

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 E. Morten Avenue, Suite 210
Phoenix, Arizona 85020
A.C. (602) 255-3751

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE THROUGH WRITTEN EXAMINATION

FEB 07 1997

FOR BOARD USE
DO NOT USE THIS SPACE



ALL FORMS PROVIDED MUST BE COMPLETED BY THE APPROPRIATE AGENCY AND RETURNED DIRECTLY TO THIS BOARD

INFORMATION

- A. The Federation will provide you with the application form scheduling identification cards; application instructions; USMLE Information Bulletin, and USMLE Guidelines, Strategies and Sample Examination Items. The Federation of State Medical Boards application request and general information phone number is (817) 571-2949. You must submit this Application for License, along with the license application fee, to the Arizona Board of Medical Examiners prior to sitting for USMLE step III. Send the fee for the USMLE exam, \$400.00 check made payable to the Federation of State Medical Boards, directly to the Federation.
- B. All candidates will be required to provide satisfactory evidence that:
1. He possesses a good moral and professional reputation.
 2. He is physically and mentally able safely to engage in the practice of medicine.
 3. He has not been found guilty of any act of unprofessional conduct; medical incompetency; or mentally or physically unable to safely engage in the practice of medicine.
 4. He has not had disciplinary action taken against him by any other state, territory, district or country for reasons which relate to his ability to safely and skillfully engage in the practice of medicine.

APPLICATION INSTRUCTIONS (Read Carefully)

In addition to the appropriate completion of the applicable sections of this application, the applicant will submit the following:

1. Evidence of name and date of birth: a photocopy of birth certificate; documentary evidence for consideration etc. (Visa, alien resident card, Passport, etc.)
2. Certified evidence of any legal name changes other than that shown on certificates filed in accordance with paragraph 1 above, (e.g., marriage certificate).
3. Photocopy of M.D. Degree Diploma; OR M.B., B.S. Degree Diploma for foreign graduates.
4. Photocopy of the DD 214 Form of release from U.S. military or public health service. OR, if currently serving, have attached herewith a letter from any Commanding Officer setting forth the dates of active duty, assignments, and anticipated date of release from active duty.
5. Photocopies of any certificates awarded by any of the American medical specialty boards.
6. Photocopies of all certificates awarded upon completion of any internship, residency, fellowship or other post-graduate medical education undertaken in United States or Canadian hospitals; OR letters of certification of partial; past; or current training.
7. The names and addresses of all your hospital affiliations for the five years prior to filing this application.
8. A statement of your exact whereabouts and nature of practice from date of graduation from medical school to the present, with specific month and year listed for each location. No period unaccounted for is allowed.

9. Cashier's Check or Money Order in U.S. Funds (~~personal checks not accepted~~), covering the statutory fee of \$150.00. There are no refunds.
10. Credentials submitted in foreign languages shall have affixed thereto a certified translation into English.
11. Separated or Mutilated Applications are not acceptable and will require refiling.
12. Requests for exemptions to any portion of this application will be denied and will delay your consideration for licensure.
13. NOTE: All credentials submitted must remain the property of the Arizona Board of Medical Examiners and NONE will be returned.
14. Photocopies shall not exceed 8 1/2 inches by 11 inches in size.

UNITED STATES OR CANADIAN MEDICAL SCHOOL GRADUATES

Graduates of medical schools located in the United States or Canada which were approved by the Council on Medical Education of the American Medical Association, the Canadian Medical Council, or the Association of American Medical Colleges, will forward forms numbered I, II, and III to the appropriate agency with the request that they be completed and returned directly to the Arizona Board of Medical Examiners.

ALL OTHER MEDICAL SCHOOL GRADUATES

Graduates of medical schools located outside the United States or Canada will forward Forms numbered I, III, IV as may be applicable, to the appropriate agency with the request that they be completed and returned to the Arizona Board of Medical Examiners.

Note: Applications will not be processed nor considered until ALL required forms are completed and returned directly to the Arizona address provided.

APPLICATION

(To be completed, signed by applicant and notarized. All questions MUST be answered completely.)

1. Present Legal Name: Banitt Lisa Marie
PRINT OR TYPE (Last) (First) (Middle) (Maiden)

(a) Other names used: _____

2. Address: Residence: _____
(No.) (Street) (City) (State) (Zip Code) (Phone)

Office: _____
(No.) (Street) (City) (State) (Zip Code) (Phone)

3. City and State of Birth: _____ Month, Day and Year of Birth: _____

4. In what states or provinces have you applied for or been granted license or registration? If more than two, attach separate listing. If license not issued, so state.

(a) _____
(Specify State Board) (Date of Application) (Result) (Certificate No.)

(Date Issued) (Specify if by Written Examination or on Credentials)

(b) _____
(Specify State Board) (Date of Application) (Result) (Certificate No.)

(Date Issued) (Specify if by Written Examination or on Credentials)

5. Has any disciplinary or rehabilitative action including reprimand, censure, probation, restriction, limitation, suspension, stipulation, written consent agreement or revocation ever been taken against you by any state licensing (including other health professions) Board?

NO
(ANSWER)

6. Have any actions, restrictions, limitations (including probation or academic probation) been taken while you were participating in any type of training program or by any health care provider?

NO
(ANSWER)

7. Have you ever been charged with a violation of any statute, rule or regulation of any domestic or foreign governmental agency?

NO
(ANSWER)

8. Has there been any action initiated against you by or through any medical board or association?

NO
(ANSWER)

9. Have you ever had a medical license revoked; suspended; limited; restricted; placed on probation; voluntarily surrendered or canceled during an investigation or in lieu of disciplinary action, entered into a consent agreement or stipulation?

NO

(ANSWER)

10. Have you ever had hospital privileges revoked; denied; suspended or restricted in any way?

NO

(ANSWER)

11. Have you ever been named as a defendant in any malpractice matter which resulted in a settlement or judgement against you in excess of \$20,000?

NO

(ANSWER)

12. Have you ever been convicted of Medicare or Medicaid fraud or received sanctions (including restriction, suspension or removal from practice) imposed by any agency of the federal government?

NO

(ANSWER)

13. Have you ever had your ability to prescribe, dispense or administer medications limited, restricted, modified, denied, surrendered or revoked by a federal or state agency?

NO

(ANSWER)

Note: In the event the response to any of the questions numbered 5 through 13 is YES, the applicant will file with the application a detailed report concerning the above matters; including, any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the results of any hearings, and the disposition of such charge(s). Provide the name and address of applicant's insurance carrier and the name and address of patient's attorney. IN ADDITION, the applicant must provide that certified photocopy(ies) of any hearings, settlements or judgements, together with copies of patient's hospital and/or office records, be submitted to this Board.

