

Board of Medical Examiners of the State of New Mexico
APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT
OR EXAMINATION

982-0842

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 Lucia Cies
- 2. Address [Redacted] San Francisco, Ca. 94107 Suite # 87501
- 3. Place and date of birth Boston, Mass. on [Redacted] 1948
- 4. American citizen (by birth or naturalization) by birth
If not a citizen Declaration of Intention—Date filed and No.
- 5. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted Board of Medical Examiners 1 month as follows:
From July 1976 To present at San Francisco, Cali,
From To at
From To at
From To at
- 6. I am a member of the following Medical Societies or Associations American Public Health Association
- 7. Upon what license or certificate do you base this application? Certificate of National Board of Medical Examiners
- 8. In what states licensed? California
- 9. On what hospital staffs have you served in the past 5 years. (give names and addresses) none
- 10. Have you any physical impairment? no (If yes use separate page to explain.)
- 11. Have you ever been hospitalized or otherwise treated for mental illness? no (If yes use separate page to explain.)
- 12. Have you ever resigned or withdrawn your application from any hospital staff or other professional group? no
- 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 had any personal or legal problems with narcotics, alcohol or other dangerous drugs? no (If yes use separate page to explain)
- 16. Have you ever been charged with violation of any Federal, State or Local Statute? no (Explain)
- (except for minor traffic violation)
- 17. Has disciplinary action ever been taken against you by a hospital staff or by any County Medical Society? no (Explain)
- 18. Are you Board eligible? no Certified? By what Board?
- 19. Military Service (dates) not applicable (attach certified copy of Discharge)

INTERNSHIP

DAY, MONTH, YEAR	DAY, MONTH, YEAR	NAME OF HOSPITAL	LOCATION
From <u>21 June 1975</u>	To <u>21 June 1976</u>	at <u>San Francisco General Hospital,</u>	<u>San Francisco, Ca.</u>

CERTIFICATE OF MEDICAL EDUCATION

LOCATION

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a. San Francisco. h. 19.75.

e photograph attached ation.

S. MD.

San Francisco, Ca.

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County

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19....

otary Public.

endation from Chiefs ary of the New Mex-

It is hereby certified that Lucia Cies of 871 Wisconsin Street, San Francisco, California 94107 Matriculated in University of California at San Francisco, California Date September 27, 1971, attended 13 courses of instruction of 4 months each, and received a diploma conferring the degree of Doctor of Medicine (date) March 30, 1975

Date August 11, 1976

H. Hermani Sedley, M.D. (President, Secretary or Dean)

(SEAL)

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

I, Secretary of certify that was granted certificate No. to practice medicine in the State of on the day of 19 based on (Written examination or diploma) and that said certificate has never been revoked.

Did applicant pass the Federation Licensing Examination?

If by written examination the secretary should further certify:

I further certify that the aforesaid in his written examination before this Board, obtained a general average of per cent in the following subjects:

Table with 4 columns: SUBJECT, PER CENT, SUBJECT, PER CENT. The table is currently empty.

Acting on behalf of the

I hereby certify to the reputability of Dr.

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. (If application is based on National Board of Medical Examiners certificate this reputability certificate is not applicable.)

Secretary

Place Date

Seal of State or National Board of Medical Examiners

photographs of applicant
ished with this application.
ace below—the other with
:k in applicant's own hand-

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. 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 is required as is completion of fingerprint chart. A graduate of a foreign medical school will also file a certified translation of his diploma when necessary and enclose a copy of his permanent certificate from the Educational Council for Foreign Medical Graduates.

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 FOUR WEEKS before a regular meeting, or SIX WEEKS before examination.



AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610



CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
DEPARTMENT OF PHYSICIAN STATISTICS

NAME: CIES, LUCIA, M.D.

MEDICAL EDUCATION NUMBER: 00502750283

ADDRESS: [REDACTED]

SAN FRANCISCO CA

DATE: 09-24-76
94107

BIRTHPLACE: BOSTON, MA

BIRTHDATE: [REDACTED] /48

MEDICAL EDUCATION (SCHOOL YEAR):

UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE, SAN FRANCISCO

1975

NATIONAL BOARD CERTIFICATION: NOT REPORTED TO DATE

LICENSES:

NOT REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

OFFICE BASED PRACTICE

PRIMARY SPECIALTY: INTERNAL MEDICINE

SECONDARY SPECIALTY: OBSTETRICS AND GYNECOLOGY

TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE

INTERNSHIP:

HOSPITAL: SAN FRANCISCO GEN HOSP

SAN FRANCISCO

94110

DATES OF TRAINING: 07/75-06/76

SPECIALTY: FAMILY PRACTICE

SPECIALTY: UNSPECIFIED

RESIDENCY:

NOT REPORTED TO DATE

*** AMA FILES HAVE BEEN CHECKED ***

New Mexico Board of Medical Examiners

R. C. Derbyshire, M.D., Secretary-Treasurer
210 EAST MARCY ST. — SUITE 10
SANTA FE, NEW MEXICO 87501
(505) 827-2215

October 20, 1976

VAUN T. FLOYD, M.D.
Board Member

HOWARD L. SMITH, M.D.
Board Member

HOWARD F. HOUK
Legal Counsel

W. E. BADGER, M.D.
President

W. D. SEDGWICK, M.D.
Vice-President

Lucia Cies, M.D.
329 Sanchez
Santa Fe, New Mexico 87501

Dear Doctor:

The New Mexico Board of Medical Examiners will hold its regular meeting on November 15th and 16th with interviews for permanent licensure on the afternoon of the 15th. All applicants are required to appear before the Board of Medical Examiners at the time of a regular meeting to be granted a permanent license. This is required by law.

I have given you an appointment to meet with the Board for 2:15 P.M. on Monday, November 15, 1976. This meeting will be held in The Council Chamber of the City Hall, located at the corner of Washington and Marcy Streets, Santa Fe, New Mexico.

Sincerely,



R. C. Derbyshire, M.D.
Secretary-Treasurer

RCD:mr



[REDACTED]
San Francisco, Ca. 94107

August 14, 1976

R.C. Derbyshire, M.D.
New Mexico Board of Medical Examiners
210 East Marcy St.
Santa Fe, New Mexico 87501

Dear Dr. Derbyshire,

Enclosed please find my completed application and the following supporting documents:

- Notarized copy of medical diploma
- Fingerprint card
- Diplomate certificate of the National Board
- Unmounted photograph
- \$100.00 money order

You will receive letters of recommendation from Dr. Hibbard Williams, Chief of the Dept. of Medicine, San Francisco General Hospital, and from Dr. William Gerber, Chief of the Family Practice Residency Program, San Francisco General Hospital.

At the end of August I will be moving to Santa Fe where I plan to make my home. At that time I will notify you of my local address so that we can arrange an interview. Until that time please send any correspondence to my San Francisco address above.

Sincerely yours,

Lucia Cies, M.D.

Lucia Cies, M.D.

August 23, 1976

Lucia Cies, M. D.

