



APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R14 / 6-07)

Approved by State Board of Accounts, 2007

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	01059709B	Date of issuance (month, day, year)	8/15/08
Receipt number	1748127	Application fee	60.00
		Date fee paid (month, day, year)	8/15/08

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS			
(Please check one box)			
<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		Specialty	
Ronald Norman Yeomans		Ob/Gyn	
Telephone number	Professional license number	Date of birth (month, day, year)	Social Security number *
([REDACTED])	01059709A	12/08/1940	[REDACTED]
Name of Facility (if applicable)		E-mail address	
Women's Med Center		[REDACTED]	
Indiana practice address (number and street [may not be a PO Box], city, state, and ZIP code)			
1201 N Arlington Ave Indianapolis, In 46219			
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 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	Date (month, day, year)
Ronald N. Yeomans, M.D.	08/01/08

RECEIVED

AUG 16 2008

Indiana Professional
Licensing Agency

01059709B



APPLICATION FOR LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

State Form 29495 (R10 / 11-01)

Approved by State Board of Accounts, 2001

Health Professions Bureau
402 W. Washington St., Room 041
Indianapolis, IN 46204
Telephone number: (317) 232-2960

Application fee	250.00
Date fee paid (month, day, year)	5-26-04
Receipt number	1061152
Application number	
License number	01059709A
License issuance date (month, day, year)	8-27-04

* 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.

Permit fee	100.00
Date fee paid (month, day, year)	5-26-04
Receipt number	1061153
Permit number	
Permit issuance date (month, day, year)	



DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION		
Name of applicant (last, first, middle, maiden)	Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number *
Yeomans Ronald Norman		
Address (number and street or Rural Route)		
9234 Kessler Lane		
City, state, ZIP code		
Overland Park, Kansas 66212		
Telephone number (daytime)	Birthdate (mo., day, yr.)	Birthplace
()	12/08/1940	Chillicothe, Missouri
E-mail address		

TEMPORARY PERMIT INFORMATION
Do you desire a temporary permit?
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY		
Name of School	Location	Date of Graduation (Month, Day, Year)
Kansas University Medical School	Kansas City, KS	06/05/1967

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

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). 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? ☐ Yes ☒ 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? ☐ Yes ☒ No
3. Are you now being, or have you ever been, treated for a drug abuse or alcohol problem? ☐ Yes ☒ No
4. Have you ever been charged with drug addiction? ☐ Yes ☒ No
5. Have you ever been convicted of, plead guilty or *nolo contendere* to:
 - A. A violation of any Federal, State, or local law relating to the use, manufacturing, distribution or dispensing of controlled substances or drug addiction? ☐ Yes ☒ No
 - B. Any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines.) ☐ Yes ☒ 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? ☐ Yes ☒ 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? ☐ Yes ☒ No
8. Have you ever had a malpractice judgment against you or settled any malpractice action? ☒ Yes ☐ No *see attached sheets*

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

Ronald Thomas Gorman, MD.

Date signed (month, day, year)

05/17/04

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Health Professions Bureau of Indiana any files, documents, records or other information pertaining to the undersigned requested by the Bureau, 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 Health Professions Bureau of Indiana to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Bureau 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.

Date signed (month, day, year)

05/17/04

Signature of applicant

Ronald Thomas Gorman MD

RECEIVED
MAY 17 2004
Health Professions Bureau

CASE NUMBER: 81-2363

SUMMARY OF MEDICAL

FACTS: The patient's husband called to tell me that she had been seen at another hospital ER with shoulder pain and difficulty in breathing. An x-ray had been done of her shoulder and she had been sent home. He thought her B/P had been elevated in the ER. She had been seen by my partner at the time of her two previous visits with proteinuria but no blood pressure elevation. At that time, B/P elevation was considered a necessary component for the diagnosis of toxemia. She arrived at the ER in the latter stages of convulsion. She was unresponsive at that point. Because of the chest pain and difficulty breathing, there was question of a pulmonary embolus and hypoxia also. An internal medicine consult was obtained. I initially gave her I. V. valium to avert another seizure and a workup was done for embolus, which proved negative. I stabilized her over the night and did an emergency C-Section in the morning with emergency transfer unit for the infant standing by. The infant was born with a good apgar score, but later developed an infected umbilical catheter, which resulted in damage to one kidney and one leg. The patient did well post operatively except for continued B/P elevations for a longer than usual period of time. There was some question of a possible underlying collagen disease.

