Board of Medical Examiners of the State of New Mexico

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT OR EXAMINATION

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

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

1. Name in full Curtis Wayne Boyd, M. D.
2. Address
3. Place and date of birth Henderson County, Texas March 25, 1937
4. American citizen Yes Declaration of Intention
5. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted Board of Medical Examiners 7 years, as follows;

   From July, 1964 To May, 1971 at Athens, Texas

   From To at

   From To at

   From To at
6. I am a member of the following Medical Societies or Associations Henderson County Medical Society; Texas Medical Association
7. Upon what license or certificate do you base this application? State of Texas D0806
8. In what states licensed? Texas
9. On what hospital staffs have you served in the past 5 years? Henderson County Memorial Hospital, Athens, Texas
10. Are you now, or have even been, an itinerant or advertising doctor? No
11. Are you now, or have you ever been, directly or indirectly associated with an advertising doctor or advertising medical office? No
12. Have you ever resigned or withdrawn your application from any hospital staff or other professional group? I resigned from the Henderson Co. Memorial Hosp. March 1, 1971
13. Have you ever been denied a certificate or the privilege of taking an examination before any State Medical Examining Board? No If yes, which one and why? (use separate page to explain)
14. Has any State Medical Examining Board ever taken disciplinary action against you? No
15. Have you ever been charged with violation of any Federal, State or Local Statute? No
16. Military Service National Guard
17. Do you intend to restrict your practice to any specialty? No If yes, specify
18. Are you Board eligible? No
19. Has disciplinary action ever been taken against you by a hospital staff or by any County Medical Society? No
20. Have you ever had any problems with narcotics or alcohol? No

INTERNSHIP

	DAY, MONTH, YEAR		DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From	1 July, 1963	To	1 July 1964	John Peter Smith	Fort Worth, Texas

RESIDENCIES

DAY, MONTH, YEAR	DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From	To		
From	To		
From	To		

I received the degree of M. D. from Univ. of Texas Southwestern Med. Schoo located at Dallas, Texas on the 3rd day of June, 19 63.

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

Dated April 2, 1971 Signed Curtis Boyd, MD

Address 604 East Clinton, Athens, Tex.

County of Henderson State of Texas

In Dallas said county on this 2d day of April

A.D. 19 71, personally appeared before me Curtis Boyd who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and that every statement recorded above is true and correct.

Anne Rucker

My commission expires June, 19 71 ANNE RUCKER, Notary Public in and for Dallas County, Texas Notary Public.

CERTIFICATION OF COUNTY MEDICAL SOCIETY

State of Texas
County of Henderson } ss.

*Joe Ed Smith, M.D., President of the Henderson County Medical Society, State of Texas

Norris E. Holt, M.D., Secretary of the Henderson County Medical Society, State of Texas

Being duly sworn upon oath and say, each for himself that he has known, or investigated said Curtis Wayne Boyd M.D., and knows him to be of good moral and professional character, that he has been in practice of medicine or has interned at Athens, Texas for the past six (6) years, that he recommends him as being worthy and well qualified for a Physician's and Surgeon's license to practice in the State of New Mexico.

Joe Ed Smith MD, M.D., President of the Henderson County Medical Society, State of Texas

Norris E. Holt M.D., M.D., Secretary of the Henderson County Medical Society, State of Texas

Subscribed and sworn to this 2nd day of March, 19 71

(SEAL) Margaret Wilkins Notary Public.

My Commission expires June 1, 1971

*If applicant has not been a member of a County Medical Society, two letters of recommendation from Chiefs of Services under whom he has served are required. These are to be sent directly to the Secretary of the New Mexico Board of Medical Examiners.

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that Curtis Wayne Boyd, M.D.

of Athens, Texas Matriculated in

The U. of Texas Southwestern Med.Sch. at Dallas, Texas

Date September 8, 1959, attended four courses of instruction

of nine months each, and received a diploma conferring the degree of Doctor of Medicine

(date) June 3, 1963

Date April 2, 1971

Anne Rucker
(~~President~~, Secretary or ~~Dean~~)
Anne Rucker, Registrar
(SEAL)

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE OR NATIONAL BOARD OF MEDICAL EXAMINERS

I, M. H. Crabb, M. D., Secretary of the Texas State Board

of Medical Examiners certify that

Curtis Wayne Boyd, M.D. was granted certificate

No. D-0806 to practice medicine in the State of Texas

on the 17th day of August 1963 based on written examination
(Written examination or diploma)

and that said certificate has never been revoked.

If by written examination the secretary should further certify:

I further certify that the aforesaid Curtis Wayne Boyd, M.D.

in his written examination before this Board, obtained a general average of 85.7 per cent in the following branches:

SUBJECT	PER CENT	SUBJECT	PER CENT
Anatomy	86	Medical Jurisprudence	94
Chemistry	89	Obstetrics	94
Pathology	84	Gynecology	75
Physiology	77	Hygiene	77
Histology	90	Physical Diagnosis	75
Bacteriology	95	Surgery	93

Acting on behalf of the Texas StateBoard of Medical Examiners

I hereby certify to the reputability of Dr. Curtis Wayne Boyd

based on the records, and recommend him to the Board of Medical Examiners of the State of New Mexico as a fit and proper person to receive a certificate.

M.H. Crabb, M. D. Secretary.

Place Fort Worth, Texas 76102 Date April 5, 1971

(Seal of State Board)

APPLICATION FOR LICENSE THROUGH ENDORSEMENT OR EXAMINATION

Issued by the
NEW MEXICO BOARD OF MEDICAL EXAMINERS

Name Curtis Tu. Boyd

Address Athens, Texas.

Application Received 4-22-71

Fee $100.00 Paid 4-22-71

Certificate Examined 5-17-71 ✓

Certificate Approved ✓

License Granted

License No. 71-11

Personal Appearance Board 5-17-71

Temporary License Granted

Temporary License No.

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

RULES GOVERNING LICENSURE

Every applicant for licensure in this State, whether by examination or by endorsement of another State Board of Medical Examiners, or National Board of Medical Examiners must have a diploma from a medical college in good standing as defined by New Mexico law.

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

The fee for licensure by endorsement or by examination is $100.00. This fee must be paid by MONEY ORDER OR CASHIER'S CHECK. NEITHER CASH NOR PERSONAL CHECKS CAN BE ACCEPTED. THIS FEE IS NOT REFUNDABLE.

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

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

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

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

APR 1971 RECEIVED N. M. BOARD OF MEDICAL EXAMINERS

Certificate of Attendance

National Abortion Federation

Pre- and Post-Abortion: Assuring Comprehensive Care

San Francisco, California
February 2-3, 1986

This Certifies the Attendance of

CURTIS BOYD, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 12 credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.

This course has been approved for 12 cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.

B. RADFORD Glenna Halvorson-Boyd

Barbara Radford
Executive Director
National Abortion Federation

Glenna Halvorson-Boyd
President
National Abortion Federation

The University of Texas

TO ALL TO WHOM THIS WRITING MAY COME, GREETING:

Be it Known that **Curtis Wayne Boyd** *having successfully completed the prescribed Course of Study and having complied with all other requirements for graduation in this University, has been, by authority of the State of Texas, declared a*

DOCTOR OF MEDICINE

and is entitled to all the rights and privileges appertaining to that Degree.

In Testimony Whereof, we, the Regents and Faculty of the University of Texas, have this day granted this

DIPLOMA

bearing our signatures and the impress of the seal of the University.

Given at the University of Texas, this third day of June, A.D. 1963.

Harry Ransom
Chancellor

A. J. Lee
Dean

Southwestern Medical School
Dallas

Certificate of Attendance

This Certifies the Attendance of

DR. CURTIS BOYD

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

The National Abortion Federation designates this continuing medical education activity for 9 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 9 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B. Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

834001

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

STAFF USE ONLY
Amount Rec. $60
Processed By
Returned
Date Mailed

==>1989 REGISTRATION <==

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

LICENSE #: 71-11
NAME : CURTIS W BOYD M.D.
ADDRESS :
ADDRESS :
CITY/ST/ZIP:
PHONE: _____ BIRTH DATE: [redacted]37 ___/___ ___/___/___
HOME ADDRESS
ADDRESS :
ADDRESS :
CITY/ST/ZIP:
PHONE: _____
EXAM: TEXAS
SCHOOL : UNIV OF TEXAS
HOSPITAL: ADD ANY HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES IN 1988 IF NOT LISTED.

