



NEW MEXICO BOARD OF MEDICAL EXAMINERS

RECEIVED INTERIM PERMIT

JUL 3 1997

\$40⁰⁰

NEW BOARD OF
MEDICAL EXAMINERS

NO. 7515

EVE ESPEY, MD

721301

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

Dated this 31st of JULY, 1997.

Secretary/Treasurer

Board Member or Secretary/Treasurer

THIS CERTIFICATE NOT VALID WITHOUT TWO SIGNATURES



RECEIVED

MAY 05 1997

OFFICE USE ONLY:

\$350.00 EXAM FEE

\$50.00 PS LICENSE FEE



\$350.00 APPLICATION FEE

\$25.00 INTERIM FEE

DO NOT SEPARATE OR COPY THIS FORM

712501

BOARD OF MEDICAL EXAMINERS of the STATE of NEW MEXICO

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

Full name: Boyd Eve L
LAST FIRST MI

Address: [REDACTED] NM 87301
STREET CITY STATE ZIP COUNTRY

Telephone numbers ([REDACTED]) (505) 722-1000
HOME OFFICE

DEA Number: [REDACTED] Social Security Number: [REDACTED]

Date of Birth: [REDACTED] / 59 Place of Birth: Mpls. Minn

This application is for licensure by:

Endorsement of: FLEX ☒ National Board USMLE LMCC State Exam

Date exam taken: _____ (STATE)

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

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

CERTIFICATE OF MEDICAL EDUCATION

(For School Use Only)

It is hereby certified that EVE LORRAINE BOYD
PHYSICIAN'S FULL NAME

Matriculated on 9/6/83 at the Univ. of Calif., Irvine - College of Medicine
ADMISSION DATE SCHOOL/UNIVERSITY

Located in IRVINE, CA, attended all required courses of
CITY/STATE

instruction of medicine, Months/years each, and received a diploma of

Doctor of Medicine on June 13, 1987
COMPLETION DATE

4-16-97 [Signature]
DATE PRESIDENT, SECRETARY, REGISTRAR, DEAN

(School Seal)

Attach a passport quality photo to the space provided at the right.

School seal must overlap photograph

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

(Foreign Medical Graduates Only)

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



1. Graduate Medical Education Internship/Residencies/Fellowships

Month/Year	Month/Year	Name of Hospital	Location
From <u>7/87</u>	to <u>7/91</u>	<u>UC Irvine Medical Center</u>	<u>Orange, CA</u>
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

2. List specialties and specialty board certifications:

Specialty	Board Certified		Date Certified
	Yes	No	
<u>OB-GYN</u>	<u>✓</u>	_____	<u>11/93</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

State or Province	License #	Date Issued	Current (yes/no)
<u>California</u>	<u>G065289</u>	<u>3/20/89</u>	<u>YES</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Dates	Name	Address	City/State/Zip
<u>8/91 - present</u>	<u>Gallup Indian</u>	<u>Box 1337</u>	<u>Gallup, NM</u>
_____	<u>Medical Center</u>	_____	<u>87305</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name	Address	City/State/Zip
_____	<u>φ</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes No ☒

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

AFFIDAVIT

I am the person named in this application and I received the degree of DOCTOR OF MEDICINE

from California College of Medicine - University of Ca
located in Or Irvine, California at Irvine

on the 13 day of June, 19 87.

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

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


SIGNATURE OF APPLICANT

3/3/97
DATE

County of McKinley)

State of: New Mexico)

SUBSCRIBED AND SWORN TO before me this 03rd day of March, 1997.

My commission expires: 03rd February 1999

Lecille M. Deschney
Notary Public

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

07733-454 G

BOYD, EVE LORRAINE

*MEDICINE

*MEDICINE

RESIDENT SEP 83 MINNEAPOLIS, MN CFC 08/11/87 10/22/87

- PREVIOUS DEGREES -
BS, BIOLOGY U OF CA-SAN DIEGO 06/83

- DOCTORS DEGREES -
DEGREE CONFERRED - JUNE 13, 1987
MEDICAL DOCTOR

- CAMPUS MAIL ADDRESS -
1712 VERNAD PLACE
IRVINE CA
92713 714 752-6392

- ADVISOR: GUGGIS

- LEVEL: 6 - ADVANCED: - TERMS:

- ETHNIC: WHITE/CAUCASIAN

RECEIVED
FEB 25 1997
DIVISION OF
MEDICAL EXAMINER

FALL QUARTER 1983

711 GROSS ANATOMY	ANATOMY	500	22.0	B	66.0
712 EMBRYOLOGY	ANATOMY	501	3.0	A	12.0
713 HISTOLOGY	ANATOMY	503	10.0	B+	33.0
714 BIOCHEMISTRY	BIOCHEM	504B	17.0	A	68.0
TERM TOTALS:		3.442	GPA	52.0	79.0
52.0% ATTN	52.0% PSSD	179.0% G.P.	23.0	BAL	3.442 GPA

