

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

## Application

### Application Detail

License Type:	Medical Doctor Expert Witness
Profession Number:	1517 - Medical Doctor Expert Witness Cert
File Number:	6583
Application:	Medical Doctor Expert Witness Certificate Application
Application Date:	02/01/2019

### Suitability Question(s)

Are you a medical doctor (M.D.)?	Yes
Do you hold an active and valid license to practice in another state or province of Canada?	Yes

### Personal Detail

First Name:	LeRoy
Last Name/Surname:	Carhart

### Addresses

#### Mailing Address

Address:	1002 W MISSION AVE
	Bellevue
	UNKNOWN
	Bellevue, NE
	68005
	US

Phone Number:	402-292-4164
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E-mail Address:	Chelsea@arhc.online
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#### Place of Practice

Address:	1002 W MISSION AVE
	Out of State

**BELLEVUE, NE**

**68005**

**US**

Phone Number:

**402-292-4164**

#### **Licensure Detail 1**

Press Add to add additional licenses. Press Previous to return to the previous section. Press Next when finished adding/changing licenses. To save and exit this application, click on the Cancel button.

License Number: **01040632A**

Type of License: **Medical**

Licensure Date **07/30/1992**

Date of Expiration: **10/31/2019**

State: **Indiana**

#### **Licensure Detail 2**

Press Add to add additional licenses. Press Previous to return to the previous section. Press Next when finished adding/changing licenses. To save and exit this application, click on the Cancel button.

License Number: **MD23312**

Type of License: **Medical**

Licensure Date **10/15/1982**

Date of Expiration: **10/01/2019**

State: **Iowa**

#### **Licensure Detail 3**

Press Add to add additional licenses. Press Previous to return to the previous section. Press Next when finished adding/changing licenses. To save and exit this application, click on the Cancel button.

License Number: **D0071127**

Type of License: **Medical**

Licensure Date **07/07/2010**

Date of Expiration: **09/30/2020**

State: **Maryland**

#### **Licensure Detail 4**

Press Add to add additional licenses.Press Previous to return to the previous section.Press Next when finished adding/changing licenses.To save and exit this application, click on the Cancel button.

License Number: **15162**  
Type of License: **Medical**  
Licensure Date **10/17/1979**  
Date of Expiration: **10/01/2020**  
State: **Nebraska**

#### **Licensure Detail 5**

Press Add to add additional licenses.Press Previous to return to the previous section.Press Next when finished adding/changing licenses.To save and exit this application, click on the Cancel button.

License Number: **25MA03654100**  
Type of License: **Medical**  
Licensure Date **08/08/1979**  
Date of Expiration: **06/30/2015**  
State: **New Jersey**

#### **Licensure Detail 6**

Press Add to add additional licenses.Press Previous to return to the previous section.Press Next when finished adding/changing licenses.To save and exit this application, click on the Cancel button.

License Number: **35.057427**  
Type of License: **Medical**  
Licensure Date **09/23/1988**  
Date of Expiration: **04/01/2019**  
State: **Ohio**

#### **Licensure Detail 7**

Press Add to add additional licenses.Press Previous to return to the previous section.Press Next when finished adding/changing licenses.To save and exit this application, click on the Cancel button.

License Number: **MD035665L**  
Type of License: **Medical**  
Licensure Date **09/27/1974**  
Date of Expiration: **12/31/2016**

State: **Pennsylvania**

### Licensure Detail 8

Press Add to add additional licenses. Press Previous to return to the previous section. Press Next when finished adding/changing licenses. To save and exit this application, click on the Cancel button.

License Number: **35028-20**  
Type of License: **Medical**  
Licensure Date: **12/15/1993**  
Date of Expiration: **10/31/2019**  
State: **Wisconsin**

### Fees

Initial Exp Witness **\$50.00**  
Total Amount Due: **\$50.00**

### Attestation

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.0083 and 775.084, Florida Statutes.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my expert witness certificate in the State of Florida.

Attestation Answer: Yes