management
RxDx

Continuing Medical Education

for Richard A. Grossman MD

1987

<u>Date</u>	<u>Name & Place ; Agency</u>	<u>Hours & category</u>
Sept	Article: "Autoerythrocyte sensitization worsened by a copper-containing IUD" RA Grossman Obstet gynecol 70:3pt 2 526-28	10 cat 1
13 March	Prenatal Care, a systems approach Mercy Med Center Durango CO COPIC	3 cat 1
3-7 March	20th OB-GYN Postgraduate Seminar University of New Mexico Albuquerque	14 cat 1
7 April	Electronic Fetal Monitoring Mercy Med Center Durango CO University of New Mexico	9 cat 1
27-30 April	American College OB-GYN Annual meeting Las Vegas Nevada	17 cat 1
28-30 April	American College OB-GYN OBO Postgraduate course Las Vegas NV	6 cat 1
4-30-5-2	Assoc. of Reproductive Health Professionals Las Vegas NV ("Practical Aspects of Reproductive Health")	14 cat 1
5-12	High Risk OB & Ovarian Cancer Update - University of Colorado @ Mercy Med Center Durango CO	6 cat 1
8-1-2	CO2 Laser technology in the office; Vail CO - Educational Design	10 cat 1
8-30	ACOG Fetal Monitoring Update San Francisco CA	4 cat 1
8-31-9-2	ACOG District IX Annual Meeting San Francisco CA	12 cat 1
9-24	3rd Annual Perinatal Update Children's Hosp of Denver Durango CO	4 cat 1
September	Sociology... Menopause University of Cincinnati	2 cat 1
various	CME at Mercy Med Center Durango CO	3 cat 1
various	Consultation	10 cat 5b
various	Reading medical journals	20 cat 5a
various	Teaching residents & medical students	10
		<u>154</u> TOTAL
	Richard A. Grossman MD	114 hours cat 1

**AUTOERYTHROCYTE SENSITIZATION
WORSENER BY A
COPPER-CONTAINING IUD**

Richard A. Grossman, MD

Autoerythrocyte sensitization (Gardner-Diamond syndrome) causes painful ecchymoses, and usually occurs in young women. It is rare and of unknown etiology. The

From the Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque, New Mexico.

young woman in this report probably had the condition beginning at age 14, but the diagnosis was not made until age 19, shortly after a copper-containing intrauterine device (IUD) exacerbated her condition. The ecchymoses disappeared when the IUD was removed, but recurred when replaced. A non-copper IUD caused no ecchymoses. Taping a copper penny to the skin caused a similar rash. It seems that in this woman, the Gardner-Diamond syndrome was markedly worsened by exposure to copper. (*Obstet Gynecol* 70:526, 1987)

First described in 1955,¹ autoerythrocyte sensitization (also known as the Gardner-Diamond syndrome) usually occurs in young women. It is typified by recurrent bruising, most often on the extremities. Often the

University of Cincinnati
Medical Center



College of Medicine

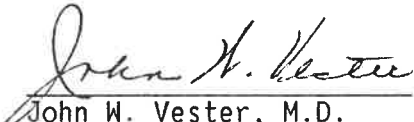
Office of the Dean

231 Bethesda Avenue (ML 555)
Cincinnati, Ohio 45267-0555
Phone (513) 872-7391

CERTIFICATE OF CREDIT

This is to verify that Richard A. Grossman, M.D. has successfully completed the CME activity, Medical Substantia Monograph entitled SOCIOLOGY, PSYCHOPATHOLOGY AND MENOPAUSE, OB/GYN Edition, #1. Incorrect answers, if any, are marked in red.

The University of Cincinnati College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. This CME activity meets the criteria for 2 credit hours of Category 1.


John W. Vester, M.D.
Associate Dean, CONMED

September, 1987

0893e



DEPARTMENT OF HEALTH EDUCATION
THE CHILDREN'S HOSPITAL
1056 East 19th Avenue, Denver, Colorado 80218

This is to certify that the person named below has attended the following postgraduate course and is entitled to:

7 hours AMA/Category I credit *only attended*
 hours CNA
 hours prescribed/AAFP credit
 hours

COURSE TITLE: The third annual Perinatal Care Update
DATE: September 24, 1987

NAME: _____

STREET: _____

CITY: _____

STATE: _____

Please hold in your files
for annual reporting.

James Lustig, M.D.

James Lustig, M.D.
Director of Health Education



DISTRICT IX

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

44 Gough Street
PO. Box 882348
San Francisco, CA 94188-2348
(415) 863-5522
(415) 431-9143

Name Richard Grossman MD

Course title: Fetal Monitoring Update Symposium

Date of course: August 30, 1987

Number of hours: 4 Cognates 4 hours AMA

Annual Meeting
District VIII-IX ACOG
San Francisco, California

Charlotte Newhart
Chief Administrative Officer
District IX

DISTRICT IX OFFICERS 1984-1987

CHAIRMAN
Robert N. Smith, M.D.
2100 Webster St., #319
San Francisco, CA 94115

VICE CHAIRMAN
W. Benson Harer, M.D.
1800 Northwestern Avenue, #101
San Bernardino, CA 92411

SECRETARY
Reuben A. Clay, Jr., M.D.
2100 Webster St., #319
San Francisco, CA 94115

TREASURER
Solon D. Barbis, M.D.
1816 Professional Drive
Sacramento, CA 95825



Education Design, Inc.

This Is To Certify That

RICHARD GROSSMAN, M.D.

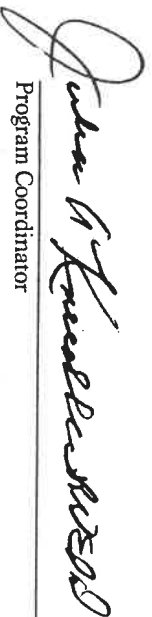
Has Attended The Continuing Medical Education Activity

CO 2 LASER TECHNOLOGY IN THE OFFICE

AUGUST 1-2, 1987

VAIL, COLORADO

Education Design, Inc., designates this continuing medical education activity 10 credit hours in Category 1, of the Physician's Recognition Award of the American Medical Association.


Program Coordinator

MERCY MEDICAL CENTER
DURANGO, COLORADO

Verification of attendance by

_____ at the following program High Risk Obstetrics & Ovarian Cancer Update

Date May 12, 1987

for a total of 6 contact hours for continuing education.

Signature 

Offering approved by the Colorado Nurses Association. CNA is accredited as an approver of CE by the Western Regional Accrediting Committee of the American Nurses Association.



ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS

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JUDITH TYSON, M.D.

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Vice-President

STEVEN J. SONDSHEIMER, M.D.

Treasurer

DAVID A. GRIMES, M.D.

Secretary

CERTIFICATE OF ATTENDANCE

This will attest that RICHARD GROSSMAN MD attended the Association of Reproductive Health Professionals (formerly the Association of Planned Parenthood Professionals) Annual Meeting entitled "Practical Aspects of Reproductive Health" on April 30 - May 2, 1987.

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

This meeting has also been approved for 14 Cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.

ACOG Cognate Program
600 Maryland Avenue, SW, 300 East
Washington, DC 20024

has attended

ACOG ANNUAL MEETING
GENERAL SESSION
APRIL 27 THRU 30 1987
LAS VEGAS NV
17 COGNATES 17 CAT I AHA

Richard A Grossman MD
1810 E 3rd Ave
Durango CO
81301

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies

ACOG COPY

Richard A Grossman MD
1810 E 3rd Ave
Durango CO
81301
has attended

ACOG Cognate Program
600 Maryland Avenue, SW, 300 East
Washington, DC 20024

ACOG ANNUAL MEETING
OBG POSTGRADUATE COURSE
APRIL 28 THRU 30 1987
LAS VEGAS NV
6 COGNATES 6 CAT I AHA

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies

ACOG COPY



MERCY MEDICAL CENTER

375 E. Park Avenue • Durango, Colorado 81301 • 303/247-4311

April 20, 1987

Dear Doctor Grossman:

This letter is to formally record your attendance and successful completion of the Electronic Fetal Monitoring Course held at Mercy Medical Center on April 17, 1987. The formal purpose of the program was to provide an overview of basic and advanced fetal monitoring.

The program provided nine (9) contact hours of category one CME credit for physicians. The program presented was Dr. Kent Argubright, Assistant Professor of OB/GYN and Pediatrics at the University of New Mexico School of Medicine. Dr. Argubright is also the Director the Genetic Section, Division of Maternal-Fetal Medicine at UNM.

The educational objectives of the program stated that upon completion of the program the students should be able to:

1. State the physiological basis of fetal heart rate monitoring.
2. List criteria for reassuring, warning, and ominous fetal heart rate patterns.
3. State indications for antepartum testing.
4. Interpret antepartum test results.
5. Manage fetal distress.

A copy of this letter will be included in your medical staff file in Administration at Mercy Medical Center.

Thank you for your support of Women's and Children's services at Mercy Medical Center.

Sincerely,

James B. McHugh
Vice President

JBM:co

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Richard Grossman MD participated in
the following CME activity conducted by this office:

Title of Program: 20th Annual OB/GYN Postgraduate Seminar

Date(s): March 5-7, 1987

Co-Sponsor(s): UNM School of Medicine, Department of OB/GYN

Credit Approvals: Hours Approved; I certify that I participated
AMA I 14
NM I 14
ACOG 14
AAFP 14
NM CEARP 16.8*

in the above CME activity for
17 hours.

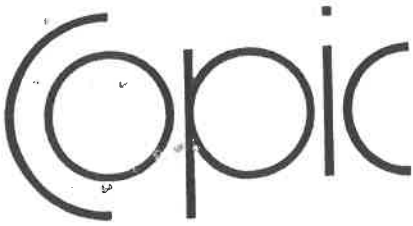
Rynda Gibbs

Office of CME Authorization

*NM CEARP CODE # 8609.3-086.5-3000

Richard A. Grossman MD

Participant Signature



Post Office Box 17540 T.A.
Denver, Colorado 80217-0540
(303) 779-0044
1-800-421-1834

March 5, 1987

Dear Doctor:

Your registration for the "Prenatal Care, a Systems Approach" seminar has been received. The specific date, location and hours for the seminar in your area are:

March 13, 1987

Mercy Hospital
4th Floor Conference Room
375 E. Park Ave.
Durango, CO 81301
247-4311

8:00 am - 11:00 am

Please plan to arrive a few minutes early in order to check in at the registration desk and pick up your materials.

If you have any questions, please call me at the COPIC office (779-0044 Metro Denver and 1-800-421-1834 Colorado WATS).

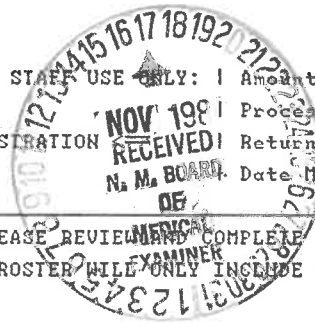
Sincerely,


Jan Wells

*Appointments
cat 1*

NEW MEXICO BOARD OF MEDICAL EXAMINERS
P.O. Box 20001/491 Old Santa Fe Trail
Santa Fe, New Mexico 87503
(505)827-7317

STAFF USE ONLY: Amount Rec. _____
Processed By _____
Returned _____
Date Mailed _____



ANNUAL REGISTRATION OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND COMPLETE THE INFORMATION BELOW. RETURN THIS FORM AND "\$60.00" BY DECEMBER 31, 1988. THE 1989 ROSTER WILL ONLY INCLUDE NAMES FROM REGISTRATIONS I RECEIVED COMPLETE, CORRECT, AND RETURNED BEFORE THE DEADLINE.

LICENSE #: 70-135
NAME : RICHARD A GROSSMAN M.D.
ADDRESS : 1810 E 3RD AVENUE
ADDRESS :
CITY/ST/ZIP: DURANGO, CO 81301
PHONE: 303-247-5543 BIRTH DATE: [REDACTED] SSN: [REDACTED]
HOME ADDRESS
ADDRESS : [REDACTED]
ADDRESS : [REDACTED]
CITY/ST/ZIP: DURANGO, CO 81301
PHONE: [REDACTED]
EXAM: NATIONAL BOARD
SCHOOL : UNIV OF PENNSYLVANIA
HOSPITAL: ADD ANY HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES IN 1988 IF NOT LISTED.
MERCY MED
LA PLATA COMMUNITY
SOUTHWEST MEM
UNM HOSP

INSTRUCTIONS

The Medical Board's current records contain the above information. Please check all information for accuracy. Information that is incorrect or has changed since you registered last year, should be corrected in the space provided at the right. Also please add any new hospital affiliations you may have acquired since January of 1988. IF YOUR BUSINESS ADDRESS HAS CHANGED, YOU SHOULD REMEMBER THAT YOU MUST FURNISH THE BOARD WITH A LOCATION ADDRESS. A POST OFFICE BOX IS NOT ACCEPTABLE. Information requested below is new information or reverification information that must be received yearly. All blanks below must contain a response before your form will be processed. ALL REGISTRATION FORMS RECEIVED INCOMPLETE, UNSIGNED OR WITHOUT \$60.00 "WILL NOT" BE PROCESSED UNTIL ALL ITEMS ARE COMPLETE. DELAY WILL MEAN THAT YOUR NAME WILL NOT BE PRINTED IN THE 1989 ROSTER. CHECKS RECEIVED WITH INCOMPLETE FORMS WILL BE DEPOSITED WITH THE STATE TREASURER'S OFFICE IN ACCORDANCE WITH STATE LAW. NO FEE WILL BE RETURNED.