WINTER QUARTER 1984

715 NEUROANATOMY	ANATOMY	502	9.1	B+	30.0
716 PHYSIOLOGY	PHYSIO	506A	11.5	A-	42.6
717 BEHAVIOR SCI I	PSYCH	505A	3.6	B	10.8
TERM TOTALS:		3.446	GPA	24.2	83.4
76.2% ATTN	76.2% PSSD	262.4% G.P.	33.8	BAL	3.444 GPA

SPRING QUARTER 1984

718 MICROBIOLOGY	MIC BIO	507A	13.0	B+	42.9
719 PHYSIOLOGY	PHYSIO	506A	8.5	A-	31.5
TERM TOTALS:		3.460	GPA	21.5	74.4
97.7% ATTN	97.7% PSSD	336.8% G.P.	43.7	BAL	3.447 GPA

SUMMER QUARTER 1984

720 COM & ENVIRON MED	CEN	516B	8.0	A	32.0
721 MICROBIOLOGY	MIC BIO	507A	7.0	B+	23.1
722 BEHAVIOR SCI II	PSYCH	505B	5.0	B	15.0
TERM TOTALS:		3.505	GPA	20.0	70.1
20.0% ATTN	20.0% PSSD	70.1% G.P.	10.1	BAL	3.505 GPA

FALL QUARTER 1984

723 EXAM OF PATIENT	MED	518B	4.3	A-	15.9
724 PATHOLOGY	PATH	508	10.5	A-	38.9
725 CLINICAL PATHOLOGY	PATH	509	3.0	A	12.0
726 MED PHARM	PHARM	517B	7.2	A-	26.6
TERM TOTALS:		3.736	GPA	23.0	93.4
45.0% ATTN	45.0% PSSD	163.0% G.P.	28.5	BAL	3.633 GPA

WINTER QUARTER 1985

727 MECH OF DIS	MED	515B	2.8	B+	9.2
728 EXAM OF PATIENT	MED	518B	4.0	A-	14.8
729 PATHOLOGY	PATH	508	6.7	A-	24.8
730 CLINICAL PATHOLOGY	PATH	509	1.8	A	7.2
731 MED PHARM	PHARM	517B	7.2	A-	26.6
TERM TOTALS:		3.671	GPA	22.5	82.6
67.5% ATTN	67.5% PSSD	246.1% G.P.	43.6	BAL	3.646 GPA

SPRING QUARTER 1985

732 MECH OF DIS	MED	515B	11.5	B+	38.0
733 INTRO TO MEDICINE	MED	521	5.0	A	20.0
734 INTRO TO OB/GYN	OB/GYN	574J	2.2	A	8.8
735 INTRO TO SURGERY	SURGERY	519B	5.0	B	15.0
TERM TOTALS:		3.451	GPA	23.7	81.8
91.2% ATTN	91.2% PSSD	327.9% G.P.	54.3	BAL	3.595 GPA

SUMMER QUARTER 1985

736 PRIMARY CARE CLERK	FAM MED	597F	4.0	A-	14.8
737 PRIMARY CARE CLERK	FAM MED	597F	4.0	A-	14.8
738 PEDS/NURSERY CLERK	PEDS	528	26.0	A-	96.2
739 SURGERY CLERKSHIP	SURGERY	526	26.0	B-	70.2
TERM TOTALS:		3.267	GPA	60.0	96.0
60.0% ATTN	60.0% PSSD	196.0% G.P.	16.0	BAL	3.267 GPA

FALL QUARTER 1985

740 PRIMARY CARE CLERK	FAM MED	597F	4.0	A-	14.8
741 JUNIOR MED CLERK	MED	526	26.0	A	4.0
TERM TOTALS:		3.960	GPA	30.0	18.8
90.0% ATTN	90.0% PSSD	314.8% G.P.	44.8	BAL	3.498 GPA

WINTER QUARTER 1986

742 PRIMARY CARE CLERK	FAM MED	597F	4.0	A-	14.8
743 PSYCHIATRY CLERKSHIP	PSYCH	529	20.0	A-	74.0
TERM TOTALS:		3.700	GPA	24.0	88.8
114.0% ATTN	114.0% PSSD	403.6% G.P.	61.6	BAL	3.540 GPA

SPRING QUARTER 1986

744 PRIMARY CARE CLERK	FAM MED	597F	4.0	A-	14.8
745 OB/GYN CLERK	OB/GYN	529	26.0	A	4.0
TERM TOTALS:		3.960	GPA	30.0	18.8
144.0% ATTN	144.0% PSSD	522.4% G.P.	90.4	BAL	3.628 GPA