[REDACTED]
San Francisco, California 94107

Dear Doctor Cies:

This is to acknowledge receipt of your application for medical licensure in the State of New Mexico by endorsement of your National Board certificate along with a copy of your medical diploma, fingerprint chart, photograph, and fee of \$100. Your receipt is enclosed. Your two letters of recommendation are not here.

If you need a temporary license valid until the next regular meeting of the board in November, it will be necessary for you to have a personal interview with me. For an appointment please call my secretary at 827-2215.

Very truly yours,

R. C. Derbyshire, M.D.
Secretary-Treasurer

RCD:mm

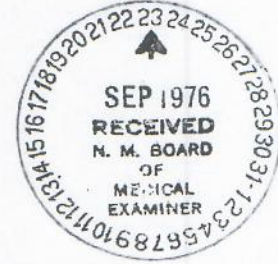
Enclosure: Receipt 49530

HOWARD F. HOUK, LEGAL COUNSEL

New Mexico Board of Medical Examiners

210 East Marcy Street, Suite 10
R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER
~~XXXXXXXXXXXXXXXXXXXX~~
SANTA FE, NEW MEXICO 87501
(505) 827-2215

SEP 15 3 46 PM '76



TO: Secretary, Board of Medical Examiners
of California
1430 Howe Avenue
Sacramento, California 95825

LUCIA CIES, M.D. has applied for a license to California License #G32208 issued July, 1976. PLEASE CONFIRM. practice medicine in New Mexico. He states that he is licensed in your state.

Will you please furnish us with the following information:

License or Certificate Number G 32208
Date issued 1976
By written examination? National Board
By endorsement or reciprocity? _____
Is license current? yes
Derogatory information n/a

Remarks:

Royal Reed
EXECUTIVE SECRETARY

Signed:

Date:

9/16

VERIFICATION SECTION
State of California
Board of Medical Quality Assurance
Department of Consumer Affairs
1430 Howe Avenue
Sacramento, CA 95825

Very truly yours,

R. C. Derbyshire
R. C. Derbyshire, M. D.
Secretary-Treasurer

RCD:mr

New Mexico Board of Medical Examiners

W. E. BADGER, M.D.
President
W. D. SEDGWICK, M.D.
Vice-President

R. C. Derbyshire, M.D., Secretary-Treasurer
210 EAST MARCY ST. — SUITE 10
SANTA FE, NEW MEXICO 87501
(505) 827-2215

August 31, 1976

VAUN T. FLOYD, M.D.
Board Member
HOWARD L. SMITH, M.D.
Board Member
HOWARD F. HOUK
Legal Counsel

Lucia Cies, M. D.

San Francisco, California 94107

Dear Doctor Cies:

The California Board of Quality Assurance is unable to locate any information in regard to your license without your license number. Will you please write your number below and return this letter to my office as soon as possible.

Sincerely,

R. C. Derbyshire

R. C. Derbyshire, M. D.
Secretary-Treasurer

RCD:bb

California license # G32208 .

issued July 1976.



HOWARD F. HOUK, LEGAL COUNSEL

New Mexico Board of Medical Examiners

210 East Marcy Street, Suite 10

R. C. DERBYSHIRE, M.D., SECRETARY-TREASURER

SANTA FE, NEW MEXICO 87501

(505) 827-2215

August 23, 1976



TO: Secretary, Board of Medical Examiners
of California

1430 Howe Avenue

Sacramento, California 95825

No Record

LUCIA CIES, M.D. has applied for a license to practice medicine in New Mexico. He states that he is licensed in your state.

Will you please furnish us with the following information:

License or Certificate Number _____

Date issued _____

By written examination? _____

By endorsement or reciprocity? _____

Is license current? _____

Derogatory information _____

Remarks:

Signed: _____

Date: _____

VERIFICATION SECTION
State of California
Board of Medical Quality Assurance
Department of Consumer Affairs
1430 Howe Avenue
Sacramento, CA 95825

Very truly yours,

R.C. Derbyshire

R. C. Derbyshire, M. D.
Secretary-Treasurer

RCD:mr

Royal Reich
EXECUTIVE SECRETARY



This is a true and unaltered copy of the original document.
August 11, 1976
State of California, County of San Francisco

Nancy B. Francis
Nancy B. Francis, Notary Public

THE REGENTS OF THE

University of California

ON THE NOMINATION OF THE FACULTY OF THE SCHOOL OF MEDICINE
HAVE CONFERRED UPON

LUCIA CIES

THE DEGREE OF DOCTOR OF MEDICINE
WITH ALL THE RIGHTS AND PRIVILEGES THERETO PERTAINING

GIVEN AT SAN FRANCISCO THIS THIRTIETH DAY OF MARCH IN THE YEAR
NINETEEN HUNDRED AND SEVENTY-FIVE

Edmund G. Brown, Jr.
GOVERNOR OF CALIFORNIA AND
PRESIDENT OF THE REGENTS

W. W. Wittke
PRESIDENT OF THE UNIVERSITY



Francis Long
CHANCELLOR AT SAN FRANCISCO

Julius R. Kistner
DEAN OF THE SCHOOL

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

LUCIA CIES, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.


Attest: John S. Millis
Chairman of the Board

Philadelphia, Pa.
07/01/76

SEAL

Robert A. Chase
President of the Board

Cert. # 152347



It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of **U CALIF SAN FRANCISCO** in **MARCH 1975**, whose birth date is **1948**, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 06/73</u>		
Anatomy, incl. histology and embryology	465	78
Physiology	510	81
Biochemistry	390	75
Pathology	480	79
Microbiology, incl. immunology	360	72
Pharmacology and Materia Medica	380	73
Behavioral Sciences	485	80
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>	420	76
<u>Part II passed 04/75</u>		
Internal medicine and the medical specialties	390	77
Surgery and the surgical specialties	545	84
Obstetrics and Gynecology	515	83
Public Health and Preventive Medicine	560	85
Pediatrics	495	82
Psychiatry	530	84
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>	500	82
<u>PART III passed 03/76</u>		
A General Test of Clinical Competence		
<u>(Minimum Passing Grade 290/75) AVERAGE</u>	510	82.5
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		80.2 (Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Sewerling
Secretary for Certification
08/10/76
Date

SEAL

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504
SECTION B JULY 1, 1992 - JUNE 30, 1995 TRIENNIAL RENEWAL

\$210.00
12-0-9

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

RECEIVED
JUN 29 1992
N.M. BOARD OF THE
MEDICAL EXAMINERS

FEES - CHECK ENCLOSED \$ 210. FEES ARE NON-REFUNDABLE NMSA
ACTIVE STATUS \$210.00 I WISH MY LICENSE TO REMAIN ACTIVE.
*INACTIVE 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 #: 76-149 DEA # 8834 SSN: 7213 BIRTH DATE: / / 48
NAME : LUCIA CIES M.D.
BUS-ADDR : 465 ST MICHAELS DR, SUITE 106
BUS-ADDR :
CITY/ST/ZIP: SANTA FE, NM 87501

