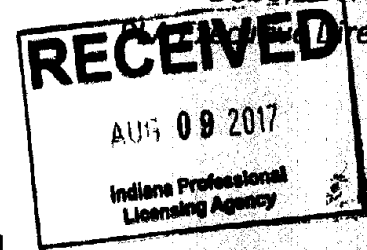


Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric J. Holcomb
 Governor of Indiana
 Deborah J. Frye
 Director



MD DO Reinstatement Renewal Form

Your license has been expired for over 3 years. To renew, please print and complete this form in its entirety and submit it with the reinstatement fee of \$450 and required documentation (detailed at the bottom of this form) to the office address shown in the above right corner. Make check or money order payable to 'Indiana Professional Licensing Agency'. Allow at least 4 weeks for the processing of this paper document. If you answer 'Yes' to any question below send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name Larry Faines	Enter License Number 01070916A	Enter Expiration Date 10/31/2013	Renewal Fee \$450.00
Street Address 6851 South Constance Ave			
City Chicago	State IL	Zip Code 60649	
Phone Number	Email Address		

QUESTIONS		
<input type="checkbox"/> Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<input type="checkbox"/> Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<input type="checkbox"/> Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana Court?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<input type="checkbox"/> Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<input type="checkbox"/> Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<input type="checkbox"/> Since you last renewed have you been excluded from being a Medicare or Medicaid provider?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<input type="checkbox"/> Since you last renewed have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
	Date (month, day, year) 7/31/2017

- OTHER DOCUMENTS NEEDED:**
- You will need to include a signed work history from the time your Indiana license expired to current.
 - Official verifications from all States in which you have ever held a license, certificate, permit or registration
 - NPDB/HIPDB report - contact info: P O Box 10832 Chantilly, VA 20153-0832 website: <http://www.npdb-hipdb.hrsa.gov>

Visit us on the web at www.pla.in.gov. If you have any questions for the Medical Licensing Board please email pla3@pla.in.gov or call 317-234-2060.

FOR OFFICE USE ONLY		
Renewal Fee 450.00	Receipt No. 6051593	Date 08/10/17



August 09, 2017

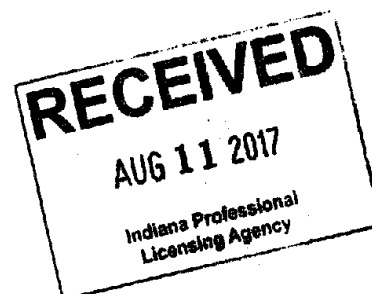
To Whom It May Concern:

This letter is written to verify that Larry Faines ID# 1003095 was hired at Northwestern University July 01, 1993. Larry is currently active with a job title of Asst Professor in the department of MED-Emergency Medicine.

Sincerely,

Kathie Longston

Kathie Longston
Records and Verification Coordinator
Human Resources
Northwestern University
k-longston@northwestern.edu
(847) 491-8580

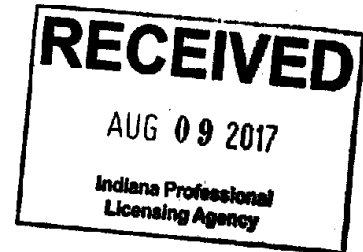




August 8, 2017

Total Pages: 2

Medical Licensing Board of Indiana
Indiana Health Professions Bureau
402 W. Washington Street
Room W072
Indianapolis, IN 46204



RE: Larry Faines, MD – Request for Information

Dear Mam or Sir,

This is in response to your request for information concerning the above-referenced physician.

Please be advised that this physician worked on a locum tenens basis as an independent contractor for Weatherby Locums, Inc. ("Weatherby"); a physician locum tenens staffing company.

Dr. Larry Faines was originally credentialed with Weatherby on 8/20/2004 and is currently going through our credentialing process for re-approval. Enclosed with this letter is a list of dates and locations that Dr. Larry Faines worked through Weatherby. It is the policy of Weatherby to only provide assignment timeframes of independent contractor locum tenens services. Weatherby encourages you to contact the respective facilities directly for further information related to the physician's practice of medicine, personal attributes or exact dates worked.

Sincerely,

A handwritten signature in black ink, appearing to read "Richard DiPietro".