SUMMER QUARTER 1986

746 HIGH RISK OB	OB/GYN	645F	7.5	A	30.0
747 LABOR & DELIVERY	OB/GYN	593	12.5	A	50.0
747A CLINICAL ELECT	INF DIS	630H	10.0	A-	37.0
747B CARDIOLOGY ELECTIVE	CARDIOL	593	13.0	A	60.0
747C GEN DIAGNOSTIC RAD	RADIO	680I	5.0	A	20.0
TERM TOTALS:		3.940	GPA	50.0	97.0
50.0% ATTN	50.0% PSSD	197.0% G.P.	47.0	BAL	3.940 GPA

FALL QUARTER 1986

748 SENIOR MED CLERK	MED	527	15.0	A-	55.5
749 CLIN ELEC/AHEC	NEPHROL	633L	7.5	A	30.0
TERM TOTALS:		3.800	GPA	22.5	85.5
72.5% ATTN	72.5% PSSD	282.5% G.P.	65.0	BAL	3.897 GPA

WINTER QUARTER 1987

750 PH & R CLERK	PH & R	530	6.0	A	24.0
751 PUL DIS ELECTIVE	PUL DIS	593	7.5	A-	27.8
751A RHEUM/IMMUN ELECT	RHEUM	630L	2.5	A	10.0
TERM TOTALS:		3.863	GPA	16.0	61.8
88.5% ATTN	88.5% PSSD	344.3% G.P.	78.8	BAL	3.890 GPA

SPRING QUARTER 1987

752 NEUROSCIENCES CLERK	NEUROL	532	15.0	A	60.0
753 RADIOLOGY CLERK	RADIO	532	9.0	B+	29.7
754 ANESTHESIOLOGY CLERK	ANESTH	531	3.0	A	12.0
755 OPHTHALMOLOGY CLERK	OPHTHAL	530	3.0	A	12.0
TERM TOTALS:		3.790	GPA	30.0	13.7
118.5% ATTN	118.5% PSSD	458.0% G.P.	102.5	BAL	3.865 GPA

TOTAL PASS/NOT PASS ATTN 0.0 PASSED 0.0

QUARTER CREDITS COMPLETED 431.4 UC GPA 3.644



NATIONAL BOARD OF MEDICAL EXAMINERS®

ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME®) in the lower left corner certifies the authenticity of this document.

RECEIVED

MAR 04 1997

NATIONAL BOARD OF
MEDICAL EXAMINERS

Diplomate Name: Eve Boyd, MD

Date of Birth: [REDACTED] 1959

Certification Date: 07/01/1988

Certificate #: 341589

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Jun 1985	630 88	380 75	PASS	665 91	570 85	605 87	635 89	580 86	580 86	610 87
					Med	Surg	Ob/Gyn	PM/PH	Ped	Psych	
NBME PART II	Sep 1986	555 84	290 75	PASS	495 82	500 82	615 88	560 85	475 81	610 88	
NBME PART III	Mar 1988	570 84.7	290 75	PASS							

DATE: 02/24/1997

SEE OTHER SIDE FOR SCORE INFORMATION

THE REGENTS OF THE

University of California

ON THE NOMINATION OF THE TRUSTEES AND FACULTY OF THE
CALIFORNIA COLLEGE OF MEDICINE
HAVE CONFERRED UPON

EVE LORRAINE BOYD

THE DEGREE OF DOCTOR OF MEDICINE

WITH ALL RIGHTS AND PRIVILEGES THERETO PERTAINING

GIVEN AT IRVINE THIS THIRTEENTH DAY OF JUNE IN THE YEAR
NINETEEN HUNDRED AND EIGHTY-SEVEN.

George S. Huntington
PRESIDENT OF THE UNIVERSITY

David P. Hudson
PRESIDENT OF THE FACULTY



J. W. Pettan
CHANCELLOR AT IRVINE

W. H. H. H.
DEAN OF THE COLLEGE

UNIVERSITY OF CALIFORNIA, IRVINE
CALIFORNIA COLLEGE OF MEDICINE

This Certificate of Postgraduate Medical Training
is hereby awarded to

Frederic Lloyd, M.D.

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

Resident in Obstetrics and Gynecology

July 1, 1987 to June 30, 1991

[Signature]

[Signature]





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

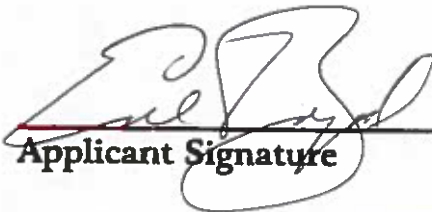
Gary E. Johnson
GOVERNOR

Livingston Parsons, Jr., M.D.
PRESIDENT

AUTHORIZATION FOR RELEASE OF INFORMATION

RECEIVED
FEB 14 1997
NEW MEXICO BOARD OF MEDICAL EXAMINERS

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


Applicant Signature

, M.D.