14. Have you ever taken a leave of absence (other than for pregnancy) during medical school, training, or any other practice?

NO

(ANSWER)

15. Do you have any chronic ailment communicable to others?

16. Do you have any medical condition which in any way impairs or limits your ability to safely practice any field of medicine?

Ability to practice medicine is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotion or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug-addiction and alcoholism.

17. Within the last ten years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Have you, since attaining the age of eighteen or within the last ten years, whichever period is shorter, been admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?

If you answered "YES" to any part of this question, please provide details on a Supplemental Form, including date(s) of diagnosis or treatment, a description of the course of treatment, and a description of your present condition. Include the name, current mailing address, and telephone number of each person who treated you, as well as each facility where you received treatment, and the reason for treatment.

18. List Internships, Residency and Fellowship training; chronologically showing institution, address, type of program and dates.

Good Samaritan Regional Medical Center

1111 E. McDowell Rd.

Phoenix, AZ 85006

OB/GYN Residency, 6/96 - present

19. Are you American Board certified? NO

Specialty

20. Have you completed the educational requirements for any of the American Board of medical specialty boards? If so, which? NO

21. Exact whereabouts and nature of practice from the date of graduation from medical school to the present, with specific MONTH AND YEAR listed for each. No period unaccounted for is allowed. Attach separate listing if needed.

At Phoenix AZ from 6/96 to present

At (City) (State) from to

At (City) (State) from to

At _____ from _____ to _____
(City) (State)
At _____ from _____ to _____
(City) (State)
At _____ from _____ to _____
(City) (State)

22. In the event you are successful in obtaining a license to practice medicine by this application, have you selected a location?

(Continue residency training) Where? _____

Solo or in Association with? _____

23. What is your intended specialty practice? OB/GYN

24. What branch of the United States Armed Forces have you served with, if any, including USPHS? _____

Active duty? From _____

Month and Year

to _____

Month and Year

STATE OF Arizona

County of Maricopa

SS

The applicant Lisa Marie Banitt

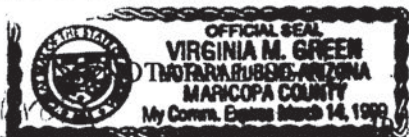
(PRINT OF TYPE) (Name in Full)

being first duly sworn upon his oath deposes and says: that he is the person herein named subscribing to this application; that he has read the complete application, knows the full content thereof, and declares that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; that he is the lawful holder of the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which the applicant is aware and that the applicant is the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present and future), business and professional associates (past, present and future), and all government agencies (local, state, federal or foreign) to release to the Arizona Board of Medical Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse or dependency, requested by that Board in connection with this application; or any further or future investigation by that Board necessary to determine my medical competence, professional conduct or physical or mental ability to safely engage in the practice of medicine. I further authorize the Arizona Board of Medical Examiners or its successors to release to the organizations, individuals or groups listed above any information which is material to this application or any subsequent licensure. I further acknowledge that falsification or misrepresentation of any item or response on this application is adequate to deny the same or to hold a hearing to revoke the same, if issued.

Signature of Applicant Lisa M. Banitt, M.D.

Subscribed and sworn to before me this

day of



Notary Signature

My Commission expires

March 14, 1999

(NOTARY PUBLIC)

FOR OFFICE USE ONLY

Application Rec'd 3-31-19 97

Application Completed 19

Form No. I Rec'd 4-3-19 97

Form No. II Rec'd 7-9-19 97

Form No. III Rec'd 3-31-19 97

Form No. III Rec'd 19

Form No. III-A Rec'd 19

Form No. IV Rec'd 19

Investigation Completed 19

Application withdrawn

(Date)

Application Processed by

Application Checked by

Application Approved August 18 19 97

By Becky Drew

License Issued Aug 29 19 97

License No. 25064

FORM 1

MEDICAL COLLEGE CERTIFICATION

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by the medical school granting the medical degree. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 1651 EAST MORTEN AVENUE, SUITE 210, PHOENIX, ARIZONA 85020. Your early response will be appreciated.

Name: Lisa Marie Banitt, M.D. Lisa M. Banitt, M.D.
(Please Print Type) (Signature)

Address: [REDACTED]

Date: 2/11/97

(DO NOT DETACH)

(This section with a current photograph of the applicant shall be forwarded to and completed by an officer of the medical school granting the medical degree. Please indicate to your medical school that this completed form must be returned to the Arizona Board of Medical Examiners.)

This is to certify that Lisa Marie Banitt
(Full Name of Student)

whose photograph is attached hereto, was granted the degree of Doctor of Medicine by
The University of Iowa College of Medicine on May 10 19 96,
(Full Name of School or College of Medicine as it appears on the Applicant's Medical degree diploma)

that the date of ~~his~~her matriculation in medical school was August 20, 19 92; and that ~~he~~she attended
2 1/2 years of 9/12 months each as verified by the attached certified copy of
(Number) (Number)
his/her transcripts.

1. Was applicant ever required to repeat any segment of training? no If YES, which part(s)? _____
2. Was applicant ever placed on probation, restricted or limited? no If YES, please attach a written explanation.
3. Was there any reason not to continue applicant in the training program? no If YES, please attach a written explanation.
4. Did the applicant have any medical condition which in any way impaired or limited his/her ability to safely practice any field of medicine? [REDACTED]

Ability to practice medicine is to be construed to include all of the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

5. Was the applicant ever diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? [REDACTED]

(OVER)

RECEIVED 2 APR 1997

Has the applicant ever been admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? [REDACTED]

If "YES" to any part of this question, please provide details on a Supplemental Form.

6. Did applicant ever take a leave of absence (other than for pregnancy) during medical school, training or any other practice?
no If YES, please attach a written explanation.
7. Were applicant's final evaluations in every category rated satisfactory and/or above? yes If NO, please attach certified photocopy of evaluation, together with written explanation.

Signed Pete Densen, M.D.
Peter Densen, M.D., Associate Dean
Dean
President } of The University of Iowa College of Medicine
Secretary }
Registrar }
100 CMAB, Iowa City, IA 52242-1101

(SEAL OF COLLEGE)
Date 3/28, 19 97

Please return completed form DIRECT to:

Arizona Board of Medical Examiners, 1651 E. Morten Avenue, Suite #210, Phoenix, Arizona 85020

Revised 2/95 Reorder # IPS 40168

The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Arizona Board of Medical Examiners before any application may be considered.