BUS-PHONE : 505-983-1213
OUT-OF-STATE PHYSICIANS PRACTICING IN NEW MEXICO, PLEASE PROVIDE NEW MEXICO BUSINESS ADDRESS:
HOME-ADDR :
HOME-ADDR :
CITY/ST/ZIP: SANTA FE, NM 87505

HOME-PHONE : 1158
YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.
HOSPITAL PRIVILEGES: NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL: none
ST VINCENT
PINON HILLS

OTHER STATE LICENSES:
ST: CA LIC#: G32208 ST: CO LIC#: 20418 INACTIVE ST: LIC#:
ST: LIC#: ST: LIC#:

SPECIALITY (1) ~~NONE~~ Gynecology ARE YOU BOARD CERTIFIED YES NO
SPECIALITY (2) ~~ALLERGY/IMMUNOLOGY~~ Family Practice ARE YOU BOARD CERTIFIED YES NO

LIST ALL PA'S AND/OR NURSE PRACTITIONERS THAT ARE CURRENTLY UNDER YOUR SUPERVISION:
PA: NP: Diane Paolazzi RN, CNP-086
PA: NP:

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 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 institution or other medically related entity? NO YES

"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: Lucia Ciesno DATE: 6-27-92
(Must be signed by physician)

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 "75" HOURS FROM AMA CATEGORY I OF CONTINUING MEDICAL EDUCATION ONCE EVERY THREE YEARS.

DOCUMENTATION MUST BE ATTACHED

NAME: LUCIA CIES M.D. LICENSE NUMBER: 76-149

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

- AMA Category I Accredited
 - Clinical Courses. Credit Hours 81
 - AMA Physicians Recognition Award Year _____ Credit Hours _____
 - 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) Credit Hours _____

Date 6-27-92 Signature Lucia Cies Total Credit Hours 81

(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:
CMES Approved By D. W. Kelly Date: 6/30/91 Doc. Rec. ✓

CERTIFICATE OF
ATTENDANCE

TEEN SUICIDE: THE RIPPLE EFFECT

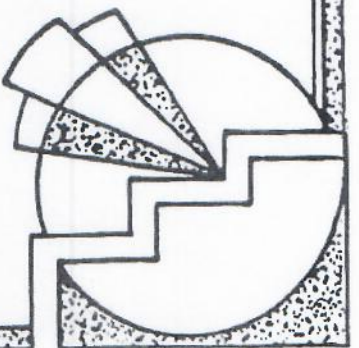
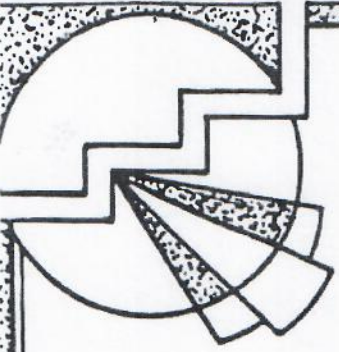
The participant listed below has attended
a program or course sponsored by:

St. Vincent Hospital

This Certificate Awarded To: Lucia Cies, M.D.

Completion Date: April 25, 1990 Contact Hours: 3.5

Provider's Signature: *Shirley Richard R.R. M.D.*
Education Coordinator



National Abortion Federation

Certificate of Attendance



REACHING OUT: SPEAKING FOR ABORTION IN THE 90S
Fourteenth Annual Meeting, May 7 - 8, 1990
Atlanta, GA

This Certifies the Attendance of

Lucia Cies, 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.

B. R. R. R. R. R.

Nicki Nichols

Executive Director
National Abortion Federation

President
National Abortion Federation



April 7, 1992

Lucia Cies, M.D.
465 St. Michael's Drive #106
Santa Fe NM 87501

Dear Dr. Cies:

Our records indicate that you have attending the following category I lectures:

1989 None

1990

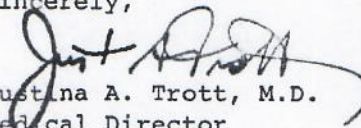
Apr 17th "Thrombocytopenia in HIV Infected Patients"
26th "Long Term Contraceptive Implant"

1991

May 21st "Osteoporosis -- Advances in Therapy"

If you have any questions, please do not hesitate to call us.

Sincerely,


Justina A. Trott, M.D.
Medical Director

total 3 hours



The University of New Mexico

Office of Community Professional Education
School of Medicine Box 531
Albuquerque, NM 87131
Telephone: 505: 277-6611

February 28, 1989

Lucia Cies, M.D.
465 St. Michael's Dr., # 106
Santa Fe, New Mexico 87501

Dear Dr. Cies:

It was a pleasure to have you at the University of New Mexico School of Medicine for a miniresidency with the Department of Ob/Gyn, November 30, December 7,14,21,28, 1988 and February 15, 1989. Your impressions and feedback are appreciated and will certainly be considered in planning programs in the future.

You have been granted 25.5 hours of AMA Category 1 Credit for your miniresidency.

Thank you for your interest and participation in the miniresidency program. Do not hesitate to contact us if we can be of further assistance in your CME endeavors.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cheri N. Koinis".

Cheri N. Koinis
Coordinator
Community Professional Education

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

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

Title of Program: 22nd Annual OB/GYN Postgraduate Seminar

Date(s): February 23-25, 1989

Co-Sponsor(s): Department of OB/GYN

Credit Approvals:	Hours Approved:	I certify that I participated
AMA I	15	in the above CME activity for
ACOG	15	<u>15</u> hours.
AAFP	15.25	
NM CEARP	18.3*	

Rynda Gibbs

Office CME Authorization
*NM CEARP Code # 88-90-7*PR05.02

Lucia Cies MD

Participant Signature

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE

OFFICE OF CONTINUING MEDICAL EDUCATION

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

Title of Program: 23rd Annual OB/GYN Postgraduate Seminar

Date: February 22-24, 1990

Co-Sponsor: Department of Obstetrics and Gynecology

Credit Approvals:

AMA I
ACOG
AAFP
NM CEARP

Hours Approved:

15.0
15.0
15.0
18.0*

I certify that I participated in the above CME activity for 15 hours

Linda Alsop
Office of CME Authorization

Lucia Cies MD
Participant Signature

*NM CEARP Code#88-90-7 PRO5.21

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

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

Title of Program: Transvaginal Ultrasound Workshop In OB/GYN

Date & Location: March 13-14, 1991, Marriott Hotel, Albuquerque, New Mexico

Sponsor: UNM School of Medicine, Department of OB/GYN, and the Office of Continuing Medical Education

Credit Approvals:

AMA Category I
AAFP (Prescribed)
NM CEARP
American College of Obstetricians and Gynecologists (ACOG)
NM State Radiography Certification

Hours Approved: 10.0
9.5
11.4*
10.0 cognates
10.0

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

Mark P. Kant MD
Office of CME Authorization

Lucia Cies MD
Participant Signature

*NM CEARP Code # 9007-006-PR11



NEW MEXICO BOARD OF MEDICAL EXAMINERS

SECTION B

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

RECEIVED

JUN 29 1998 18001

GARYE. JOHNSON
GOVERNOR

TRIENNIAL LICENSE RENEWAL
JULY 1, 1998 - JUNE 30, 2000
MEDICAL LIVINGSTON PARSONS, JR., M.D.
PRESIDENT

RENEWALS DUE ON OR BEFORE JULY 1, 1998. §61-6-26 (A)-(F) NMSA 1978.
THERE ARE SUBSTANTIAL PENALTIES FOR LATE RENEWALS. §61-6-19 NMSA 1978.