INSTRUCTIONS

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

ANSWER QUESTIONS BELOW

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

ARE YOU A U.S. GRAD? YES X NO___ ECFMG #: N/A DEA #:

STATE LICENSES EVER HELD:
ST: Texas LIC #: DO 806
ST:___ LIC #:
ST:___ LIC #:
ST:___ LIC #:
ST:___ LIC #:

I verify that all above information is true and accurate on this date.
Date: Nov 3, 88
SIGNATURE: Curtis Boyd, M.D.
(must be signed by physician)

ACTIVE STATUS

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

*INACTIVE STATUS

I WISH MY LICENSE TO BECOME INACTIVE AT THIS TIME ___.
With an inactive license I understand that, in accordance with New Mexico law, I may not practice in any form including the writing of prescriptions___.
*New Mexico law only provides for an active or inactive status. All those wishing to practice even in a limited capacity must have a full license and stay current in reporting CME'S.

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

BOARD OF MEDICAL EXAMINERS
RENEWAL APPLICATION
FOR LICENSE TO PRACTICE MEDICINE

DEC 1987 RECEIVED N.M. BOARD OF MEDICAL EXAMINER

ALL information (unless noted) must be supplied.

INCOMPLETE FORMS WILL BE RETURNED WITHOUT BEING PROCESSED.

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

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

PLEASE PRINT OR TYPE

****

ORIGINAL NM LICENSE # 71-11

NAME AS IT APPEARS ON YOUR CURRENT LICENSE

Boyd — Last Name
Curtis — First Name
W. — Middle Initial

MAIDEN NAME _____

DATE OF BIRTH [redacted] 37 **SOCIAL SECURITY #** _____ _____ _____

Month Day Year

BUSINESS ADDRESS (Not a P.O. Box)

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

PHONE NO. _____

City _____ State _____ Zip _____

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

HOME ADDRESS

PHONE NO. _____

BOARD CERTIFIED [ ] Yes [X] No

SPECIALTY Family Practice/Surgery

FP

MEDICAL SCHOOL Name University of Texas Southwestern Medical School

Address Dallas, Texas

Date of Graduation 1963

CURRENT HOSPITAL AFFILIATIONS

1. _____
2. _____
3. _____
4. _____

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

If yes, explain: _____

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

If yes, explain: _____

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

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

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

STAPLE YOUR CHECK AND ANY ATTACHMENTS TO THE FORM.

December 9, 1987
Date

X Curtis Boyd, M.D.
Signature of Physician

RETURN RENEWAL FORM AND ATTACHMENTS TO:

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

NEW MEXICO BOARD OF MEDICAL EXAMINERS
VERIFICATION OF CONTINUING MEDICAL EDUCATION ACTIVITIES
(DO NOT SEND ANY DOCUMENTATION WITH THIS FORM)

Print Name Curtis Boyd, M.D. License # 71-11

I certify that I have completed the Continuing Medical Education requirements for re-registration of my license in 1986 in the following manner:

/X/ Required Education Category I 83 CME Credits (attached)

/ / AMA Physician's Recognition Award Valid Through _____

/ / Certification by _____ Date _____
Specialty Board

/ / Re-certification by _____ Date _____
Specialty Board

/ / Certificate of the American Academy of Family Physicians - Date _____

/ / Residency Program at _____ Date _____
Medical School

/ / FLEX Component II Score _____ Date of Exam _____

/ / I do not wish to renew.

I understand that the Board reserves the right to request further documentation of continuing medical education credits earned in the past three years.

DATE: December 29, 1986 SIGNATURE: Curtis Boyd, M.D./JP

933901

NM BME/PO BOX 20001/SANTA FE, NM 8750 STAFF USE: | Amt. Rec. 35.00

DEC 1989 RECEIVED N.M. BOARD MEDICAL EXAMINER

SECTION A 1990 PHASE-IN TRIENNIAL RENEWAL SECTION A

RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND WHERE NECESSAR COMPLETE OR CORRECT THE INFORMATION PROVIDED. ANSWER ALL QUESTIONS AND VERIFY THE INFORMATION IN THE PLACE PROVIDED. A CHECK FOR $35.00, THE RENEWAL FEE FOR ACTIVE OR $25.00 FOR INACTIVE MUST ACCOMPANY THIS FORM. NO FEE WILL BE RETURNEI

LICENSE #: 71-11 DOB: [redacted]/37

NAME : CURTIS W BOYD M.D.
BUS-ADDR :
BUS-ADDR :
CITY/ST/ZIP:
BUS-PHONE :
HOME-ADDR :
HOME-ADDR :
CITY/ST/ZIP:
HOME-PHONE :
SCHOOL : UNIV OF TEXAS

DATE GRADUATED: 05/19/63

HOSPITAL PRIVILEGES:

NEW HOSPITAL PRIVILEGES SINCE LAST RENEWA

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED

ST: TX LIC#: D0806	ST: LIC#:	ST: LIC#:
ST: LIC#:	ST: LIC#:	ST: LIC#

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

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

ACTIVE STATUS: X I wish my license to remain active.

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

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

✓ I have checked the desired status for my New Mexico license.
✓ I have enclosed the proper fee according to Status.
✓ I verify that all above information is true and accurate.
✓ I have enclosed CME documentation (copies of certification, letters, etc.

SIGNATURE: Curtis Boyd, M.D. DATE: 10/25/89
(Must be signed by physician)

NEW MEXICO BOARD OF MEDICAL EXAMINERS VERIFICATION OF CONTINUING EDUCATION
(61-6-21/61-6-26 NMSA 1978 and NMBME Rule 79-13)

NAME: CURTIS W BOYD M.D. LICENSE NUMBER: 71-11

This is your regular year to report CME's. Use the section provided below to report your CME's.

IMPORTANT

Those physicians receiving this continuing education form must report and remit all CERTIFICATIONS AND OTHER VERIFYING DOCUMENTS OR ATTENDANCE FOR ALL MEETINGS, ETC. SEND DOCUMENTATION FOR ONLY THOSE HOURS YOU ARE REQUIRED TO REPORT.

YOUR REGISTRATION FEE IS NOT REFUNDABLE IF YOU DO NOT MEET THE CME REQUIREMENTS.

I certify that I have completed the Continuing Medical Education requirements for renewal of my license in 1990 as follows:

Category I Approved for AMA During 1987, 1988, 1989:

- Clinical Courses, Meeting etc. Year 1987-1989 Credit Hours 76.75
- Physicans Recognition Award of AMA Year____ Credit Hours____
- Certificate of CME of AAFP: Year____ Credit Hours____
- Certification or Recertification by an ABMS Speciality Board Year____ Credit Hours____
- FLEX Component II: Year____ Credit Hours____
- Internship, Residency or Fellowship:
  Program Location / Dates Credit Hours____
- Advanced Degree:
  Medical School Credit Hours____
- Self Assessment Tests: (35 CME Maximum)
  Educational Institution Credit Hours____
- Teaching:
  Medical School or Approved Program Institution Credit Hours____
- Preceptors: (30 CME Maximum)
  Medical School Credit Hours____
- Scientific Paper or Publications (30 CME Maximum) Credit Hours____

Total Credit Hours 76.75

Nov 2 '89 Curtis Boyd, M.D.
Date Signature
(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:
CMEs Approved By [illegible] Date: 1/8/90 Doc. Rec. Yes

629 Truman N.E. Albuquerque, New Mexico 87110 (505) 268-3711

American Heart Association
New Mexico Affiliate

MEMORANDUM

9-NOV-89

TO: Whom It May Concern

FROM: Ray Battaglini

SUBJECT: BLS Certification CME

Dr. Curtis Boyd participated in American Heart Association, New Mexico Affiliate, Basic Life Support Recertification Courses on both April 18, 1988 and March 20, 1989, in Albuquerque, New Mexico. This course is eligible for hour-for-hour credit under Category 1 of the American Medical Association, Physician Recognition Award.

This course consisted of four hours of refresher didactics and manikin practicum and Dr. Boyd participated for a total of eight hours.

If you have further questions you may contact me at 268-3711.

RB/lah
BLS.AL7

Certificate of Attendance

National Abortion Federation

WAVE OF THE FUTURE?
ULTRASONOGRAPHY AND ABORTION

April 2, 1989
San Francisco, California

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 6 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 6 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B. Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

ABORTION RIGHTS:
THE POWER OF COMMITMENT

April 3-4, 1989
San Francisco, California

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 9 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 9 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Rodgers

Executive Director
National Abortion Federation

David S. Wells

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

Tracking The Elusive Pregnancy
May 22, 1988
Minneapolis, MN

This Certifies the Attendance of

Curtis Boyd, M.D.