The University of Iowa

ON THE RECOMMENDATION OF THE FACULTY OF THE

College of Medicine

AND UNDER THE AUTHORITY OF THE BOARD OF REGENTS
THE UNIVERSITY OF IOWA HAS CONFERRED THE DEGREE OF

Doctor of Medicine

UPON

Lisa Marie Banitt

WHO HAS HONORABLY FULFILLED ALL THE REQUIREMENTS PRESCRIBED
BY THE UNIVERSITY FOR THIS DEGREE

AWARDED AT THE UNIVERSITY AT IOWA CITY IN THE STATE OF IOWA

THIS TENTH DAY OF MAY, NINETEEN HUNDRED AND NINETY-SIX.



March 14, 1999
My Commission Expires

Virginia M. Green
Virginia M. Green

Maurin A. Jenerantz
PRESIDENT OF THE STATE BOARD OF REGENTS



Mary Sue Coleman
PRESIDENT OF THE UNIVERSITY
Therese A. Hume
DEAN OF THE COLLEGE

This is to certify that this is a true copy of the original document.

RECEIVED B.O.M.E.X.

JUN -3 97

FORM III

POSTGRADUATE TRAINING CERTIFICATION

TO WHOM IT MAY CONCERN:

In applying for a license to practice medicine in Arizona, the Medical Board requires this form to be completed by each hospital wherein I participated in an approved post-graduate training program in the United States or Canada. This is your authority to release any information in your files of record, favorable or otherwise, DIRECT TO THE BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 1651 EAST MORTEN AVENUE, SUITE 210, PHOENIX, ARIZONA 85020. Your early response will be appreciated.

Name: Lisa Marie Banitt, M.D. Lisa M. Banitt, M.D.
(Please Print or Type) (Signature)

Address

Date: 2/11/97

(DO NOT DETACH)

(This section to be completed by the office of the Administrator of the institution or program wherein the applicant satisfactorily completed (or will complete) a program approved post-graduate training in the United States or Canada.)

This is to certify that LISA MARIE BANITT, M.D. undertook and
(Name of Applicant in Full)

satisfactorily completed a full term approved program of 48 months in the: GOOD SAMARITAN REGIONAL
(Number) (Full Name and Complete Address of Hospital)

MEDICAL CENTER, 1111 E. McDOWELL RD., PHOENIX, AZ 85006

in the field of OBSTETRICS & GYNECOLOGY from 6/23/96 to 6/30/00
(Date) (Date/Anticipated Date)

and that the said program was approved for post-graduate training during that period by the Accreditation Council for Graduate Medical Education, or the Royal College of Physicians and Surgeons of Canada. YES ☒ NO ☐

1. Was applicant ever required to repeat any segment of training? No If YES, which part(s)?

2. Was applicant ever placed on probation, restricted or limited? No If YES, please attach a written explanation.

3. Was there any reason not to continue applicant in the training program? No If YES, please attach a written explanation.

4. Did the applicant have any medical condition which in any way impaired or limited his/her ability to safely practice any field of medicine? [REDACTED]

Ability to practice medicine is to be construed to include all of the following:

The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and

The ability to communicate those judgments and medical information to patients and health care providers, with or without the use of aids or devices, such as voice amplifiers; and

The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes,

(OVER)

MAR 31 97

mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

5. Was the applicant ever diagnosed with or treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?

Has the applicant ever been admitted to a hospital or other facility for the treatment of bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?

If "YES" to any part of this question, please provide details on a Supplemental Form.

6. Did applicant ever take a leave of absence (other than for pregnancy) during medical school, training or any other practice?
No If YES, please attach a written explanation.

7. Were applicant's final evaluations in every category rated satisfactory and/or above? YES If NO, please attach certified photocopy of evaluation, together with written explanation.

Signed John C. V. [Signature]

(SEAL OF HOSPITAL)
(So indicate if none)

Title Senior Administrator of Medical Education

Address: G.S.R.M.C. 1111 E. McDowell Rd. Phoenix, Az. 85006

Date March 26, 1997, 19

Revised 2/95 Reorder # IPS 40169

The applicant must assume the responsibility for completion of this form and is forewarned that it must be fully completed and forwarded to the Arizona Board of Medical Examiners before any application may be considered.

LISA BANITT

Enclosed, please find a
copy of my certificate of
completion of my intern
year. Please notify me if
my file is not yet complete
for licensure.

RECEIVED S.O.M.E.X.

AUG -5 97

Good Samaritan Regional Medical Center

Be it known to all that

Lisa Marie Banitt, M.D.

Has Satisfactorily Completed the Requirements of the
First Postgraduate Year of Training in

Obstetrics and Gynecology

June 23, 1996 - June 30, 1997

In witness whereof the Corporate Seal of the Medical Center
and the signatures of its officers are affixed.

Given in Phoenix, Arizona this thirtieth day of June, 1997



David J. [unclear]
President/Chief Executive Officer

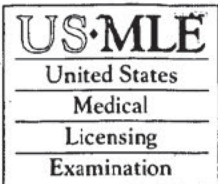
[unclear]
Chief of Staff

[unclear]
Deputy Administrator for Medical
Education and Research

[unclear]
Chair, Obstetrics and Gynecology

RECEIVED S.O.M.E.X.

AUG -5 97



United States Medical Licensing Examination™ Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 03/10/1997

Arizona State Board of Medical Examiners
ATTN: Mark R. Speicher
1651 E. Morten Avenue, #210
Suite 210
Phoenix, AZ 85020

Examinee: Banitt, Lisa Marie
USMLE ID#: 4,042,680-1
DOB: [REDACTED]
Alt Name(s): [REDACTED]

STEP1 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/ Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
6 /1994	PASS	224	176	88	75	

STEP2 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/ Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
3 /1996	PASS	229	167	88	75	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

See reverse side for explanation of information reported above.