LUCIA CIES, M.D.
465 ST MICHAELS DR STE 106
SANTA FE NM 87505-
505-983-1213 BUSINESS PHONE

ADDRESS CORRECTION REQUESTED

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
76-149 -7213 8834 , 1948

HOME ADDRESS: ADDRESS CORRECTION REQUESTED

SANTA FE NM 87505-
1154 SANTA FE, N.M. 87505

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE # STATE # STATE #

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

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION:

PA'S - B/U J DOYLE
NP'S - DIANE PAOLAZZI 07/01/92

HOSPITAL PRIVILEGES:
ST VINCENT

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

**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 1995 THROUGH DECEMBER 1997.

NAME: Lucas Crespo M.D. LICENSE #: 76-149

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.

<input type="checkbox"/> Certified AMA Category 1 Clinical Courses <input type="checkbox"/> New Mexico Specific Category 1 Clinical Courses	Credit Hours <u>74.25</u> Credit Hours _____
<input type="checkbox"/> AMA Physicians Recognition Award <input type="checkbox"/> AAFP Certificate of CME	Year _____ Year _____
<input type="checkbox"/> Certification or Recertification by ABMS Specialty Board	Year _____
<input type="checkbox"/> USMLE Step 3	Year _____
<input type="checkbox"/> Internship, Residency or Fellowship	Inclusive Dates: _____
<input type="checkbox"/> Advanced Degree in Medically Related Field (40 Hours Maximum Per Year of Study)	Year(s) _____ Credit Hours _____
<input type="checkbox"/> Self Assessment Tests: Certificate of Credit Must Be Attached (No Limit)	Credit Hours _____
<input type="checkbox"/> Teaching - Medical Students Statement From Approved Medical School Must Be Attached (40 Hours Maximum Credit)	Credit Hours <u>2.0</u>
<input type="checkbox"/> Preceptorship - Medical Students Statement From Approved Medical School Must Be Attached (30 Hours Maximum Credit)	Credit Hours _____
<input type="checkbox"/> Scientific Articles (10 Hours Each) Proof of Publication Must Be Attached (30 Hours Maximum Credit)	Credit Hours _____

STAFF USE ONLY:
 CME'S APPROVED BY [Signature] DATE: 6/29/98 DOC. REC.

SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS



St. Vincent Hospital

Santa Fe, New Mexico 87501 - Telephone (505) 983-3361

CERTIFICATE OF PARTICIPATION

Name of Participant: Lucia Lee

Title of This CME: Advanced Cardiac Life Support

Date: March 10 & 11, 1995 Maximum CME Hours Approved: 17.5

Hours This Person Attended: 17.5

Provider: St. Vincent Hospital

Provider's Signature: [Signature]

Participant's Signature: _____

"St. Vincent Hospital has been certified by the New Mexico Medical Society as an accredited sponsor of continuing medical education. As a sponsor of this educational activity, St. Vincent Hospital certifies that this activity meets the criteria for 17.5 credit hours in Category I of the American Medical Association's Physician Recognition Award."

ST. VINCENT HOSPITAL

455 St. Michael's Drive ■ Santa Fe, NM ■ 87505

April 17, 1998

Lucia Cies, MD
465 St. Michael's Dr., #106
Santa Fe, NM 87501

Dear Dr. Cies:

Our records indicate that you have attended the following Category I CME/Tumor Board Lectures held at St. Vincent Hospital:

Hours	Program	Date
one	"If Thy Hand Offend Thee": Competency and the Right to Refuse Treatment	12/09/97
one	The Management of Eating Disorders	12/16/97
one	Stroke Rehabilitation	04/14/98

} 2 hrs.
for
current
renewal.

Total = 3

If you have any questions, please do not hesitate to contact our office. You may contact Cecilia Lucero at 505/820-5352.

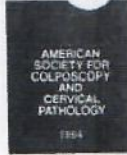
Sincerely,



Gary D. Frank, M.D.,
Chief Medical Officer



This will acknowledge your enrollment in the ASCCP Home Study Program for the following course:



Winter _____ Summer _____
Spring 97 Fall _____

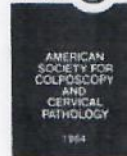
The ASCCP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The ASCCP designates this activity for one (1) continuing medical education credit hour in Category 1 of the Physicians Recognition Award of the AMA.

The Society thanks you for taking advantage of this membership service.

Kathleen McIntyre-Seltman, MD
Chair, ASCCP Education Committee



This will acknowledge your enrollment in the ASCCP Home Study Program for the following course:

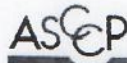


Winter _____ Summer _____
Spring _____ Fall 97

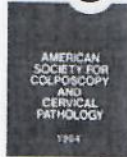
The ASCCP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The ASCCP designates this activity for one (1) continuing medical education credit hour in Category 1 of the Physicians Recognition Award of the AMA.

The Society thanks you for taking advantage of this membership service.

Kathleen McIntyre-Seltman, MD
Chair, ASCCP Education Committee



This will acknowledge your enrollment in the ASCCP Home Study Program for the following course:



Winter _____ Summer _____
Spring 96 Fall _____

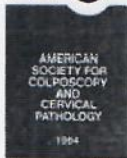
The ASCCP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The ASCCP designates this activity for one (1) continuing medical education credit hour in Category 1 of the Physicians Recognition Award of the AMA.

The Society thanks you for taking advantage of this membership service.

Kathleen McIntyre-Seltman, MD
Chair, ASCCP Education Committee



This will acknowledge your enrollment in the ASCCP Home Study Program for the following course:

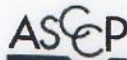


Winter _____ Summer 96
Spring _____ Fall _____

The ASCCP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The ASCCP designates this activity for one (1) continuing medical education credit hour in Category 1 of the Physicians Recognition Award of the AMA.

The Society thanks you for taking advantage of this membership service.

Kathleen McIntyre-Seltman, MD
Chair, ASCCP Education Committee



This will acknowledge your enrollment in the ASCCP Home Study Program for the following course:



Winter _____ Summer _____
Spring _____ Fall 96

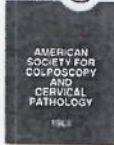
The ASCCP is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians. The ASCCP designates this activity for one (1) continuing medical education credit hour in Category 1 of the Physicians Recognition Award of the AMA.

The Society thanks you for taking advantage of this membership service.