Date: 12/23/96

Applicant Name:

Eve Boyd

License No.

CA 6065289

Address:

[REDACTED]

Phone No:

(505) 722-1000 wk

[REDACTED]

ADMINISTRATION
(505) 827-8022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

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

LICENSING
(505) 827-9033 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS



MEDICAL BOARD OF CALIFORNIA
0256LICENSING PROGRAM
1426 Howe Avenue, Suite 56
0256Sacramento, CA 95825-3236
(916) 263-2360 FAX (916) 263-2487



March 11, 1997

RECEIVED

MAR 18 1997

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

NEW BOARD OF
MEDICAL EXAMINERS

TO WHOM IT MAY CONCERN:

This is to verify that Dr. EVE LORRAINE BOYD, born on 03/24/59, was issued California physician and surgeon's certificate #G65289, on 03/20/89, based on National Board Credentials. The license is current and renewal fees are paid through 03/31/97. There is no current record of accusation and/or disciplinary activity.

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

Nancy Jurison
Division of Licensing

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

SEAL



Gary E. Johnson
GOVERNOR

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

FEB 12 1997

NEW MEXICO BOARD OF
MEDICAL EXAMINERS
Livingston Parsons, Jr., M.D.
PRESIDENT

HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise.

Eve Boyd, M.D. Date: 12/23/96
Applicant Signature

Applicant Name: Eve Boyd
Address: [REDACTED]

1. What privileges were extended to the applicant? OB/Gyn
2. For how long? 8/91 - present
3. Were limitations imposed on such privileges? No ☒ Yes ☐
If yes, please explain: _____
4. Were staff privileges ever removed or restricted? No ☒ Yes ☐
If yes, please explain: _____
5. Derogatory information, if any: NA

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

Affiliated hospitals: _____

Chief of Staff or Administrator: Gary A. Escudero, M.D. - Medical Director
Signature: [Signature] Date: 2/6/97

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

(SEAL)

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

FINANCIAL
(505) 827-6759

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

LICENSING
(505) 827-9033 APPLICATIONS
(505) 827-7517 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

American Medical Association

Physicians dedicated to the health of America



RECEIVED

Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Research
Department of Data Services

MAR 8 4 1997

NATIONAL BOARD OF
MEDICAL EXAMINERS

Name and Address:

EVE LORRAINE BOYD MD

Phone: 505-722-1000

Birthdate: 1959

Birthplace: MINNEAPOLIS MN USA

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

Self Designated Practice Specialties (SDPS):

Primary: OBSTETRICS AND GYNECOLOGY

Secondary: UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources

Medical School:

UNIV OF CA, IRVINE, CA COLL OF MED, IRVINE CA 92717

Year of Graduation: 1987

Current and/or Prior Medical Training or Fellowship:

Institution: UNIV CA IRVINE MED CTR
INTERM

State: CALIFORNIA
(VERIFIED)

Specialty: OBSTETRICS AND GYNECOLOGY

07/01/1987 - 06/30/1991

Note: Additional information on physicians in graduate medical training is not solicited, nor is it received from the residency program directors. If you feel additional information may be available, contact the program director(s).

National Board Certification Year: MD: 1988

ECFMG Certification:

Number	Certificate Date	Status
--------	------------------	--------

NOT APPLICABLE

American Medical Association

Physicians dedicated to the health of America



Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

License(s) : State	MD/ DO	Date Granted	Expiration Date	Status	License Type	As of
CALIFORNIA		03/20/1989	03/31/1997	ACTIVE	UNLIMITED	11/07/1996

Federal Drug Enforcement Administration:

AS OF 10/5/95 FEDERAL DEA REGISTRATION IS VALID.

Note: Many states require their own controlled substances registration/license.

Please check with your state licensing authority as the AMA does not maintain this information.

Specialty Board Certification(s):

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

Primary Board: OBSTETRICS AND GYNECOLOGY

Effective: 01/01/1993

Expires: 12/15/2003

INITIAL CERTIFICATION

Subcertification or Certificate of Special Competence: NONE REPORTED TO DATE

Effective:

Expires:

Medicare/Medicaid Sanction(s):

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

Other Federal Sanction(s):

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

Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.