RESULTS OF FINAL STATUS:

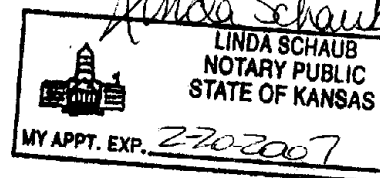
MEDICAL - The patient recovered with no long term complications. The infant suffered complications related to the infected umbilical catheter in the infant intensive care nursery.

LEGAL: Three hospitals and at least four physicians were sued. All eventually agreed to an out-of-court settlement.

SETTLED AMOUNT: \$200,000 (My amount. The same amount from several sources.)



Ronald H. Gammis, MD
Linda Schaub



Health First Kansas

Wells, Carrie

From: Ronald Yeomans [REDACTED]
Sent: Wednesday, August 18, 2004 4:51 PM
To: Wells, Carrie
Subject: Re: malpractice settlement date

The settlement date was 6/1/83. Let me know if you have any further questions. Ronald N. Yeomans, M.D.

----- Original Message -----

From: "Wells, Carrie" <cwells@hpb.IN.gov>
To: <ryeomans@everestkc.net>
Sent: Wednesday, August 18, 2004 11:22 AM
Subject: malpractice settlement date

Dr. Yeomans,

You didn't indicate a date for the malpractice settlement that paid out \$200,000. Could you please indicate those details for the board?

Thank You,

Carrie Wells-Meyer
Case Manager
Health Professions Bureau
cwells@hpb.in.gov
(317) 234-2060

CASE NUMBER: 96151

SUMMARY OF MEDICAL

FACTS: Patient was admitted in premature labor at 31-32 weeks gestation. External monitoring was used, and an attempt to arrest labor was made with terbutaline drip. This initially appeared to be successful, but patient began contractions again, dilated and was delivered with emergency transfer service for the infant to a level 3 nursery. Delivery appeared uneventful otherwise, an intact placenta was delivered and uterus thought to be normal size. Sonography was not available in that hospital in 1979. The patient returned 4 days after initial admission in labor again with fetal demise of a 2nd premature infant.

RESULTS OF FINAL STATUS:

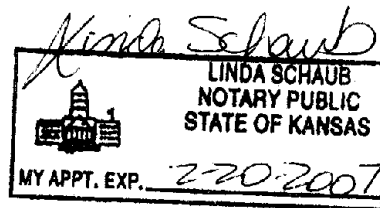
MEDICAL - The first infant did well with no long term complications. The patient had no physical injuries but claimed mental and emotional injury. Indications at autopsy of the stillborn infant were that it was probably still alive at the time of the initial delivery.

LEGAL: A malpractice suit was filed and after depositions was settled. I did not feel that a failure to diagnose could be defended in court although I had not violated any protocols in missing the diagnosis.

SETTLED AMOUNT: \$75,000



Ronald H. Germany MD



RECEIVED
02/26/07
Health Professions Bureau

The University of Kentucky

School of Journalism

Known all men by these presents, That

Knash Norman Jennings

has been admitted to the degree of

Degree of Master

and to all the honors, rights and privileges pertaining to that degree.
This Testimony Whereof, this diploma is conferred at
Jennings, this fifth day of June, in the
year of our Lord Nineteen Hundred and sixty-seven,
and of the University the one hundred and first.



James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers
James H. Rogers



1967 26

Professors Bureau

R. Curtis Arnold, DPM
South Charleston

Rev. Richard Bowyer
Fairmont

Ahmed D. Faheem, MD
Beckley

Ms. Doris M. Griffin
Martinsburg

M. Khalid Hasan, MD
Beckley

J. David Lynch, Jr., MD
Morgantown



State of West Virginia
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone (304) 558-2921
Fax (304) 558-2084

Vettivelu Maheswaran, MD
Charles Town

Leonard Simmons, DPM
Fairmont

Lee Elliott Smith, MD
Princeton

John A. Wade, Jr., MD
Point Pleasant

Kenneth Dean Wright, PA-C
Huntington

VERIFICATION OF LICENSURE

Date: May 20, 2004

This is to verify that

RONALD NORMAN YEOMANS

was issued license number 21411 on November 10, 2003 to practice as a Physician and Surgeon in the State of West Virginia.