Kathleen McIntyre-Seltman, MD
Chair, ASCCP Education Committee

ASCCP

1995 credits

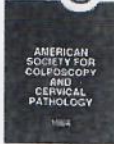


This will acknowledge your enrollment in the ASCCP Home Study Program. Future programs will continue as issues of *The Colposcopist* are published.

ASCCP thanks you for taking advantage of this membership service. This program is certified for 1 CME credit hour.

Kenneth D. Hatch, MD
Treasurer
ASCCP

ASCCP

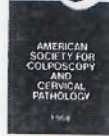


This will acknowledge your enrollment in the ASCCP Home Study Program. Future programs will continue as issues of *The Colposcopist* are published.

ASCCP thanks you for taking advantage of this membership service. This program is certified for 1 CME credit hour.

Kenneth D. Hatch, MD
Treasurer
ASCCP

ASCCP



This will acknowledge your enrollment in the ASCCP Home Study Program. Future programs will continue as issues of *The Colposcopist* are published.

ASCCP thanks you for taking advantage of this membership service. This program is certified for 1 CME credit hour.

Kenneth D. Hatch, MD
Treasurer
ASCCP



HARVARD MEDICAL SCHOOL
DEPARTMENT OF CONTINUING EDUCATION
BOSTON, MASSACHUSETTS

THIS IS TO CERTIFY THAT

Lucia Cies MD

*was enrolled in the Department of Continuing Education of
Harvard Medical School for the course entitled*

PRIMARY CARE FOR THE OBSTETRICIAN GYNECOLOGIST
May 30-June 1, 1986

*Harvard Medical School is accredited by the Accreditation
Council for Continuing Medical Education (ACCME) to
sponsor continuing medical education for physicians.*

*Harvard Medical School designates this continuing medical
activity for 19 credit hours in Category 1 of the
Physician's Recognition Award of the American Medical
Association (AMA).*

19 →

Faculty Dean For Continuing Education



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

February 25, 1998

Lucia Cies
465 St Michael S Drive
Santa Fe, NM 87505

Dear Lucia Cies:

Congratulations on successfully completing the Centers for Disease Control and Prevention (CDC) Public Health Training Network (PHTN) satellite broadcast, *Hepatitis C: Diagnosis, Clinical Management, Prevention*, conducted November 22, 1997.

If you are a physician, the CDC designates this continuing medical activity for **2.5** credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

or

If you are a nurse, this offering for **3.0** contact hours is provided by the CDC, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

or

If you are not a physician or nurse, the CDC hereby awards **.25 CEUs**.

This program has been structured following the International Association for Continuing Education and Training (IACET) Criteria and Guidelines and therefore is awarding Continuing Education Units (CEU). The CEU is a nationally recognized unit designed to provide a record of an individual's continuing education accomplishments.

AAFP

If you are a family physician, you must forward this letter of completion to the American Academy of Family Physicians records department at 8880 Ward Parkway, Kansas City, Missouri 64114-2797, FAX 816-333-9855, telephone 800-274-2237. It is your responsibility to inform AAFP of your attendance at the program in order to receive the credits. The course has been accredited by the AAFP for 2.5 continuing medical education credits.

CHES

If you are a health educator and registered for Certified Health Education Specialist (CHES) credits, the Rollins School of Public Health at Emory University will send out certificates for 2.5 credit hours to those who were in attendance at the program. The accrediting body for Certified Health Education Specialists is the National Commission for Health Education Credentialing.

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

LOUISE

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 I 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.

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

LUCIA CIES

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.

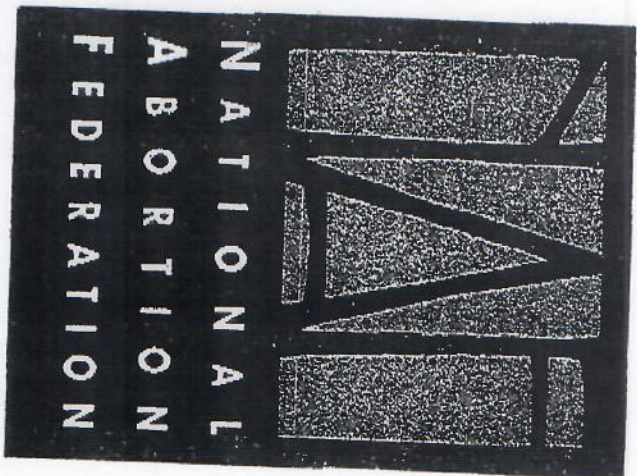
The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

Vicki Saporta

Executive Director
National Abortion Federation

Lynne Randall, MPH

President
National Abortion Federation



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

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

**21st Annual Meeting:
"Pride and Progress"**

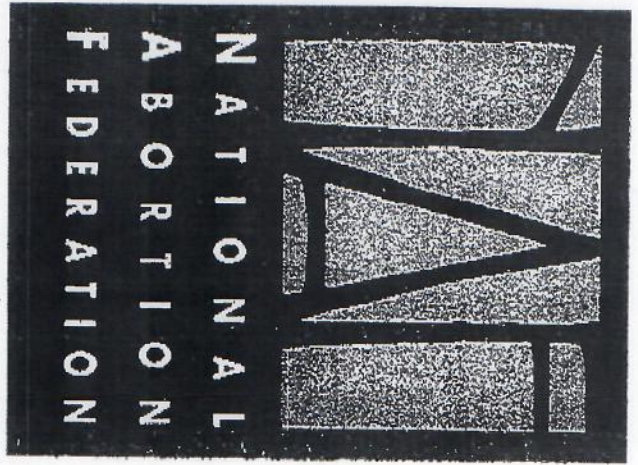
May 4-6, 1997 Boston, MA

This Certifies the Attendance of
LELIA CIES

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 10.25 credit hours in Category 1 of the Physicians Recognition Award of the American Medical Association.

The American College of Obstetricians and Gynecologists has assigned 10.25 cognates (Formal Learning) to this program.



Vicki Saporta

Executive Director
National Abortion Federation

Joan S. Coombs

President
National Abortion Federation

American Medical Association

Physicians dedicated to the health of America



Continuing Medical Education
515 North State Street
Chicago, IL 90610

312-464-4668
312-464-5830 Fax

Certificate of CME Credit

LUCIA CIES, MD

Date of Certificate: January 9, 1998

465 ST MICHAEL'S DR
SANTA FE, NM 87505

AMA PRA Category 1 Credit: 2.00 Hours

Description:

Enduring Materials

Location:

Self Study

Date(s) of Activity:

November 1997 - November 1998

Title of CME Activity:

Genital Herpes: A Clinician's Guide to Diagnosis and Treatment - Part 1

The American Medical Association's (AMA) Ethical Opinion on Continuing Medical Education (CME) states that physicians should only claim credit commensurate with the actual time spent attending a CME activity or in studying a CME enduring material.