Richard DiPietro

Compliance Coordinator | Quality Assurance | Weatherby Healthcare
6451 North Federal Hwy. Suite 800 Ft. Lauderdale, FL 33308
Phone: 800.586.5022 Ext: 2436 | Fax: 866.889.7835
richard.dipietro@weatherbyhealthcare.com

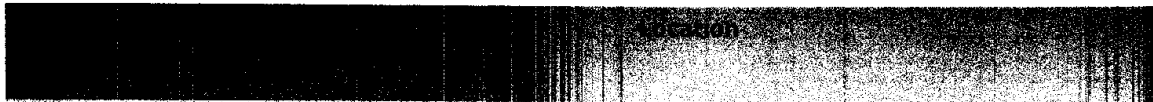
Enclosed: Work History

Work History Report

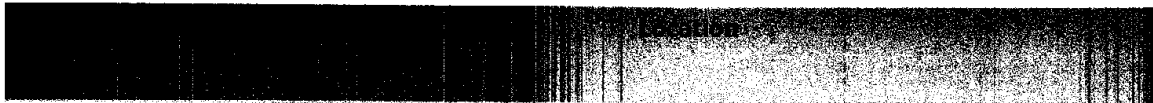
Larry Faines

Emergency Medicine

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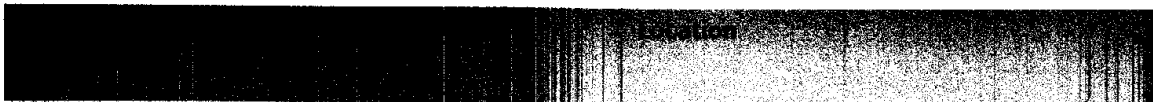
10/17/2012 10/23/2012 Stratum Med, Inc. Crawford Memorial Hospital
1000 North Allen Street
Robinson IL, 62454
(618) 544-3131



08/29/2012 09/01/2012 Stratum Med, Inc. Crawford Memorial Hospital
1000 North Allen Street
Robinson IL, 62454
(618) 544-3131



04/03/2005 04/03/2005 Best Practices Osf St. Joseph's Hospital
2200 East Washington Street
Bloomington IL, 61701
(252) 443-9794



11/12/2004 11/14/2004 Best Practices Osf St. Joseph's Hospital
2200 East Washington Street
Bloomington IL, 61701
(252) 443-9794

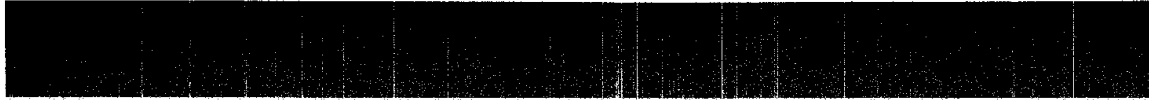
RECEIVED
AUG 09 2017
Indiana Professional
Licensing Agency

Work History Report

Larry Faines

Emergency Medicine

Generated on: 8/8/2017 3:27:39 PM



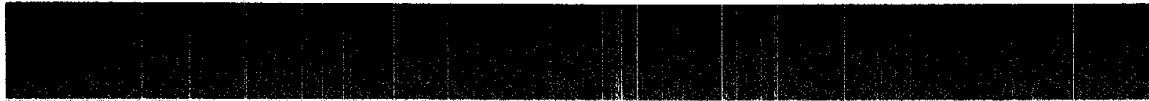
09/10/2004 09/10/2004 Best Practices

Osf St. Joseph's Hospital

2200 East Washington Street

Bloomington IL, 61701

(252) 443-9794



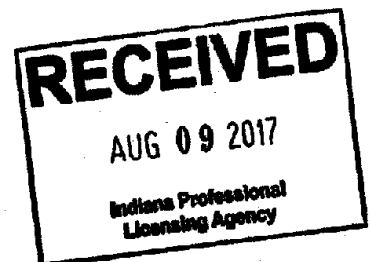
08/26/2004 08/27/2004 Best Practices

Osf St. Joseph's Hospital

2200 East Washington Street

Bloomington IL, 61701

(252) 443-9794



LARRY FAINES, MD

6851 S. Constance Ave.
Chicago, Illinois 60649
[REDACTED]
[REDACTED]

211 E. Ontario; Suite 300
Chicago, Illinois 60611
312-926-9125 wk
[REDACTED]
[REDACTED]

EDUCATION

University of Medicine and Dentistry of New Jersey; Newark, New Jersey
New Jersey Medical School: MD Degree 1988

Amherst College; Amherst Massachusetts
Bachelor of Arts Degree- Major: Psychology 1982

PROFESSIONAL

Board Certification 1994, 2004, 2014
American Board of Emergency Medicine

Residency: Emergency Medicine
Cook County Hospital Center; Chicago, Illinois 1992

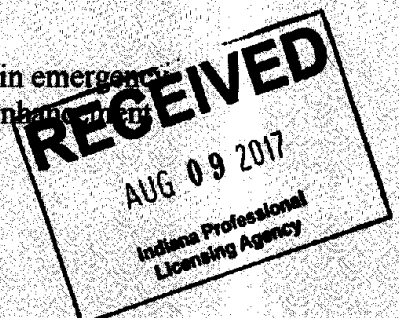
Internship: Transitional Residency Program 1989
MacNeal Hospital; Berwyn, Illinois
Rush Presbyterian St. Luke's Medical Center