He was licensed by Kansas State Exam.

Dr. Yeomans graduated from University of Kansas School of Medicine on June 5, 1967.

The current licensure status is ACTIVE and expires on June 30, 2005.

According to our records, this license HAS NOT been encumbered in this state.

Lennie Price 5-20-04
Verification Clerk Date

RECEIVED

MAY 24 2004

Health Professions Bureau

PRESIDENT
Angelo N. Georges, MD
Wheeling

VICE PRESIDENT
Carmen R. Rexrode, MD
Moorefield

SECRETARY
Catherine Slemp, MD, MPH
Charleston

COUNSEL
Deborah Lewis Rodecker
Charleston

EXECUTIVE DIRECTOR
Ronald D. Walton
Charleston



Bob Holden
Governor

Division of Professional Registrations
Marilyn Taylor Williams, Director

Kelvin L. Simmons
Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TDD
Website: pr.mo.gov/boards_healingarts.asp

Tina Steinman
Executive Director

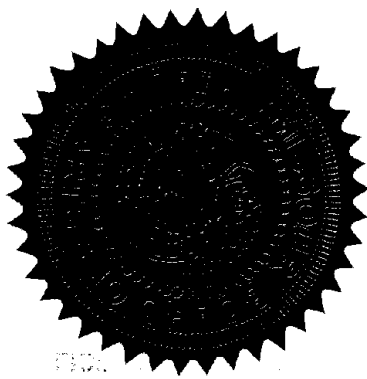
To:

Indiana Health Professions Bureau
Indiana Government Center South 402 West Washington St, Rm 041
Indianapolis, IN 46204

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Ronald N Yeomans, M.D..

LICENSE TYPE:	Medical Physician & Surgeon
DATE OF BIRTH:	12/8/1940
LICENSE NUMBER:	114319
DATE ISSUED:	2/2/1998
STATUS:	Active
EXPIRATION DATE:	1/31/2006
LICENSE METHOD:	Reciprocity
MEDICAL SCHOOL:	Kansas City, Univ Med Clg Of
DISCIPLINARY ACTION:	None

RECEIVED
MAY 25 2004
Health Professions Bureau



Rose Evers
Verifications Clerk

05/20/2004

Date

This is the only form that will be used by the Missouri State Board of Registration for the Healing Arts for the purpose of license verification.





STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
~~tennessee.gov/health~~
1-800-678-1123

TENNESSEE BOARD OF MEDICAL EXAMINERS

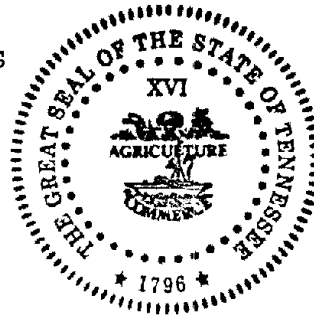
May 21, 2004

RONALD NORMAN YEOMANS, MD
9234 KESSLER LANE
OVERLAND PARK KS 66212

TO WHOM IT MAY CONCERN:

The Tennessee Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION: Medical Doctor
NAME: RONALD NORMAN YEOMANS
LICENSE NUMBER: MD37926
ISSUE DATE: 08/13/2003
EXPIRATION DATE: 12/31/2004
CURRENT STATUS: Voluntarily Retired
STATUS DATE: 05/17/2004



COMMENTS: There is no derogatory information in our files concerning this individual. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Rebecca Brown
Board Administrator
Tennessee Board of Medical Examiners

MD/LV1

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

RECEIVED

JUN 25 2004

Health Professions Bureau

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS, GOVERNOR

This is to certify that the records of the Kansas State Board of Healing Arts indicate the following information regarding:

RONALD NORMAN YEOMANS MD

PROFESSION: Medicine and Surgery
LICENSE NUMBER: 04-14015
DATE ISSUED: 07-01-1968
CURRENT STATUS: INACTIVE
EXPIRATION DATE: 06-30-2004
MEDICAL SCHOOL: UNIVERSITY OF KANSAS MEDICAL CENTER
LICENSED BY: Kansas Board of Healing Arts

Grades from which licensure was granted are as follows:

BASIC SCIENCE SCORES DATE 06-30-1965 CERT NO 1659

ANATOMY
BACT

CHEM.
PATHOLOGY
PHYS.