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The National Abortion Federation designates this continuing medical education activity for 6 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 6 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

Abortion In A Just Society
May 23-24, 1988
Minneapolis, MN

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 9 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 9 *cognates, Formal Learning by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE

OFFICE OF CONTINUING MEDICAL EDUCATION

This is to certify that Curtis Boyd, M.D. participated in the following CME activity conducted by this office:

Title of Program: Concepts & Controversies in Perinatal Care

Date(s): September 7-9, 1989

Co-Sponsor(s): University of New Mexico
Department(s) of Pediatrics and OB/GYN

Credit Approvals:	Hours Approved:
AMA I	13
NM I	13
AAFP	13.0
NM CEARP	15.6*
ACNM	13.0

I certify that I participated in the above CME activity for 13 hours.

Linda Alsup
Office CME Authorization
*NM CEARP Code #88-90-7*PR05.14

C Boyd, M.D.
Participant Signature

Certificate of Attendance

National Abortion Federation

Progress and Problems in Abortion Practice

September 10-11, 1989
Toronto, Ontario, Canada

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 12 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 12 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

P.O.C. Workshop

September 12, 1989
Toronto, Ontario, Canada

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 2 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 2 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

Clinic Model Workshop

September 12, 1989
Toronto, Ontario, Canada

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 3 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 3 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

FIFTH ANNUAL

BALLOON FIESTA LUNG DISEASE CONFERENCE

NEW MEXICO CHAPTER
AMERICAN THORACIC SOCIETY

AMERICAN LUNG ASSOCIATION OF NEW MEXICO

C E R T I F I C A T E O F A T T E N D A N C E

Curtis Boyd, M.D.

As an organization accredited for continuing medical education by the Accreditation Council for Continuing Medical Education (ACCME), the American Thoracic Society designates that this continuing medical educational offering meets the criteria for 8.75 hours of Category 1 credit as outlined by the ACCME and by the American Medical Association for the Physician's Recognition Award.

The program has been reviewed and accepted for 8.75 Elective Credit hours by the American Academy of Family Physicians.

October 14, 1989 Bessie E. Dytzel
Administrator, New Mexico Chapter
American Thoracic Society

Curtis Boyd, M.D.
412 Palace Avenue
Santa Fe, New Mexico 87501

November 13, 1989

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building
P.O. Box 20001
Santa Fe, New Mexico 87504

Dear NMBME:

I am enclosing a license renewal application, application fee of $35.00, and certificates of attendance for 76.75 hours of Category I CME Credits for Dr. Curtis Boyd. CME Certificates are for the three year period beginning 1/87.

Please call me if you have any questions. Thank you.

Sincerely,

Ellen Neufeld
Office Manager

Ellen Neufeld

/en

Enclosures

016501

New Mexico Board of Medical Examiners
PO Box 20001/491 Old Santa Fe Trail
Santa Fe, New Mexico 87504 (505 827-7317)

STAFF USE ONLY:
AMT REC 210.00
ENT BY

SECTION A

JULY 1990 - JULY 1993 TRIENNIAL RENEWAL

SECTION A

RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW INFORMATION PROVIDED, ANSWER ALL QUESTIONS AND IF NECESSARY MAKE CORRECTIONS IN THE SPACE PROVIDED. A CHECK FOR $210 FOR THE TRIENNIAL RENEWAL FEE TO REMAIN ACTIVE OR $25 FOR INACTIVE MUST ACCOMPANY THIS FORM. "NO FEE WILL BE REFUNDED".

LICENSE #: 71-11 BIRTH DATE: [redacted]37

NAME : CURTIS W BOYD M.D.
BUS-ADDR :
BUS-ADDR :
CITY/ST/ZIP:

BUS-PHONE:

HOME-ADDR :
HOME-ADDR :
CITY/ST/ZIP:

HOSPITAL PRIVILEGES:

NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL:

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED
ST: TX LIC#: D0806 ST: LIC#: ST: LIC#:

Are you known by any other name(s)? No
(Specify)

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

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

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL. PLEASE INCLUDE DOCUMENTATION.

ACTIVE STATUS: ✓ I wish my license to remain active.
INACTIVE STATUS: ____ I wish my license to become inactive at this time.
With an inactive license I understand that, in accordance with New Mexico law I may not practice medicine (in any form) including the writing of prescriptions.

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGES WITHIN THIS THREE YEAR PERIOD TO ASSURE PROPER NOTIFICATION OF YOUR NEXT RENEWAL.

I verify that all above information is true and accurate.

SIGNATURE: Curtis Boyd, M.D. DATE: May 12, 90
(Must be signed by physician)

*Inactive Status - See explanation on attached letter.

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504
SECTION A JULY 1, 1993 - JUNE 30, 1996 TRIENNIAL RENEWAL

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

FEES - CHECK ENCLOSED $ X FEES ARE NON-REFUNDABLE NMSA 61-6-19.
ACTIVE STATUS $210.00 x I WISH MY LICENSE TO REMAIN ACTIVE.
xINACTIVE STATUS $ 25.00 I WISH MY LICENSE TO BECOME INACTIVE.

WITH AN INACTIVE LICENSE I UNDERSTAND THAT, I MAY NOT PRACTICE MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS. (NMSA 61-6-33)

LICENSE #: 71-11 DEA #: BIRTH DATE: [redacted]/37

NAME : CURTIS W BOYD M.D.
BUS-ADDR : 412 EAST PALACE AVENUE
BUS-ADDR :
CITY/ST/ZIP: SANTA FE, NM 87501
BUS-PHONE : 505-988-3223 505 -242 - 7512

OUT-OF-STATE PHYSICANS - NM BUSINESS ADDRESS (PLEASE PROVIDE)

HOME-ADDR :
HOME-ADDR :
CITY/ST/ZIP:

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.

HOSPITAL PRIVILEGES: ADDITIONAL HOSPITAL PRIVILEGES

OTHER STATE LICENSES:
ST: TX LIC#: D0806 ST: LIC#: ST: LIC#:
ST: LIC#: ST: LIC#:

SPECIALITY (1) FAMILY PRACTICE ARE YOU BOARD CERTIFIED ___ YES x NO
SPECIALITY (2) ~~ORTHOPEDIC SURGERY~~ incorrect ARE YOU BOARD CERTIFIED NA YES NA NO
LIST ALL PA'S AND/OR NURSE PRACTITIONERS CURRENTLY UNDER YOUR SUPERVISION:
PA: NP:
PA: NP:

Are you known by, have you used or have you ever been licensed under any other names(s)?
YES ___ NO x If yes, please specify
Have you ever been convicted of, plead guilty or no contest to any offense punishable by incarceration in a state penitentiary or federal prison? YES ___ NO x
If yes, please specify.

Has disciplinary action ever been instituted or taken against you by a licensing authority, professional organization, medical institution or medical related entity? YES ___ NO x
If yes, please specify.
Have you ever had a medical license stipulated, restricted or otherwise encumbered by a licensing authority? YES ___ NO x If yes, please specify.

"IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND DOCUMENTATION."
I verify that all above information is true and accurate.
SIGNATURE: Curtis B. Boyd M.D. DATE: 4/21/93
(Must be signed by physician)

311200

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RECEIVED
APR 29 1993
NM BOARD OF MEDICAL EXAMINERS

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

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

DOCUMENTATION MUST BE ATTACHED

NAME: CURTIS W BOYD M.D. LICENSE NUMBER: 71-11

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

AMA Category I Accredited

- Clinical Courses. Credit Hours 76.5
- AMA Physicians Recognition Award Year 1992 Credit Hours 6.5
- AAFP Certificate of CME Year____ Credit Hours____
- Certification or Recertification by ABMS Speciality Board Year____
- FLEX Component II Year____
- Internship, Residency or Fellowship (40 hours maximum per year) Inclusive dates____ Credit Hours____
- Advanced Degree In Medically Related Field Year(s)____ (40 hours maximum per each full year of study)
- Self Assessment Tests: Certificate of credit must be attached (No Limit) Credit Hours____
- Teaching Statement from approved medical school must be attached (40 hours maximum) Credit Hours____
- Preceptors: Statement from approved medical school must be attached (30 hours maximum) Credit Hours____
- Scientific Paper or Publications (original) 10 hours per paper copy(ies) must be attached (30 hours maximum) attached Credit Hours____

4/21/93 Curtis Boyd, MD

Date Signature

(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:
CMES Approved By____ Date: 4/27/93 Doc. Rec. ✓

National Abortion Federation

Certificate of Attendance

Complication to Litigation:
When Abortion Practice Goes to Court

May 6, 1990
Atlanta, Georgia

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 6 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 6 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B. Redford

Executive Director
National Abortion Federation

David F. Wells

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

Abortion: Moral Choice and Medical Imperative

April 13–14, 1992
San Diego, California

This Certifies the Attendance of

Curtis Royal MD

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

The National Abortion Federation designates this continuing medical education activity for 9 credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.

The AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS has assigned 9 cognates (Formal Learning) to this program.

Barbara Radford

Executive Director
National Abortion Federation

Nicki Nichols Gamble, EdD

President
National Abortion Federation

Certificate of Attendance

National Abortion Federation

Pain is a Four Letter Word:
Minimizing Patient Discomfort

September 10–11, 1990
Vancouver, BC, Canada

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 12 *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for 12 *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redfard

Executive Director
National Abortion Federation

Nicki Nichols Gamble

President
National Abortion Federation

National Abortion Federation

Certificate of Attendance

Reaching Out: Speaking for Abortion in the 90's

May 7–8, 1990
Atlanta, Georgia

This Certifies the Attendance of

Curtis Boyd MD

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

The National Abortion Federation designates this continuing medical education activity for **10** *credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.*

This course has been approved for **10** *cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.*

B Redford

Executive Director
National Abortion Federation

President
National Abortion Federation

National Abortion Federation

Certificate of Attendance

STIs and HIV:
Patient Care and Staff Safety

September 9, 1990
Vancouver, BC, Canada

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 7 credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.

This course has been approved for 7 cognates, Formal Learning, by the AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.

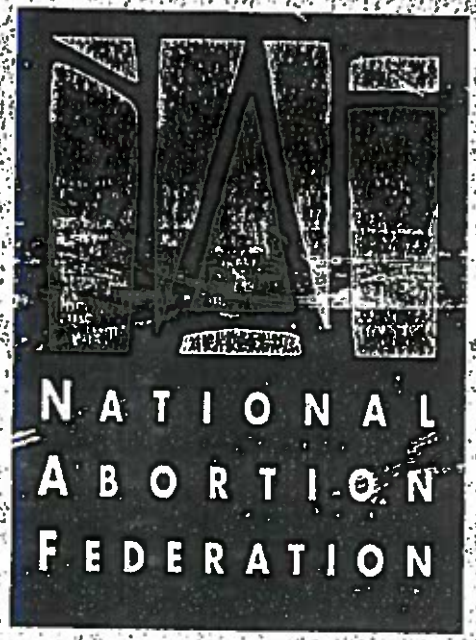
B. Redfard

Executive Director
National Abortion Federation

Nicki Nichols Gamble

President
National Abortion Federation

CERTIFICATE OF ATTENDANCE



"Second Trimester Abortion: From Every Angle"

September 13-14, 1992 ■ Dallas, Texas

This Certifies the Attendance of

CURTIS BOYD, MD

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

The National Abortion Federation designates this continuing medical education activity for 12 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

Barbara Radford
Executive Director
National Abortion Federation

Adele Hughey
President
National Abortion Federation

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

This is to certify that Curtis Boyd participated in the following CME activity conducted by this office:

Title of Program: 25th Annual OB/GYN Postgraduate Conference
Date & Location: February 27-29, 1992, Hyatt Regency Hotel, Albuquerque, New Mexico

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

Credit Approvals:	Hours Approved:
AMA Category I	14.5
AAFP (Prescribed)	14.5
NM CEARP	17.4*
ACNM	14.5
ACOG	15.0

I certify that I participated in the above CME activity for 14.5 hours.

Office of CME Authorization
*NM CEARP Code # 9007-006-PR40

Participant Signature

Certificate of Attendance

National Abortion Federation

Post Abortion Complications and Their Management

April 12, 1992
San Diego, California

This Certifies the Attendance of

Curtis Boyd MD

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

The National Abortion Federation designates this continuing medical education activity for 6 credit hours in Category 1 of the Physicians Recognition Award of the AMERICAN MEDICAL ASSOCIATION.

The AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS has assigned 6 cognates (Formal Learning) to this program.

Barbara Radford

Executive Director
National Abortion Federation

Nicki Nichols Gamble, EdD

President
National Abortion Federation

CERTIFICATE OF ATTENDANCE

PARTICIPANT: BOYD CURTIS MD

PROGRAM: CONTROVERSIES:CARE OF THE DYING PATIENT

DATE(S): 11-06-92

LOCATION: ALBUQUERQUE

SPONSOR'S SIGNATURE: Mary J. Lomas

Director, Medical Education
Presbyterian Healthcare Services

ACCREDITATION

AMA:
Presbyterian Healthcare Services is accredited by the New Mexico Medical Society to sponsor continuing medical education for physicians.

Presbyterian Healthcare Services designates this continuing medical education activity as meeting the criteria for 6.5 credit hours in Category I of the Physician's Recognition Award of the American Medical Association.

AAFP:
This program has been reviewed and is acceptable for 6.5 prescribed hours by the American Academy of Family Physicians.

CEARP:
New Mexico Nurses' Association is accredited as a Provider of Continuing Education by the American Nurses' Association Western Regional Accrediting Committee for Continuing Education in Nursing. Approved for 7.8 contact hours.
CEARP Code # 9103-087-pr.338-7800

I certify that I participated in the above CME activity for 6.5 hours.

Curtis Boyd, M.D.
Participant Signature

SECTION A

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

611502

RECEIVED
APR 23 1996
NM BOARD OF MEDICAL EXAMINERS

TRIENNIAL LICENSE RENEWAL
JULY 1, 1996 - JUNE 30, 1999

Gary E. Johnson
GOVERNOR

Livingston Parsons Jr. M.D.
PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 1996. §61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. §61-6-19 NMSA 1978.

CURTIS W BOYD, M.D.

ADDRESS CORRECTION REQUESTED

505-242-7512 Business phone

Out of state physicians - provide New Mexico business address, if any.
NM Bus Addr: _____ City/St/Zip _____

FEES: Active Status ✓ $210.00 Inactive Status _____ 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)

It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978.
Please review the information below for accuracy.

License # 71-11 Social Security # DEA # Date of Birth [redacted] 1937

Home Address:

Other State Licenses:
State TX # D0806 State #
State # State #
State # State #

ABMS Specialty (1) FAMILY PRACTICE Board certified? No
ABMS Specialty (2) Board certified?

Physician Assistants/Nurse Practitioners under your supervision:
PA's -
NP's -

Hospital Privileges:
1)
2)
3)
4)

Additional Hospital Privileges:

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

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-7362
(505) 827-8401

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

OVER

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 under another name(s)? If so, what name(s)? no

Have you been denied a license/registration by a medical licensing board? Yes____ No ✓

Has a medical licensing board started disciplinary action against your license/registration? Yes____ No ✓

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

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 ✓

Have you had a malpractice settlement or judgment against you? Yes____ No ✓

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes____ No ✓

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

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine? [redacted]

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

Curtis Bagl MD — 4-23-96

Signature of Licensee/Registrant — Date

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

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

NAME: Curtis Boyd M.D. LICENSE #: 71-11

DOCUMENTATION MUST BE ATTACHED

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

Certified A M A Category I Clinical Courses — Credit Hours 79.5
New Mexico Specific Category 1 Clinical Courses — Credit Hours _____

- A M A Physicians Recognition Award — Year _____
- A A F P Certificate of CME — Year _____
- Certification or Recertification by ABMS Specialty Board — Year _____
- USMLE Step 3 — Year _____
- Internship, Residency or Fellowship — Inclusive dates _____
- Advanced Degree In Medically Related Field — Year(s) _____
  (40 hours maximum per year of study) — Credit Hours _____
- Self Assessment Tests:
  Certificate of credit must be attached
  (No limit) — Credit Hours _____
- Teaching - medical students
  Statement from approved medical school must be attached
  (40 hours maximum credit) — Credit Hours _____
- Preceptorships - medical students
  Statement from approved medical school must be attached
  (30 hours maximum credit) — Credit Hours _____
- Scientific Articles
  10 hours each. Proof of publication must be attached
  (30 hours maximum credit) — Credit Hours _____

STAFF USE ONLY:
CMEs Approved By [illegible] *Date:* 5/3/96 *Doc. Rec.* ✓ (Some are 96 hours)

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

This is to certify that Curtis Boyd participated in the following CME activity conducted by this office:

Title of Program: The Seventh Annual Southwest Psychiatric Symposium on New Perspectives in Brief Psychotherapy

Date & Location: October 13-14, 1995, Sheraton Old Town Hotel, Albuquerque, New Mexico

Sponsor: The University of New Mexico School of Medicine Department of Psychiatry and the UNM Office of Continuing Medical Education

Credit Approvals:	Hours Approved:
AMA Category 1	10.0
AAFP (Prescribed)	10.0
National Board of Certified Counselors, Inc.	10.0*
New Mexico Board of Social Work Examiners	10.0
NM Alcoholism and Drug Abuse Counselors Assoc.	10.0
New Mexico Board of Psychologist Examiners	10.0

I certify that I participated for 10 hours.