Gary E. Johnson
GOVERNOR

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

STAFF USE ONLY

Amt. Rec 100-

OCT 17 1997

729001

NOVEMBER 21, 1997 ORIENTATION
INITIAL LICENSE REGISTRATION FORM

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

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

DEA #: BB1963405

INTERIM #: 7515

NAME : EVE L ESPEY, M.D.
BUS. ADDR : UNMH
2211 LOMAS BLVD NE
CITY/ST/ZIP : ALBUQUERQUE, NM 87131-
BUS. PHONE : 505-272-6372

HOME ADDR
CITY/ST/ZIP

HOME PHONE

SPECIALTY : OBSTETRICS AND GYNECOLOGY -

LIST ANY ADDITIONAL HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES:

1. Kirtland Air Force Base 3. _____
2. AVAMC 4. _____

LIST ANY OTHER STATE MEDICAL LICENSES YOU HAVE ACQUIRED SINCE YOUR INTERVIEW WITH THE NEW MEXICO BOARD:

STATE: _____ LIC# _____ STATE: _____ LIC# _____

Since your interview with the New Mexico Board have you been convicted of a felony or had any action against any medical license you hold? ☒ NO ☐ YES (If yes, attach explanation)

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

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

Signature: Eve Espey Date: 10/14/97
(Must be signed by physician)

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

FINANCIAL
(505) 827-6750

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

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



NEW MEXICO BOARD OF MEDICAL EXAMINERS

310 -
CME'S NOT REQUIRED
SECTION 8

RECEIVED

Second Floor, Lamy Building
491 Old Santa Fe Trail

JUN 19 1998 Santa Fe New Mexico 87501

817001

GARY E. JOHNSON
GOVERNORANNUAL TRIENNIAL LICENSE RENEWAL
MEDICAL EXAMINER JULY 1, 1998 - JUNE 30, 2001LIVINGSTON PARSONS, JR., M.D.
PRESIDENTRENEWALS 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.EVE L ESPEY, M.D.
UNMH
2211 LOMAS BLVD NE
ALBUQUERQUE NM 87131-ADDRESS CORRECTION REQUESTED

505-272-6372 Business Phone

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.
NM BUS ADDR: _____ CITY/ST/ZIP _____FEES: ACTIVE STATUS ☒ \$310.00 INACTIVE STATUS _____ \$25.00
(A LICENSEE ON INACTIVE STATUS MAY NOT PRACTICE MEDICINE NOR WRITE
PRESCRIPTIONS.) REINSTATEMENT OF AN INACTIVE LICENSE WITHIN A PERIOD OF
TWO YEARS FROM THE RENEWAL DATE IS A FAIRLY SIMPLE PROCESS. REINSTATING
AFTER TWO YEARS, REQUIRES A REINSTATEMENT APPLICATION AND BOARD APPROVAL.IT IS THE LICENSEE'S RESPONSIBILITY TO NOTIFY THE BOARD OF CHANGES IN
ADDRESS OF EITHER BUSINESS OR HOME. §61-6-28 NMSA 1978. PLEASE REVIEW
INFORMATION PROVIDED, MAKE CORRECTIONS AND ANSWER ALL QUESTIONS ON BACK.

LICENSE # SOCIAL SECURITY # DEA # DATE OF BIRTH

97-228

1959

Home Address:

_____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 -
NP's -Hospital Privileges:

- 1) GALLUP IHS
- 2) KIRTLAND AFB
- 3) VAMC

ADDITIONAL HOSPITAL PRIVILEGES:

OVER

ADMINISTRATION

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

FINANCIAL

(505) 827-6759

INVESTIGATIONS

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

LICENSING

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

The following questions request information that has developed since you submitted your original license/registration application to the Board. If you answer "yes" to any of the following questions, please provide an explanation:

Are you at the present time known by any other name? If so, what name? NO

Have you been licensed/registered under another name(s)? If so, what name(s)? Eve Boyd

Have you been denied a license/registration by a medical licensing board? Yes No X

Has a medical licensing board started disciplinary action against your license/registration? Yes No X

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes No X

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes No X

Have you had a malpractice settlement or judgment against you? Yes No X

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes No X

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.) 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.

Eve Boyd
Signature of Licensee/Registrant

6/1/98
Date



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

RECEIVED

MAY 04 2001

NM BOARD OF
MEDICAL EXAMINERS

360
001151

PLEASE NOTE - ALL QUESTIONS MUST BE ANSWERED

Current Information

License # 97-228

Gender: ☐ Male ☒ Female

Corrections

EVE L ESPEY, MD

UNMH

ALBUQUERQUE, NM 87131-

Phone: 505-272-6372

UNMH OB/GYN DEPT

505-272-6383

fax # 505-272-6385 e-mail eespey@salud.unm.edu

fax #

e-mail:

Physician Assistant(s) currently under your supervision:

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#: 430653 is

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

FIELD(S) OF PRACTICE: my personal #

OBG

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

Due And Payable By July 1, 2001*

Renewal Fee: \$310

Your license will expire on June 30, 2001

Due And Payable After July 1, 2001*

Late Renewal Fee: \$410

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

I request the following change in license status:

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

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

Since the last renewal:

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

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

Practice Information:

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

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

Payment Information:

- ☒ Visa ☐ Check
☐ MasterCard ☐ Money Order

Account

Expiration Date 02-03

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

Signature of Licensee (Signature stamp are not accepted)

4/24/01
Date

97-228

renewed
6/24/07

**Advances in Indian Health 2006
UNM Continuing Education Building**

May 2 - 5, 2006

Speaker Evaluation Summary

EVE ESPEY, MD

Thursday, May 04, 2006

1:15 PM

Case Discussion Workshop 17 - Breast Cancer Screening and Evaluation Cases

CNM	50
CNP	40
MD/DO	47
NHA	40
NP	50
OTHER	50
PA	50
RD	50
RN/LPN	46

3:30 PM

Case Discussion Workshop 25 - Breast Cancer Screening and Evaluation Cases

DC	50
MD/DO	43
NHA	40
NP	40
OTHER	50
PA	48
RN/LPN	43

Additional Comments:

Eve Espey: Excellent presenter

Dr. Espey: Excellent speaker.



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

OFFICE OF CONTINUING MEDICAL EDUCATION

6/22/2007

Transcript Report

Name: Eve Espey, MD, MPH
University of New Mexico HSC-SOM

Date	Title	Type	Units
1/16/2004	NPO Status of Parturients	AMA	1 00
1/23/2004	Molecular Mechanisms in Cervic	AMA	1 00
2/7/2004	2004 Annual Women's Health Care Seminar	AMA	11 00
2/13/2004	Bladder Matters	AMA	1 00
2/20/2004	Update on Graduate Medical Education	AMA	1 00
2/27/2004	Critical Care for the Obstetrician	AMA	1 00
3/12/2004	Anatomy of Female Pelvis	AMA	1 00
3/19/2004	Bringing the Prenatal Record	AMA	1 00
4/9/2004	Gastroschisis	AMA	1 00
4/16/2004	Web HIPAA Program	AMA	9 00
4/23/2004	Advances in Indian Health	AMA	13 50
4/23/2004	Continuing Medical Education	AMA	1 00
5/7/2004	Post-operative Voiding Dysfunction	AMA	1 00

4/8/2005	Obesity: A Weighty Problem	AMA	1 00
4/22/2005	First Trimester Prenatal Diagnosis	AMA	1 00
4/29/2005	Recreational Drugs and Pregnancy	AMA	1.00
5/13/2005	Advances in Indian Health 2005	AMA	16 00
5/20/2005	Colposcopy in Pregnancy	AMA	1 00
5/27/2005	Advanced Techniques in Pelvic	AMA	1 00
5/5/2006	Advances in Indian Health 2006	AMA	24 00
2/10/2007	2007 Women's Health Care Seminar	AMA	11 00
2/10/2007	2007 Women's Health Care Seminar	SPKR	2 00
5/4/2007	2007 Advances in Indian Health	AMA	26 00
5/4/2007	2007 Advances in Indian Health	SPKR	2 00
Total Credits:		AMA	178.00
		SPKR	4.00

Ellen M. Cosgrove, M.D.

Office of CME Authorization



Academy of Breastfeeding Medicine

This certificate is awarded to

Eve Espey, MD

**Honorable Mention, Best Poster Presentation
"Breastfeeding Information in Ob/Gyn Textbooks Needs Improvement"**

The 11th Annual International Meeting
"Current Controversies in Breastfeeding Medicine"

Niagara Falls, NY

September 19-22, 2006

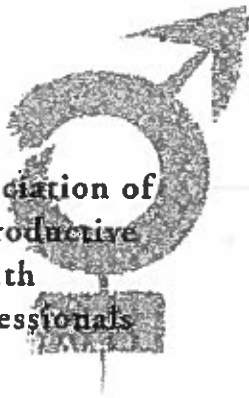
Cynthia R. Howard, MD, MPH, FABM
President



A • R • H • P
ASSOCIATION OF REPRODUCTIVE HEALTH PROFESSIONALS

Certificate of Continuing Education

Association of
Reproductive
Health
Professionals



This certifies the attendance of
Eve Espey MD, MPH

at

Reproductive Health 2004
September 9 – 11, 2004

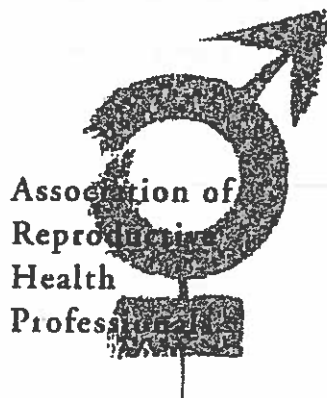
The Association of Reproductive Health Professionals (ARHP)
is accredited by the Accreditation Council for Continuing Medical
Education to sponsor continuing medical education for physicians.