ANSWER QUESTIONS BELOW

During 1988 have you been convicted of a felony or had action against any M.D. license you hold? YES NO
If you answered YES to the above question an explanation must be attached.

ARE YOU A U.S. GRAD? YES NO ECFMG #: _____ DEA #: A67297876

STATE LICENSES EVER HELD:

ST: CO LIC #: 20447
ST: NM LIC #: 70-135
ST: UTAH LIC #: 06404-1001-1
ST: P.R. LIC #: ~~07704~~ 7157
ST: _____ LIC #: _____

ACTIVE STATUS

I wish my license to remain active . I have enclosed my check for \$60.00 _____.

*INACTIVE STATUS

I WISH MY LICENSE TO BECOME INACTIVE AT THIS TIME _____.

With an inactive license I understand that, in accordance with New Mexico law, I may not practice in any form including the writing of prescriptions _____.

*New Mexico law only provides for an active or inactive status. All those wishing to practice even in a limited capacity must have a full license and stay current in reporting CME'S.

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

Date: 11/1/88
SIGNATURE: Richard A. Grossman
(must be signed by physician)

NOTE: IF YOU HAVE RECEIVED A CME REPORT FORM, BOTH THIS AND THE CME REPORT MUST BE RETURNED TOGETHER.

NEW MEXICO BOARD OF MEDICAL EXAMINERS
 VERIFICATION OF CONTINUING EDUCATION
 (61-6-3E/61-6-22 NMSA 1978 and NMBME Rule 79-13)

NAME: RICHARD A GROSSMAN M.D. LICENSE NUMBER: 70-135 HOURS OF CME'S REPORTED: 75

This is your regular year to report CME's. Records in the Medical Board Office show that you have already reported the hours as indicated above. If the above information shows that you have reported 75 hours or more, you need only sign this form and return it with your completed form included in the mailing. If you have reported less than 75 hours, YOU MUST REPORT THE ADDITIONAL HOURS NEEDED TO BRING YOUR TOTAL TO 75 HOURS. Use the section provided below to report your CMEs.

IMPORTANT

Those physicians receiving this continuing education form must report and remit all CERTIFICATIONS AND OTHER VERIFYING DOCUMENTS OR ATTENDANCE FOR ALL MEETINGS, ETC. SEND DOCUMENTATION FOR ONLY THOSE HOURS YOU ARE REQUIRED TO REPORT.
 YOUR REGISTRATION FEE IS NOT REFUNDABLE IF YOU DO NOT MEET THE CME REQUIREMENTS.

I certify that I have completed the Continuing Medical Education requirements for re-registration of my license in 1989 as follows:

- Clinical Courses approved for AMA
 Category I during 1986, 1987, 1988: Credit Hours _____
- Physicians Recognition Award of AMA Year _____ Credit Hours _____
- Certificate of CME of AAFP: Year _____ Credit Hours _____
- Certification of Recertification by
 a Speciality Board Year _____ Credit Hours _____
- FLEX Component II: Year _____ Credit Hours _____
- Internship, Residency or Fellowship:
 _____ / _____ Credit Hours _____
 Program Location Dates
- Advanced Degree:
 _____ Credit Hours _____
 Medical School
- Self Assessment Tests:
 _____ Credit Hours _____
 Educational Institution
- Teaching:
 _____ Credit Hours _____
 Medical School or Approved Program Institution
- Preceptors:
 _____ Credit Hours _____
 Medical School
- Scientific Paper or Publications Credit Hours _____ TOTAL CREDIT HOURS 75

Date _____ Signature _____
 (NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY: CMEs approved by [Signature] Date: 11/23/88 Documentation Received Yes

CONTRACEPTION

A SURVEY OF PRESCRIBING HABITS FOR HIGH-ESTROGEN ORAL CONTRACEPTIVES

Richard A. Grossman, M.D.
Department of Obstetrics and Gynecology
University of New Mexico School of Medicine
Albuquerque, New Mexico

Abstract

A simple survey was made of health-care providers to determine their attitudes toward oral contraceptives containing more than 50 mcg of estrogen. It was found that about two-thirds of respondents prescribe this group of medication, although few do so regularly. Their use seemed correlated with providers 40 years of age or older. Even members of an association of professionals interested in contraception frequently used these pills. Although this group of contraceptives is being phased out, it is felt that professionals should have ceased their use long ago.

Reprint requests: 1810 East Third Avenue
Durango, Colorado 81301

Submitted for publication July 14, 1988
Accepted for publication August 22, 1988

A New Cuff Closure Technique For Vaginal Hysterectomy

Richard A. Grossman, M.D.

Abstract

A technique for cuff closure at the time of vaginal hysterectomy is described. The uterosacral ligaments are attached to the posterior cuff, then approximated. The cuff is then closed vertically, decreasing the potential for developing an enterocele. The dead-space at the top of the cuff is also obliterated, reducing the chance of serum or blood collecting and apparently also reduc-

ing the risk of post-operative infection. The technique is rapid to perform because of its simplicity. Since the cuff is closed primarily, healing is also rapid, often allowing resumption of coitus in two or three weeks. Another advantage of the technique is that it does not require a drain (nor the discomfort and risk of its removal).

Introduction

Ideally, a vaginal cuff closure technique should promote rapid healing, minimize the formation of granulation tissue, and reduce the risk of cuff infection. In addition, the technique should provide good support of the cuff and decrease the possibility of enterocele formation.¹ Finally, the technique should be rapid to perform and use as little suture material as possible.

One way of reducing the risk of infection is to use a drain.² Although this decreases the chances of a collection of blood or serum at

the top of the cuff, the drain can also act as an entry for bacteria. On one occasion, a patient of mine had heavy bleeding upon removing a T-tube drain after hysterectomy. The following method seems to reach the same goal by obliterating dead space and by controlling bleeding from the cut vaginal surface. In addition, it provides good support by securely attaching the cuff to the uterosacral ligaments. Finally, the technique approximates these ligaments (similar to McCall³) to make enterocele development unlikely.

Technique

The new procedure begins at the time of closing the peritoneum. Care is used in placing the purse-string suture to leave a centimeter or more between the suture posteriorly

Dr. Grossman is Assistant Clinical Professor, Department of Obstetrics and Gynecology, University of New Mexico. Reprint requests should be addressed to Richard A. Grossman, M.D., 1810 East Third Avenue, Durango, Co. 81301.

**AUTOERYTHROCYTE SENSITIZATION
WORSENER BY A
COPPER-CONTAINING IUD**

Richard A. Grossman, MD

Autoerythrocyte sensitization (Gardner-Diamond syndrome) causes painful ecchymoses, and usually occurs in young women. It is rare and of unknown etiology. The

From the Department of Obstetrics and Gynecology, University of New Mexico, Albuquerque, New Mexico.

young woman in this report probably had the condition beginning at age 14, but the diagnosis was not made until age 19, shortly after a copper-containing intrauterine device (IUD) exacerbated her condition. The ecchymoses disappeared when the IUD was removed, but recurred when replaced. A non-copper IUD caused no ecchymoses. Taping a copper penny to the skin caused a similar rash. It seems that in this woman, the Gardner-Diamond syndrome was markedly worsened by exposure to copper. (*Obstet Gynecol* 70:526, 1987)

First described in 1955,¹ autoerythrocyte sensitization (also known as the Gardner-Diamond syndrome) usually occurs in young women. It is typified by recurrent bruising, most often on the extremities. Often the

Continuing Medical Education
for Richard A Grossman MD 1986

<u>Date</u>	<u>Name & Place; Agency</u>	<u>Hours & category</u>
Sept	Article: "How to manage uterine inversion" VA Catanzarite & RA Grossman published in Contemporary OB-GYN September 1986	10 cat 1
July	Candidiasis Series - Baylor College of Medicine	3 cat 1
August	Hypertension Management & Dx - Harvard Medical School	5 cat 1
15 Sept	Healthier Babies through prenatal care Durango Western CO Area Health Education Center	3 cat 1
16-17 Oct	Postgrad course on reproduction, sexuality & family planning - Assoc. of Planned Parenthood Professionals New Orleans	14 cat 1
various	CME at Mercy Medical Center Durango CO	4 cat 1
various	Consultation	10 cat 5b
various	Reading medical journals	20 cat 5a
various	Teaching medical students & residents	20 cat 3

89

39 hours in cat 1

Richard A. Grossman MD



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Vice-President

STEVEN J. SONDHEIMER, M.D.

Treasurer

DAVID A. GRIMES, M.D.

Secretary

April 13, 1987

Richard Grossman, M.D.
Durango Ob/Gyn Associates
1810 East Third Avenue
Durango, CO 81301

Dear Dr. Grossman:

The Association of Planned Parenthood Professionals awards you 14 hours of postgraduate training in human reproduction, sexuality and family planning for a seminar at the Sheraton New Orleans Hotel, New Orleans, Louisiana, on October 16-17, 1987.

This meeting has been approved for 14 Cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.

The Association of Planned Parenthood Professionals is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education credits for physicians.

Sincerely,

Richard M. Soderstrom, M.D.

President

RMS/mar

RICHARD GROSSMAN, M.D.



**BAYLOR
COLLEGE OF
MEDICINE**

Texas Medical Center
Houston, Texas 77030

Office of
Continuing Education
(713) 799-4941

This is to certify that RICHARD GROSSMAN, M.D.
has attended the continuing medical education activity


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Accreditation Council for Continuing Medical Education
to sponsor continuing medical education for physicians.

Baylor College of Medicine designates this continuing
medical education activity for 3 credit hours in
Category 1 of the Physician's Recognition Award of the
American Medical Association.



Program Director



Associate Dean and Director
Office of Continuing Education



Western Colorado Area Health Education Center

THIS CERTIFIES THAT

RICHARD A. GROSSMAN

Attended the Continuing Education Program Entitled

HEALTHIER BABIES THROUGH PRENATAL CARE

given at DURANGO, COLORADO *this*

15TH *day of* SEPTEMBER, 1986.

3.0 APPROVED CONTACT HOURS
By WCAHEC

Barbara Sutherland



HARVARD MEDICAL SCHOOL
 Department of Continuing Education
 Boston, Massachusetts
 and
 Laboratory of Computer Science
 Massachusetts General Hospital



THIS IS TO CERTIFY THAT

Richard Grossman, M.D.

participated in the computer-simulated patient management

programs on the date(s) August, 1986

for a total of five (5) * hours.

As an institution accredited for continuing medical education, the Harvard Medical School certifies that this continuing medical education offering meets the criteria for the above credit hours in Category I of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed.

Stephen Feldberg

Associate Dean

for

Continuing Education

How to manage uterine inversion

By Valerian A. Catanzarite, MD, PhD, and Richard Grossman, MD

Massive hemorrhage and shock can ensue when the uterus inverts after delivery. You must be ready to reposition it manually, replenish fluid and blood, and, in some cases, give tocolytics and uterotonics.

When the uterine fundus completely or partially protrudes through the cervix after childbirth, the diagnosis is puerperal uterine inversion. Frequently life threatening, inversion usually occurs immediately after delivery but may be delayed by hours or days. It can also happen repeatedly. The condition is unpredictable and rare, with estimates of its frequency varying from 1 in 740 deliveries to 1 in 20,000. Recent reports suggest it occurs once in 2,000 deliveries.¹⁻⁴

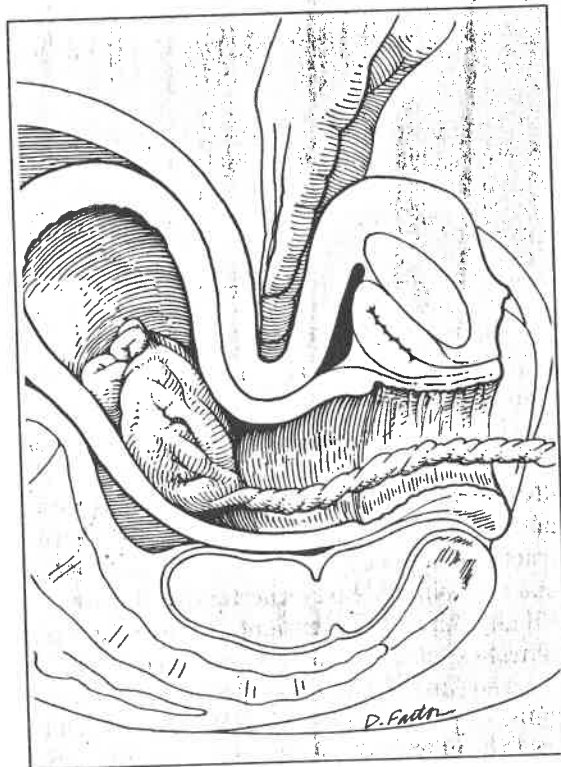
What causes inversion?

Such factors as prolonged labor, primiparity, fundal implantation of the placenta, abnormal placental adherence to the uterine wall, and magnesium sulfate ($MgSO_4$) administration during labor have all been implicated.^{1,3,5} Many authors, however, hold that faulty management of the third stage of labor causes inversions.

Poor uterine contractility very likely precipitates some inversions. Normally, the uterus contracts uniformly after delivery, expel-

ling the placenta through its firm, thick, funnel-shaped lower segment (Figure 1). If the uterus is atonic, some remaining placental attachments to the uterine wall—even minimal ones—may drag the fundus through the cervix (Figure 2). $MgSO_4$ may contribute to atony.