Linda Aesup
Office of CME Authorization
* NBCC Provider #5624

Curtis Boyd, MD
Participant Signature

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

This is to certify that Curtis W. Boyd, MD participated in the following CME activity conducted by this office:

Title of Program: Language, Gender and Violence: Their Influence on Health Care

Date & Location: November 11 & 12, 1994 - UNM Conference Center

Sponsor: University of New Mexico School of Medicine, Department of Family and Community Medicine, Department of Medicine and the Office of Continuing Medical Education

Credit Approvals:	Hours Approved:
AMA, Category I	10.0
NM Social Workers	9.75
NM Psychologists	Hour for Hour

I certify that I participated in the above CME activity for 10 hours.

Linda Alsup
Office of CME Authorization

Curtis Boyd, MD
Participant Signature

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

This is to certify that Curtis Boyd participated in the following CME activity conducted by this office:

Title of Program: Current Concepts and Controversies in Perinatal Care

Date & Location: September 29 & 30, 1995 — Sheraton Inn

Sponsor: University of New Mexico School of Medicine, Departments of Pediatrics and Obstetrics and Gynecology and the Office of Continuing Medical Education

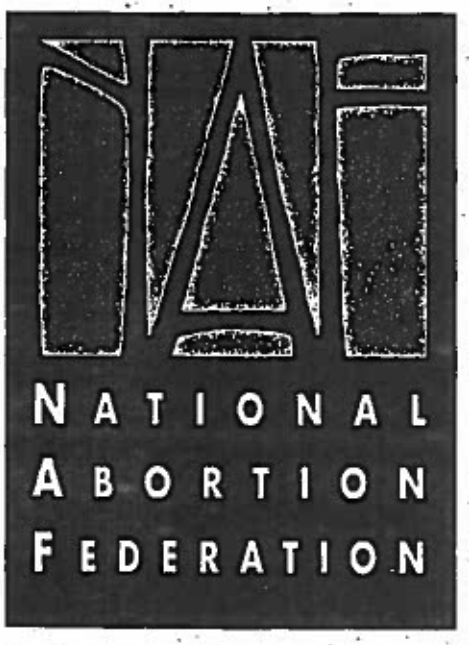
Credit Approvals:	Hours Approved:	Credit Approvals:	Hours Approved:
AMA, Category 1	9.75	ACOG	10 cognate hours
AAFP (Prescribed)	9.75	ACNM	9.75

I certify that I participated in the above CME activity for 10 hours.

Gina Alsup
Office of CME Authorization

Curtis Boyd, M.D.
Participant Signature

C E R T I F I C A T E O F A T T E N D A N C E



Post Graduate Seminar: "How and When: A Medical Abortion Update"

March 31, 1996 San Francisco, CA

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 6 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 6 cognates (Formal Learning) to this program.

Vicki Saporta

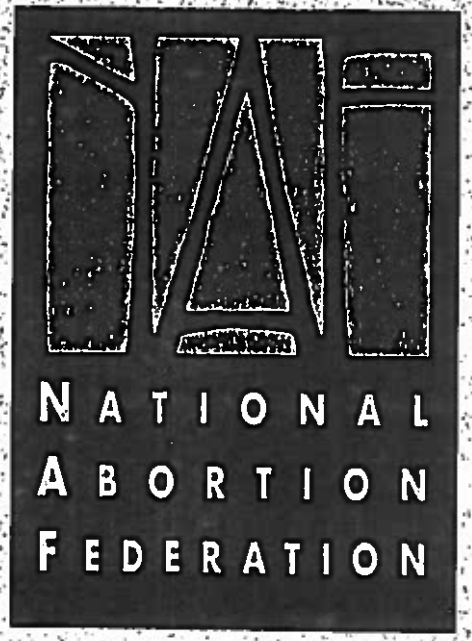
Executive Director
National Abortion Federation

Lynne Randall, MPH

President
National Abortion Federation

This program has been reviewed and is acceptable for 6 Prescribed Hours by the American Academy of Family Physicians.

CERTIFICATE OF ATTENDANCE



18th Annual Meeting: "Abortion: Unity in Diversity"

April 25-26, 1994 Cincinnati, OH

This Certifies the Attendance of

Curtis Boyd, MD

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

The National Abortion Federation designates this continuing medical education activity for 11 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

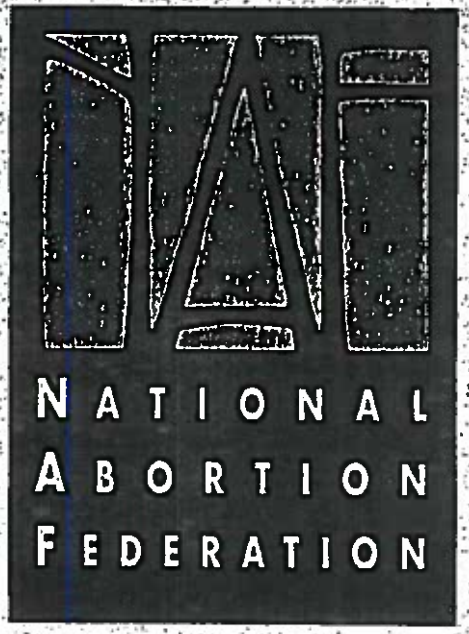
The American College of Obstetricians and Gynecologists has assigned 11 cognates (Formal Learning) to this program.

Sulvia Stengle
Executive Director
National Abortion Federation

Adele Hughey
President
National Abortion Federation

This program has been reviewed and is acceptable for 10.75 Prescribed Hours by the American Academy of Family Physicians.

CERTIFICATE OF ATTENDANCE



Post Graduate Seminar: "Managing Troublesome Events: Case Studies in Abortion Care"

April 24, 1994 Cincinnati, OH

This Certifies the Attendance of

Curtis Boyd, MD

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

The National Abortion Federation designates this continuing medical education activity for 6 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 6 cognates (Formal Learning) to this program.

This program has been reviewed and is acceptable for 6 Prescribed Hours by the American Academy of Family Physicians.

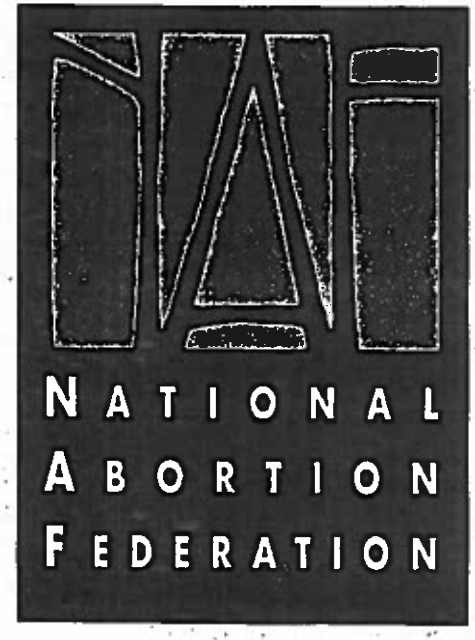
Sylvia Stengle

Executive Director
National Abortion Federation

Adele Hughey

President
National Abortion Federation

CERTIFICATE OF ATTENDANCE



20th Annual Meeting: "20 Years of Courage"

April 1-2, 1996 San Francisco, CA

This Certifies the Attendance of

Curtis Boyd, MD, PC

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

The National Abortion Federation designates this continuing medical education activity for 12 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

This program has been reviewed and is acceptable for 11 Prescribed Hours by the American Academy of Family Physicians.