Authenticity of USMLE™ Transcripts

Original, certified transcripts of United States Medical Licensing Examination (USMLE) scores are printed on blue safety paper and are produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The embossed USMLE seal in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history, and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For recent administrations, the mean and standard deviation of scores on the three-digit scale for first-time examinees from medical schools in the United States are approximately 205 and 20, respectively, and most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 82 on the two-digit scale is equivalent to a score of 200 on the three-digit scale. A score of 75 on the two-digit scale is always the minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each Step of USMLE is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 6 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

NOTATION REGARDING FSMB BOARD ACTION DATA BANK

The *Board Action Data Bank* of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. armed forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the *Bank*, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the *Board Action Data Bank* are not disciplinary or otherwise

prejudicial in nature. Such actions are reported to assure records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Special circumstances in connection with the administration of an examination may result in one of the following annotations being listed next to the score for that examination:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

Incomplete - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To obtain information regarding the nature of the irregular behavior, the full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9600.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA
SATISFACTION OF REQUIREMENTS SUMMARY

Applicant:	/ Banitt, Lisa Marie
Birthplace:	/ [REDACTED] Date [REDACTED]
Medical Education	/ From University of Iowa College of Medicine in Iowa City, Iowa / Degree Date: 05/10/1996
Postgraduate Training	/ In: Obstetrics & Gynecology for 48 months at GOOD SAMARITAN REGIONAL MEDICAL CENTER / From 06/23/1996 to 06/30/2000
Clinical	
Boards	/ none
Written Examinations	
Endorsement	/ USMLE Step III taken on 5/13-14/97 in Arizona with a score of 92
SPEX	
Licenses	AMA, 4/14/97, N/D FSMB, 4/4/97, N/D

gm
bd

5-22-97
8/15/97

Jane Dee Hull
Governor

Claudia Foutz
Executive Director

Tom Adams
Deputy Director



Arizona State Board of Medical Examiners

9545 E. Doubletree Ranch Rd. • Scottsdale, Arizona 85258
Home Page: <http://www.bomex.org>

Ram R. Krishna, M.D.
Chairman

Tim B. Hunter, M.D.
Vice Chairman

Patrick Connell, M.D.
Secretary

Telephone (480) 551-2700 • Fax (480) 551-2704 • In-State Toll Free (877) 255-2212

January 19, 2001

LISA M. BANITT, M.D.



RE: Cancellation of Arizona License # 25664

Dear Dr. BANITT, :

The Arizona Board of Medical Examiners has received your request to cancel your medical license, # 25664. Pursuant to A.R.S. § 32-1433, a person who holds an active Arizona license to practice medicine that is in good standing, may request that the Board cancel the license.

Accordingly, we have researched your file, and learned that you have been licensed to practice medicine in Arizona since 08/29/1997. We have verified that your license is in good standing and Claudia Foutz, the Executive Director, has granted your request pursuant to her delegated authority from the Board.

The board will not send you future requests for license renewal, and you will no longer have to fulfill the continuing medical education requirement for Arizona. If you decide to practice medicine here at a future date, you will be required to reapply for a license and meet current statutory requirements.

Sincerely,

A handwritten signature in cursive script that reads "Marie Slaughter".

Marie Slaughter
Licensing and Renewal Administrator

MS/s

Enclosure:

CC: License File



Arizona State Board of Medical Examiners

INFORMATION THAT THE BOARD CURRENTLY HAS ON FILE
PLEASE NOTE - ALL QUESTIONS MUST BE ANSWERED

CURRENT INFORMATION

License # 25664 Banitt, Lisa M.

out of state 11/2000
Phoenix, Arizona 85006-0000
000-000-0000

LISA MARIE BANITT, M.D.

CORRECTIONS

CORRECTION OF NAME _____

OFFICE/PUBLIC

FAX # _____ E-MAIL: _____

MAILING

FAX # _____ E-MAIL: _____

HOME

FAX # _____ E-MAIL: _____

ABMS SPECIALTY: Are you currently certified by a Board that is a member of the American Board of Medical Specialties? ☐ Yes ☒ No
If yes, designate AB# _____ (Select from attached list of Recognized American Specialty Boards)

FIELD(S) OF PRACTICE: Select appropriate code(s) from enclosed list (1) CBG (2) _____ (3) _____

I REQUEST THE FOLLOWING CHANGE IN LICENSE STATUS:

☐ **INACTIVE STATUS:** Please inactivate my Arizona license. My signature below serves to certify the following: That I am totally retired from the practice of medicine in this state or any state, territory, or district of the United States or foreign country. I understand that once inactive status is granted, BOMEX will waive the annual renewal fees and requirements for CME. I further understand that I may not engage in the practice of medicine, hold registration with the Drug Enforcement Administration, or write prescriptions as long as my license is classified as inactive. I further understand that I may be required to pass the SPEX examination and that the Board may require any combination of physical examination, psychiatric, psychological evaluations and interviews it deems necessary to determine my ability to safely engage in the practice of medicine.

☒ **CANCELLATION:** Please cancel my Arizona license. My signature below serves to certify the following: That I am not presently under investigation by the Board; the Board has not commenced any disciplinary proceedings against me; and that I am requesting cancellation for the reason that I am no longer practicing medicine in the State of Arizona.

DUE AND PAYABLE BY JANUARY 1, 2001 • RENEWAL FEE: \$206.25

\$206.25

DUE AND PAYABLE AFTER FEBRUARY 1, 2001 • RENEWAL FEE: \$556.25

RENEWAL MATERIAL & FEES POSTMARKED AFTER FEBRUARY 1, ARE ASSESSED LATE PENALTY FEE - \$350.00

Since the last renewal:

- Has any action, including any disciplinary action, limitation, restriction, order for a competency or oral examination, or any agreement for any reason including rehabilitation been taken or entered by any state licensing board? ☐ Yes ☒ No
- Has there been any denial, restriction, suspension or loss/revocation of your DEA or state prescription permit? ☐ Yes ☒ No
- Have you been treated for use or misuse of any chemical substance? ☐ Yes ☒ No
- Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice any field of medicine? (*See explanation on back) ☐ Yes ☒ No
- Have you been denied a license in another state? If yes, ☐ Yes ☒ No
State _____ Date of denial _____
State _____ Date of denial _____
State _____ Date of denial _____

Within the last five years:

- Have you been convicted of or pled no contest to a crime? (**See explanation on back) ☐ Yes ☒ No
- Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you? ☐ Yes ☒ No
Date(s) of judgment or award: _____

IF THE ANSWER IS "YES" TO ANY OF THE ABOVE, PLEASE PROVIDE A COMPLETE WRITTEN EXPLANATION WITH THIS APPLICATION EVEN IF SUBMITTED WITH A PREVIOUS RENEWAL

I hereby certify, under penalty of perjury, that all information on this form is currently accurate, I also certify that during the current calendar year I have completed a minimum of 20 credit hours of continuing medical education as required by A.R.S. §32-1434 and A.A.C. § R4-16-101.