Certifications: ATLS, ACLS, APLS Current

1993 – Present Northwestern University; Feinberg School of Medicine
Chicago, Illinois Department of Emergency Medicine
Assistant Professor
Resident Selection Committee 2014- present

Northwestern Medical Faculty Foundation
Northwestern Memorial Hospital
Attending Physician

1997 – 2002 Renwal Medical Services, LLC
Chicago, Illinois President
Healthcare management consulting firm, specializing in emergency
medicine, physician practice and hospital operations enhancement
engagements throughout the US.



L. Faines, MD
Page 2

1992 – 1993
Chicago, Illinois **Cook County Hospital Center**
Department of Emergency Medicine
Attending Physician

Chicago Medical School
Cook County Hospital Center
Department of Emergency Medicine
Clinical Instructor

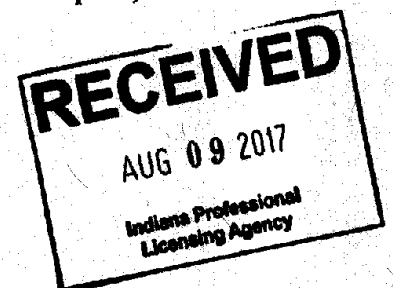
1985
Newark, NJ **University of Medicine and Dentistry of New Jersey**
Department of Biochemistry
Research Fellow
Research on the role of membrane phospholipids and the regulation of cell growth and transformation.

1985
Newark, NJ **University of Medicine and Dentistry of New Jersey**
Students for Medicine and Dentistry Program (SMDP)
Teaching Assistant
Gross Anatomy, Micro Anatomy, Biochemistry and Physiology

1982-1984
Newark, NJ **Rutgers University**
Department of Biochemistry
Research Assistant
Isolated erythrocyte membrane protein and reconstituted protein with synthetic lipid bilayers.

LECTURES

- "Colorectal Cancer Screening Guidelines"; Northwestern Department of Emergency Medicine Faculty (2007)
- Acute Coronary Syndromes"; Northwestern University Medical Students (2003, 2004, 2005)
- Heat and Cold Related Injuries" Northwestern University Feinberg School of Medicine; Emergency Medicine Residents/ medical students (2005, 2007)
- Chest pain. Northwestern University Medical Students (2004, 2005, 2006)
- Syncope. Northwestern University Feinberg School of Medicine/medical students (2005, 2006)
- "Prevention and Early Detection of Cancer"; Loyola University Physician Assistants Program (2005)
- "Addressing Cancer Disparities in Minority Populations"; Provident Hospital; Department of Family Medicine; Residency Program (2004)



PUBLICATIONS

Mendelsohn, R., Brauner J.W., Faines L., Mantsch H.H., Dluhy R;
Calorimetric and Fourier Transform Infrared Spectroscopic Studies on the Interaction of
Glycophorin with Phosphatidylserine/Dipalmitoylphosphatidylcholine-d62 Mixtures;
Biochem Biophys Acta, 1984 July 25; 774(2):237-46

Acknowledgment

Mendelsohn R., Bluhy R., Crawford T., Mantsch H.H.
Interaction of Glycophorin with Phosphatidylserine: A Fourier Transform Infrared
Investigation
Biochemistry, 1984 March 27; 23(7) 1948-504

HONORS AND AWARDS

“Best Role Model 2015” Selection by NU Emergency Medicine Residents
“Best Clinician 2009” Selection by NU Emergency Medicine Residents
Barbara Herlick Volunteer of the Year Award; the Ancona School; Chicago, IL 2005
Attending Physician of the Year; Department of Emergency Medicine; Northwestern
Memorial Hospital 2003 & 2005
UMDNJ Alumni Association Scholarship; 1987
National Minority Fellowship Recipient; 1987 and 1988
Foster G. Burnett Community Service Award; UMDNJ 1988
Student National Medical Association Service Award 1988

COMMUNITY SERVICE AND VOLUNTEER ACTIVITY

Coach, Varsity High School Basketball (Chicago Public Schools)	
CPS/Julian High School (Assistant Coach)	2015-present
CPS/Catalyst-Maria High School (Head Coach)	2012-2016
CPS/Walter Payton College Prep, (Head Coach)	2008 - 2012
Board of Directors, The Ancona School; Chicago, Illinois	2007 - present
Board of Directors, Planned Parenthood Chicago Area	2006 - present
Medical Ambassador; American Cancer Society – Illinois Division	2003 - present
AFS –USA host parent and volunteer; Chicago, Illinois	2004 - present
AAU Boys Basketball Coach; Bballers, Chicago, Illinois	2006 - present
JV and Varsity Middle School Girls & Boys Basketball Coach; The Ancona School; Chicago, Illinois	2004 - 2008
Small Fry Chicago Midwest Basketball Coach; Chicago, Illinois	2005 - 2007
Heartland Alliance, Chicago, Illinois; Board Member	1996 - 1997