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

Lee Lee Doyle, PhD

Lee Lee Doyle, PhD
Chair, ARHP





Certificate of Continuing Education

This certifies the attendance of

Eve Espey MD

at

Reproductive Health 2006

September 7 – 9, 2006

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

ARHP designates this continuing medical education activity for 16.5 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

Lee Lee Doyle, PhD

Lee Lee Doyle, PhD
Chair, ARHP



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

Eve Espay

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

Admissions Retreat

July 7, 2006

UNM Student Union Building – Albuquerque, New Mexico

Credit Approvals:

AMA PRA Category 1 Credit (s)™

Credits Approved:

4.5

Ellen M. Cosgrove, M.D.

Office of CME Authorization

I certify that I participated in the above CME activity for 4.5 hours

Eve Espay
Participant Signature

Certificate of Continuing Education



This certifies the attendance of
Eve Espey, MD

at

Reproductive Health 2005
September 7 – 10, 2005

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

ARHP designates this continuing medical education activity for 16.5 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

Lee Lee Doyle, PhD

Lee Lee Doyle, PhD
Chair, ARHP

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

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

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

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

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

Eve Espey, M.D.
Univ. of New Mexico
1 University of New Mexico
MSC 10-5580
Albuquerque, NM 87131

Participant's Name:

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

****Pain Management Education:**

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

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

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



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

Advanced Procedural Sedation Course

Awarded to

Eve Espey MD

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

09/22/2005

Steve McLaughlin, MD

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

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

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

93-5
JW 8/12/04

2004 CME AUDIT FORM

Name: Eve L. Espey, M.D., M.P.H.
(Please print)

License number: 97-228 NM

[illegible]



THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

Eve Espey

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

Phase II Clinical Education Retreat

March 12 - 14, 2002

THE WYNDHAM AIRPORT HOTEL

Albuquerque, New Mexico

Credit Approvals:

AMA Category I

Hours Approved:

12.0

Ellen M. Cosgrove, M.D.

Office of CME Authorization

*I certify that I participated in the above CME
activity for 12 hours*

Eve Espey
Participant Signature

A · R · H · P

ASSOCIATION OF
REPRODUCTIVE HEALTH
PROFESSIONALS

CERTIFICATE OF ATTENDANCE

La Jolla, CA
September 11 - 13, 2003

Reproductive Health 2003

This Certifies the Attendance of

Eve Espey MD

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

ARHP designates this continuing medical education activity for ¹⁹ credit hours in Category I of the Physicians' Recognition Award of the American Medical Association.

This course has been approved for ²⁴ cognates, Formal Learning, by the American College of Obstetricians and Gynecologists.

Teri H. Stuart MD

CHAIR,
Association of Reproductive Health Professionals



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

VALIDATION OF ATTENDANCE

Eve Espy, MD

HAS ATTENDED

2002 Santa Fe Coding Workshop
MODULE I
August 2, 2002
Santa Fe, New Mexico
7 COGNATE HRS 7 HRS AMA 1

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



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

VALIDATION OF ATTENDANCE

Eve Espey, MD
HAS ATTENDED

2002 ACOG Legislative Workshop
April 7-9, 2002
Washington, DC
12 COGNATE HRS 12 HRS AMA 1

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Continuing Education Activity
Certificate of Attendance

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

FILE NUMBER: 3959 00
DATE(S): 02/07/2003 - 02/09/2003
LOCATION: Telluride, Colorado

THIS IS TO CERTIFY THAT

EVE ESPEY

ATTENDED

WOMEN'S AND CHILDREN'S HEALTHCARE

ON

FEBRUARY 7, 2003 THRU FEBRUARY 9, 2003

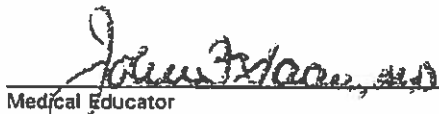
AND HAS BEEN AWARDED 7.50 CREDIT HOURS.

Accreditation:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians

The IHS Clinical Support Center designates this continuing medical education activity for 10.50 hours of Category I credit towards the Physician's Recognition Award of the American Medical Association

The AMA Category I credit is accepted by the American Academy of Physician Assistants


Medical Educator

08/22/2003



The University of California, Irvine College of Medicine certifies that

Eve Espey, M.D.
712 Sundown SE
Albuquerque, NM 87108

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

at
Disney's Grand Californian Hotel

on
5/22/04

And is awarded 6.5 category 1 credit(s) toward the
AMA Physician's Recognition Award

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

A handwritten signature in cursive script, appearing to read "Thomas C. Cesario".