In other instances, delivery of the placenta



Dr. Catanzarite is assistant professor, division of maternal-fetal medicine, and Dr. Grossman is clinical assistant professor, department of ob-gyn, University of New Mexico Medical Center, Albuquerque, N.M.

Series editor Robert H. Hayashi, MD, is director, maternal-fetal medicine division, department of ob-gyn, Women's Hospital, University of Michigan School of Medicine, Ann Arbor, Mich.



Post Office Box 17540 T.A.
Denver, Colorado 80217-0540
(303) 779-0044
1-800-421-1834

March 5, 1987

Dear Doctor:

Your registration for the "Prenatal Care, a Systems Approach" seminar has been received. The specific date, location and hours for the seminar in your area are:

March 13, 1987

Mercy Hospital
4th Floor Conference Room
375 E. Park Ave.
Durango, CO 81301
247-4311

8:00 am - 11:00 am

Please plan to arrive a few minutes early in order to check in at the registration desk and pick up your materials.

If you have any questions, please call me at the COPIC office (779-0044 Metro Denver and 1-800-421-1834 Colorado WATS).

Sincerely,


Jan Wells

*Appendix 30
cat 1*

ACOG Cognate Program
600 Maryland Avenue, SW, 300 East
Washington, DC 20024

has attended

ACOG ANNUAL MEETING
GENERAL SESSION
APRIL 27 THRU 30 1987
LAS VEGAS NV
17 COGNATES 17 CAT I AMA

Richard A Grossman MD
1810 E 3rd Ave
Durango CO
81301

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies

ACOG COPY

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Richard Grossman MD participated in
the following CME activity conducted by this office:

Title of Program: 20th Annual OB/GYN Postgraduate Seminar

Date(s): March 5-7, 1987

Co-Sponsor(s): UNM School of Medicine, Department of OB/GYN

Credit Approvals:	Hours Approved;
AMA I	<u>14</u>
NM I	<u>14</u>
ACOG	<u>14</u>
AAFP	<u>14</u>
NM CEARP	<u>16.8*</u>

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

Rynnda Bitts

Office of CME Authorization

*NM CEARP CODE # 8609.3-086.5-3000

Richard A. Grossman MD

Participant Signature



MERCY MEDICAL CENTER

375 E. Park Avenue • Durango, Colorado 81301 • 303/247-4311

April 20, 1987

Dear Doctor Grossman:

This letter is to formally record your attendance and successful completion of the Electronic Fetal Monitoring Course held at Mercy Medical Center on April 17, 1987. The formal purpose of the program was to provide an overview of basic and advanced fetal monitoring.

The program provided nine (9) contact hours of category one CME credit for physicians. The program presented was Dr. Kent Argubright, Assistant Professor of OB/GYN and Pediatrics at the University of New Mexico School of Medicine. Dr. Argubright is also the Director the Genetic Section, Division of Maternal-Fetal Medicine at UNM.

The educational objectives of the program stated that upon completion of the program the students should be able to:

1. State the physiological basis of fetal heart rate monitoring.
2. List criteria for reassuring, warning, and ominous fetal heart rate patterns.
3. State indications for antepartum testing.
4. Interpret antepartum test results.
5. Manage fetal distress.

A copy of this letter will be included in your medical staff file in Administration at Mercy Medical Center.

Thank you for your support of Women's and Children's services at Mercy Medical Center.

Sincerely,

James B. McHugh
Vice President

JBM:ee



ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS

Board of Directors

MICHAEL S. BURNHILL, M.D.

President

JUDITH TYSON, M.D.

President-Elect

RICHARD J. DERMAN, M.D.

Vice-President

STEVEN J. SONDEIMER, M.D.

Treasurer

DAVID A. GRIMES, M.D.

Secretary

CERTIFICATE OF ATTENDANCE

This will attest that RICHARD GROSSMAN MD
attended the Association of Reproductive Health Professionals
(formerly the Association of Planned Parenthood Professionals)
Annual Meeting entitled "Practical Aspects of Reproductive
Health" on April 30 - May 2, 1987.

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

This meeting has also been approved for 14 Cognates, Formal
Learning, by the American College of Obstetricians and
Gynecologists.



Education Design, Inc.

This Is To Certify That

RICHARD GROSSMAN, M.D.

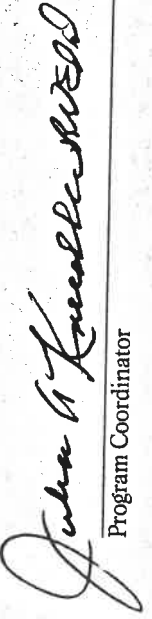
Has Attended The Continuing Medical Education Activity

CO₂ LASER TECHNOLOGY IN THE OFFICE

AUGUST 1-2, 1987

VAIL, COLORADO

Education Design, Inc., designates this continuing medical education activity 10 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.


Program Coordinator



DISTRICT IX

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

44 Gough Street
PO. Box 882348
San Francisco, CA 94188-2348
(415) 863-5522
(415) 431-9143

Name Richard Grossman MD

Course title: Fetal Monitoring Update Symposium

Date of course: August 30, 1987

Number of hours: 4 Cognates 4 hours AMA

**Annual Meeting
District VIII-IX ACOG
San Francisco, California**

Charlotte Newhart
Chief Administrative Officer
District IX

DISTRICT IX OFFICERS 1984-1987

CHAIRMAN
Robert N. Smith, M.D.
2100 Webster St., #319
San Francisco, CA 94115

VICE CHAIRMAN
W. Benson Harer, M.D.
1800 Northwestern Avenue, #101
San Bernardino, CA 92411

SECRETARY
Reuben A. Clay, Jr., M.D.
2100 Webster St., #319
San Francisco, CA 94115

TREASURER
Solon D. Barbis, M.D.
1816 Professional Drive
Sacramento, CA 95825

University of Cincinnati
Medical Center



College of Medicine


Office of the Dean

231 Bethesda Avenue (ML 555)
Cincinnati, Ohio 45267-0555
Phone (513) 872-7391

CERTIFICATE OF CREDIT

This is to verify that Richard A. Grossman, M.D. has successfully completed the CME activity, Medical Substantia Monograph entitled SOCIOLOGY, PSYCHOPATHOLOGY AND MENOPAUSE, OB/GYN Edition, #1. Incorrect answers, if any, are marked in red.

The University of Cincinnati College of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. This CME activity meets the criteria for 2 credit hours of Category 1.


John W. Vester, M.D.
Associate Dean, CONMED

September, 1987

0893e

MERCY MEDICAL CENTER
DURANGO, COLORADO

Verification of attendance by

at the following program High Risk Obstetrics & Ovarian Cancer Update

Date May 12, 1987

for a total of 6 *contact hours for continuing education.*

Signature

Offering approved by the Colorado Nurses Association. CNA is accredited as an approver of CE by the Western Regional Accrediting Committee of the American Nurses Association.

MMC 607-10 (5/84)



DEPARTMENT OF HEALTH EDUCATION
THE CHILDREN'S HOSPITAL
1056 East 19th Avenue, Denver, Colorado 80218

This is to certify that the person named below has attended the following postgraduate course and is entitled to:

7 hours AMA/Category I credit *only attended*
 hours CNA
 hours prescribed AAFP credit
 hours

COURSE TITLE: The third annual Perinatal Care Update

DATE: September 24, 1987 1987

NAME: _____

STREET: _____ CITY: _____ STATE: _____

Please hold in your files
for annual reporting.

James Lustig M.D.
James Lustig, M.D.
Director of Health Education

Continuing Medical Education

for Richard A. Grossman MD

1987

<u>Date</u>	<u>Name & Place ; Agency</u>	<u>Hours & category</u>
Sept	Article: "Autoerythrocyte sensitization worsened by a copper-containing IUD" RA Grossman Obstet gynecol 70:3pt 2 526-28	10 cat 1
13 March	Prenatal Care, a systems approach Mercy Med Center Durango CO COPIC	3 cat 1
3-7 March	20th OB-GYN Postgraduate Seminar University of New Mexico Albuquerque	14 cat 1
7 April	Electronic Fetal Monitoring Mercy Med Center Durango CO University of New Mexico	9 cat 1
27-30 April	American College OB-GYN Annual meeting Las Vegas Nevada	17 cat 1
28-30 April	American College OB-GYN OBO Postgraduate course Las Vegas NV	6 cat 1
4-30-5-2	Assoc. of Reproductive Health Professionals Las Vegas NV ("Practical Aspects of Reproductive Health")	14 cat 1
5-12	High Risk OB & Ovarian Cancer Update - University of Colorado @ Mercy Med Center Durango CO	6 cat 1
8-1-2	CO2 Laser technology in the office; Vail CO - Educational Design	10 cat 1
8-30	ACOG Fetal Monitoring Update San Francisco CA	4 cat 1
9-31-9-2	ACOG District IX Annual Meeting San Francisco CA	12 cat 1
9-24	3rd Annual Perinatal Update Children's Hosp of Denver Durango CO	4 cat 1
September	Sociology... Menopause University of Cincinnati	2 cat 1
various	CME at Mercy Med Center Durango CO	3 cat 1
various	Consultation	10 cat 5b
various	Reading medical journals	20 cat 5a
various	Teaching residents & medical students	10
	Richard A. Grossman MD	154 TOTAL
		114 hours cat 1

Paper presented at ARHP Meeting
Boston 5.7.88

A SURVEY OF PRESCRIBING HABITS FOR HIGH-ESTROGEN ORAL CONTRACEPTIVES

RICHARD A. GROSSMAN, M.D.

Eight brands of birth-control pills with more than 50 mcg of estrogen are sold in this country. It has been known for years that lower dose pills are safer, yet many prescriptions are still written for high-estrogen pills. 400,000 American women are using birth control pills with 80 mcg estrogen or more. The fact that high-estrogen pills are still being prescribed is disturbing. To find out more about prescribing habits, I sent out a simple survey.

METHOD: 200 gynecologists' and family practitioners' names were chosen at random. A second group was selected from the ARHP mailing list.

Each person was sent a cover letter explaining the survey, and assuring anonymity. The actual survey was on a pre-addressed post card, which could be completed in a minute or two.

Participants were asked to check whether they prescribed each of the 8 high-dose pills "never", "rarely", or "regularly". They were asked to complete this information for both contraceptive and other indications.

Next they were asked to respond "yes" or "no" to the following question: "If all of the above products were taken off the market, would it be a problem for you?" Most of the cards were sent out with a box for the participant to fill in his or her age.

RESULTS: 166 people were kind enough to respond, for an overall rate

ARRHP

Association of Reproductive Health Professionals

Certificate
of
Attendance

25TH ANNUAL MEETING
What Have We Wrought?

May 5-7, 1988

This Certifies the Attendance of

Richard A. Grossman, M.D.

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

ARRHP designates this continuing medical education activity for 15 credit hours in Category I of the Physicians Recognition Award of the American Medical Association.

This course has been approved for 15 cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.

Sue R. Tyson

President

Association of Reproductive Health Professionals

SECTION B 1990 PHASE-IN TRIENNIAL RENEWAL SECTION B
RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND WHERE NECESSARY
COMPLETE OR CORRECT THE INFORMATION PROVIDED. ANSWER ALL QUESTIONS AND VERIFY
THE INFORMATION IN THE PLACE PROVIDED. A CHECK FOR \$175.00, THE RENEWAL FEE FOR
ACTIVE OR \$25.00 FOR INACTIVE MUST ACCOMPANY THIS FORM. NO FEE WILL BE RETURNED.

LICENSE #: 70-135 DOB: 07/13/43 SSN: 188-34-2552 DEA#: AG7297876

NAME : RICHARD A GROSSMAN M.D.
BUS-ADDR : 1810 E 3RD AVENUE
BUS-ADDR :
CITY/ST/ZIP: DURANGO, CO 81301
BUS-PHONE : 303-247-5543
HOME-ADDR : 1620 FOREST AVE
HOME-ADDR :
CITY/ST/ZIP: DURANGO, CO 81301
HOME-PHONE : 303-247-0668
SCHOOL : UNIV OF PENNSYLVANIA

DATE GRADUATED:
06/01/69

HOSPITAL PRIVILEGES: NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL
MERCY MED
LA PLATA COMMUNITY
SOUTHWEST MEM
UNM HOSP

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED
ST: CO LIC#: 20447 ST: PR LIC#: 7157 ST: LIC#:
ST: UT LIC#: 0640410011 ST: LIC# ST: LIC#

Have you ever been convicted of a misdemeanor or felony? NO YES
Has any licensing authority, professional organization, medical institution
or any other medically related entity ever instituted disciplinary action or
proceedings against you? NO YES

Have you ever surrendered your license privileges or membership to any licensing
authority, professional organization, medical institute or any other medically
related entity? NO YES
If you answered YES to any of the above questions, please explain in detail.
Please include documentation.

ACTIVE STATUS: I wish my license to remain active.

INACTIVE STATUS: I WISH MY LICENSE TO BECOME INACTIVE AT THIS TIME.
With an inactive license I understand that, in accordance with New Mexico law,
I may not practice in any form including the writing of prescriptions.

NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED - DUE BY 12-31-89.