Vicki Saporta
Executive Director
National Abortion Federation

Lynne Randall, MPH
President
National Abortion Federation

The
American
College
of Cardiology
PRESENTS

21st Annual

Tutorials in the Tetons

Current and Future Cost-Effective Clinical Cardiology

August 28-30, 1995
Jackson Lake Lodge
Moran, Wyoming

Program Director:
Robert S. Eliot,
MD, FACC

Program Co-Directors:
Timothy Fleming,
MD, FACC
Hugh C. Smith,
MD, FACC
H. Robert Superko,
MD

Information

Fee

ACC members $365; non-members $430; reduced fee of $220 for residents, fellows-in-training, physician assistants, nurses, and technologists if accompanied by statement from applicant's Department Head regarding status. Registration fee includes coffee and refreshment breaks, complimentary wine tasting, and syllabus for registrants only. Application should be received no later than August 14. After this date, on-site registration only.

Cancellations

Full refund will be given provided that written cancellation is received 30 days prior to the opening date of the program. A processing fee of $50 will be charged for all cancellations received after this time. Fees will not be refunded for no-shows.

In the unlikely event that a program is cancelled, the College is responsible only for full refund of the registration fee and not for transportation or hotel accommodations.

Credit

The American College of Cardiology is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The American College of Cardiology designates this continuing medical education activity for 14.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

This program has been reviewed and is acceptable for 14.5 Prescribed hours by the American Academy of Family Physicians.

While offering CME credit hours noted above, the program is not intended to provide extensive training or certification in the field.

Lodging

A block of rooms has been reserved at the Jackson Lake Lodge. More rustic accommodations are available through the Grand Teton Lodge Co. at Colter Bay Village (five miles north of Jackson Lake Lodge). Those enrolling in advance will receive a hotel reservation form with the acknowledgment of enrollment. Since a limited number of rooms is available, early registration for the program is recommended. Registrants are responsible for making hotel reservations. Reservations for lodging must be made by July 26. We strongly urge you to make your reservations as soon as possible.

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.

Special Air Fares

Information regarding special air fares will be sent to all registrants with the acknowledgment of enrollment. Make your airline reservations early.

Please Note:

910401 310

SECTION C

NEW MEXICO BOARD OF MEDICAL EXAMINERS

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

RECEIVED
APR 14 1999
NM BOARD OF MEDICAL EXAMINERS

GARY E. JOHNSON
GOVERNOR

TRIENNIAL LICENSE RENEWAL
JULY 1, 1999 - JUNE 30, 2002

OVER

LIVINGSTON PARSONS, JR., M.D.
PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 1999. §61-6-26 (A)-(F) NMSA 1978.
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. §61-6-19 NMSA 1978.

CURTIS W BOYD, M.D.

ADDRESS CORRECTION REQUESTED

505-242-7512 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
71-11			[redacted] 1937

HOME ADDRESS:

ADDRESS CORRECTION REQUESTED

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE [redacted] STATE # STATE #

ABMS SPECIALTY (1) FAMILY PRACTICE BD CERTIFIED? No
ABMS SPECIALTY (2) BD CERTIFIED?

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:
PA'S - NA
NP'S -

HOSPITAL PRIVILEGES:
NA

ADDITIONAL HOSPITAL PRIVILEGES:

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

FINANCIAL
(505) 827-6759

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

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

The following questions request information that is new 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 on a separate page:

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)?
no

Have you been denied a license/registration by a medical licensing board? Yes____ No ✓

Has a medical licensing board started disciplinary action against your license/registration? Yes____ No ✓

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

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 ✓

Have you had a malpractice settlement or judgment against you?
Yes____ No ✓

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes____ No ✓

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

Do you currently have a physical or psychological impairment that, in any way, affects your ability to practice medicine safely?
[redacted]

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

x Curtis Boyd, MD — 4-9-99

Signature of Licensee/Registrant — Date

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

AS A CONDITION OF LICENSE RENEWAL, ALL LICENSED PHYSICIANS MUST REPORT AND DOCUMENT 75 HOURS OF CONTINUING MEDICAL EDUCATION AT THE TIME OF TRIENNIAL LICENSE RENEWAL. CREDIT HOURS MAY BE EARNED AT ANY TIME DURING THE THREE YEAR REPORTING PERIOD FROM JANUARY 1996 THROUGH DECEMBER 1998.

NAME: Curtis Boyd M.D. LICENSE #: 71-11

DOCUMENTATION MUST BE ATTACHED

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

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

Certified AMA Category 1 Clinical Courses — Credit Hours 81.75
New Mexico Specific Category 1 Clinical Courses — Credit Hours ____

__AMA Physicians Recognition Award — Year ____
__AAFP Certificate of CME — Year ____

__Certification or Recertification by ABMS Specialty Board — Year ____

__USMLE Step 3 — Year ____

__Internship, Residency or Fellowship — Inclusive Dates: ____

__Advanced Degree in Medically Related Field (40 Hours Maximum Per Year of Study) — Year(s) ____ — Credit Hours ____

__Self Assessment Tests: Certificate of Credit Must Be Attached (No Limit) — Credit Hours ____

__Teaching - Medical Students Statement From Approved Medical School Must Be Attached (40 Hours Maximum Credit) — Credit Hours ____

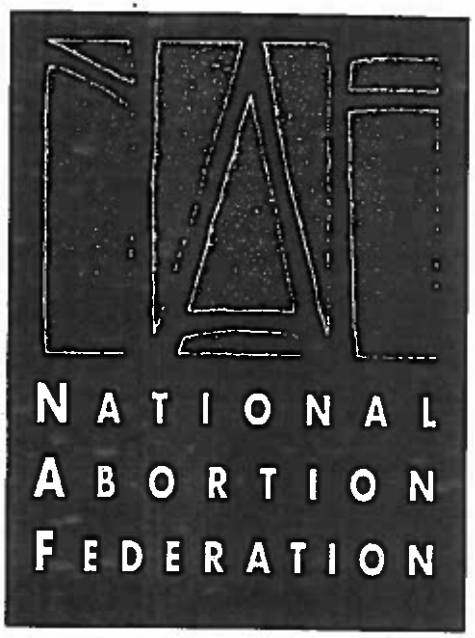
__Preceptorship - Medical Students Statement From Approved Medical School Must Be Attached (30 Hours Maximum Credit) — Credit Hours ____

__Scientific Articles (10 Hours Each) Proof of Publication Must Be Attached (30 Hours Maximum Credit) — Credit Hours ____

STAFF USE ONLY:
CME'S APPROVED BY MG *DATE:* 4/15/99 *DOC. REC.* ____

SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS

C E R T I F I C A T E O F A T T E N D A N C E



Post Graduate Seminar: "How and When: A Medical Abortion Update"

March 31, 1996 San Francisco, CA

This Certifies the Attendance of

Curtis Boyd, M.D.

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

The National Abortion Federation designates this continuing medical education activity for 6 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 6 cognates (Formal Learning) to this program.

This program has been reviewed and is acceptable for 6 Prescribed Hours by the American Academy of Family Physicians.

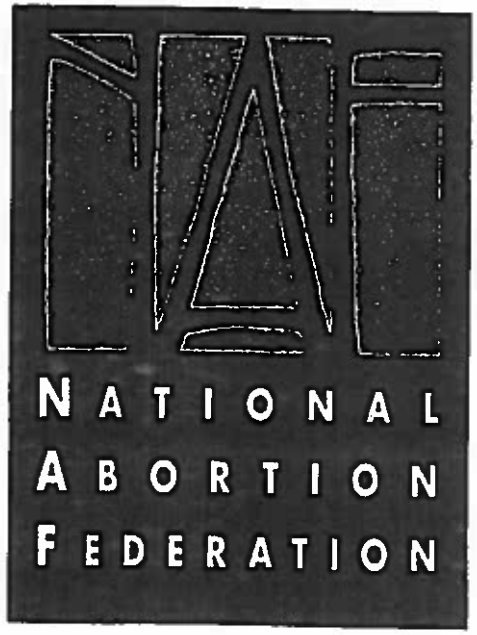
Vicki Saporta

Executive Director
National Abortion Federation

Lynne Randall, MPH

President
National Abortion Federation

C E R T I F I C A T E O F A T T E N D A N C E



20th Annual Meeting: "20 Years of Courage"

April 1-2, 1996 San Francisco, CA

This Certifies the Attendance of

Curtis Boyd, MD, PC

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

The National Abortion Federation designates this continuing medical education activity for 12 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

This program has been reviewed and is acceptable for 11 Prescribed Hours by the American Academy of Family Physicians.