Signature of Licensee (Signature stamp will not be accepted)

Date

NOTE: DO NOT SEND IN CME DOCUMENTS

IMPORTANT: THIS IS THE ONLY NOTICE YOU WILL RECEIVE

CNV 01-5006

PHILIP E. KEEN, MD
CHAIRMAN

PAMELA RANDOLPH, RN, MSN
VICE-CHAIRMAN

RAM R. KRISHNA, MD
SECRETARY



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EXECUTIVE DIRECTOR

ELAINE HUGUNIN
DEPUTY DIRECTOR

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten, Suite 210 • Phoenix, Arizona 85020 • Telephone (602) 255-3751 • FAX (602) 255-1848

August 29, 1997

Lisa M. Banitt, M.D.

Dear Dr. Banitt:

Congratulations! Your certificate to practice medicine in the State of Arizona, License No. 25664, issued on August 29, 1997, is enclosed with your wallet registration card for the current year.

Please be advised that **annual re-registration is mandatory** on a calendar-year basis. Arizona statutes provide that each licensee renew registration on January 1st of every year. To maintain a current license, you are required to pay an annual renewal fee. Notification of renewal will be mailed to your address of record on or about November 1st of each year. Failure to re-register will result in statutory expiration of your license. It is your responsibility to keep the Board informed of address changes. Arizona Revised Statutes §32-1435 (B) provides that:

"Each person holding a current license to practice medicine in this state shall promptly and in writing inform the Board of his current residence and office address and of each change in his residence and office address that may later occur."

Enclosed for your information is the section of the Arizona Medical Practice Act which pertains to Unprofessional Conduct. It is the responsibility of all licensees in practice in Arizona to report directly to the Board of Medical Examiners any misconduct, unprofessional conduct or medical incompetence on the part of your colleagues which may come to your attention. According to A.R.S. § 32-1451 (A), failure to do so is actionable against your license to practice. You will receive a copy of the Arizona State Medical Directory published annually by the Board which contains the Arizona Medical Practice Act. It is suggested that you familiarize yourself with such prior to establishing your practice in Arizona.

In addition, included with this letter is information regarding Continuing Medical Education requirements and Prescription Form requirements.

Please contact Becky Drew, Licensing Manager, Extension 7101, should you have any questions.

Sincerely,

BOARD OF MEDICAL EXAMINERS STATE OF ARIZONA

Elaine Hugunin
Deputy Director

12/94

Enclosures

Jane Dee Hull
Governor

Claudia Foutz
Executive Director

Tom Adams
Assistant Director, Regulation

Donna Linkous
Assistant Director, Operations



Arizona State Board of Medical Examiners
1651 East Morten, Suite 210 • Phoenix, Arizona 85020
Home Page: <http://www.docboard.org/bomex>

Ram R. Krishna, M.D.
Chairman

William J. Waldo, M.D.
Vice Chairman

Tim B. Hunter, M.D.
Secretary

Telephone (602) 255-3751 • Fax (602) 255-1848 • In-State Toll Free (877) 255-2212

July 23, 1999

Dr. Lisa Banitt
1111 E. McDowell Road/OBG
Phoenix, AZ 85006

RE: R.C. (Pt. M.C.) vs. Michael Urig, M.D., Laurie Erickson, M.D., & Lisa Banitt, M.D. (Inv. #12006)

Dear Dr. Banitt:

The Arizona Board of Medical Examiners considered the above-referenced matter during the course of the July 22, 1999 videoconference.

Following a complete and thorough review of all pertinent and available information, the Board concluded in Open Session that the doctor was not in violation of the Medical Practice Act of the State of Arizona and, accordingly, dismissed the matter.

On behalf of the Board of Medical Examiners, thank you for allowing the Board to review this matter. Should you have any questions, please contact the Board Operations Center at (602) 674-7502.

Respectfully,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

A handwritten signature in black ink that reads "Tom Adams".

Tom Adams
Assistant Director/Enforcement

TA/lkm

C: Investigative File
License File
Michael Urig, M.D., Laurie Erickson, M.D., & R.C.

I. CALL TO ORDER: The meeting was called to order at 6:35 p.m.

II. ROLL CALL:

Dr. Krishna, Dr. Powers, Dr. Sattenspiel and Ms. Barnes were present at the Phoenix conference site. Dr. Connell, Dr. Waldo and Dr. Schwager were present via telephone.

III. CALL TO THE PUBLIC:

Inv. #10177- D.L. was present and addressed the Board.
Inv. #10177 & 11984- Dr. Smith and Dr. Zeidman were present and addressed the Board.
Inv. #11290 & 12185- Dr. Scherzer was present and addressed the Board.
Inv. #11468- L.B. & D.W. were present and addressed the Board.
Inv. #11509- N.L. was present and addressed the Board.
Inv. #11769- Kathy Fett, Board Staff, was present and spoke on behalf of A.V.
Inv. #11685- D.D. was present and addressed the Board.
Inv. #12000- T.T. was present and addressed the Board.
Inv. #12018- B.C. was present and addressed the Board.
Inv. #12032- Holly Giesal was present and spoke on behalf of Dr. Tesser.
Inv. #12047- Dr. Cohen was present and addressed the Board.
Inv. #12131- Jennifer Dowdall was present and spoke on behalf of Dr. Levy
Inv. #12137- W.J.C. was present and addressed the Board.
Inv. #12192- L.W.W. was present and addressed the Board.
Inv. #12195- B.B. was present and addressed the Board.
Inv. #12205- L.K. was present and addressed the Board.
Inv. #12205- Dr. Renyolds was present and addressed the Board.
Inv. #12252- T.B. was present and addressed the Board.
Inv. #12327- P.C. was present and addressed the Board.
Inv. #12451- M.M. was present and addressed the Board.
Inv. #12681- Dr. Katzenberg was present and addressed the Board.
Inv. #12681- J.W.K. was present and addressed the Board.
Ms. Alta Zurek was present and addressed the Board on an investigation that was not listed on the agenda.

IV. WITH RECOMMENDATION FOR DISMISSAL:

All of these cases were moved to Thursday, July 29, 1999 due to a lack of a quorum.

Ms. Barnes recused herself from cases #11328, #11893, and #12198.

Dr. Schwager recused himself from cases #10528, #10661, #10712, #11622, #11965, #12095, #12426, #12567, and #12681.

Dr. Waldo recused himself from case #10545.

Dr. Connell recused himself from case #12675.

These cases were pulled for the next meeting, scheduled July 29, 1999.