I have checked the desired status for my New Mexico license.
 I have enclosed the proper fee according to Status.
 I verify that all above information is true and accurate.

SIGNATURE: Richard A Grossman DATE: 11.2.89
(Must be signed by physician)

210⁰⁰

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504
SECTION B JULY 1, 1992 - JUNE 30, 1995 TRIENNIAL RENEWAL

RECEIVED
APR 16 1992

PLEASE REVIEW INFORMATION PROVIDED, "ANSWER ALL QUESTIONS" AND MAKE CORRECTIONS IN THE SPACES PROVIDED.

FEES - CHECK ENCLOSED \$ 210.00 FEES ARE NON-REFUNDABLE NMSA 61-6-19.
ACTIVE STATUS \$210.00 I WISH MY LICENSE TO REMAIN ACTIVE.
*INACTIVE STATUS \$ 25.00 I WISH MY LICENSE TO BECOME INACTIVE.
WITH AN INACTIVE LICENSE I UNDERSTAND THAT, I MAY NOT PRACTICE MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS. (NMSA 61-6-33)

LICENSE #: 70-135 DEA #: [REDACTED] SSN: [REDACTED] BIRTH DATE: [REDACTED] 43
NAME : RICHARD A GROSSMAN M.D.
BUS-ADDR : 1810 E 3RD AVENUE
BUS-ADDR :
CITY/ST/ZIP: DURANGO, CO 81301

BUS-PHONE : 303-247-5543
OUT-OF-STATE PHYSICIANS PRACTICING IN NEW MEXICO, PLEASE PROVIDE NEW MEXICO BUSINESS ADDRESS:
604 South Rio Grande Avenue Aztec NM 87410
HOME-ADDR : [REDACTED]
HOME-ADDR :
CITY/ST/ZIP: DURANGO, CO 81301

HOME-PHONE : [REDACTED]
YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.
HOSPITAL PRIVILEGES: NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL:
MERCY MED University of Colorado, Denver, CO - University Hospital
LA PLATA COMMUNITY (consulting)
SOUTHWEST MEM
UNM HOSP

OTHER STATE LICENSES:
ST: CO LIC#: 20447 ST: UT LIC#: 0640410011 ST: PR LIC#: 7157
ST: LIC#: ST: LIC#:

SPECIALITY (1) OBSTETRICS/GYNECOLOGY ARE YOU BOARD CERTIFIED YES ___ NO
SPECIALITY (2) ARE YOU BOARD CERTIFIED ___ YES ___ NO

LIST ALL PA'S AND/OR NURSE PRACTITIONERS THAT ARE CURRENTLY UNDER YOUR SUPERVISION: None in NM
PA: _____ NP: _____
PA: _____ NP: _____

Are you known by any other name(s)? No (Specify)
Have you ever been convicted of a misdemeanor or felony? NO ___ YES

Has any licensing authority, professional organization, medical institution or other medically related entity ever instituted disciplinary action or proceedings against you NO ___ YES

Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institution or other medically related entity?
 NO ___ YES

"IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND DOCUMENTATION."

I verify that all above information is true and accurate.

SIGNATURE: Richard A Grossman M.D. DATE: 3.29.92
(Must be signed by physician)

NEW MEXICO BME, P O BOX 20001, SANTA FE, NEW MEXICO 87504

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIAN'S MUST REPORT AND DOCUMENT "75" HOURS FROM AMA CATEGORY I OF CONTINUING MEDICAL EDUCATION ONCE EVERY THREE YEARS.

DOCUMENTATION MUST BE ATTACHED

NAME: RICHARD A GROSSMAN M.D. LICENSE NUMBER: 70-135

I certify that I have completed the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

- AMA Category I Accredited
- Clinical Courses. Credit Hours 124 *documented*
- AMA Physicians Recognition Award Year _____ Credit Hours _____
- AAFP Certificate of CME Year _____ Credit Hours _____
- Certification or Recertification by ABMS Speciality Board Year _____
- FLEX Component II Year _____
- Internship, Residency or Fellowship (40 hours maximum per year) Inclusive dates _____ Credit Hours _____
- Advanced Degree In Medically Related Field Year(s) _____ (40 hours maximum per each full year of study)
- Self Assessment Tests: Certificate of credit must be attached (No Limit) Credit Hours _____
- Teaching Statement from approved medical school must be attached (40 hours maximum) Credit Hours _____
- Preceptors: Statement from approved medical school must be attached (30 hours maximum) Credit Hours _____
- Scientific Paper or Publications (original) 10 hours per paper copy(ies) must be attached (30 hours maximum) Credit Hours _____

Total Credit Hours 124 *documented*

3.29.92
Date

Richard A. Grossman
Signature

(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:
CMES Approved By W. Welby Date: 4.17.92 Doc. Rec.

Southwest Obstetrical
and
Gynecological Society

CERTIFICATE OF ATTENDANCE
ANNUAL MEETING
DURANGO, COLORADO
SEPTEMBER 29-OCTOBER 3, 1991

This is to certify attendance at the Annual Meeting of the Southwest Obstetrical and Gynecological Society, held at the Tamarron Resort, Durango, Colorado.

This is an approved program for Continuing Professional Development. This meeting has been approved for 15 ACCME credit hours and 13 cognates, Formal Learning, by the American College of Obstetrics and Gynecology. This program has been reviewed and is acceptable for 15.0 prescribed hours, by The American Academy of Family Physicians.



Ralph J. Howlett, M.D.
Director of Medical Education



MERCY MEDICAL CENTER

375 E. Park Avenue • Durango, Colorado 81301 • 303/247-4311

October 24, 1989

Richard Grossman, M. D.
1810 East Third Avenue
Durango CO 80301

Dear Dick:

I was pleased that you were able to attend Dr. Ron Gibbs' course on October 17, "An Update of Obstetrical Infections." I hope you agree that it was an excellent program.

Mercy Medical Center has arranged for four hours of Category I CME credit to be given to attendees.

Sincerely,

Richard Grossman, M.D.
Chairman, CME Committee

CME ATTENDANCE RECORD



American Institute
of Ultrasound in Medicine
4405 East-West Highway · Suite 504
Bethesda, MD 20814

COURSE:	AIUM Spring Educational Meeting
DATE(S):	Phoenix, AZ April 7 - 10, 1989
CREDITS:	Endovaginal..... - 10.0

Richard Grossman
1810 East 3rd Street
Durango, CO 81301

The American Institute of Ultrasound in Medicine certifies your attendance and recorded hours of category 1 credit at the course noted above.



MERCY MEDICAL CENTER

375 E. Park Avenue • Durango, Colorado 81301 • 303/247-4311

October 24, 1990

Richard A. Grossman, M.D.
1810 E. Third Ave.
Durango, CO 81301

Dear Doctor Grossman:

You have earned 10 CME credits for your attendance at the Continuing Medical Education programs sponsored by Mercy Medical Center during the calendar year 1989.

The records of attendance for these meetings are maintained in the Administrator's office.

Thank you for your participation in these meetings. Your support is appreciated.

Sincerely,

Dale Jessup
Chief Executive Officer

DJ:ds



MEMORIAL HOSPITAL

Colorado Springs, Colorado

Certificate of Attendance

Richard Grossman, M.D.

The above named has successfully qualified for 8.0 hour(s) of *AMA*

Category *I* Continuing Medical Education credit

Lung Cancer...New Developments



Frederick R. S. Green, MD

Director of Continuing Medical Education

April 28, 1989

Date



U.S. Department
of Transportation
**Federal Aviation
Administration**

Certificate of Continuing Medical Education

Presented to **RICHARD A. GROSSMAN, M.D.**
in recognition of satisfactorily completing a course in

AVIATION MEDICINE
Approved 26 hrs. CME Credit: AMA Category 1 - AOA Category 2-D
Awarded at

Albuquerque, New Mexico

dated this **11th** day of **March** 19 **90**

RRM' Meekin
Federal Air Surgeon

Lyssa E. Collins, Ph.D.
Director, Civil Aeromedical Institute

Robert F. ...
Regional Flight Surgeon

James L. Morris
Manager, Aeromedical Education Division



Continuing Medical Education Certificate

Hospital

7500 Mercy Road
Omaha, NE. 68124
(402) 398-6060

This is to certify that

RICHARD GROSSMAN, M.D.

has attended the following programs presented at the 1990 Annual Conference of the Catholic Health Corporation held March 11-14, 1990:

- X "NEW REALITIES IN THE HEALTH CARE SYSTEM"
Jeff Goldsmith, Ph.D.
(1.0 credit hours)
- X "PREPARING YOUR HOSPITAL FOR THE FUTURE"
Barrett L. Boehm, M.B.A.
(1.5 credit hours)
- X "CREDENTIALING ISSUES = TOUGH DECISIONS"
Linda Haddad, J.D.
(1.5 credit hours)
- X "RATIONING - IS IT THE ANSWER TO THE HIGH COST OF HEALTH CARE?"
Ralph Cranshaw, M.D.
Carol B. Emmott, Ph.D.
(1.5 credit hours)
- X "NEW REALITIES OF AGING"
David B. Oliver, Ph.D.
(1.0 credit hours)

As an organization accredited by the Nebraska Medical Association Commission on Medical Education for Continuing Medical Education, the Archbishop Bergan Mercy Hospital certifies that these Continuing Medical Education offerings meet the criteria for 6.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Candy Becker
Program Coordinator
Catholic Health Corporation

Carol Ann Hart
Educational Consultant
Continuing Medical Education
Archbishop Bergan Mercy Hospital

American Public Health Association

Physicians Recognition Award

Certificate of Attendance

This is to certify that Richard A. Grossman, MD has completed 10.5 Category I CME credits for participating in scientific sessions of the 118th Annual Meeting of the American Public Health Association held in New York City, NY, September 30 - October 5, 1990. The A.P.H.A. is accredited by the Accrediting Council on Continuing Medical Education to sponsor continuing medical education for physicians.


Executive Director





MEMORIAL HOSPITAL
Colorado Springs, Colorado

Certificate of Attendance

Dr. Richard A. Grossman

The above named has successfully qualified for 3 hour(s) of AMA

Category Continuing Medical Education credit

OB/GYN Conference

Frederick D. Graham MD
Director of Continuing Medical Education

Date November 10, 1990



THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE
OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Richard A Grossman MD participated in the following CME activity conducted by this office:

Title of Program: Perinatal Care: The Present and The Future

Date & Location: September 6-8, 1990 - Albuquerque Hilton Hotel

Co-Sponsor: UNM School of Medicine, Department of Pediatrics, Department of OB/GYN, and the Office of Continuing Medical Education

Credit Approvals:
AMA I Category I
AAFP
NM CEARP

Hours Approved:
14.0
13.75
16.5

Credit Approvals: Hours Approved:
ACOG 14.0
ACNM 14.0

NM CEARP Code # 9007-006-PR01
Date of Approval: 7/31/90

I certify that I participated in the above CME activity.

Linda Aesup
Office of CME Authorization

Richard A Grossman MD
Participant Signature

MERCY MEDICAL CENTER
DURANGO, COLORADO

Verification of attendance by
Dr. Richard Grossman

at the following program AHA Neonatal Resuscitation

Date Jan. 26, 1990

for a total of 8 contact hours for continuing education.

Signature Barbara Mouchard

Offering approved by the Colorado Nurses Association. CNA is accredited as an approver of CE by the Western Regional Accrediting Committee of the American Nurses Association.

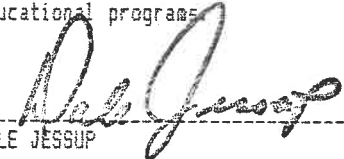
MERCY MEDICAL CENTER
PHYSICIAN CME ATTENDANCE REPORT

For: Dr. RICHARD GROSSMAN
From: 01/01/90 To: 12/31/90

CONFERENCE TITLE	SPEAKER	SPONSOR/INSTITUT.	DATE	CRED.HRS
RENAL...IN TREATMENT OF HYPERTENSION	GREGORY, MD	MERCK	04/03/90	1.0
FAMILIAL THROMBOSIS PROTEIN S DEFICIENC	FRIEDMAN, MD	MERCY MEDICAL CENTER	07/17/90	1.0
UPDATE ON FUNGAL INFECTION MANAGEMENT	KOSTER, MD	ROERIG PFIZER	09/25/90	1.0
CURRENT CONCEPTS TREATING TYPE II DIABE	HOFELDT, MD	UPJOHN	10/09/90	1.0
TUMOR BOARD	HELLER, MD	MERCY MEDICAL CENTER	05/02/90	1.0
TUMOR BOARD	HELLER, MD	MERCY MEDICAL CENTER	12/05/90	1.0
JCAHO SUMMARY	RUNDLE	MERCY MEDICAL CENTER	11/27/90	1.0
HEPATIC TRANSPLANTATION IN COLORADO	EVERSON	MERCY MEDICAL CENTER	11/30/90	1.0
OVARIAN CARCINOMA	BRAND, M.D.	MERCY MEDICAL CENTER	12/11/90	1.0

TOTAL CREDIT HOURS 9.0

MERCY MEDICAL CENTER
has been authorized by the
COLORADO MEDICAL SOCIETY
to grant Category I CME credit for
its educational programs



DALE JESSUP

CEO

1990

Continuing Medical Education

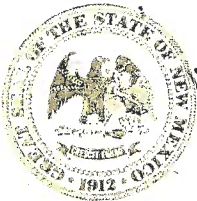
Richard A. Grossman MD

various	Loma Linda University - Master of Public Health Program	10
various	Mercy Medical Center CME programs	9
1.26	Mercy Medical Center AHA Neonatal Resuscitation	8
3.11	Federal Aviation Administration course in Aviation Medicine	2.6
3.14	Catholic Health Corporation - Bergan Mercy Hosp. Omaha	6 1/2
5.18	AMI St Luke's Hosp. Lactation Program's Annual Breast-feeding Conf	4
9.8	University of New Mexico - Perinatal Care	14
10.3	Presenting paper "Should gynecologists perform vasectomies at the American Public Health Association Annual Meeting, New York	10
10.5	APHA annual meeting - scientific sessions	10 1/2
11.10	Memorial Hospital OB-GYN Conference	3
	Category 1 hours	101

I certify that this is correct

Richard A. Grossman MD

9.12.91



8/27/95
ent
5/24/95
cut model
5/24/95

511600

SECTION B

21000

BOARD OF MEDICAL EXAMINERS

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

RECEIVED

APR 25 1995

Administration (505) 827-5022
Financial (505) 827-6759

TRIENNIAL LICENSE RENEWAL
JULY 1, 1995 - JUNE 30, 1998

NM BOARD OF
MEDICAL EXAMINERS
Applications (505) 827-9933
Verifications (505) 827-7317

RENEWALS DUE ON OR BEFORE JULY 1, 1995. §61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. §61-6-19 NMSA 1978.