Vicki Saporta
Executive Director
National Abortion Federation

Lynne Randall, MPH
President
National Abortion Federation

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

This is to certify that Curtis W. Boyd MD participated in the following CME activity conducted by this office:

Title Of Program: The Eighth Annual Southwest Psychiatric Symposium *In the Wake of Trauma and Abuse: Psychiatric and Psychological Sequelae*

Date & Location: ~~October 4-5, 1996~~, Sheraton Old Town Hotel, Albuquerque, New Mexico

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

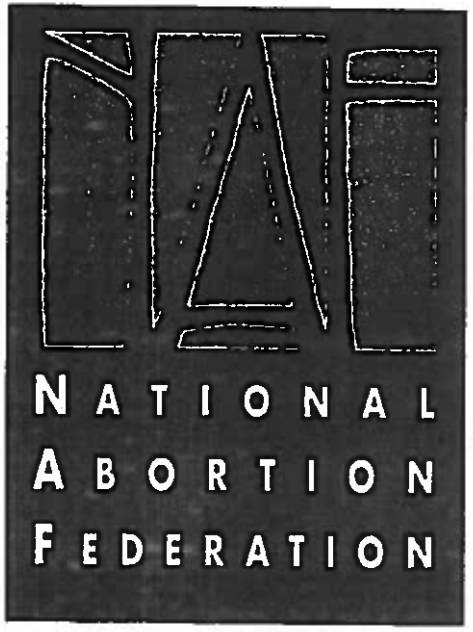
Credit Approvals:	Hours Approved:
AMA Category 1	10.25
AAFP (Prescribed)	10.25
NM Board of Psychologist Examiners	10.25
NM Board of Social Work Examiners	10.25
Alcoholism and Drug Abuse Counselors Association	10.25
National Board for Certified Counselors	10.25 *

I certify that I participated in the above CME activity ~~for 10.25~~ hours.

Linda Alonzo
Office of CME Authorization
** NBCC Provider #5624*

Curtis Boyd, M.D.
Participant Signature

C E R T I F I C A T E O F A T T E N D A N C E



Risk Management Seminar: "Abortion Aftercare"

September 28-29, 1997 St. Louis, Missouri

This Certifies the Attendance of

CURTIS BOYD, MD

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

The National Abortion Federation designates this continuing medical education activity for 12 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

Vicki Saporta
Executive Director
National Abortion Federation

Joan S. Coombs
President
National Abortion Federation

New England Educational Institute

certifies that

CURTIS BOYD , MD

participated in the continuing education program

A Relational Model of Women's Development: Theory and Clinical Applications with Judith Jordan, Ph.D.

October 24-26, 1997 Santa Fe, NM

and has earned 15 CE Hours/Credits

Robert C. Guerette

Robert C. Guerette, M.D. - Symposium Director

Psychologists: The New England Educational Institute is approved by the American Psychological Association to offer continuing education for psychologists. New England Educational Institute maintains responsibility for the program.

CA Psychologists: The New England Educational Institute is approved by the CPA Accrediting Agency to offer mandatory continuing education for psychologists and maintains sole responsibility for the program. MCEP Provider #NEW037-04.

Social Workers: This program has been approved for 15 Category 1 Continuing Education hours for relicensure in accordance with 258 CMR. NASW Authorization #D29,144.

CA MFCCs/LCSWs This program meets the qualifications for 15 hours of continuing education credit for MFCCs and/or LCSWs as required by the California Board of Behavioral Sciences.

Physicians: The New England Educational Institute designates this educational activity for a maximum of 15 credit hours in category 1 credit towards the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational activity.

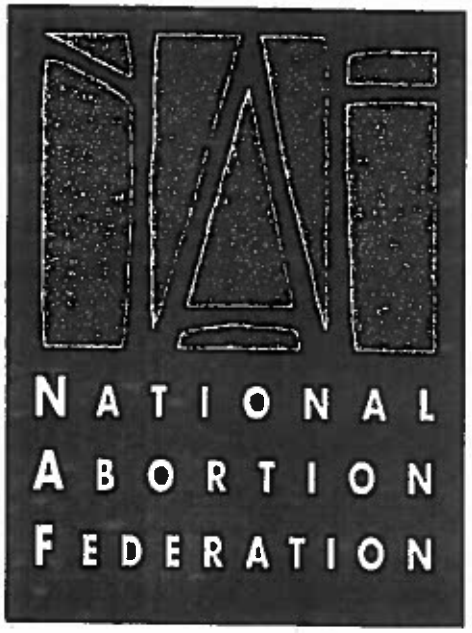
Nurses: This program meets the requirements for 18 Contact Hours for nurses as specified by the Massachusetts Board of Registration in Nursing - 244 CMR 5.04.

Counselors: The New England Educational Institute is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines. Provider #05478.

The New England Educational Institute is approved by the National Association of Alcoholism and Drug Abuse Counselors to offer each program for 15 CEH's. NAADAC Provider No. 000223.

Educators: 15 Professional Development Points are awarded to educators for attending this symposium.

C E R T I F I C A T E O F A T T E N D A N C E



Risk Management Seminar

Second Trimester Abortion: A Comprehensive Update

October 4-5, 1998 San Antonio, Texas

This Certifies the Attendance of

Curtis Boyd, MD

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

The National Abortion Federation designates this continuing medical education activity for 12 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

Vicki Saporta

Executive Director
National Abortion Federation

Suzanne T. Poppema, MD

President
National Abortion Federation

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

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

Title of Program: The 31st Annual OB/GYN Conference on Women's Health & Well-Being

Date & Location: March 26-28, 1998, UNM Continuing Education Conference Center Albuquerque, New Mexico

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

Credit Approvals:	Hours Approved:
AMA Category 1	14.5
AAFP (Prescribed)	14.5
ACNM	14.5
ACOG	15.0

I certify that I participated in the above CME activity for 14.5 *hours.*

Office of CME Authorization

Curtis Boyd, MD

Participant Signature

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

0211 31
RECEIVED
APR 24 2002
NM BOARD OF MEDICAL EXAMINERS

Triennial Renewal 6/30/2002 – 6/30/2005

Current Information **License # 71-11** **Corrections**

Gender: ☒ Male ☐ Female SSN: DEA:

Preferred Mailing Address:

Curtis W Boyd, MD

fax # e-mail

Business Phone: 505-242-7512

Website:

Business or Public Address, if different from above:
801 Encino Pl Ne Ste C-2

Albuquerque, NM 87102

fax # e-mail

NM Physician Assistant(s) currently under your supervision:

SPECIALTIES:
Pregnancy Termination

DUE and payable by JULY 1, 2002*	**DUE and payable AFTER JULY 1, 2002***
RENEWAL FEE: $310	**LATE RENEWAL FEE: $410**
Your license will expire July 1, 2002	Renewals postmarked after July 1, 2002 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 a license in inactive status does not require payment of the triennial renewal fee or compliance with CME requirements. I further understand that I may not engage in the practice of medicine or write prescriptions as long as my license is inactive.
- ☐ **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 or write prescriptions.
- ☐ **Voluntary Lapsed Status/No Fee:** I choose not to renew my New Mexico medical license. I understand that I may not engage in the practice of medicine or write prescriptions.

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

Staff Only
Payment Information: Fee received: $_____ By: ___ Visa ___ Master Card ___ Check ___ Money Order
Credit card # _____ Expires _____

Phone: 505-827-7317 *Website: www.nmbme.org* *Email: nmbme@state.nm.us*

All questions must be answered

Since the last renewal:

1. Has any action, including any disciplinary action, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board?..... ☐ Yes ☒ No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license?..... ☐ Yes ☒ No
3. Have you been treated for use or misuse of any chemical substance or alcohol?...(if you are currently a voluntary participant in a Board approved monitoring program you may answer "No")..... [redacted]
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine?..... [redacted]
5. Have you been denied a license in another state?..... ☐ Yes ☒ No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?..... ☐ Yes ☒ No
7. Have you been reported to the National Practitioner Data Bank?..... ☐ Yes ☒ No
8. Have you been arrested, convicted of, or pled no contest to a crime?..... ☐ Yes ☒ No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you?..... ☐ Yes ☒ No

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

✓ I hereby certify, under penalty of perjury, that all information on this form is currently accurate.

✓ I certify that if I was licensed during 7/1/99 – 7/1/02 and I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16.10.4 NMAC, or

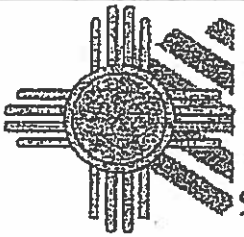
___ I have not completed a minimum of 75 CME hours as required by 16.10.4 NMAC and am requesting an emergency deferral, of up to 90 days, as allowed under 16.10.4.15 NMAC. I understand I will be assessed a late renewal penalty of $100 between (7/2/2002 – 8/15/2002) or $150 between (8/16/2002 – 10/1/2002) if my CME is not completed and submitted to the Board by July 1.