Larry Faines
7/31/2017

RECEIVED
AUG 09 2017
Indiana Professional
Licensing Agency

July 31, 2017


Medical Licensing Board of Indiana
Indiana Health Professions Bureau
402 W. Washington Street, Room# W072
Indianapolis, IN 46204
PH (317) 234-2060

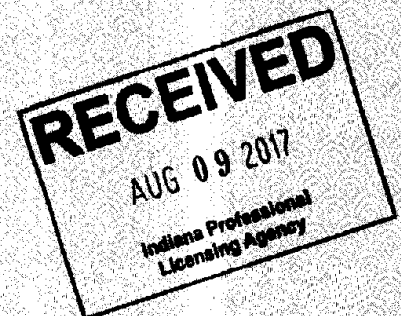
RE: Release and Authorization
Larry Faines, MD
DOB: 01/28/1959
SSN: [REDACTED]

To Whom It May Concern:

This letter will serve as my written authorization to allow you to discuss my licensing process with Alain Danier, Licensing Coordinator, from Weatherby Healthcare, at (954) 837-2429 or via email at Alain.Danier@weatherbyhealthcare.com. He may speak and coordinate any and all conversations and documentation, if necessary, on my behalf. Thank you for your consideration regarding this matter.

Sincerely,


[REDACTED]





Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Bruce Rauner
 Governor

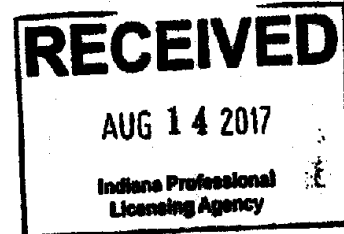
Bryan A. Schneider
 Secretary

Jessica Baer
 Director
 Division of Professional Regulation

CERTIFICATION OF LICENSURE

August 11, 2017

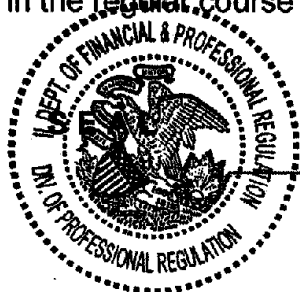
Medical Licensing Board
 402 W Washington St Room W072
 Indianapolis IN 46204



Licensee: LARRY FAINES MD
 License Number: 036.081591
 Profession: LICENSED PHYSICIAN AND SURGEON
 Date of Issuance: 10/06/1990
 Expiration Date: 07/31/2020
 License Status: ACTIVE
 License Method: ACCEPT EXAM - NBME
 Disciplinary History: Has not been disciplined

Temporary certificate physician and surgeon no. 125.022116 was issued with a starting date of 06/27/1988. No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



Jessica Baer

Jessica Baer
 Director
 Division of Professional Regulation

August 11, 2017
 Date



**APPLICATION FOR A LICENSE TO PRACTICE
MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA**

State Form 29486 (R14 / 5-08)

Approved by State Board of Accounts, 2008

RECEIVED

MAR 06 2012

MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY
100 East Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.in.gov
www.pla.in.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1.

Disclosure of a professional record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

Licensing Agency

FOR OFFICE USE ONLY

Application fee \$ 250.00	Date fee paid (month, day, year) 3/7/12
Receipt number 3728182	Application number
License number 01070916A	License issuance date (month, day, year) 3/4/12
Permit fee	Date fee paid (month, day, year)
Receipt number	Permit number
Permit issuance date (month, day, year)	



DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle) Faines, Larry		Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number *
Address of practice (number and street or rural route) 211 E Ontario Street Suite 200			
City, state, and ZIP code Chicago, IL 60611			
Telephone number (daytime)	Date of birth (month, day, year) 01/28/59	Ethnicity ** African American	Gender ** <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address (number and street, city, state, and ZIP code) (if different from above) 6851 S. Constance Ave. Chicago, IL 60649			
E-mail address	National Provider Identifier number 1658490128		

TEMPORARY PERMIT INFORMATION

Do you desire a temporary permit?
 Yes No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY

A foreign medical school must meet LCME standards at the time of graduation.