Dr. Sattenspiel pulled cases #12160 and #12337 for further discussion.

Dr. Connell pulled case #11892 for further discussion.

This case was pulled at staff's request.

Case #11861 was pulled per a staff recommendation.

Motion: Dr. Connell moved to dismiss the cases that were not pulled or from which the Board members had not recused themselves for the next meeting. Dr. Waldo seconded the motion.

Vote: 7-0

FINAL

Last printed 10/01/99 4:20 PM

62.	11988	C.S. vs. Steven Johnson, M.D. (Lic. #19353) (Investigator Zakrzewski, Dr. Sattenspiel)
63.	12000	T.T. vs. John R. Siever, M.D. (Lic. #10088), Ira B. Ehrlich, M.D. (Lic. #5316) & Zoran Maric, M.D. (Lic. #20848) (Investigator Zakrzewski)
64.	12002	L.B. vs. Stewart C. Mann, M.D. (Lic. #13248) (Investigator King)
65.	12004	J.K. vs. Peter Casper, M.D. (Lic. #4841) (Investigator Wheeler)
66.	12006	R.C. (Pt. M.C.) vs. Michael Urig, M.D. (Lic. #17954), Laurie Erickson, M.D. (Lic. #24100), & Lisa Banitt, M.D. (Lic. #25664) (Investigator Palmer)
67.	12009	B.S. vs. Amitab Puri, M.D. (Lic. #25648) (Investigator King)
68.	12012	A.L. vs. Douglas Clark, M.D. (Lic. #14762) (Investigator Johnson, Dr. Krishna)
69.	12013	K.H. vs. Glenn Rothman, M.D. (Lic. #23172) & Brent Sanders, M.D. (Lic. #6754) (Investigator Wheeler, Dr. Waldo)
70.	12015	J. & D.S. (Pt. J.S.) vs. Mark Solovay, M.D. (Lic. #10421) (Investigator Wheeler)
71.	12018	B.C. (06/12/98) vs. John A. Pierce, M.D. (Investigator King)
72.	12019	L.C.M. vs. Louis Rappoport, M.D. (Lic. #22703) (Investigator Zakrzewski)
73.	12021	N.M. vs. Ronald B. Joseph, M.D. (Lic. #8699) (Investigator Wheeler)
74.	12024	P.M. vs. Richard LePanto, M.D. (Lic. #24573), Marcia Lea Wissing, M.D. (Lic. #19641) & Jody Jenkins, M.D. (Lic. #23558) (Investigator Wheeler)
75.	12027	H.N. vs. Peter Kaiser, M.D. (Lic. #22523) (Investigator King, Dr. Hunter)
76.	12029	E.V. (Pt. G.W.) vs. Zuzana K. Hrdlicka, M.D. (Lic. #25118) (Investigator King)
77.	12032	B.W. (Pt. B.W.) vs. John Tesser, M.D. (Lic. #11285) (Investigator King)
78.	12034	C.M. vs. Robert Kershner, M.D. (Lic. #14390) (Investigator King)
79.	12040	A.T. vs. Sebastian Ruggeri, M.D. (Lic. #12438) (Investigator Zakrzewski)
80.	12044	A.L.W. vs. Ralph T. Heap, M.D. (Lic. #11721) & Judd A. Shafer, M.D. (Lic. #11268) (Investigator Wheeler)
81.	12045	E.K. vs. Robert N. Brems, M.D. (Lic. #20722) (Investigator King)
82.	12047	M.J.C. (Pt. C.K.C.) vs. Daniel S. Cohen, M.D. (Lic. #23382) (Investigator Wheeler)
83.	12056	L.H. (Pt. N.P.) vs. Sreeja Pillai, M.D. (Lic. #22171) (Investigator Zakrzewski)
84.	12058	R.R. vs. William L. White, M.D. (Lic. #26503) (Investigator King)
85.	12060	D.C., Esq. (Pt. T.D.) vs. James B. Scott, M.D. (Lic. #8594), Joseph D. Mott, M.D. (Lic. #7589) & Bruce R. Eich, M.D. (Lic. #19429) (Investigator Wheeler)

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

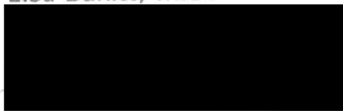
I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Lisa Banitt, M.D.



4a. Article Number

P352296191

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

4-2-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

Walter Banitt

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

PHILIP E. KEEN, MD
CHAIRMAN

PAMELA RANDOLPH, RN, MSN
VICE-CHAIRMAN

RAM R. KRISHNA, MD
SECRETARY



MARK R. SPEICHER
EXECUTIVE DIRECTOR

ELAINE HUGUNIN
DEPUTY DIRECTOR

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten, Suite 210 • Phoenix, Arizona 85020 • Telephone (602) 255-3751 • FAX (602) 255-1848

August 19, 1997

Lisa Marie Banitt, M.D.

RE: LICENSURE THROUGH ENDORSEMENT

Dear Doctor Banitt:

The Board of Medical Examiners, State of Arizona, is pleased to inform you that your application and credentials for a license to practice medicine in the State of Arizona has been approved.

Arizona Revised Statutes provide for an initial registration of each licentiate and the certificate of license may not be issued until this is in hand. Please complete the enclosed card and return it to the Board of Medical Examiners, State of Arizona, 1651 E. Morten Avenue, Suite 210, Phoenix, AZ 85020. In order for your license to be issued, this card must be received by Thursday of each week. Your license may then be issued the following day, Friday. **YOU MUST NOT COMMENCE THE PRACTICE OF MEDICINE IN THE STATE OF ARIZONA UNTIL A LICENSE NUMBER HAS BEEN ISSUED TO YOU. RENEWALS ARE JANUARY 1, OF EACH YEAR.**

The Board publishes an annual directory of all licentiates in this State, which is distributed around October of each year. Information for this publication is taken from the registration card which you complete. Home addresses and telephone numbers are **not** published, **unless this is the only address which you provide to the Board**. The deadline for receipt of address changes for inclusion in this directory is **July 31st** of each year. If you anticipate a move before that date, please indicate your new address(es) with the effective date as well as your current address(es).

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Jacqueline Montgomery,
Licensing Technician

Enclosure 3

[approval.ltr]

PHILIP E. KEEN, MD
CHAIRMAN
PAMELA RANDOLPH, RN, MSN
VICE-CHAIRMAN
RAM R. KRISHNA, MD
SECRETARY



MARK R. SPEICHER
EXECUTIVE DIRECTOR
ELAINE HUGUNIN
DEPUTY DIRECTOR

ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten, Suite 210 • Phoenix, Arizona 85020 • Telephone (602) 255-3751 • FAX (602) 255-1848

May 22, 1997

Lisa Marie Banitt, M.D.