STATE EXAM SCORES DATE JUNE 8-9, 1967

RECEIVED

1. General Medicine, Internal Medicine, Medical Jurisprudence, and Psychiatry
2. Obstetrics and Gynecology
3. Preventive Medicine, Pediatrics and Public Health
4. General Surgery and Sub-specialties

TOTAL
General Average

DISCIPLINARY ACTION: None

*To expedite the process, the above format is the standard format prepared for the professions licensed by this agency. If more information is needed, please do not hesitate to contact this office.

Signature Charlene K. Abbott
Licensing Administrator

SEAL

STATE KANSAS

DATE May 18, 2004

All information above is true and accurate to the best of my knowledge:

MEMBERS OF THE BOARD
JOHN P. GRAVINO, D.O., PRESIDENT
Lawrence

RAY N. CONLEY, D.C., VICE-PRESIDENT
Overland Park

VINTON K. ARNETT, D.C., Hays
GARY L. COUNSELMAN, D.C., Topeka
FRANK K. GALBRAITH, D.P.M., Wichita
MERLE J. "BOO" HODGES, M.D., Salina
SUE ICE, PUBLIC MEMBER, Newton
JANA JONES, M.D., Leavenworth

PREPARED BY Marjorie K. Savoy

BETTY McBRIDE, PUBLIC MEMBER, Columbus
MARK A. MCCUNE, M.D., Overland Park
CAROL H. SADER, PUBLIC MEMBER, Shawnee Mission
CHARLOTTE L. SEAGO, M.D., Liberal
CAROLINA M. SORIA, D.O., Wichita
ROGER D. WARREN, M.D., Hanover
JOHN P. WHITE, D.O., Pittsburg

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS, GOVERNOR

May 18, 2004

Health Professions Bureau
Indiana Government Center South
402 W. Washington St., Room 041
Indianapolis, IN 46204

This is to certify that: RONALD N YEOMANS MD
has been licensed to practice in Kansas in the following
profession: MD - MEDICINE.

License Number: 04-14015
Date of Birth: 12/08/1940
License Status: INACTIVE
Original License Date: 07/01/1968
Expiration Date: 06/30/2004

Disciplinary Action: None

Unless otherwise indicated, this licensee has not been
subject to disciplinary proceedings by the Kansas Board
of Healing Arts.

Verified by:

Lelah F. Randel
Verification Clerk

RECEIVED

MAY 21 2004

Health Professions Bureau

MEMBERS OF THE BOARD
JOHN P. GRAVINO, D.O., PRESIDENT
Lawrence
RAY N. CONLEY, D.C., VICE-PRESIDENT
Overland Park

VINTON K. ARNETT, D.C., Hays
GARY L. COUNSELMAN, D.C., Topeka
FRANK K. GALBRAITH, D.P.M., Wichita
MERLE J. "BOO" HODGES, M.D., Salina
SUE ICE, PUBLIC MEMBER, Newton
JANA JONES, M.D., Leavenworth

BETTY McBRIDE, PUBLIC MEMBER, Columbus
MARK A. McCUNE, M.D., Overland Park
CAROL H. SADER, PUBLIC MEMBER, Shawnee Mission
CHARLOTTE L. SEAGO, M.D., Liberal
CAROLINA M. SORIA, D.O., Wichita
ROGER D. WARREN, M.D., Hanover
JOHN P. WHITE, D.O., Pittsburg

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov/

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board Of Ohio contain the following information for the indicated licensee as of **5/26/2004**:

Identification Information

Name:	RONALD NORMAN YEOMANS
Mailing Address:	6135A RIDGE ACRES DR, CINCINNATI, OH 45237
Date of Birth:	12/08/1940
Place of Birth:	CHILLICOTHE, MO
School of Graduation:	017010-University of Kansas School of Medicine
Date of Graduation:	06/05/67