Name of school Univ. of Medicine & Dentistry of NJ	Location Newark, NJ	Date of graduation (month, day, year) 05/25/88
Specialties Emergency Medicine	Board certification (list ABMS certification) American Board of Emergency Medicine	

EXAMINATION

Check appropriate box(es) indicating which examination or combination of examinations you have taken.
(Please review instruction sheet for address and telephone numbers on how scores may be obtained.)

<input type="checkbox"/> FLEX EXAMINATION	<input type="checkbox"/> STATE BOARD EXAMINATION
<input type="checkbox"/> Component I <input type="checkbox"/> Component II <input type="checkbox"/> Other	Examination taken in which state?
<input checked="" type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS	<input type="checkbox"/> LMCC EXAMINATION
<input checked="" type="checkbox"/> Part I <input checked="" type="checkbox"/> Part II <input checked="" type="checkbox"/> Part III	
<input type="checkbox"/> USMLE EXAMINATION	<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS
<input type="checkbox"/> Step I <input type="checkbox"/> Step II <input type="checkbox"/> Step III	<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III

PRE-MEDICAL / OSTEOPATHIC EDUCATION		
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Amherst College	Amherst, MA	09/77 - 05/82

MEDICAL / OSTEOPATHIC EDUCATION		
A foreign medical school must meet LCME standards at the time of graduation.		
NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Univ. of Medicine & Dentistry of NJ	Newark, NJ	08/84 - 05/25/88

POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA				
(include ALL internships, residencies and / or fellowships)				
All programs must have been ACGME accredited at the time of enrollment.				
NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
MacNeal Hosp. (Rush-Presbyterian-St. Lukes Med Ctr.)	Berwyn, IL	06/88	06/89	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Cook County Hosp. (John H. Stroger Jr. Hosp.)	Chicago, IL	07/89	06/92	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL	
GENERAL LOCATION	DATE (month, day, year)

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL		
NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)
Cook County Hospital Center 1825 N. Harrison Ave. Chicago, IL 60612	Attending Physician	07/92 - 06/93
North Western Memorial Hospital 233 E. Superior Chicago, IL 60611	Attending Physician/Asst. Professor	06/93 - Present
Provident Hospital of Cook County 601 E. 51st St. Chicago, IL 60611	Attending Physician/Asst. Professor	09/94 - 09/97

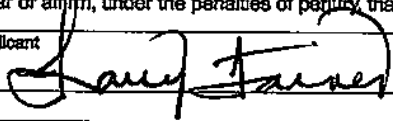
LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION				
STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	MD	036-081591	10/06/90	Active
IL	MD (Resident)		05/11/88	Inactive

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s), case information, detailed description of case / events and settlement amount, including court documents, if applicable. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Are you now being, or have you ever been treated for drug or alcohol abuse or addiction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Have you ever been convicted of, plead guilty or <i>nolo contendere</i> to, or are charges pending: A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury that the statements made in this application are true, complete and correct.

Signature of applicant 	Date signed (month, day, year) 2/29/2012
--	---

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

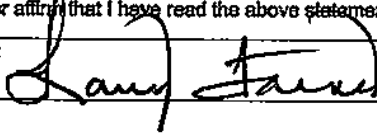
I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant 	Date signed (month, day, year) 2/29/2012
---	---



March 27, 2012

Kristen Kelley, Director
Medical Licensing Board of Indiana
402 West Washington Street, Room W072
Indianapolis, IN 46204

4-3-12
OK
Joe

Re: Application for Indiana License

Dear Director Kelley:

This letter responds to yours to me of March 7, 2012. In your letter you requested information concerning the outcome/resolution of an arrest that occurred in Newark, New Jersey in 1977.

On March 29, 1977, two months after I turned 18, the Newark, New Jersey municipal police arrested me for allegedly shoplifting at a department store in which I worked. I had not committed the crime I was accused of, and the charge was dismissed less than a month later on April 20, 1977. I did not include information concerning this arrest in my application because I was not convicted; I did not plead guilty; and, did not plead *nolo contendere*. The case was dismissed because of the total lack of evidence to support the charge.

For your convenience, I am attaching a copy of the New Jersey Criminal History Detailed Record and a letter from Hattie Roberts, Assistant Chief Court Administrator for the City of Newark reflecting the outcome as I described.

If you have any questions or need any other information, please give me a call.