Dear Doctor Banitt:

This will acknowledge receipt of your application for licensure to practice medicine in the State of Arizona through USMLE STEP III EXAMINATION.

Our receipt #A078763 covering your fee deposit of \$150.00 is enclosed.

To complete processing of your application, the following information and/or documentation must be received by the Board:

- ✓ Sit for and pass the USMLE Step III Examination 7-9-97
- ✓ Photocopy of M.D. Degree 6-3-97 8-8-97
- ✓ Supplemental Letter (not to be completed prior to June 17, 1997), OR a photocopy from Good Samaritan Regional Medical Center, Phoenix, AZ, for the period June 23, 1996 to anticipated date of completion, confirming that you have satisfactorily completed your first year of training. 8-5-97

Please be advised that final action on your application cannot be taken until the above is in your file of record. It is your responsibility to ensure the above is received by the Board.

Further, please be advised that applications not fully completed within one year from this date, including participation in written SPEX/USMLE Examination (if applicable), are considered withdrawn.

May 22, 1997
Lisa Banitt, M.D.

Your application is being processed routinely and you will be advised as to the Board's decision relative to the granting of an Arizona license.

If you have any questions regarding this communication, please contact me at Ext. 7105 Thank you for your cooperation.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Jackie Montgomery, Examiner Technician
Examiner Technician

Enc.2

BOARD OF MEDICAL EXAMINERS OF THE STATE OF ARIZONA

1651 EAST MORTEN AVENUE, SUITE #210, PHOENIX, ARIZONA 85020

(602) 255-3751

MAR 24 1997

The Physician must complete and forward this form to the **FEDERATION OF STATE MEDICAL BOARDS** at the address below:

Coordinator, Disciplinary Data Bank

THE FEDERATION OF STATE MEDICAL BOARDS

400 Fuller Wiser Road

Eules, Texas 76039

The Arizona Board of Medical Examiners requests a disciplinary search concerning the following individual:

NAME:

Banitt Lisa Marie
(Print or Type) (Last) (First) (Middle)

BIRTH DATE:



Medical School of Graduation
and Branch Location:

University of Iowa, College of Medicine

Date of Graduation:

5/10/96

Physician's Signature:

Wm M. Bennett

Date signed by Physician:

2/11/97

**FEDERATION OF STATE MEDICAL
BOARDS COMMENTS:**

WE HAVE NO UNFAVORABLE INFORMATION
REGARDING THE ABOVE NAMED PHYSICIAN

APR 01 1997

James R. Winn, M.D.

JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT

After completion by the Federation of State Medical Boards return this form directly to: The Board of Medical Examiners of the State of Arizona, 1651 E. Morten Ave. Ste 210, Phoenix, AZ 85020

JAN 16 1997

PRELIMINARY QUESTIONNAIRE

Banitt
Lisa

1270

THIS IS NOT AN APPLICATION

To respond accurately to your recent inquiry, we will need the answers to all of the following questions to determine your eligibility for Arizona licensure. Unless the Preliminary Form is completed in full and all questions answered, it cannot be evaluated, nor an application sent to you. Return the completed form as soon as possible to: ARIZONA BOARD OF MEDICAL EXAMINERS, 1651 East Morten Avenue, Suite 210 Phoenix, Arizona 85020. PLEASE PRINT/TYPE ALL INFORMATION.

Full Legal Name: Lisa Marie Banitt
(FIRST) (MIDDLE) (LAST)

Current Office Address: 1111 E. McDowell

City: Phoenix State: AZ Zip Code: 85002 Area Code: 602 Phone: 331 239-4344

Current Residence Address

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Area Code: [REDACTED] Phone: [REDACTED]

MEDICAL SCHOOL: Name: University of Iowa College of Medicine 018-05

City and State: Iowa City, Iowa Date of Degree: May 1996

If transferred from other medical school, please indicate name: _____

Name of any medical school attended but did not graduate or transfer from: _____

5th PATHWAY PROGRAM: U.S. Medical School: _____

HOSPITAL: _____ City: _____ State: _____

TERM: Started: _____ Completed: _____
(MONTH AND YEAR) (MONTH AND YEAR)

INTERNSHIP: (List U.S. & Canadian only)

HOSPITAL: _____ City: _____ State: _____

TERM: Started: _____ Completed: _____
(MONTH AND YEAR) (MONTH AND YEAR)

RESIDENCY/FELLOWSHIP: (List U.S. & Canadian only)

HOSPITAL: Good Samaritan Regional Medical Center City: Phoenix State: AZ

TERM: Started: June 1996 Completed: (current)
(MONTH AND YEAR) (MONTH AND YEAR)

Specialty Field: Obstetrics / Gynecology

FOR OFFICE USE ONLY

Blue - EXAM APPLICATION FORWARDED 19

APPLICATION & FORMS I II III IV AMA. FS

LICENSES _____ HOSPITALS _____ MAE _____

2-7-97

RECEIVED B.O.M.E.X.

JAN 28 97

CLINICAL INSTRUCTOR - ASSISTANT PROFESSOR OR HIGHER (U.S. & Canadian only)

TEACHING HOSPITAL: _____

City: _____ State: _____

MEDICAL SCHOOL AFFILIATE: _____

TERM: Started: _____ Completed: _____
MONTH AND YEAR MONTH AND YEAR

Specialty Field: _____

(NOTE: Attach separate list for additional Residency/Fellowship/Clinical Instructor)

FOREIGN MEDICAL SCHOOL GRADUATES: ECFMG Cert No.: _____ Date Issued: _____

CLINICAL WRITTEN EXAMINATION: Refer to last page for required FLEX/SPEX scores.

Please indicate which examinations you have successfully passed:

NATIONAL BOARD

USMLE

FLEX (taken after 01/01/85)

Part I _____
(date)

Step I June 1994 - passed Comp. I _____
(date) (date)

Part II _____
(date)

Step II March 1996 - passed Comp. II _____
(date) (date)

Part III _____
(date)

Step III _____
(date)

FLEX examination taken prior to January 1, 1985

Were grades achieved all in one sitting? Yes _____ No _____

State Board exam? Name of State _____ License No. _____ Date Issued _____

LMCC(Canadian) _____ Cert No. _____ Date Issued _____

SPECIAL PURPOSE EXAMINATION:

(SPEX) _____ Date (SPEX) examination taken: _____

Did you receive a minimum grade of seventy-five (75)? _____

Are you a Diplomat of any of the American Medical Specialty Board(s)? Yes _____ No ☒

If "Yes", which Board(s) _____

Have you completed the educational requirements for any of the American Medical Specialty Board(s)?