License Information

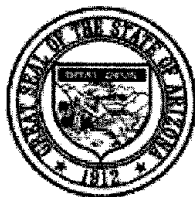
Type of License:	Doctor of Medicine
License Number:	35 - 031199
How Issued:	End State Exam
Original Licensure Date:	09/09/1968
Expiration Date:	12/31/1970
Status:	INACTIVE

RECEIVED
JUN 03 2004
MEDICAL EDUCATION DIVISION

Formal Disciplinary Action: No
(If Formal Action is YES, see attached documents)



Debra L. Jones
CME and Renewal Officer



Arizona Medical Board Physician Profile

Printed: 6/2/2004 10:41:19 AM from <http://www.azmdboard.org>

General Information

Ronald N. Yeomans MD
405 S Clairborne Rd Ste 4
Olathe Kansas 66062-1774
Phone:

License Number: 7247
License Status: Canceled
License Date: 11/24/1972
License Renewed:
Renew By: 01/1984
License Expires: 05/1984

Education and Training (a)

Medical School: UNIVERSITY OF KANSAS SCHOOL OF MEDICINE
Graduation Date: 6/5/1967
(b) Area of Interest: Obstetrics & Gynecology (ABMS Board Certified)

Board Investigations and Actions

BOARD ACTIONS: 0
(c) OPEN INVESTIGATIONS: 0

NON DISCIPLINARY ACTIONS: 0

Malpractice/Criminal Information

CRIMINAL CONVICTIONS /
"NO CONTEST" PLEAS: 0

(e) MALPRACTICE CASES
RESULTING IN PAYMENT: 0

The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

RECEIVED

(a) Information up to the date of initial licensure is verified by the Board. Information provided by the physician after this date is not verified by the Board.

JUN 07 2004

(b) The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: <http://www.abms.org> to determine if the physician has an ABMS specialty certification from this private agency.

(c) Open investigations represent unproven allegations - Upon investigation many complaints are found to be without merit and dismissed.

(d) Advisory Letters and Physician Responses to the Advisory Letters are only available on-line for a 5 year period from date of issuance by the Board.

(e) The settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the doctor. A payment in settlement of a medical malpractice action does not create a presumption that medical malpractice occurred.

(f) Prior to 1999, "Advisory Letters" were known as "Letters of Concern"

[Handwritten signature]
<http://www.azmdboard.org/profile.asp?PersonID=21724>

6/2/2004

Wesley Hospital

of the

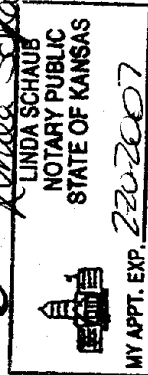
Wesley Medical Center

Wichita, Kansas

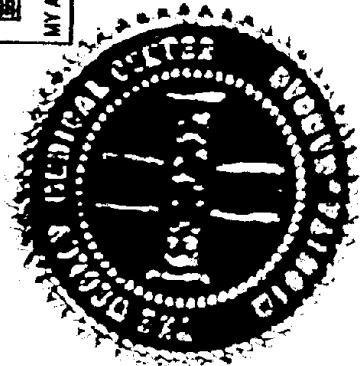
Ronald Norman Neomans

We it known that Doctor of Medicine is granted this certificate for having served faithfully and satisfactorily in the capacity of
Intern in a Rotating Service

from July 1, 1967 to June 30, 1968



In Witness Whereof we have affixed our hands
on this the 30th day of June, 1968.



[Signature]
PRESIDENT OF STAFF

[Signature]
PRESIDENT OF TRUSTEES

[Signature]
EXECUTIVE VICE PRESIDENT AND ADMINISTRATOR

[Signature]
CHAIRMAN MEDICAL EDUCATION COMMITTEE

[Signature]
DIRECTOR OF MEDICAL EDUCATION

THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

THIS CERTIFICATE IS AWARDED TO

Ronald Norman Yeomans, M.D.