* RICHARD A GROSSMAN, M.D.
RIVERSIDE MEDICAL BLDG
375 E PARK AVE STE 3C
DURANGO CO 81301-

ADDRESS CORRECTION REQUESTED

970
~~303~~-247-5543 Business phone

Out of state physicians - provide New Mexico business address, if any.

NM Bus Addr: 604 So Rio Grande Blvd City/St/Zip Aztec NM 87410

<p>FEES: Active Status <input checked="" type="checkbox"/> \$210.00 Inactive Status _____ 25.00 (A licensee on inactive status may not practice medicine nor write prescriptions.)</p> <p>It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978. Please review the information below for accuracy.</p>
--

License # 70-135 Social Security # [redacted] DEA # [redacted] Date of Birth [redacted] 1943

Home Address:



Other State Licenses:

State CO # 20447 State UT # 0640410011 State PR # 7157
State # State # State #

ABMS Specialty (1) OBSTETRICS AND GYNECOLOGY Board certified? Yes
ABMS Specialty (2) Board certified?

Physician Assistants/Nurse Practitioners under your supervision:

PA's - None practicing in NM
NP's -

Hospital Privileges:

- MERCY MED
- LA PLATA COMMUNITY/CONSULTING
- SOUTHWEST MEM
- UNMH/UNIV OF CO

Additional Hospital Privileges:

No longer - hospital closed

If you answer yes to any of the following questions and have not previously disclosed the information to the Board, please provide an explanation of the events.

Are you at the present time known by any other name? ^{No} If so, what name? _____

Have you ever used or ever been licensed under another name(s)? ^{No} If so, what name(s)? _____

Have you ever been denied a license by a medical licensing board?
Yes _____ No X

Has a medical licensing board ever started disciplinary action against your license?
Yes _____ No X

Have you ever 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 ever 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?
Yes _____ No X

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

SIGNATURE Richard A. Gorman Date 4.6.95
(must be signed by licensee)

CME Certification Form Attached

NM BOARD OF MEDICAL EXAMINERS

LAMY BUILDING, SECOND FLOOR

491 OLD SANTA FE TRAIL

SANTA FE, NEW MEXICO 87501

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD IMMEDIATELY PRECEDING TRIENNIAL RENEWAL.

NAME: Richard A Grossman M.D. M.D. LICENSE #: 70.135

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses

Credit Hours 148.5

- A M A Physicians Recognition Award Year _____

- A A F P Certificate of CME Year _____

- Certification or Recertification Year _____
by ABMS Specialty Board

- FLEX Component II Year _____

- Internship, Residency or Fellowship Inclusive dates _____

- Advanced Degree In Medically Related Field Year(s) _____
(40 hours maximum per year of study) Credit Hours _____

- Self Assessment Tests:
Certificate of credit must be attached
(No limit) _____ Credit Hours _____

- Teaching - medical students
Statement from approved medical school must
be attached
(40 hours maximum credit) _____ Credit Hours _____

- Preceptorships - medical students
Statement from approved medical school must
be attached
(30 hours maximum credit) _____ Credit Hours 30

- Scientific Articles
10 hours each. Proof of publication must be
attached
(30 hours maximum credit) _____ Credit Hours 20

STAFF USE ONLY:
CMEs Approved By [Signature] Date: 5/24/95 Doc. Rec.

Richard A Grossman MD
CME for 1994

date(s)	Title, sponsor & Place	hours	Cat 1
4-23	Orientation Workshop for Preceptors Albuquerque NM UNM Dept Family & Community Medicine	5	Cat 1
6-10	Albert Einstein College of Medicine		
	Clinical simulation in the dx & mgmt of endometriosis	1	Cat 1
7-20-24	Aviation Medicine FAA Anchorage AK	20	Cat 1
10-30	Perinatal Information Systems APTA Washington DC	6.5	Cat 1
Various	Mercy Medical Center Durango CO	13	Cat 1
	Publication "An Easily Made Obstetrical Vacuum Extractor"		
	Tropical Doctor October 1994 Page 185	10	Cat 1
	Publication "How Frequently Is Emergency Contraception Prescribed?"		
	Family Planning Perspectives 26(6): 270-1 1994	10	Cat 1
	Precepting Catherine Rogers 4 th year student UNM	20	Cat 1
	Total	85	Cat 1

Durango Ob-Gyn Associates, P.C.

Lawrence M. Cullum, M.D.
 Richard A. Grossman, M.D.
 James M. Irish, M.D., Ph.D.



CME for 1993
 Richard A Grossman MD

Feb & March	Preceptorship Theran Adamson	20	cat 1
August 17	Albert Einstein - Clinical Simulation	1	Cat 1
October 26	American Public Health Assoc Presentation 8 ³⁰ 10AM San Francisco	10	cat 1
December 1-2	ACOG Gynecology meeting New York	12	Cat 1
Various	CME at Mercy Medical Center Durango CO	16	cat 1
June 30	Laparoscopically Assisted Vaginal Hysterectomy - UNM, Albuquerque	4 1/2	cat 1
Various		63 1/2 hours	

Richard Grossman MD

Continuing Medical Education - 1992

Dates	Course	Place	Category	Hours
1.21	Perinatal Update	Durango CO	1	7
2.24-28	Healthy People '92 - Loma Linda Univ	Loma Linda CA	1	10.5
2.28-28	Poster presentation - "Do Health Care Workers Accurately Perceive Substance Abuse Among Pregnant Women"	" " "	1	10
3-10	Workshop on Physician - Patient Communication	Durango CO	1	4
Various	ACOG update Tapes		1	36
6.18.21	Advanced Laparoscopy etc - ACOG	San Francisco	1	2.5
9.17	Presentation at Colorado Public Health Assoc. Annual Meeting "Do Health..."	Snowmass, CO	1	10
11.8-12	American Public Health Association	Washington DC		<u>6</u>
				72.5
Various	Mercy Med Center			<u>17</u>
10				89.5
10.12-11.10	Preceptor for Steve Rankin			<u>20</u>
				79.5 109.5

APPLIANCES

An easily made obstetrical vacuum extractor

Richard A Grossman MD MPH

Clinical Assistant Professor, Department of Obstetrics and Gynecology, University of Colorado, Denver, Colorado, USA

TROPICAL DOCTOR, 1994, 24, 185

INTRODUCTION

Shortly after arriving at a small hospital on a Caribbean island, I encountered a woman who was exhausted by the second stage of labour. Although she did not seem to have enough energy to push her baby out, I did not feel that the application of forceps was warranted. A vacuum extractor (also called ventouse or ventose) would have safely assisted in the second stage. The advantages of this instrument are that it requires less analgesia and is safer than forceps¹. Unfortunately, the hospital did not own a ventouse yet.

THE APPARATUS

I fashioned an extractor with materials at hand. A sterile suction bulb was carefully cut along its equator. The scissors were held at a slight angle so that the cut surface was bevelled slightly, making the outside edge longer. Two towel clamps were placed superficially in the rubber where it was thickest, being careful not to cause a puncture. These served as a handle for traction. Sterile tubing was connected to a suction pump, lubricating jelly applied and within minutes I was able to assist the woman with the birth of her child (Figure 1).

EFFECTIVENESS

There are several points to consider about vacuum extractors. The pull that can be applied before the cup detaches varies with the square of the diameter of the cup. Thus, the larger the cup, the greater the traction. The pull is also greater close to sea level, since stronger vacuum can be achieved.

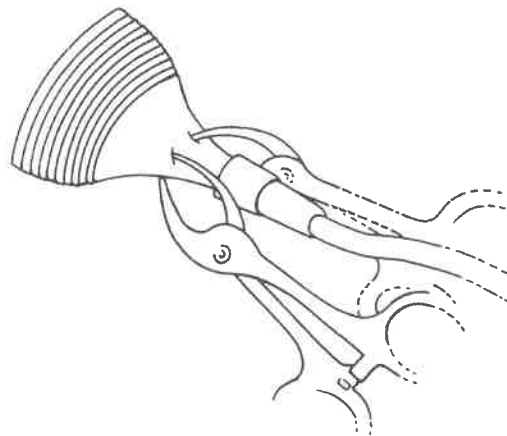


Figure 1. An easily made obstetrical vacuum extractor

This type of cup is most effective when used in flexed, occipito-anterior positions. Ideally the cup should be placed a little posterior to the fetal vertex to promote flexion of the fetal head². It is most effective when used with flexed occipito-anterior positions. In practice, often the cup may only be applied where the vaginal introitus allows. Sterile lubricating jelly on the outside of the cup eases placement, and coating the inside with jelly affords a better seal. After placement, it is important to sweep a finger around the circumference of the cup to be sure that there is no maternal tissue caught between cup and scalp. Traction should be more or less perpendicular to the plane of the opening of the cup; if it is at much of an angle, the cup will lose suction and detach.

Traction should only be used during a contraction, when the woman is pushing. However, the vacuum should be maintained between contractions. A recent review provides more information³.

Commercially available vacuum extractor cups are preferable to this improvised one. In case of need, however, it may be possible to fashion a ventouse rapidly from available equipment.

REFERENCES

- 1 Trussell RR. Maternity care. In: King M, ed. *Medical Care in Developing Countries*. London: Oxford University Press, 1966:19
- 2 Chalmers JA. *The Ventouse*. Chicago: Year Book Publishers, 1971
- 3 Vacca A. The place of the vacuum extractor in modern obstetric practice. *Fetal Med Rev* 1990;2:103-22

How Frequently Is Emergency Contraception Prescribed?

By Richard A. Grossman and Bryan D. Grossman

A 1993 survey of 294 reproductive health care providers, family practitioners and emergency room physicians investigated the frequency of prescribing emergency contraception. Hormonal emergency contraception had been prescribed by respondents an average of 3.4 times in the preceding 12 months. Almost one-third of the prescriptions were for rape victims, the majority written by emergency physicians. Fifteen IUD insertions for emergency contraception were performed in the preceding year. Few respondents had ever discussed emergency contraception with patients or had literature available on the topic.

(Family Planning Perspectives, 26:270-271, 1994)

Emergency contraception, also known as "post-coital contraception," is used to prevent a pregnancy after unprotected intercourse. One example of hormonal emergency contraception is the "morning after pill." Not only can emergency contraception be useful in preventing a pregnancy, but it can also be a means for a woman to enter the health care system and obtain a reliable contraceptive method. Emergency contraception is used extensively in some countries. In the United States, however, emergency contraception is believed to be prescribed primarily for rape victims in emergency rooms, and in other limited situations, such as college health centers and family planning clinics.

Two forms of emergency contraception are currently in use.¹ Oral contraceptives can be used in a different dosage than is prescribed for regular use. An alternative form of emergency contraception is the insertion of a copper-containing IUD. Although both methods are of known effectiveness, they may be underutilized by the health care community.

The rate of unintended pregnancy among young women is much higher in the United States than in other developed countries.² One possible explanation for this difference is that emergency contraception is

seldom prescribed in the United States. This study assesses how frequently emergency contraception is prescribed by a sample of practitioners in the United States.

Methodology

Health care providers who are likely to prescribe emergency contraception were selected from the directories of four professional groups: the Association of Reproductive Health Professionals, the American College of Obstetricians and Gynecologists, the American Board of Family Practice, and the American College of Emergency Physicians. A total of 416 providers were selected—104 members of each organization. Two were chosen from each state, from Washington, D. C., and from Puerto Rico; usually the names chosen were the fifth and 10th listing for that state or geographical area.

In 1993, a letter explaining the survey and a short questionnaire were sent to each provider in the sample. The questionnaire asked for their degree and specialty, whether the provider ever prescribed contraceptives and the extent to which the provider prescribed emergency contraception. If a survey could not be delivered to the original addressee, it was sent to another member of the same organization, usually the next name on the list. If the respondent gave a range when asked for the frequency of prescribing emergency contraception, the largest number was used in tabulating the results.