Yes _____ No ☒ If "Yes", which Board(s)? _____

LICENSE: List all States or Provinces in which you have ever held licensure.

(1) _____ (2) _____ (3) _____ (4) _____ (5) _____

(6) _____ (7) _____ (8) _____ (9) _____ (10) _____

LIST all hospital affiliations and locations for the past five (5) years (Other than Postgraduate Training Hospitals):
Please list all hospital affiliations (including moonlighting) and medical agencies of employment, e.g., physician
placement group; emergency medical group; radiology group, etc.: _____

(NOTE: Attach separate list for additional hospital affiliations/medical agencies)

PRACTICE: City and State where you now practice: _____

Date above practice was established: _____

RECEIVED B.O.M.E.X.

JUN 28 97

U.S. CITIZENSHIP:

(☒) Birth () Hold Permanent Immigrant Status
() Naturalization () Awaiting Quota Assignment
() Declaration of Intention

BIRTHPLACE: [REDACTED]

DATE OF BIRTH: [REDACTED]

MILITARY (United States Only):

() Army () Air Force () USPHS
() Navy () Marine Corps () Coast Guard

Dates of Active Duty: _____ Type of Discharge: _____

Has any formal disciplinary or rehabilitation action including reprimand, censure, probation, restriction, limitation, suspension or revocation been taken against your license in any State/Province? Yes _____ NO ☒

Have you ever entered into a written consent agreement or stipulation with a State/Province licensing or disciplinary agency? Yes _____ No ☒

If "Yes", indicate State/Province _____

Reason for action and action taken: _____

(NOTE: Attach separate sheet, if necessary)

Have you ever been convicted of Medicare/Medicaid fraud? Yes _____ No ☒

If "Yes", when? _____
Where? _____

Have your prescription/dispensing/or administration abilities ever been denied, restricted or modified by a Federal/State/Province government agency? Yes _____ No ☒

If "Yes", when? _____
Where? _____ and by which agency? _____

Have you ever been involved in any malpractice matter which resulted in a settlement or judgment against you in excess of \$20,000? Yes _____ No ☒

Have you ever had hospital privileges revoked; denied; suspended or restricted in any way? Yes _____ No ☒

If "Yes", name and address of hospital(s) _____

(NOTE: Attach separate sheet, if necessary)

I DECLARE UNDER PENALTY OF PERJURY that my answers and all statements made by me herein are true and correct. Should I furnish any false information on this Preliminary Questionnaire, I hereby agree that such shall constitute cause for the denial of my eligibility to apply for licensure as an allopathic physician in the State of Arizona.

SIGNATURE: Wm M. B. [Signature] M.D. DATE: 1/18/97 RECEIVED B.O.M.E.X.

JAN 28 97

The University of Iowa

ON THE RECOMMENDATION OF THE FACULTY OF THE

College of Medicine

UNDER THE AUTHORITY OF THE BOARD OF REGENTS
THE UNIVERSITY OF IOWA HAS CONFERRED THE DEGREE OF

Doctor of Medicine

UPON

Lisa Marie Banitt

WHICH SHE HAS PROBABLY FULFILLED ALL THE REQUIREMENTS PRESCRIBED
BY THE UNIVERSITY FOR THIS DEGREE

AWARDED AT THE UNIVERSITY AT IOWA CITY IN THE STATE OF IOWA

THIS TENTH DAY OF MAY, NINETEEN HUNDRED AND NINETY-SIX.

Maurin A. Pomeroy
PRESIDENT OF THE STATE BOARD OF REGENTS



Mary Sue Coleman
PRESIDENT OF THE UNIVERSITY
Therese A. [unclear]
DEAN OF THE COLLEGE

● BANITT

Please add this photograph
of my MD degree to my
file & submit it as
final for licensure.

Thank you -

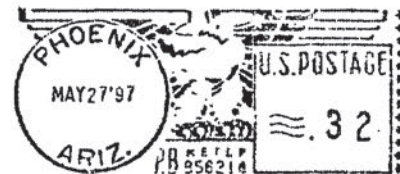
Lisa Banitt

Duplicate

RECEIVED 3.0.M.E.X.

JUG-8 97

**BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA**
1651 EAST MORTEN AVE., SUITE 210
PHOENIX, ARIZONA 85020-4160



Lisa Marie Banitt, M.D.

DOMEX

JUN 2 1997

... 83021/3333 33 |||||

PHILIP F. KEEN, MD
CHAIRMAN

PAMELA RANDOLPH, RN, MSN
VICE-CHAIRMAN

RAM R. KRISHNA, MD
SECRETARY



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ARIZONA BOARD OF MEDICAL EXAMINERS

1651 East Morten, Suite 210 • Phoenix, Arizona 85020 • Telephone (602) 255-3751 • FAX (602) 255-1848

May 22, 1997

Lisa Marie Banitt, M.D.



Dear Doctor Banitt:

This will acknowledge receipt of your application for licensure to practice medicine in the State of Arizona through USMLE STEP III EXAMINATION.

Our receipt #A078763 covering your fee deposit of \$150.00 is enclosed.

To complete processing of your application, the following information and/or documentation must be received by the Board:

Sit for and pass the USMLE Step III Examination

Photocopy of M.D. Degree

Supplemental Letter (not to be completed prior to June 17, 1997), OR a photocopy from Good Samaritan Regional Medical Center, Phoenix, AZ, for the period June 23, 1996 to anticipated date of completion, confirming that you have satisfactorily completed your first year of training.

Please be advised that final action on your application cannot be taken until the above is in your file of record. It is your responsibility to ensure the above is received by the Board.

Further, please be advised that applications not fully completed within one year from this date, including participation in written SPEX/USMLE Examination (if applicable), are considered withdrawn.

May 22, 1997
Lisa Banitt, M.D.

Your application is being processed routinely and you will be advised as to the Board's decision relative to the granting of an Arizona license.

If you have any questions regarding this communication, please contact me at Ext. 7105 Thank you for your cooperation.

Sincerely,

BOARD OF MEDICAL EXAMINERS
STATE OF ARIZONA

Jackie Montgomery, Examiner Technician
Examiner Technician

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