Thomas C. Cesario, M.D.
Dean

A handwritten signature in cursive script, appearing to read "Gerald A. Maguire".

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Continuing Education Activity
Certificate of Attendance

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

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

THIS IS TO CERTIFY THAT

EVE ESPEY

ATTENDED

WOMEN'S AND CHILDREN'S HEALTHCARE

ON

JANUARY 30, 2004 THRU FEBRUARY 1, 2004

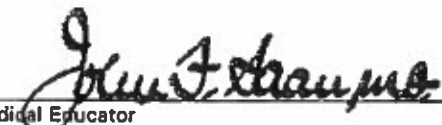
AND HAS BEEN AWARDED 7.00 CREDIT HOURS.

Accreditation:

The Indian Health Service (IHS) Clinical Support Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The IHS Clinical Support Center designates this continuing medical education activity for 11.00 hours of Category I credit towards the Physician's Recognition Award of the American Medical Association

The AMA Category I credit is accepted by the American Academy of Physician Assistants


Medical Educator

05/28/2004



THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER

SCHOOL OF MEDICINE

Office of Continuing Medical Education

This is to certify that

Eve Espey

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

**UNM School of Medicine
2004 Admissions Retreat**

**June 25, 2004 • Los Poblamos Inn
Albuquerque, New Mexico**

Credit Approvals:

AMA, Category 1

Hours Approved:

7.5

Ellen M. Cosgrove, M.D.

Office of CME Authorization

I certify that I participated in the above CME
activity for 7.5 hours

Eve Espey
Participant Signature

3/28/2011

Espey, Eve L

Medical Doctor

97-228

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	04/05/2010
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	04/05/2010
12. b. Are any currently held licenses pending investigation or being challenged?	N	04/05/2010
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated)	N	04/05/2010
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	04/05/2010
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	04/05/2010
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	04/05/2010
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	04/05/2010
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	04/05/2010
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	04/05/2010
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	04/05/2010
2. Since your last renewal have you been denied professional liability insurance coverage?	N	04/05/2010
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	04/05/2010
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	04/05/2010
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	04/05/2010
7. Have you ever been named as a defendant in any criminal proceedings?	N	04/05/2010
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	04/05/2010
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	04/05/2010
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	04/05/2010
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 18.10.4 NMAC?	Y	04/05/2010
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	04/05/2010
21. If yes do you hold Lifetime Certification?	N	04/05/2010
22. If yes do you hold Time Limited Certification?	N	04/07/2010
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	04/05/2010



The University of New Mexico
Department of Obstetrics and Gynecology
Health Sciences Center

97-228 ✓

June 20, 2016

NM Medical Board
2055 S. Pacheco St.
Building 400
Santa Fe, NM 87505

To Whom it May Concern:

Questions 15 of the questionnaire was answered yes. Below is the response to question #15. If there is anything else needed to complete renewal of Dr. Espey's MD97-228 license, please do not hesitate to contact Faculty Services Administrative Assistant, Chery Martin at 505-272-2255 or email martin55@salud.unm.edu.

For description of "Yes" response to MD License renewal questionnaire #15:

██████████ 80 35 - Female

Date of Incident 8/14/14 - Nature of allegation/suit - Bilateral tubal ligation

- No suit filed

No

Active claim (SOL - 8/14/16)

N/A for Insurance

Not a lawsuit, no defense atty in mind.

1/3/2014

Espey, Eve L

Medical Doctor

97-228

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/20/2013
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/20/2013
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/20/2013
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/20/2013
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/20/2013
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	05/20/2013
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/20/2013
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	05/20/2013
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	05/20/2013
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	05/20/2013
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/20/2013
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	05/20/2013
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	05/20/2013
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/20/2013
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/20/2013
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	05/20/2013
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	05/20/2013
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/20/2013
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?	N	05/20/2013
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	N	05/20/2013
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	05/20/2013
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	N	05/20/2013
21. If yes do you hold Lifetime Certification?	N	05/20/2013
22. If yes do you hold Time Limited Certification?	N	05/20/2013

9/6/2016

Espey, Eve L

Medical Doctor

97-228

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/13/2016
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/13/2016
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/13/2016
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/13/2016
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/13/2016
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/13/2016
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/13/2016
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/13/2016
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/13/2016
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	05/13/2016
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/13/2016
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/13/2016
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/13/2016
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/13/2016
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/13/2016
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	N	05/13/2016
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	Y	05/13/2016
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/13/2016
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?	N	05/13/2016
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and	N	05/13/2016
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC	Y	05/13/2016
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	Y	05/13/2016
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/13/2016
21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?	N	05/13/2016