Course Number: 3427



#318
4/29

517101
RECEIVED
BOARD OF MEDICAL EXAMINERS
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, New Mexico 87501

SECTION B 210⁰⁰
RECEIVED
JUN 26 1995

Administration (505) 827-5022
Financial (505) 827-6759

TRIENNIAL LICENSE RENEWAL
JULY 1, 1995 - JUNE 30, 1998

NM BOARD OF MEDICAL EXAMINERS
Applications (505) 827-6759
Verifications (505) 827-7317

RENEWALS DUE ON OR BEFORE JULY 1, 1995. §61-6-16 (A)-(F) NMSA 1978.
There are substantial penalties for late renewals. §61-6-19 NMSA 1978.

LUCIA CIES, M.D.
465 ST MICHAELS DR SUITE 106

ADDRESS CORRECTION REQUESTED

SANTA FE NM (87501-)
505-983-1213 Business phone

87505

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 # 76-149 Social Security # [redacted]-7213 DEA # [redacted] 8834 Date of Birth [redacted] 1948

Home Address: [redacted]

SANTA FE NM 87505- [redacted] 1158

Other State Licenses:
State CA # G32208 State CO # 20418 INACTIVE State #
State # State # State #

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

Physician Assistants/Nurse Practitioners under your supervision:
~~PA's - B/U C PERKOWSKA/CALLAGHER-GONZAL~~
NP's - DIANE PAOLAZZI 07/01/92

Hospital Privileges:
1) ST VINCENT
2) PINON HILLS inactive
3)
4)

Additional Hospital Privileges:

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: LUCIA CIES M.D. LICENSE #: 76-149

DOCUMENTATION MUST BE ATTACHED

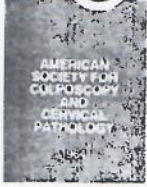
I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses

- A M A Physicians Recognition Award Year _____ Credit Hours 85
- A A F P Certificate of CME Year _____
- Certification or Recertification Year _____
by ABMS Specialty Board
- FLEX Component II 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 Phu Date: 6/27/95 Doc. Rec.

ASCCP



This will acknowledge your enrollment in the ASCCP Home Study Program. Future programs will continue as issues of *The Colposcopist* are published.

ASCCP thanks you for taking advantage of this membership service. This program is certified for 1 CME credit hour.

Kenneth D. Hatch, MD
Treasurer
ASCCP

Fall 94

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

This is to certify that Lucia Cres 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.

[Signature]
Office of CME Authorization

Lucia Cres MD
Participant Signature



HARVARD MEDICAL SCHOOL
DEPARTMENT OF CONTINUING EDUCATION
BOSTON, MASSACHUSETTS

THIS IS TO CERTIFY THAT

Lucia Cies

*was enrolled in the Department of Continuing Education of
Harvard Medical School for the course entitled*

ADVANCED COLPOSCOPY/TREATMENT OF INTRAEPITHELIAL NEOPLASIA
September 10 - 12, 1992

*Harvard Medical School is accredited by the Accreditation
Council for Continuing Medical Education (ACCME) to
sponsor continuing medical education for physicians.*

*This offering meets the criteria for 22 credit
hours in Category 1 of the Physician's Recognition Award
of the American Medical Association.*

A handwritten signature in black ink, appearing to read "John Gelfand", written over a horizontal line.

Faculty Dean For Continuing Education

PRESS HARD WHEN WRITING

Lucia Cis MD
has attended-

ACOG Cognate Program
409 12th Street, SW
Washington, DC 20024-2188

CERVIX-ENDOMETRIUM-OVARY
ACOG NEW MEXICO SECTION
JANUARY 17 THRU 19 1992
SANTA FE NM
11 COGNATES 11 HRS AMA I

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

Non-Fellows retain both copies.

FELLOWS RETAIN BOTH

PRESS HARD WHEN WRITING



The American College of Obstetricians and Gynecologists

Validation of Earned Cognates

The attached form validates ACOG cognates earned by the attendee whose name is imprinted thereon, toward the ACOG Continuing Professional Development Program Award and the AMA Physician's Recognition Award. Store in a secure location for your records.

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

This is to certify that LUCIA CIES, M.D. 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 15 hours.

Monte P. K...
Office of CME Authorization
*NM CEARP Code # 9007-006-PR40

Lucia Cies MD
Participant Signature



CERTIFICATE OF PARTICIPATION

Name of Participant Lucia Cies, M.D.
Title of this C.E. MRI in ONCOLOGY: CURRENT STATUS AND FUTURE DIRECTIONS
Date: October 16, 1992 Maximum C.E. Hours Approved Two
Hours This Person Attended Two
Provider SVH Hospital and Santa Fe Imaging Center
Provider's Signature David Hoverson
Participant's Signature Lucia Cies MD

"St. Vincent Hospital has been certified by the New Mexico Medical Society as an accredited sponsor of continuing medical education. As a sponsor of this educational activity, St. Vincent Hospital certifies that this activity meets the criteria for two credit hours, Category 1 of the American Medical Association's Physician Recognition Award."

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:
"Pain Management: Reducing Patient
Discomfort and Provider Anxiety"**

September 18-19, 1994 • Philadelphia, PA

This Certifies the Attendance of

Lucia Cies, 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.

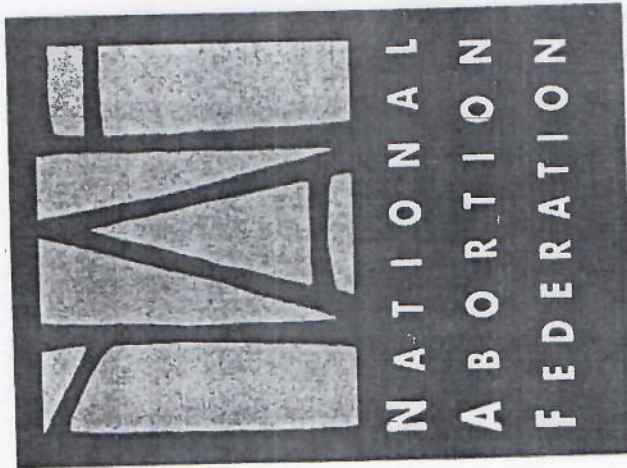
The American College of Obstetricians and Gynecologists has assigned 12 cognates (Formal Learning) to this program.

Sylvia Stensle, MPH

Executive Director
National Abortion Federation

Lynne Randall

President
National Abortion Federation



This program has been reviewed
and is acceptable for 12 Prescribed
Hours by the American Academy
of Family Physicians.

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:
"Staying Out of Trouble: Recognizing
and Treating High Risk Patients"**

September 12-13, 1993 • Seattle, WA

This Certifies the Attendance of

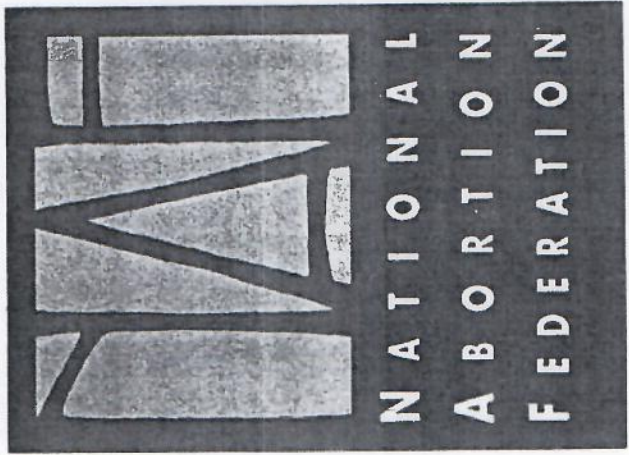
LUCIA CIES, MD
NAF is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

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.

