

Application - LICENSED PHYSICIAN AND SURGEON

Name	Shannon Carr
Credential	LICENSED PHYSICIAN AND SURGEON

Fee Details

INITIAL APPLICATION FEE	\$ 500.00
	\$ 500.00

Licensed Physician Application Instructions

- Applicants may apply to become a Licensed Physician on the basis of Acceptance of Examination or Endorsement.
- The licensure fee is \$500 and is non-refundable. Payment may be made by eCheck or credit card. License applications are valid for 3 years from the date of receipt by the Department.
- Acceptance of Examination: Applicant has passed a National Exam, referred to by Illinois statute AND meets Illinois requirements in effect at the time of application. Applicant is not currently licensed to practice medicine in another state.
- Endorsement: Applicant is currently licensed to practice medicine in another state. Requirements to receive original physician license in other state were substantially equivalent to Illinois licensure requirements in effect when original physician license was issued.

Application Method

1. Please select your desired application method.
- Endorsement

Authorization for Third-Party Contact

2. I would like to authorize a person/business other than myself or my business to communicate with the IDFPD regarding my application for licensure.
- No

Public and Mailing Addresses

7. Please verify or enter your Public Address:

Address Line 1 [REDACTED]
Address Line 2 [REDACTED]
City [REDACTED]
State [REDACTED]
Zip Code [REDACTED]
County [REDACTED]
Country UNITED STATES
Phone [REDACTED]
Cell Phone [REDACTED]

8. Please verify or enter your Mailing Address:

Address Line 1 [REDACTED]
Address Line 2 [REDACTED]
City [REDACTED]
State [REDACTED]
Zip Code [REDACTED]
County [REDACTED]
Country UNITED STATES
Phone [REDACTED]
Cell Phone [REDACTED]

Personal Information

11. Birth City:
[REDACTED]
12. Birth State (if foreign born choose UNKNOWN):
[REDACTED]
13. Birth Country
[REDACTED]
14. Gender:
Female
15. Which ethnicity best describes you?
Caucasian

Date of Birth

16. Date of Birth
[REDACTED]

Name Change

17. Do any of your supporting documents have a different name than your current legal name?
- No

18. If you answered "Yes" to the question above, please add proof of your name change in the grid below:

Previous Name on Document(s)	From	To	Supporting Document Type	Supporting Document Upload	Name Change Reason(s)
------------------------------	------	----	--------------------------	----------------------------	-----------------------

FCVS Physician Information Profile

19.

IDFPR accepts Physician Information Profiles compiled by the Federation Credentials Verification Service (FCVS). Will you be using the FCVS to verify your credentials?

If so, please contact FCVS to send your Physician Information Profile to IDFPR. This will include verification of the following:

- Medical School Transcripts and Diploma
- ECFMG Certification
- Physician Exam
- Postgraduate Clinical Training

Yes

Education Location

20. Were you educated in the U.S. or one of its Territories or were you Foreign Educated?

U.S. or one of its Territories

Education Information

21. Please list information on your primary school education in the grid below:

Primary School Type (High School, or GED)	School Name	City	State (If foreign, select Unknown)	Country	Date Graduated
Graduated	Freeburg Community High School	Freeburg	Illinois	UNITED STATES	05/30/1984

22. Please list information on your undergraduate, graduate and vocational training degree(s) earned in the grid below:

College, University, or Training School	City	State (If foreign, select Unknown)	Country	Attendance: From	Attendance: To	Degree Major	Degree Earned	Graduated?
University of Illinois	Urbana-Champaign	Illinois	UNITED STATES	08/15/1984	06/30/1986	Mechanical Engineering		Not Graduated
University of Maine at Farmington	Farmington	Maine	UNITED STATES	06/01/1992	05/30/1994	Biology	BA	Graduated
University of New Mexico	Albuquerque	New Mexico	UNITED STATES	07/01/2012	06/30/2014	Clinical and Translational Research	Masters - Science	Graduated

Proof of Pre-Medical Education

23. How will you deliver your proof of education to IDFPR?

I will scan and upload my official transcripts in the file upload question below.

24.

Please upload an official transcript verifying completion of at least two academic years of instruction in a college, university, or other institution.