IN RECOGNITION OF SATISFACTORY COMPLETION
OF A GRADUATE MEDICAL EDUCATION EXPERIENCE AS

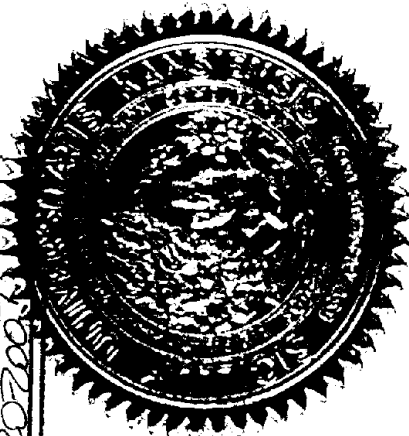
Resident in Gynecology and Obstetrics

FROM July 1, 1920 TO June 30, 1923

LINDA SCHAUB
NOTARY PUBLIC
STATE OF KANSAS



MY APPT. EXP. 2-20-2007



GIVEN AT KANSAS CITY, KANSAS

THIS ~~thirtieth~~ DAY OF June, 1923

DEAN

1923 *June 1st* *1923*

CHAIRMAN

1923 *June 1st* *1923*

KANSAS STATE BOARD of HEALING ARTS

Certificate of Registration

This is to certify that the individual named below is authorized to practice as indicated.

RONALD N YEOMANS, MD

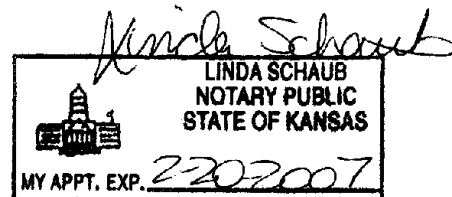
Profession: MD - MEDICINE
Certificate #: 04-14015
Status: INACTIVE
Date Issued: 06/02/03
Expiration: 06/30/04

Ronald N Yeomans, M.D.
Signature of Registrant

State of Missouri

Division of Professional Registration
Physician and Surgeon

VALID THROUGH JANUARY 31, 2006
ORIGINAL CERTIFICATE/LICENSE NO. 114319
RONALD N YEOMANS, M.D.
PLANNED PARENTHOOD OF THE ST. LOUIS
REGION 4251 FOREST PARK AVE
SAINT LOUIS MO 63108
USA



WEST VIRGINIA BOARD OF MEDICINE

LICENSE NO. 21411 ISSUED 11/10/2003

THIS IS TO CERTIFY THAT THE LICENSE OF

RONALD NORMAN YEOMANS, M.D.

TO PRACTICE MEDICINE AND SURGERY IN THE
STATE OF WEST VIRGINIA HAS BEEN RENEWED FOR
THE PERIOD OF 11/10/2003 TO 6/30/2005

Ronald D. Walton
RONALD D. WALTON, Executive Director

RECEIVED
JUL 26 2004
Health Professions Bureau

04/27/2007

INDIANA PROFESSIONAL LICENSING AGENCY

Internet Renewal Questions

Name: Yeomans, Ronald Norman

LICENSE#: 01059709A

Care Of:

Address: 9234 Kessler Ln

City/St/Zip: Overland Park, KS 66212

Birth Date 12/08/1940

Date/Time

Completed: 5/30/2007 6:05:19PM

1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? N

2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N

3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N

4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N

Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline? N

04/22/2009

INDIANA PROFESSIONAL LICENSING AGENCY
Internet Renewal Questions

Name: Yeomans, Ronald Norman
Care Of:
Address: 9234 Kessler Ln
City/St/Zip: Overland Park, KS 66212

LICENSE#: 01059709A

Birth Date 12/08/1940

Date/Time
Completed: 5/10/2009 10:24:24PM

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending? N
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N
- 5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline? N
- 6.) This question no longer applies - Answer "NO" (requires an answer to continue) N

04/16/2011

INDIANA PROFESSIONAL LICENSING AGENCY

Internet Renewal Questions

Name: Yeomans, Ronald Norman

LICENSE#: 01059709A

Care Of:

Address: 9234 Kessler Ln

City/St/Zip: Overland Park, KS 66212

Birth Date 12/08/1940

Date/Time

Completed: 4/29/2011 7:03:19PM

- 1.) Since you last renewed, has any professional license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending in any state? N
- 2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state? N
- 3.) Since you last renewed, have you been convicted of or pled guilty to a violation of a federal or state law or are criminal charges pending? N
- 4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action? N
- 5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination? N
- 6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider? N
- 7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration? N