Patricia Anderson, MPH (acting)
Executive Director
National Abortion Federation

Adele Hushen
President
National Abortion Federation



This program has been reviewed and is acceptable for 12 Prescribed Hours by the American Academy of Family Physicians.

1933501
175.00



NM BME/PO BOX 20001/SANTA FE, NM 87501 STAFF USE: | Amt. Rec. 175.00

SECTION B 1990 PHASE-III BIENNIAL RENEWAL SECTION B
RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND WHERE NECESSARY
COMPLETE OR CORRECT THE INFORMATION PROVIDED. ANSWER ALL QUESTIONS AND VERIFY
THE INFORMATION IN THE PLACE PROVIDED. A CHECK FOR \$175.00, THE RENEWAL FEE FOR
ACTIVE OR \$25.00 FOR INACTIVE MUST ACCOMPANY THIS FORM. NO FEE WILL BE RETURNED.

LICENSE #: 76-149 DOB: [REDACTED]/48 SSN: [REDACTED] 7213 DEA# [REDACTED] 8834
NAME : LUCIA CIES M.D.
BUS-ADDR : 465 ST MICHAELS DR, SUITE 106
BUS-ADDR :
CITY/ST/ZIP: SANTA FE, NM 87501
BUS-PHONE : 505-983-1213
HOME-ADDR : [REDACTED]
HOME-ADDR : [REDACTED]
CITY/ST/ZIP: SANTA FE, NM 87505
HOME-PHONE : [REDACTED]-1158
SCHOOL : UNIV OF CALIFORNIA DATE GRADUATED: 03/30/75

HOSPITAL PRIVILEGES: NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL
ST VINCENT
PINON HILLS

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED
ST: CA LIC#: G32208 ST: LIC#: ST: LIC#:
ST: CO LIC#: 20418 INACTIVE ST: LIC#: ST: LIC#

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 in any form including the writing of prescriptions.

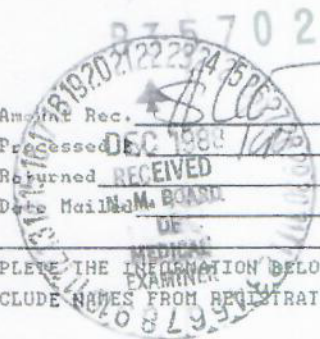
NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED - DUE BY 12-31-89.

- 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.

SIGNATURE: Lucia Cies MD DATE: 11-2-89
(Must be signed by physician)

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. _____
| Processed DEC 1988 _____
| Returned RECEIVED _____
| Date Mailed DEC 1988 _____



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 #: 76-149
NAME : LUCIA CIES M.D.
ADDRESS : 465 ST MICHAELS DR, SUITE 106
ADDRESS :
CITY/ST/ZIP: SANTA FE, NM 87501
PHONE: 505-983-1213 BIRTH DATE [REDACTED] /48 SSN: [REDACTED]-7213
HOME ADDRESS
ADDRESS [REDACTED]
ADDRESS [REDACTED]
CITY/ST/ZIP: SANTA FE, NM 87501
PHONE: [REDACTED]-1158
EXAM: NATIONAL BOARD
SCHOOL : UNIV OF CALIFORNIA
HOSPITAL: ADD ANY HOSPITALS WHERE YOU HAVE BEEN GIVEN PRIVILEGES IN 1988 IF NOT LISTED.
ST VINCENT
PINON HILLS

all information above is correct - L. Ciesuo

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 NO

If you answered YES to the above question an explanation must be attached.

ARE YOU A U.S. GRAD? YES NO ECFMG #: _____ DEA #: [REDACTED] 8834

STATE LICENSES EVER HELD:

ST: Calif LIC #: G-32208
ST: NM LIC #: 76-149
ST: Calif LIC #: 20418 (no longer active)
ST: _____ LIC #: _____
ST: _____ LIC #: _____

ACTIVE STATUS

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

*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.

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

Date: 12-19-88
SIGNATURE: Lucia Ciesuo
(must be signed by physician)

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

NEW MEXICO BOARD OF MEDICAL EXAMINERS
 VERIFICATION OF CONTINUING EDUCATION
 (61-6-3E/61-6-22 NMSA 1978 and NMBME Rule 79-13)

NAME: LUCIA CIES M.D. LICENSE NUMBER: 76-149 HOURS OF CME'S REPORTED: 67

This is your regular year to report CME's. Records in the Medical Board Office show that you have already reported the hours as indicated above. If the above information shows that you have reported 75 hours or more, you need only sign this form and return it with your completed form included in the mailing. If you have reported less than 75 hours, YOU MUST REPORT THE ADDITIONAL HOURS NEEDED TO BRING YOUR TOTAL TO 75 HOURS. Use the section provided below to report your CMEs.

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 re-registration of my license in 1989 as follows:

Clinical Courses approved for AMA Category I during 1986, 1987, 1988: _____ Credit Hours 37.5

- Physicians Recognition Award of AMA Year _____ Credit Hours _____

- Certificate of CME of AAFP: Year _____ Credit Hours _____

- Certification of Recertification by a Speciality Board Year _____ Credit Hours _____

- FLEX Component II: Year _____ Credit Hours _____

- Internship, Residency or Fellowship:
 _____ / _____ Credit Hours _____
 Program Location Dates

- Advanced Degree:
 _____ Credit Hours _____
 Medical School

- Self Assessment Tests:
 _____ Credit Hours _____
 Educational Institution

- Teaching:
 _____ Credit Hours _____
 Medical School or Approved Program Institution

- Preceptors:
 _____ Credit Hours _____
 Medical School

- Scientific Paper or Publications Credit Hours _____ TOTAL CREDIT HOURS 104.5
12-19-88 Lucia Ciesno for 3 yrs.

Date Signature
 (NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

See previously submitted information regarding 67 hours accumulated in 1986 and '87

STAFF USE ONLY: CMEs approved by lv Date: 12/22/88 Documentation Received (lv)

Lucia Cies, M.D.