Results

Among 416 health care providers surveyed, 294 completed the survey, for an overall response rate of 71%. According to the survey results, close to 100% of reproductive health professionals (N=87),* obstetrician-gynecologists (N=74) and family practitioners (N=72) prescribed any contraceptives, but only 78% of emergency physicians (N=61) did so.

A large proportion of respondents had ever prescribed hormonal emergency contraception, ranging from 76% of obstetrician-gynecologists to 39% of family practitioners. Two-thirds of emergency physicians had prescribed emergency contraception, almost always to rape victims. About half of all respondents had prescribed hormonal emergency contraception during the 12 months before the survey, ranging from 65% of obstetrician-gynecologists to just 25% of family practitioners.

Among those practitioners who prescribed hormonal emergency contraception, most did so infrequently. The average number of times in the preceding 12 months that a provider prescribed emergency contraception varied from 1.8 among family practitioners to 5.8 among emergency physicians.

Overall, the 294 respondents estimated that they had prescribed emergency hormonal contraception 1,009 times in the prior 12 months, for a mean of 3.4 prescriptions per respondent. The median number of prescriptions per provider was only one per year, with a range of 0-200 prescriptions. The greatest number of prescriptions had been written by a nurse practitioner working at a college health service.

Of the 1,009 prescriptions, 313 were given to rape victims. As we expected, more than two-thirds of these prescriptions had been

*The 87 respondents in this category included 40 obstetrician-gynecologists, 30 nurse practitioners, eight family practitioners, three physician assistants, two certified nurse-midwives and four other providers.

Richard A. Grossman is assistant clinical professor in the Department of Obstetrics and Gynecology, University of Colorado, Denver, Colo. Bryan D. Grossman is a student at Colorado College, Colorado Springs, Colo.

NM license

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE # 70-135

OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Richard Grossman, MD participated in the following CME activity conducted by this office:

Title of Program: ORIENTATION WORKSHOP FOR PRECEPTORS

Date(s): APRIL 23, 1994

Co-Sponsor(s): DEPT. OF FAMILY AND COMMUNITY MEDICINE

Credit Approvals: Hours Approved: I certify that I participated in the
AMA CATEGORY I 5 above CME activity for 5 hours.

Mark R. Cantor MD
Office CME Authorization

Richard A. Grossman
Participant Signature



ALBERT EINSTEIN COLLEGE OF MEDICINE & MONTEFIORE MEDICAL CENTER

THIS IS TO CERTIFY THAT
Richard Grossman, MD
HAS COMPLETED THE POSTDOCTORAL COURSE OF INSTRUCTION
CLINICAL SIM IN THE DIAGNOSIS & MGMT OF ENDOMETRIOSIS - 3
June 10, 1994 1.0 Category 1 AMA Credits

V. B. Marrow
Victor B. Marrow, Director
CONTINUING MEDICAL EDUCATION



U.S. Department
of Transportation
**Federal Aviation
Administration**

Certificate of Continuing Medical Education

Presented to **Richard A. Grossman, M.D.**

in recognition of satisfactorily completing a course in

AVIATION MEDICINE

Approved 20 hours CME credit: AMA Category 1 - AOA Category 2-D

Awarded at

ANCHORAGE, ALASKA

dated this **24th** day of **JULY** 19 **94**

Ken J. Finkel, MD
Federal Air Surgeon

Dr. S. Collins, Ph.D.
Director, Civil Aeromedical Institute

Robert D. Berg, MD
Regional Flight Surgeon

William J. Antonione, M.D.
Manager, Aeromedical Education Division

American Public Health Association

Continuing Professional Education Program

Certificate of Attendance

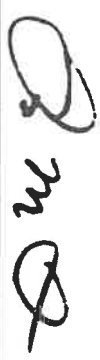
This is to certify that Richard Grossman, MD, MPH
has completed the course

CE Institute 2:
Perinatal Information Systems

*In conjunction with the 122nd Annual Meeting of the American Public Health Association
held in Washington, DC, October 30–November 3, 1994*

Date December 12, 1994

Credit Hours 6.5


Fernando M. Treviño, PhD, MPH
Executive Director

APHA designates this continuing medical education activity for Category 1 of the Physicians Recognition Award of the AMA.

Continuing Medical Education
Certificate

awarded to

Richard Grossman, MD

For 13 Category I Hours

Earned in 1994

Paul Dwyer
President/Chief Executive Officer



ALBERT EINSTEIN COLLEGE OF MEDICINE & MONTEFIORE MEDICAL CENTER

THIS IS TO CERTIFY THAT

Richard Grossman, MD

HAS COMPLETED THE POSTDOCTORAL COURSE OF INSTRUCTION

CLINICAL SIM IN THE DIAGNOSIS & MGMT OF ENDOMETRIOSIS - I

August 17, 1993 1.0 Category 1 AMA Credits

Victor B. Marrow, Director
CONTINUING MEDICAL EDUCATION

FELLOW/JUNIOR FELLOW COPY

Non-Fellows retain both copies

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS

URGYNECOLOGY
ACOG POSTGRADUATE COURSE
DECEMBER 2 THRU 4 1993
NEW YORK NY
COGNATE HRS 12
HRS AMA 1
12

has attended

ACOG Cognate Program
409 12th Street, SW
Washington, DC 20024-2188

Richard Grossman, MD



The University of New Mexico

School of Medicine
Department of Family and Community Medicine
Preceptorship Program
Albuquerque, NM 87131-5136
(505) 277-3510

April 29, 1993

Richard Grossman, M.D.
1810 East Third Avenue
Durango, Colorado 81301

Dear Dr. Grossman:

This letter is to confirm that you were a preceptor for the following University of New Mexico School of Medicine medical students. Each student completed a four week preceptorship with you.

Teresa Ainsworth
Stephen Rankin
Theran Adamson

April 1 - April 28, 1991
October 14 - November 10, 1992
February 24 - March 23, 1993

The American Academy of Family Practice allows 20 hours per year Continuing Medical Education credit for teaching medical students.

If I can be of any further assistance to you, please let me know.

Sincerely,

Aleksandra Counsellor
Aleksandra (Ola) Counsellor, M.S.
Coordinator, Preceptorship Program

AC:jm

Continuing Medical Education Certificate

awarded to

Richard A. Grossman, M.D.

For 16 Category I Hours

earned in 1993

Dale Jessup

President/Chief Executive Officer

LAPAROSCOPICALLY ASSISTED VAGINAL HYSTERECTOMY

UNIVERSITY OF NEW MEXICO

THIS IS TO RECOGNIZE AND CERTIFY THAT THE BELOW NAMED INDIVIDUAL
HAS COMPLETED A ONE AND A HALF HOUR DIDACTIC SESSION AND A
THREE HOUR ANIMATE WORKSHOP IN LAPAROSCOPICALLY ASSISTED
VAGINAL HYSTERECTOMY TECHNIQUES.

RICHARD A. GROSSMAN, M.D.

JULY 30, 1993


MICHAEL SEITZINGER, M.D.
COURSE DIRECTOR

has attended

ACOG Cognate Program
409 12th Street, SW
Washington, DC 20024-2188

ADV LAPAROSC-HYSTEROSC-LASER
ACOG
JUNE 18 THRU 21 1992
SAN FRANCISCO CA
25 COGNATES 25 HRS AMA I

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies

ACOG COPY

MERCY MEDICAL CENTER
Durango, Colorado

January 1, 1992 through December 31, 1992

CERTIFICATE OF ATTENDANCE

NAME:

RICHARD A. GROSSMAN, M.D.

CREDIT HOURS, CATEGORY - I - AMA:

17


Dale Jessup

Chief Executive Officer

Mercy Medical Center is accredited by the Accreditation Council of Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. Mercy Medical Center designates these continuing medical education activities (attached) as meeting the criteria for the number of credit hours in Category I of the Physician's Recognition Award of the American Medical Association.

American Public Health Association

Physicians Recognition Award

Certificate of Attendance

This is to certify that Richard A. Grossman, MD has completed 6.0 Category I CME credits for participating in scientific sessions of the 120th Annual Meeting of the American Public Health Association held in Washington, DC, November 8-12, 1992. The APHA is accredited by the Accrediting Council on Continuing Medical Education to sponsor continuing medical education for physicians.


Executive Director





The Miles Council
For Physician-Patient
Communication

Miles Inc.
Pharmaceutical Division
400 Morgan Lane
West Haven, CT 06516

CERTIFICATE OF ATTENDANCE

This is to certify that

Dr. Richard Grossman

Attended the Miles Workshop on Physician-Patient Communication

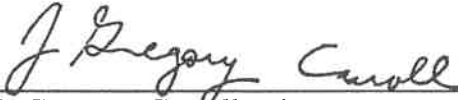
Presented on

March 10, 1992

The Miles Program for Physician-Patient Communication
designates this continuing medical education activity
as meeting the criteria for

Four Hours in Category I

of the Physician's Recognition Award of the
American Medical Association.



J. Gregory Carroll, Ph.D.
Manager
Health Communication and Training

*The Miles Program for Physician-Patient Communication
is accredited by the Accreditation Council for Continuing
Medical Education (ACCME) to sponsor continuing medical
education for physicians.*



WESTERN COLORADO AREA
HEALTH EDUCATION CENTER
592 32 Road
Clifton, CO 81520

THIS CERTIFIES THAT


RICHARD A. GROSSMAN, M.D.

Attended the Continuing Education Program entitled

PERINATAL UPDATE

given at Durango, CO this 21 day of January, 1992,

Offering is approved for 7.2 contact hours for nurses.



L. B. Walden

Executive Director

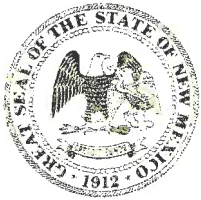
CE activity is approved by the Colorado Nurses' Association. CNA is accredited as an approver of CE for nursing by the American Nurses' Association's Board on Accreditation.



Loma Linda University School of Medicine Continuing Medical Education

This is to certify that
Richard Grossman, M.D.
attended
Healthy People '92
February 24, 1992 to February 28, 1992
at
Loma Linda, CA

Loma Linda University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians and designates this continuing medical education activity for 10.5 hours in Category I of the Physician's Recognition Award of the American Medical Association.



815501

310- SECTION B

NEW MEXICO BOARD OF MEDICAL EXAMINERS

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

RECEIVED JUN 04 1998

GARY E. JOHNSON GOVERNOR

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

WINIFRED PARSONS, JR., M.D. MEDICAL 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.

RICHARD A GROSSMAN, M.D. RIVERSIDE MEDICAL BLDG 375 E PARK AVE STE 3C DURANGO CO 81301-

yes # 8

ADDRESS CORRECTION REQUESTED

970-247-5543 BUSINESS PHONE

970 - 382 - 8800

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
70-135 1943

HOME ADDRESS:

ADDRESS CORRECTION REQUESTED

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE # STATE # STATE #

ABMS SPECIALTY (1) OBSTETRICS AND GYNECOLOGY BD CERTIFIED? Yes
ABMS SPECIALTY (2) BD CERTIFIED?

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S - None
NP'S - Donna Howard, Charisse Meyer, Nancy Thorne, Edna Hallock

HOSPITAL PRIVILEGES:

MERCY MED
LA PLATA COMMUNITY/CONSULTING
SOUTHWEST MEM
UNMH/UNIV OF CO

ADDITIONAL HOSPITAL PRIVILEGES:

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? No If so, what name? _____

Have you been licensed/registered under another name(s)? No If so, what name(s)? _____

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 see below lawsuits pending against you? Yes X No _____

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.) Yes _____ No X

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine? Yes _____ No X

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

Richard A. Grossman _____ 5.4.98
Signature of Licensee/Registrant Date

A patient who had a vaginal hysterectomy in 1994 had temporomandibular joint problems afterwards. She later had her ovaries removed elsewhere (they appeared normal at the time of hysterectomy). My council assures me that there is no grounds for suit

Richard A. Grossman

**NM BOARD OF MEDICAL EXAMINERS
LAMY BUILDING-SECOND FLOOR
491 OLD SANTA FE TRAIL
SANTA FE NEW MEXICO 87501**

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD FROM JANUARY 1995 THROUGH DECEMBER 1997.

NAME: Richard A Grossman M.D. LICENSE #: 70-135

DOCUMENTATION MUST BE ATTACHED

NEED ACTUAL COPIES OF ATTENDANCE CERTIFICATES-A LIST IS NOT ACCEPTABLE

I certify that I have complied with the Continuing Medical Education requirement for renewal of my New Mexico license and that appropriate documentation is attached.

<input type="checkbox"/> Certified AMA Category 1 Clinical Courses <input type="checkbox"/> New Mexico Specific Category 1 Clinical Courses	Credit Hours <u>199</u> Credit Hours _____
<input type="checkbox"/> AMA Physicians Recognition Award <input type="checkbox"/> AAFP Certificate of CME	Year _____ Year _____
<input type="checkbox"/> Certification or Recertification by ABMS Specialty Board	Year _____
<input type="checkbox"/> USMLE Step 3	Year _____
<input type="checkbox"/> Internship, Residency or Fellowship	Inclusive Dates: _____
<input type="checkbox"/> Advanced Degree in Medically Related Field (40 Hours Maximum Per Year of Study)	Year(s) _____ Credit Hours _____
<input type="checkbox"/> Self Assessment Tests: Certificate of Credit Must Be Attached (No Limit)	Credit Hours _____
<input type="checkbox"/> Teaching - Medical Students Statement From Approved Medical School Must Be Attached (40 Hours Maximum Credit)	Credit Hours _____
<input type="checkbox"/> Preceptorship - Medical Students Statement From Approved Medical School Must Be Attached (30 Hours Maximum Credit)	Credit Hours _____
<input type="checkbox"/> Scientific Articles (10 Hours Each) Proof of Publication Must Be Attached (30 Hours Maximum Credit)	Credit Hours _____

STAFF USE ONLY:
 CME'S APPROVED BY mg DATE: 6/4/98 DOC. REC.

SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS

Richard Grossman MD

1995 CME

Date	Activity & Location	Hours	Credit #
8.1	CME at Mercy Med Center "Into Africa" Durango	10	
8.16, 17	Advanced Gynecologic Endoscopy Modules I & II Vancouver BC	14	
10.25	Bayer Workshop on Difficult Physician-Patient Communication Bayer Institute Durango	4	
10.26			
10.27	Understanding Adolescence - La Plata Coalition on Adolescent Pregnancy - Durango	1	
9	Article: Women cannot discriminate between different paracervical block techniques applied to opposite sides of the cervix Am J OB-GYN 935-6	10	
September	Precepting Teal Peck	10	
Various	CME at Mercy Medical Center Durango	18	
10.29	Including Men in Reproductive & Family Health - APHA; San Diego	8.5	

75.5

Category 1

6. Lewis LK, Hinshaw DB, Will AD, Hasso AN, Thompson JR. CT and angiographic correlation of severe neurological disease in toxemia of pregnancy. *Neuroradiology* 1988;30:59-64.
7. Sibai BM, Lipshitz J, Anderson GD, Dilts PV. Reassessment of intravenous MgSO₄ therapy in preeclampsia-eclampsia. *Obstet Gynecol* 1981;57:199-202.
8. Sibai BM, McCubbin JH, Anderson GD, Lipshitz J, Dilts PV. Eclampsia, I: observations from 67 recent cases. *Obstet Gynecol* 1981;58:609-13.
9. Slater RM, Wilcox FL, Smith WD, et al. Phenytoin infusion in severe preeclampsia. *Lancet* 1987;1:1417-21.
10. Ryan G, Lange IR, Naugler MA. Clinical experience with phenytoin prophylaxis in severe preeclampsia. *Am J OBSTET GYNECOL* 1989;161:1297-304.
11. Robson SC, Redfern N, Seviour J, et al. Phenytoin prophylaxis in severe preeclampsia and eclampsia. *Br J Obstet Gynaecol* 1993;100:623-8.
12. Villar M, Sibai BM, Guoming D. Eclampsia in the mid-South: a decade of experience [Abstract 211]. In: Proceedings of the sixth international congress of the International Society for the Study of Hypertension in Pregnancy, Montreal, Quebec, Canada, May 22-26, 1988. Montreal: International Society for the Study of Hypertension in Pregnancy, 1988.
13. Robson SC, Redfern N, Walkinshaw S, de Swiet M. Phenytoin prophylaxis in severe pre-eclampsia and eclampsia. *Br J Obstet Gynaecol* 1994;101:361.
14. Duley L. Pregnancy and child birth module. In: Enkin MW, Kerise MJWC, Renfrew MJ, Neilsson JP, eds. Cochrane update on disk. Oxford: Update Software, 1993. (Cochrane database of systematic reviews no 05943, April 22, 1993.)
15. Lao TT, Chin RKH, Leung BFH. Labour-related eclampsia. *Eur J Obstet Gynecol Reprod Biol* 1987;26:97-104.
16. Moller B, Lindmark G. Eclampsia in Sweden, 1976-1980. *Acta Obstet Gynecol Scand* 1986;65:307-14.
17. Sibai BM. Magnesium sulfate is the ideal anticonvulsant in preeclampsia-eclampsia. *AM J OBSTET GYNECOL* 1990;162:1141-5.
18. Naidu S, Moodley J, Botha J, McFadyen L. The efficacy of phenytoin in relation to serum levels in severe preeclampsia and eclampsia. *Br J Obstet Gynaecol* 1992;99:881-6.
19. Donaldson JO. Does magnesium sulfate treat eclamptic convulsions. *Clin Neuropharmacol* 1986;9:37-45.
20. Kaplan PW, Lesser RP, Fisher RS, Repke JT, Hanley DF. No, magnesium sulfate should not be used in treating eclamptic seizures. *Arch Neurol* 1988;45:1361-3.
21. Sibai BM. MgSO₄ in preeclampsia and eclampsia. *Contemp Obstet Gynecol* 1987;29:155-70.
22. Ramsay MM, Rimoy GH, Rubin PC. Are anticonvulsants necessary to prevent eclampsia [Letter]? *Lancet* 1994;343:540-1.
23. Odendaal HJ, Hall D. Is magnesium sulphate really necessary to prevent eclampsia in patients with severe preeclampsia? [Abstract 149]. In: Proceedings of the ninth international congress of the International Society for the Study of Hypertension in Pregnancy, Sydney, Australia, March 15-18, 1994. Sydney: International Society for the Study of Hypertension in Pregnancy, 1994:264.
24. Chua S, Redman CWG. Are prophylactic anticonvulsants required in severe pre-eclampsia [Letter]? *Lancet* 1991;337:250-1.

Women cannot discriminate between different paracervical block techniques applied to opposite sides of the cervix

Richard A. Grossman, MD, MPH

Durango, Colorado

The purpose of this study was to determine whether women can discriminate better from less effective paracervical block techniques applied to opposite sides of the cervix. If this discrimination could be made, it would be possible to compare different techniques and thus improve the quality of paracervical anesthesia. Two milliliters of local anesthetic was applied to one side and 6 ml to the other side of volunteers' cervixes before cervical dilation. Statistical examination was by sequential analysis. The study was stopped after 47 subjects had entered, when sequential analysis found that there was no significant difference in women's perception of pain. Nine women reported more pain on the side with more anesthesia and eight reported more pain on the side with less anesthesia. Because the amount of anesthesia did not make a difference, the null hypothesis (that women cannot discriminate between different anesthetic techniques) was accepted. Women are not able to discriminate different doses of local anesthetic when applied to opposite sides of the cervix. (*AM J OBSTET GYNECOL* 1995;173:935-6.)

Key words: Anesthesia, paracervical; abortion, therapeutic; sequential analysis

From the Department of Obstetrics and Gynecology, University of Colorado, School of Medicine.

Received for publication December 12, 1994; revised February 21, 1995; accepted March 3, 1995.

Reprint requests: Richard A. Grossman, MD, MPH, Durango OB-GYN Associates, P.C., 375 E. Park Ave., Suite 3C, Durango, CO 81301.

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0002-9378/95 \$5.00 + 0 6/1/64554

If local anesthesia were more effective, more gynecologic procedures could be done without the cost and risk of a major anesthetic. Abortion mortality in the United States is a good illustration of the need for better local anesthetics. Currently, general anesthesia is the most common cause of mortality from abortions.¹

It might be possible to test the effectiveness of differ-

Mercy Medical Center
Continuing Medical Education Certificate

awarded to

Richard A. Grossman, MD

For 18 Category I Hours
Earned in 1995

Sale Jessup

President/Chief Executive Officer



CERTIFICATE OF ATTENDANCE

This is to certify that

Richard Grassman, M.D.

(name)

of

Durango, Co.

(address)

attended the Continuing Medical Education Program

ADVANCED GYNECOLOGIC ENDOSCOPY - MODULE I

Vancouver, BC

August 16, 1995

This program was sponsored by The Academy for International Medical Symposia and the Division of Continuing Medical Education, University of British Columbia.

This program has been approved for 6 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association.

A handwritten signature in black ink, appearing to read 'D. Lirenman', written over a horizontal line.

David S. Lirenman, B.Sc.(Med), MD, FRCPC, FACP
Associate Dean and Director
Continuing Medical Education
University of British Columbia



CERTIFICATE OF ATTENDANCE

This is to certify that

Richard Grossman, M.D.

(name)

of

Durango, Co.

(address)

attended the Continuing Medical Education Program

ADVANCED GYNECOLOGIC ENDOSCOPY - MODULE II

Vancouver, BC

August 17, 1995

This program was sponsored by The Academy for International Medical Symposia and the Division of Continuing Medical Education, University of British Columbia.

This program has been approved for 8 credit hours in Category I of the Physicians' Recognition Award of the American Medical Association.

A handwritten signature in black ink, appearing to read 'David S. Lirenman'.

David S. Lirenman, B.Sc.(Med), MD, FRCPC, FACP
Associate Dean and Director
Continuing Medical Education
University of British Columbia



**Bayer Institute
For Health Care
Communication**

Bayer Institute For Health Care Communication, Inc.
400 Morgan Lane, West Haven, CT 06516 800•800•5907

CERTIFICATE OF ATTENDANCE

This is to certify that

Richard Grossman, MD, MPH

**Attended the Bayer Workshop on "Difficult"
Physician-Patient Communication**

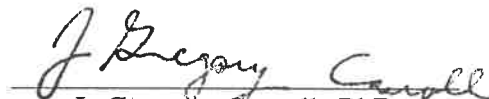
Presented on

October 25, 1995

The Bayer Program for Physician-Patient Communication
designates this continuing medical education activity
as meeting the criteria for

4.0 Hours in Category I

of the Physician's Recognition Award of the American
Medical Association.


J. Gregory Carroll, PhD
Director

*The Bayer Program for Physician-Patient Communication
is accredited by the Accreditation Council for Continuing
Medical Education (ACCME) to sponsor continuing medical
education for physicians.*

Continuing Medical Education Program



"Into Africa"



Richard Grossman, M.D.



Tuesday, August 1, 1995

Noon in A

Objectives:

1. Learn the advantages & disadvantages of traveling to a developing country.
2. Discuss the difficulty of practicing medicine in a developing country.
3. Think about the morality of using up so many resources to improve the health of so few people.

Behavioral changes expected after this CME include:

1. Being thankful that we live and work in the USA.
2. Consider spending a short time working in a developing country.

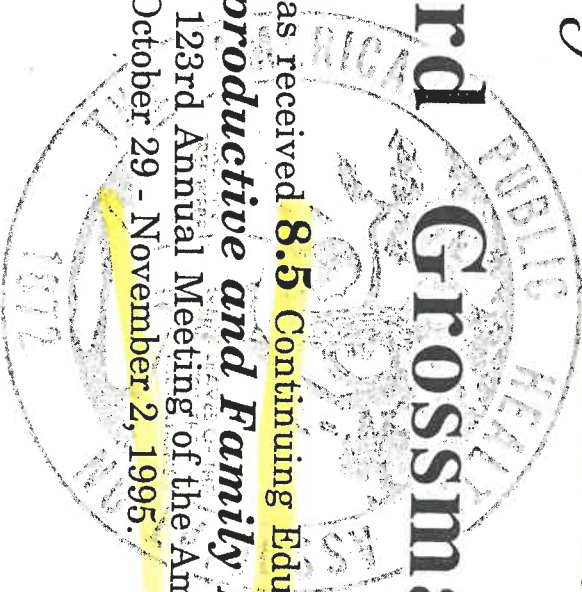
As an organization accredited by the CMS, Mercy Medical Center designates this medical activity as meeting the criteria for one (1) Category accredited hour.

American Public Health Association

Certificate of Attendance Presented To

Richard Grossman, MD

The above named individual has received **8.5** Continuing Education credits for completing the ***“Including Men in Reproductive and Family Health”*** Continuing Education Institute course offering at the 123rd Annual Meeting of the American Public Health Association (APHA) held in San Diego, CA, October 29 - November 2, 1995.



A handwritten signature in dark ink, appearing to read "F. Treviño".

Fernando M. Treviño, Ph.D., MPH
Executive Director

A handwritten signature in dark ink, appearing to read "Rebecca T. Parkin".

Rebecca T. Parkin, MPH, Ph.D.
Director, Scientific, Professional and Section Affairs

UNDERSTANDING ADOLESCENCE
Sex, Pregnancy and America's Teenagers

Advanced Level Training

Presented by the La Plata Coalition on Adolescent Pregnancy

THIS CERTIFIES THAT

Richard Grossman MD

Attended Advanced Level Training, entitled

UNDERSTANDING ADOLESCENCE

given at Durango, Colorado this 27th day of October, 1995.

Offering is approved for 1 Hour CME Credit

Deb Allen

Deb Allen, Planned Parenthood

•Coalition Member•



Academy for International Medical Symposia

Dear Colleague:

On behalf of the Academy, please allow me to welcome you to our ADVANCED GYNECOLOGIC* ENDOSCOPY conference August 16-20, 1995 in Vancouver, British Columbia. This will confirm that you are enrolled in module(s) I & II. Modules I, II, III, and IV will be held at the Four Seasons Hotel in Vancouver. Module V will be held at the Jack Bell Research Center at the University of British Columbia, and transportation to the site will be provided. We have assembled an exceptional faculty, known internationally for both their original contributions to research and clinical practice as well as for their skill in the art of education. The program promises to be an in depth and intensive hands-on learning experience. The schedule of events has been designed to incorporate free time to enjoy the beauty of Vancouver. Meetings will begin promptly according to the schedule. Course syllabus will be available at the registration desk when the course begins.