Curtis Bell, MD — 4-12-02

Signature of Licensee (Signature stamp is not accepted) — Date

Boyd, Curtis W			QUESTION_ID	QUESTION_TEXT	ANSWER	CREATE_DATE		UPDATE_DATE
	Boyd, Curtis W	71-11	56	1. Has any action,	N	4/6/2005	1	4/11/2005
			57	2. Have you been denied	N	4/6/2005	1	4/11/2005
			58	3. Has there been any	N	4/6/2005	1	4/11/2005
			59	4. Have you been	N	4/6/2005	1	4/11/2005
			60	5. Have there been any	N	4/6/2005	1	4/11/2005
			61	6. Have you had	N	4/6/2005	1	4/11/2005
			62	7. Do you have any	N	4/6/2005	1	4/11/2005
			63	8. Are you currently	N	4/6/2005	1	4/11/2005
			64	9. Have you been	N	4/6/2005	1	4/11/2005
			65	10. I certify that I have	Y	4/6/2005	1	4/11/2005
			86	Please select a statement	Engaged in direct patient	4/6/2005	1	4/11/2005
			87	Do you practice full-time	N	4/6/2005	1	4/11/2005
			94	Do you practice	Y	4/6/2005	1	4/11/2005
			95	Are you retired but	N	4/6/2005	1	4/11/2005

Complete text of Questions



Professional License Application and Renewal

STATE OF NEW MEXICO

Renewal Checklist

- Questions
- Demographics
- License Address
- License Update
- Survey
- Finish

Please read the following questions carefully and provide accurate answers. The Board requires a paper copy of any actions taken by any state licensing boards during the past three years, as well as copies of any malpractice information from claims during the past three years that have not been previously submitted.

Click **Submit Answers** after you have answered all of the questions. To move to the next step, you can click on link at the bottom of the page or select from the menu on the left.

Frequently Asked Questions: FAQ

Question	Answer
1. Has any action, including any disciplinary action, probation, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board since your last renewal?	Please Choose
2. Have you been denied a license in another state since your last renewal?	Please Choose
3. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license since your last renewal?	Please Choose
4. Have you been charged, arrested, convicted of, or pled no contest to a crime since your last renewal?	Please Choose
5. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you since your last renewal?	Please Choose
6. Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (if you are currently a voluntary participant in a Board approved monitoring program you may answer "No")	Please Choose
7. Do you have any medical or mental condition that in any way impairs or limits your ability to practice safely?	Please Choose
8. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	Please Choose
9. Have you been reported to the National Practitioner Data Bank since your last renewal?	Please Choose
10. 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.	Please Choose

Licensing Home Page
Logout

Change Status on Renewal:

Active

If you have answered yes to questions ~~1-9~~ 1 above please click here and provide a written explanation of your yes answer(s) and indicate if you will be providing any additional information by mail. Board staff will review the explanations provided. This may delay the processing of your renewal application as further information may be required.

If you have answered "No" to question 10, please click here for information about an Emergency Deferral.

To view the Continuing Education click here.

To request an Emergency Deferral, click here.
By clicking Submit Answers I certify that the information contained in the renewal application I have submitted are true and correct to the best of my knowledge. I further understand that my license could be in jeopardy if I have knowingly made any false statements in the completion of this application.

Submit Answers

Go to next step.

10/27/20

Boyd, Curtis W

QUESTION ID	QUESTION TEXT	ANSWER	CREATE DATE	UPDATE DATE
71-11	Since your last renewal, have any complaints been filed against you with any licensing agency?	N	5/27/2008	
	Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently	N	5/27/2008	
	Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?	N	5/27/2008	
	Since your last renewal, have you been denied professional liability insurance coverage?	N	5/27/2008	
	Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?	N	5/27/2008	
	Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	5/27/2008	
	Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	5/27/2008	
	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	N	5/27/2008	
	Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for	N	5/27/2008	
	Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board	[redacted]	5/27/2008	
	Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	N	5/27/2008	
	Since your last renewal, have you been reported to the National Practitioner Data Bank?	N	5/27/2008	
	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	5/27/2008	
	Direct patient care (part-time):	0-10%	5/27/2008	
	Since your last renewal, have you had any physical injury or disease, or mental illness or impairment which either has affected or could reasonably be expected to affect your	[redacted]	5/27/2008	
	Other (part-time):	Not Applicable	5/27/2008	
	Research (part-time):	Not Applicable	5/27/2008	
	Teaching (part-time):	0-10%	5/27/2008	
	Please select a statement that BEST describes your practice: * 	Engaged in	5/27/2008	
	Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):	N	5/27/2008	
	Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100):	Y	5/27/2008	
	Are you retired but maintain an active license? <font color = red> * <font>	N	5/27/2008	
	If you practice in New Mexico please indicate number of work location(s): Office(s):	Not Applicable	5/27/2008	
	Hospital(s):	Not Applicable	5/27/2008	
	Rural:	Not Applicable	5/27/2008	
	Clinic(s):	1	5/27/2008	
	City(s)/Town(s):	1	5/27/2008	
	Administration (part-time):	71-80%	5/27/2008	
	Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?	N	5/27/2008	
	Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being	N	5/27/2008	
	Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	5/27/2008	
	Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended,	N	5/27/2008	
	Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have your been named as a defendant in any	N	5/27/2008	
	Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please	Y	5/27/2008	

8/2/2011

Boyd, Curtis W **Medical Doctor** **71-11**

30. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/17/2011
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/17/2011
8. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/17/2011
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/17/2011
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	06/17/2011
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	06/17/2011
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/17/2011
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?	[redacted]	06/17/2011
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	[redacted]	06/17/2011
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	06/17/2011
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/17/2011
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/17/2011
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/17/2011
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/17/2011
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/17/2011
6. 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	06/17/2011
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	06/17/2011
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	N	06/17/2011
21. If yes do you hold Lifetime Certification?	N	06/17/2011
22. If yes do you hold Time Limited Certification?	N	06/17/2011
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	06/17/2011
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	06/17/2011
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	06/17/2011
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	06/17/2011

10/20/2014

Boyd, Curtis W **Medical Doctor** **71-11**

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	06/16/2014
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/16/2014
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/16/2014
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/16/2014
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/16/2014
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	06/16/2014
7. Since your last renewal have you been named as a defendant in any criminal proceedings?	N	06/16/2014
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?	Y	06/16/2014
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	06/16/2014
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	06/16/2014
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/16/2014
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	06/16/2014
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	06/16/2014
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/16/2014
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/16/2014
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	06/16/2014
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 seperate sheet	N	06/16/2014
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/16/2014
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?	[redacted]	06/16/2014
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	[redacted]	06/16/2014
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	06/16/2014
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	N	06/16/2014
21. If yes do you hold Lifetime Certification?	N	06/16/2014
22. If yes do you hold Time Limited Certification?	N	06/16/2014

71-11

Quintana, Amanda L., BME

From: Joan Garbagni [boyd02@covad.net]
Sent: Monday, June 16, 2014 11:53 AM
To: explain, med, BME
Subject: explanation

Dear New Mexico Medical Board,

This is in response to renewal of Medical license 71-11 for Curtis W. Boyd, M.D.

He has asked me to inform you that he has answered YES in response to question #8 as the NM Medical Board had concluded and closed the investigation on August 09, 2012. This is case no. 2011–E-159.

Joan Garbagni
Clinic Director

Southwestern Women's Options
Curtis Boyd, M.D., P.C.
522 Lomas Blvd. NE
Albuquerque, NM 87102
(505) 242-7512 office
(505) 242-0540 fax

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10/23/2017

Boyd, Curtis W **Medical Doctor** **71-11**

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	05/16/2017
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/16/2017
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/16/2017
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/16/2017
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/16/2017
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	05/16/2017
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/16/2017
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	05/16/2017
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	05/16/2017
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, for any reason, except for medical records delinquency unrelated to your professional	N	05/16/2017
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/16/2017
10. c. Since you last renewal, have you been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	N	05/16/2017
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	05/16/2017
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	05/16/2017
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/16/2017
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/16/2017
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	05/16/2017
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	05/16/2017
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/16/2017
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?		05/16/2017
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		05/16/2017
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	05/16/2017
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	05/16/2017
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	05/16/2017
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	05/16/2017