Family Practice

PROFESSIONAL SEMINAR CONSULTANTS®
Office of Continuing Professional Education

AS AN ORGANIZATION ACCREDITED FOR
CONTINUING MEDICAL EDUCATION
BY THE ACCREDITING COUNCIL FOR CONTINUING MEDICAL EDUCATION
CERTIFIES

DR. LUCIA CIES

HAS ATTENDED THE

SINO-AMERICAN OBSTETRICS AND GYNECOLOGY CONFERENCE
AND HAS SATISFACTORILY COMPLETED 37.5 CREDIT HOURS, CATEGORY 1
TOWARDS THE PHYSICIANS RECOGNITION AWARD

OF THE

AMERICAN MEDICAL ASSOCIATION

06/10/88 - 06/25/88

SEMINAR DATE



STEPHEN R. PERLS, D. Ed.
Director
Continuing Medical Education

MICHAEL SCHULZE
President

✓

**BOARD OF MEDICAL EXAMINERS
RENEWAL APPLICATION
FOR LICENSE TO PRACTICE MEDICINE**



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 # 76-149

NAME AS IT APPEARS ON YOUR CURRENT LICENSE

CIES, LUCIA _____
Last Name First Name Middle Initial

MAIDEN NAME N.A.

DATE OF BIRTH _____ SOCIAL SECURITY _____ - 7213
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.)

465 St. Michael's Drive Suite 106
Street

PHONE NO. 983-1213

Santa Fe, N.M. 87501
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. _____ - 1158

Santa Fe, N.M. 87505
City State Zip

BOARD CERTIFIED [] Yes [] No

SPECIALTY _____

000

Lucia Cies, M.D.
Family Practice

License # 76-149

Category I AMA approved continuing education courses:

<u>Date</u>	<u>Topic</u>	<u>Hours</u>
11-85	Title X Continuing Ed Pelvic Problems, STD's + AIDS	8.1
2-86	UNM Dept of Ob-Gyn Annual Post Grad. Seminar	15
2-87	National Abortion Federation Medical-Legal Seminar	13
3-87	UNM Dept of Ob-Gyn Annual Post-Grad. Seminar	14
1-87	NM Chapter ACOG Breast Disease	13
9-87	National Abortion Federation Advanced Procedures	12

Total 75.1 hrs.

8.1

67.0

	<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
	76-149				
Cies, Lucia					
108	Teaching (part-time):				Not 3/30/2007
86	Please select a statement that BEST describes your practice: * 				Enga 3/30/2007
87	Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100).				Y 3/30/2007
88	Direct patient care:				91-1 3/30/2007
90	Administration:				0-10 3/30/2007
91	Teaching:				Not 3/30/2007
92	Research:				Not 3/30/2007
93	Other:				Not 3/30/2007
94	Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100):				N 3/30/2007
95	Are you retired but maintain an active license? * 				N 3/30/2007
96	If you practice in New Mexico please indicate number of work location(s): Office(s):				N 3/30/2007
98	Hospital(s):				1 3/30/2007
99	Rural:				1 3/30/2007
100	Clinic(s):				Not 3/30/2007
101	City(s)/Town(s):				Not 3/30/2007
102	If you practice in New Mexico, please enter the name of each Physician Assistant you supervise and indicate if you are the primary supervisor or an alternate supervisor.				1 3/30/2007
103	Administration (part-time):				Yvet 3/30/2007
168	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)?				Not 3/30/2007
170	Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?				N 3/30/2007
171	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 challenged?				N 3/30/2007
173	Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?				N 3/30/2007
58	Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?				N 3/30/2007
59	Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have you been named as a defendant in any criminal proceedings or subject to investigation by a governmental entity that could result in sanctions or licensure adverse actions?				N 3/30/2007
60	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 provide the following information for each claim or suit. Please type on a separate sheet of paper each case. <p> .Name, age, sex of patient/claimant. Date(s) and type of treatment and/or surgery, which led to the allegations against you. Nature of allegations in claims/suits. Specify whether a suit was ever filed. Names of other practitioners and hospitals, if any. involved in claims or suit. Disposition or current status of claim or suit (be specific). Name of insurance carrier defending you. Name of defense attorney. 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")				N 3/30/2007
61	Have you been treated for mental or significant medical illness during the past five years? If yes, please have your treating physician provide the NM Medical Board with a letter regarding your diagnosis and treatment.				N 3/30/2007
62	Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?				N 3/30/2007
63	Since your last renewal, have you been reported to the National Practitioner Data Bank?				N 3/30/2007
64	20. I certify that I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16.10.4 NMAC.				N 3/30/2007
104	Direct patient care (part-time):				Y 3/30/2007
106	Other (part-time):				Not 3/30/2007
107	Research (part-time):				Not 3/30/2007
56	Since your last renewal, have any complaints been filed against you with any licensing agency?				Not 3/30/2007
57	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 held licenses pending investigation or being challenged?				N 3/30/2007
163	Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?				N 3/30/2007
164	Since your last renewal, have you been denied professional liability insurance coverage?				N 3/30/2007

3/28/2011

Cies, Lucia

Medical Doctor

76-149

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	06/18/2010
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/18/2010
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/18/2010
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/18/2010
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/18/2010
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/18/2010
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	06/18/2010
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/18/2010
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		06/18/2010
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and		06/18/2010
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	06/18/2010
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/18/2010
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/18/2010
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/18/2010
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/18/2010
7. Have you ever been named as a defendant in any criminal proceedings?	N	06/18/2010
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	06/18/2010
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/18/2010
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/18/2010
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	Y	06/18/2010
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/18/2010
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	N	06/18/2010
21. If yes do you hold Lifetime Certification?	N	06/18/2010
22. If yes do you hold Time Limited Certification?	N	06/18/2010

1/3/2014

Cies, Lucia

Medical Doctor

76-149

1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/20/2013
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/20/2013
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/20/2013
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	05/20/2013
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/20/2013
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/20/2013
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/20/2013
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/20/2013
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/20/2013
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	Y	05/20/2013
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/20/2013
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/20/2013
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Y	05/20/2013
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/20/2013
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/20/2013
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/20/2013
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/20/2013
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/20/2013
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		05/20/2013
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and		05/20/2013
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	05/20/2013
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	N	05/20/2013
21. If yes do you hold Lifetime Certification?	N	05/20/2013
22. If yes do you hold Time Limited Certification?	N	05/20/2013

10/7/2016

Cies, Lucia

Medical Doctor

76-149

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	06/03/2016
2. Since your last renewal have you been denied professional liability insurance coverage?	N	06/03/2016
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	06/03/2016
4. Since your last renewal have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N	06/03/2016
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	06/03/2016
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	06/03/2016
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	06/03/2016
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	06/03/2016
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	06/03/2016
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	06/03/2016
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	06/03/2016
11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	06/03/2016
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	06/03/2016
12. b. Are any currently held licenses pending investigation or being challenged?	N	06/03/2016
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	06/03/2016
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	N	06/03/2016
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	06/03/2016
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	06/03/2016
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		06/03/2016
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and		06/03/2016
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC	Y	06/03/2016
19a. I certify that 5 hours of the required 75 hours of CME are in Pain Management, as required by 16.10.14. 11 NMAC OR I certify that I do NOT hold a NM Controlled Substance Registration.	Y	06/03/2016
20. I attest that I will limit my practice to areas in which I am competent to practice.	Y	06/03/2016
21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?	N	06/03/2016