Sincerely,

By 
Larry Faines, MD

Sworn to before me this
27th day of March, 2012


Notary Public



CITY OF **NEWARK**

Richard E. A. Nunes
Acting Chief Judge
Municipal Court of the City of Newark

November 10, 2010



Amy K. DePaul
Municipal Court Director
973-733-8118

Customer Service
973-733-6520

Larry Faines
6851 South Constance Avenue
Chicago, Ill. 60649

CDR#: WC46019
Charge: Shoplifting
D.O.B.: 01-28-1959
D.O.I.: 03-29-1977

Dear Sir or Madam:

The court acknowledges receipt of your communication regarding the above referenced matter. The official court records indicate the following adjudication:

Not Guilty:

Guilty: Fine _____ Cost _____ Jail _____ VCCB _____ AF _____ AM _____
Probation _____ Jail Suspended _____ SN _____ DEDR _____
Community Service _____ Lab Fee _____ CF _____ Misc. Fee _____

Dismissed: Superior Court _____ Plea Agreement _____
Lack of Prosecution _____ Wrong Deft _____ Lack of Witness _____

Fine and Cost Suspended

First Offenders

Other: **Dismissed on 04-20-1977**

If you should require any additional information, please feel free to contact our Customer Service Call Center at (973) 733-6520.

Respectfully,

Hathe Roberts
Asst. Chief Court Administrator

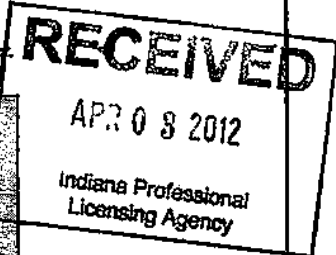
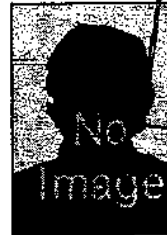


New Jersey Criminal History Detailed Record

Use of this record is governed by Federal and State regulations. Unless fingerprints accompanied your inquiry, the State Bureau of Identification cannot guarantee this record relates to the person who is the subject of your request. Use of this record shall be limited solely to the authorized purpose for which it was given and it shall not be disseminated to any unauthorized persons. To eliminate a possible dissemination violation, and to comply with future Expungement orders, this record shall be destroyed IMMEDIATELY after it has served its intended and authorized purposes. Any person violating Federal or State regulations governing access to Criminal History record information may be subject to criminal and/or civil penalties.

This record is certified as a true copy of the Criminal History record information on file for the assigned State Identification Number.

Subjects Name PAINES, LARRY
 Date of Birth 01/28/1959
 FBI Number 478146R3
 State ID Number 716037A
 Attention FELICIANO GUADALBERTO



State ID No. 716037A FBI No. 478146R3 Date Requested 11/10/2010
 Name: PAINES, LARRY

Sex	Race	Birth Date	Height	Weight	Eyes	Hair	Birth Place
M	B	01/28/1959	509	135	BRN	BLK	NJ

Receiving Agency: NJ007013A U.S. Citizen: YES

FPC: AAL1110606AA03050907 AFIS No: 588168 IIX: SINGLE STATE
 DEA Available: NO

Social Security Numbers

..... Arrest 001
 Arrested 03/29/1977 Agency Case No: 131750
 Agency: NJNPD0000 PD NEWARK
 001 Cnt: NJ2A170-97 SHOPLIFTING

Summons/Warrant Pounds/Gavel No:
 No: WC46019 Disposition Date: 04/20/1977
 Agency: NJ007091J NEWARK MUN CT CRIMINAL

Disposition: DISMISSED
 001 Cnt: NJ2A170-97 Deg: SHOPLIFTING

.....
 Department of Corrections data not found for this SRI Number

Criminal History Diversion Program and Felony Conviction Summary

Pre-Trial Intervention: 000
 Conditional Discharge: 000
 Felony Convictions: 000
 Violation of Probation: 000

Court Disposition information contained in this record is reported electronically from the Sentencing court. Questions concerning disposition information should be directed to the Municipal or Superior court listed on the record. Information regarding corrections to this record may be directed to the SBI at (609)882-2000, extension 2369, 2457, or 2886.

End of CJH Record

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

New Jersey Medical School

Be it known that **JACOB JACOBI** has recommended to the Faculty and by the authority of the Board of Trustees, the University of Medicine and Dentistry of New Jersey hereby confers upon

Garry J. Stines

the degree of

Doctor of Medicine

with all the rights and privileges thereto.

In witness whereof we have hereunto affixed our signatures and the seal of the University in the State of New Jersey this twenty-fifth day of May, 1938.

Henry S. Rogers, Jr.
President of the University

Stuart D. Cook
Dean



Harold C. Bennett
Deputy, Board of Trustees

Warren K. Kelly
Secretary, Board of Trustees

RECEIVED
MAR 06 2012
Indiana Professional Licensing Agency

True copy of the original

Hubert O. Thompson ~~Hubert O. Thompson~~ 2/29/12



MacNeal Hospital



Rush-Presbyterian-St. Luke's Medical Center

JASB JACIFRO
MOQPMCHT O TRESBUH
20041170 STARS 2UBU9 1987
EN009K-2801RKA 10283R0000

This is to certify that

Larry Faines, M.D.