AIMS has reserved a block of hotel rooms at the Four Seasons Hotel for course participants at substantially discounted rates. Because it will be high season in Vancouver, the hotel will sell out early. Therefore, it is recommended that you reserve immediately. For reservations, call (800) 268-6262 or (604) 689-9333. *Please identify yourself as an AIMS participant to get the discount rate.*

I am looking forward to seeing you in Vancouver.

Sincerely yours,

Robert L. Salerno, M.D., Ph.D.
President

CME for
Richard Grossman (M)
1996

1.12	Diagnostic/operative hysteroscopy	Durango	8 hours
9.27-28	Mentrose Fall Clinics	Mentrose	11
	Electrosurgery for the Laparoscopic Surgeon	Grand Junction	2
various	Mercy Medical Center CME's	Durango	16
			<hr/> 37 hours
			Category 1

CERTIFICATE OF PARTICIPATION

PRESENTED TO

Richard A. Grossman MD

FOR PARTICIPATION IN THE

DIAGNOSTIC/ OPERATIVE HYSTEROSCOPY COURSE

PRESENTED BY DR. NORMAN ASSAD

SPONSORED BY MERCY MEDICAL CENTER

8 Hours CME Credit

JANUARY 12, 1996

Norman J. Assad
DR. NORMAN ASSAD

Barbara Mouchalee

Mercy Medical Center
Continuing Medical Education Certificate

awarded to

Richard A. Grossman, MD

For 16 Category I Hours
Earned in 1996

Walter Saevelle
Administrator

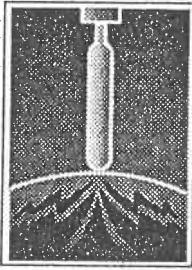
This is to certify that
RICHARD A. GROSSMAN, M.D.

*attended the Annual Montrose Fall Clinics
program and earned 11 hours of
Category I approved CME Credit.*

Sept 27/28 1996

DATE


CHAIRMAN - FALL CLINICS



ELECTROSURGERY FOR THE LAPAROSCOPIC SURGEON

VALLEYLAB INC

IS PLEASED TO ACKNOWLEDGE THAT

Richard Grossman MD

HAS ATTENDED THE WORKSHOP ENTITLED
"ELECTROSURGERY FOR THE LAPAROSCOPIC SURGEON"

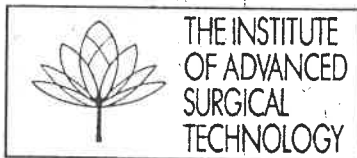
AT *St Mary's Hospital Grand Junction, Colorado*
(CITY AND STATE)

DATE

CREDIT HOURS AWARDED: 2
NURSING CONTACT HOURS: 2.4

Scott Rohlf

DIRECTOR OF EDUCATION



THE INSTITUTE
OF ADVANCED
SURGICAL
TECHNOLOGY

VALLEYLAB INC
PFIZER HOSPITAL PRODUCTS GROUP
5920 LONGBOW DRIVE
BOULDER CO 80301-3299
(303) 530-6240

CME ACCREDITATION:

VALLEYLAB INC IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION TO SPONSOR CONTINUING MEDICAL EDUCATION FOR PHYSICIANS.

VALLEYLAB INC DESIGNATES THIS CONTINUING MEDICAL EDUCATION ACTIVITY FOR 2 CREDIT HOURS IN CATEGORY I OF THE PHYSICIAN'S RECOGNITION AWARD OF THE AMERICAN MEDICAL ASSOCIATION.

"CE ACTIVITY APPROVED BY THE COLORADO NURSES' ASSOCIATION. CNA IS ACCREDITED AS AN APPROVER OF CE FOR NURSING BY THE AMERICAN NURSES CREDENTIALING CENTER'S COMMISSION ON ACCREDITATION."

Valleylab Inc Provider Numbers:

California	#04187
Florida	#2711796
Content Code	#2504
Iowa	#289
Kansas	#LT0134-0327

CME for
Richard Grossman MD
1997

2.20-22	30 th Annual OB/GYN Postgraduate Conference	Albuquerque	14.5 hours
3.4	CME at Mercy Medical Center "Contraceptive Update" (Presentation)	Durango	10
3.25-28	25 th John Bonica OB/Anesthesia Conference	Wailea, Maui	18
5.13	Interventional Cardiovascular Update	Durango	1
6.30	Multimedia Aviation Medical Examiner Refresher Course	Durango	6
8.8-10	ACOG Annual Meeting Districts 8 & 9	Vancouver BC	14
11.11	Communicating the Population Message in the PFP & H Section - Moderator & presenter - Am. Pub. Health Assoc. Annual Meeting	Indianapolis, IN	10
various	Mercy Medical Center CME	Durango CO	13
			<hr/> 86.5 hours
			Category I

**THE UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER, SCHOOL OF MEDICINE,
OFFICE OF CONTINUING MEDICAL EDUCATION**

This is to certify that Richard A. Grossman MD participated in the following CME activity conducted by this office.

Title of Program: The 30th Annual OB/GYN Postgraduate Conference on Women's Health & Well-Being

Date & Location: February 20-22, 1997, Holiday Inn Pyramid Hotel, Albuquerque, New Mexico

Sponsor: The University of New Mexico School of Medicine, Department of Obstetrics and Gynecology & the UNM Office of Continuing Medical Education

Credit Approvals: Hours Approved:

AMA Category 1 14.5

AAFP (Prescribed) 14.0

ACNM 14.5

ACOG 15.0

I certify that I participated in the above CME activity for 14.0 hours.

Anda Acsup
Office of CME Authorization

Richard A. Grossman MD
Participant Signature

Richard Grossman MD
Durango CO

has attended

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

1997 ANNUAL MEETING
ACOG DISTRICTS VIII AND IX
AUGUST 8 THRU 10 1997
VANCOUVER BC
14 COGNATE HRS 14 HRS AMA I

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

ACOG Educational Affiliates / Non-Fellows retain both copies

FELLOW/JUNIOR FELLOW COPY

Mercy Medical Center
Continuing Medical Education Certificate

awarded to

Richard A. Grossman, MD
For 13 Category I Hours
Earned in 1997

Paul H. Beavall
Administrator



U.S. Department
of Transportation

Federal Aviation
Administration

Certificate of Continuing Medical Education

Presented to **Richard A. Grossman, MD**

in recognition of satisfactorily completing the

MULTIMEDIA AVIATION MEDICAL EXAMINER REFRESHER COURSE

Approved 6 hours CME credit: AMA Category 1 - AOA Category 1-A

Awarded by the

Aeromedical Education Division

dated this 30th day of June, 1997

Federal Air Surgeon

Director, Civil Aeromedical Institute

Manager, Aeromedical Education Division



2632 North 20th Street
Phoenix, Arizona 85006
602-266-2200

This is to certify that

Richard Grossman MD

has participated in the continuing medical education activity

INTERVENTIONAL CARDIOVASCULAR UPDATE

Durango, Colorado, May 13, 1997

Attendance records indicate that this participant has earned

1 Category 1 Credit Hour.

L. Kent Smith MD

L. Kent Smith, MD
Program Director

Arizona Heart Institute Foundation is accredited by the Accreditation Council for Continuing Medical Education to Sponsor continuing medical education for physicians.

Arizona Heart Institute Foundation designates this continuing medical education activity for 1 credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association.

"...people who touch the heart"

Richard Grossman, M.D.
Durango, CO

John J. Bonica OB/Anesthesia Conference

certify that

Wailea, Maui, Hawaii 1997

Grossman, M.D.

has attended the 25th John J. Bonica OB/Anesthesia Conference

*The Grand Wailea Resort and Spa
Wailea, Maui, Hawaii
March 25th - 28th, 1997*

*The Ohio State University College of Medicine Center for Continuing Education
certifies that this continuing medical education offering meets the criteria for 18
hours in Category I of the Physician's Recognition Award of the American
Medical Association.*

*Approved by the American Association for Nurse Anesthetists
for ___ CE credits
AANA Code Number _____
Expiration date of March 28, 1997*



John S. McDonald, M.D.
Program Coordinator

*Sponsored by
The Department of Anesthesiology
The Ohio State University*



Continuing Medical Education



"Contraceptive Update"



Richard Grossman, MD



Objectives:

1. Discuss new contraceptive methods which are available, or likely to become available in the near future.
2. Discuss new contraceptive methods which are being researched and may become available in the near future.
3. Discuss the quinacrine pellet method of female sterilization.

Tuesday, March 4, 1997
Noon - 1:00pm in Classroom A

Mercy Medical Center is accredited by the Colorado Medical Society to sponsor continuing medical education for physicians. Mercy designates this continuing medical education activity for a maximum of one hour in Category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit actually spent in the educational activity.



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

310-
001142

RECEIVED
MAY 21 2001

NEW MEXICO BOARD OF
MEDICAL EXAMINERS

PLEASE NOTE - ALL QUESTIONS MUST BE ANSWERED

Corrections

Current Information

License # 70-135

Gender: Male Female

RICHARD A GROSSMAN, MD
RIVERSIDE MEDICAL BLDG
DURANGO, CO 81301-
Phone: 970-382-8800

fax # 970 382 0122 e-mail

Phone 970 884 7148

Physician Assistant(s) currently under your supervision:

Su Barre ER

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#:

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

FIELD(S) OF PRACTICE:

OBG, AM, MPH
(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.

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):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	Clinic(s):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	Hospital(s):	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
City(S)/Town(s):	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> ≥ 5	Rural:		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> ≥ 5									

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

Payment Information:

- Visa Check
 MasterCard Money Order

Account No. _____ Expiration Date _____

I hereby certify, under penalty of perjury, that all information on this form is currently accurate. I also certify that if I have practiced during the calendar years 1000, 1000 and 0000 I have completed a minimum of 75 AMA Category 1

Grossman, Richard A

Grossman, Richard A 70-135

<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?	N	4/29/2004	4/29/2004
	2. Have you been denied a license in another state since your last renewal?	N	4/29/2004	4/29/2004
	3. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license since your last renewal?	N	4/29/2004	4/29/2004
	4. Have you been arrested, convicted of, or pled no contest to a crime since your last renewal?	N	4/29/2004	4/29/2004
	5. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you since your last renewal?	N	4/29/2004	4/29/2004
	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")	N	4/29/2004	4/29/2004
	7. Do you have any medical or mental condition that in any way impairs or limits your ability to practice safely?	N	4/29/2004	4/29/2004
	8. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	N	4/29/2004	4/29/2004
	9. Have you been reported to the National Practitioner Data Bank since your last renewal?	N	4/29/2004	4/29/2004
	10. I certify that I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16.10.4 NMAC.	N	4/29/2004	4/29/2004
	Please select a statement that BEST describes your practice:	Engaged in	4/29/2004	4/29/2004
	Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):	N	4/29/2004	4/29/2004
	Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100):	N	4/29/2004	4/29/2004
	Are you retired but maintain an active license? * 	N	4/29/2004	4/29/2004

	<u>Grossman, Richard A</u>	<u>70-135</u>	<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
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	
58				Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (suspensions), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	3/30/2007	
59				Since your last renewal, have you 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	
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	
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 NMI 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.	Y	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	
86				Please select a statement that BEST describes your practice: * 	Enga	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):	N	3/30/2007	

3/28/2011

Grossman, Richard A

Medical Doctor

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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	04/18/2010
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	04/18/2010
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	04/18/2010
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?		04/18/2010
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		04/18/2010
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	04/18/2010
2. Since your last renewal have you been denied professional liability insurance coverage?	N	04/18/2010
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	04/18/2010
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	04/18/2010
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	04/18/2010
7. Have you ever been named as a defendant in any criminal proceedings?	N	04/18/2010
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	04/18/2010
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	04/18/2010
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	04/18/2010
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	04/18/2010
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	04/18/2010
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	04/18/2010
21. If yes do you hold Lifetime Certification?	Y	04/18/2010
22. If yes do you hold Time Limited Certification?	N	04/18/2010
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	04/18/2010
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	04/18/2010
12. b. Are any currently held licenses pending investigation or being challenged?	N	04/18/2010
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	04/18/2010
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	04/18/2010

1/3/2014

Grossman, Richard A

Medical Doctor

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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	04/08/2013
2. Since your last renewal have you been denied professional liability insurance coverage?	N	04/08/2013
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	04/08/2013
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	04/08/2013
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	04/08/2013
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	04/08/2013
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	04/08/2013
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	04/08/2013
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	04/08/2013
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	04/08/2013
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	04/08/2013
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	04/08/2013
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	04/08/2013
12. b. Are any currently held licenses pending investigation or being challenged?	N	04/08/2013
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	04/08/2013
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	04/08/2013
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	04/08/2013
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	Y	04/08/2013
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?		04/08/2013
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		04/08/2013
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	04/08/2013
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	04/08/2013
21. If yes do you hold Lifetime Certification?	Y	04/08/2013
22. If yes do you hold Time Limited Certification?	N	04/08/2013

70-135

Quintana, Amanda L., BME

From: Richard Grossman [richard@population-matters.org]
Sent: Monday, July 22, 2013 6:34 PM
To: Quintana, Amanda L., BME
Subject: NM lic. 70-135

Dear Ms. Quintana,

I called today to determine the status of my license renewal and learned that I had apparently answered a question wrong. The question "have you been reported to the ? registry" I interpreted to ask if I have registered with the registry; indeed, I have. As far as I am aware, I have not be reported to the registry, to my knowledge, by a third party.

Please do not hesitate to contact me should you have any questions.

Richard A. Grossman, MD
mobile: [REDACTED]