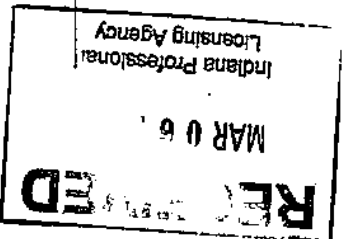
has satisfactorily served from

June 27, 1988 - June 26, 1989

in the MacNeal Hospital Transitional Residency Program

[Signature]
Medical Director,
MacNeal Hospital

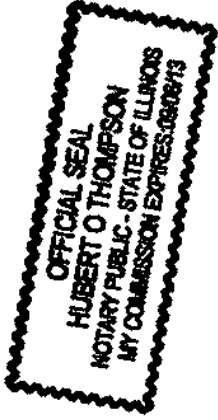
[Signature]
Director, Transitional Residency,
MacNeal Hospital



True copy of the original

Hubert O Thompson

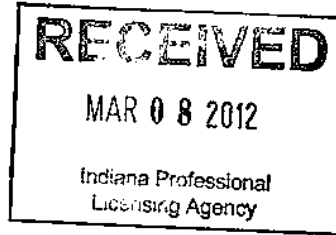
Hubert O Thompson, 2/29/12





Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

PAT QUINN
 Governor



BRENT E. ADAMS
 Secretary

JAY STEWART
 Director
 Division of Professional Regulation

CERTIFICATION OF LICENSURE


March 6, 2012

IN BOARD OF MEDICINE
 PROFESSIONAL LICENSING AGENCY
 402 W WASHINGTON ST ROOM W072
 INDIANAPOLIS IN 46204

Licensee: LARRY FAINES MD
 License Number: 036.081591
 Profession: LICENSED PHYSICIAN AND SURGEON
 Date of Issuance: 10/06/1990
 Expiration Date: 07/31/2014
 License Status: ACTIVE
 License Method: ACCEPT EXAM - NBME
 Disciplinary History: Has not been disciplined

Temporary certificate physician and surgeon no.125-022116 was issued with a starting date of 6/27/1988. No disciplinary action on file. This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.


 #10
 Jay Stewart
 Director



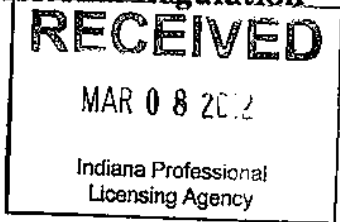
Division of Professional Regulation

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

PAT QUINN
Governor



BRENT E. ADAMS
Secretary

JAY STEWART
Director
Division of Professional Regulation

CERTIFICATION OF LICENSURE


March 6, 2012

IN BOARD OF MEDICINE
PROFESSIONAL LICENSING AGENCY
402 W WASHINGTON ST ROOM W072
INDIANAPOLIS IN 46204

Licensee:	LARRY FAINES MD
License Number:	125.022116
Profession:	TEMPORARY MEDICAL PERMIT
Date of Issuance:	05/11/1988
Expiration Date:	06/27/1991
License Status:	EXPIRED
License Method:	NON-EXAM
Disciplinary History:	Has not been disciplined

This was a medical residency training certificate only.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.


#10

Jay Stewart
Director



Division of Professional Regulation

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

The Federation of State Medical Boards
of the United States, Inc.
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

BOARD ACTION SEARCH RECONCILIATION REPORT

March 7, 2012

Medical Licensing Board of Indiana
Attn: Kristen A. Kelley
402 W Washington St, Room W072
Indianapolis, IN 46204-2298

Re: Board Action Query Dated: March 7, 2012
Your Reference Number:
FSMB Batch Number: BQ2040107

PRACTITIONERS CLEARED WITH NO ACTION AS OF APPLICABLE SEARCH DATE

Item	Name	DOB	School	Yr/Grad	Request ID
1	faines, larry	01/28/1959		1988	24962994
2	jacobsen, stephen	02/04/1978		2006	24962998
3	vyas, sahana	08/12/1972		2000	24963004

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



February 22, 2012

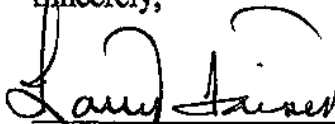
Medical Licensing Board of Indiana
Indiana Health Professions Bureau
402 W. Washington Street, Room# W072
Indianapolis, IN 46204

RE: Release and Authorization
Larry Fines, MD
DOB: 1/28/1959
SSN: [REDACTED]

To Whom It May Concern:

This letter will serve as my written authorization to allow you to discuss my licensing process with Jill Hassid, Licensing Coordinator from Weatherby Healthcare, Inc. at 800.586.5022 x 2355 or Jill.Hassid@weatherbyhealthcare.com. She may speak and coordinate any and all conversations and documentation, if necessary, on my behalf. Thank you for your consideration regarding this matter.

Sincerely,


Larry Fines, MD



APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34817 (R14 / 6-07)
Approved by State Board of Accounts, 2007

RECEIVED
MAR 06 2012
Indiana Professional Licensing Agency

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.pla.IN.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and your record cannot be processed without it.

INSTRUCTIONS: Please type or print all information.

FOR OFFICE USE ONLY		
CSR number 01070916B	Date of issuance (month, day, year) 4/4/12	
Receipt number 3728183	Application fee \$60.00	Date fee paid (month, day, year) 3/7/12

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS			
<i>(Please check one box)</i>			
<input type="checkbox"/> Dentist	<input checked="" type="checkbox"/> Physician	<input type="checkbox"/> Osteopathic Physician	<input type="checkbox"/> Podiatrist
<input type="checkbox"/> Veterinarian	<input type="checkbox"/> Advanced Practice Nurse	<input type="checkbox"/> Physician Assistant	
Name of practitioner Larry Faines, MD		Specialty Emergency Medicine	
Telephone number ([REDACTED])	Professional license number	Date of birth (month, day, year) 1/28/59	Social Security number * [REDACTED]
Name of Facility (if applicable)		E-mail address [REDACTED]	
Indiana practice address (number and street (may not be a PO Box), city, state, and ZIP code) 1451 N. Gardner St. Scottsburg, IN 47170			
Drug schedules: (Check all applicable)			
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2 Narcotic	<input checked="" type="checkbox"/> 3 Narcotic
		<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 5

If your answer is Yes to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a registration issued pursuant to this application.

1. Have you ever been convicted of, or plead guilty or nolo contendere to: a violation of any federal, state, or local law relating to the use, manufacturing, distribution, or dispensing of controlled substances or are formal charges pending? Yes No
2. Have you ever been convicted of, or plead guilty or nolo contendere to: any offense, misdemeanor, or felony, in any state (except minor traffic laws/fines) or are formal charges pending? Yes No
3. Have you ever had any action, discipline or revocation on your DEA (US Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration? Yes No

APPLICATION AFFIRMATION	
I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.	
Signature of practitioner Larry Faines	Date (month, day, year) 2/29/2012



APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R18 / 2-16)

Approved by State Board of Accounts, 2016

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.pla.IN.gov

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Please type or print all information.

FOR OFFICE USE ONLY

CSR number 01070916 C	Date of issuance (month, day, year) 9-20-17
Receipt number 6051603	Application fee 60.00
	Date fee paid (month, day, year) 08/10/17

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS

(Please check one box)

Dentist
 Physician
 Osteopathic Physician
 Podiatrist
 Veterinarian
 Advanced Practice Nurse
 Physician Assistant
 Optometrist

Name of practitioner Larry Faines		Specialty Emergency Medicine	
Telephone number [REDACTED]	Professional license number 01070916A	Date of birth (month, day, year) 01/28/1959	Social Security number * [REDACTED]
Name of Facility (if applicable) W Health Bedford Hospital		E-mail address [REDACTED]	
Indiana practice address (number and street [may not be a PO Box], city, state, and ZIP code) 2900 WEST 16th STREET, Bedford, IN 47421			
Drug schedules: (Check all applicable)			
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2 Narcotic	<input checked="" type="checkbox"/> 3
		<input checked="" type="checkbox"/> 3 Narcotic	<input checked="" type="checkbox"/> 4
			<input type="checkbox"/> 4 Limited Practice - Tramadol Only
			<input checked="" type="checkbox"/> 5 (Optometrist Only)

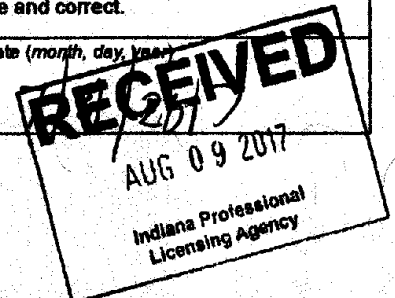
If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

- Has there been an occasion where you have not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels? Yes No
- Has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances? Yes No
- Have you been convicted, pled guilty, or pled *nolo contendere*, under any federal or state laws relating to any controlled substances that has *not* been expunged under IC 35-38-9? Yes No
- Have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding (MOU) with respect to said registration? Yes No
- Have you had any action, discipline or revocation or surrender of any professional license in any jurisdiction related to controlled substances? Yes No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of practitioner 	Date (month, day, year) 8-16-17
-------------------------------	---



8-16-17
DL
joo