The transcript must bear the official seal and signature of the institution.

Note: If you graduated from a 6-year medical program, please proceed to question 24 to upload your official transcript.

[CARR_University of Illinois.docx](#)
[CARR_University of Maine Farmington.docx](#)
[CARR_Univeristy of New Mexico.docx](#)

Medical School Location

25.

Did you graduate from a medical or osteopathic college located in the United States/Canada or in another foreign country?

United States/Canada

26. If another country, please specify where.

Verification of Professional Capacity

32.

Have you been actively engaged in the practice of medicine or been a student engaged in a formal program during the 2 years immediately preceding today's date?

Yes

33.

If you answered No, you must submit evidence to establish your present capacity to practice chiropractic with reasonable judgement, skill, and safety. The following may be considered as evidence of your present capacity: specialized training or education, publications of original work in learned chiropractic journals, public clinical research, federal clinical research, or other professional clinical activities related to the practice of chiropractic medicine. Please upload a detailed statement which clearly identifies each activity specified above that you are claiming to meet the professional capacity requirement. The statement must be signed and dated. Also provide official documentation that verifies completion of each activity.

Physician Verification of Employment/Experience

34.

Please record your work history chronologically for the five (5) years preceding the date of application, starting with present employment. For each position held, please provide complete information including the name of each practice/work location along with the address where patient care was provided, your dates of employment, job title, description of duties performed, and time employed.

Name of Practice/Work Location	Employer Address	Employer Address	Employer City	Employer Country	Employer State	Employer Zip	Dates of Employment - Start Date	Dates of Employment - End Date	Currently Employed	Were you a full-time employee or a part-time employee?	Please state your job title at the time of your employment.	Please provide a description of the duties you performed during your employment.	Total Number of Years Employed	Months Employed

Maine General Obstetrics and Gynecology	35 Medical Center Parkway		Augusta	UNITED STATES	Maine	04330	04/01/2019		Yes	Full-Time	Staff Physician	General Ob-Gyn	0	4
Southwestern Women's Surgery Center	8616 Greenville Avenue		Dallas	UNITED STATES	Texas	75243	09/01/2014	06/22/2019	No	Full-Time	Staff physician	Family planning	4	9

Fingerprint Background Check

This profession requires a fingerprint criminal background check.

1. Further instructions on how to complete this requirement can be found [here](#).
2. Fingerprints must be taken within 60 days from the date that the application is submitted.
3. A list of licensed Illinois Fingerprint Vendors can be found [here](#).

40. Were your fingerprints taken by a licensed *Illinois Fingerprint Vendor* or were they taken by an *Out-of-State Entity*?

Out-of-State Entity

Out-Of-State Fingerprint Vendor

42. Enter your Transaction Control Number (TCN):

1. This number starts with the letters 'FRM', is 16 characters long and can be found on the "Fee Applicant Card" provided by the IDFP.
2. For an example of where to find this number, [click here](#).
3. Please retain a copy of all Out-of-State fingerprint documents until your license has been issued. The IDFP may request additional information if any issues in the fingerprinting process arise.

43. If you were fingerprinted out-of-state and did not utilize a *Fee Applicant Card*, upload form OOS-FP below.

An additional copy of form OOS-FP can be [found here](#).

[CARR_OOS-FP form.docx](#)

[CARR_Vendor verification of TCN number for fingerprints.docx](#)

[CARR_Vendor receipt for fingerprint services.docx](#)

Record of Licensure

44. Please list all other related or non-related professional licenses held in Illinois or another state(s).

Please be sure to list all temporary, trainee or apprenticeship licenses or permits.

License Type	License Status	License Number	City	State (If foreign country, select UNKNOWN)	Country
MD	Active	MD2012-0010	Santa Fe	New Mexico	UNITED STATES
MD	Active	MD16521	Augusta	Maine	UNITED STATES
MD	Active	P9310	Austin	Texas	UNITED STATES

Proof of Out-of-State Licensure

45. If you are applying for licensure via *Endorsement* you must submit license certifications from your state of *original licensure* and *current licensure*.

You may do this by uploading either:

1. A License Certification (CT) Form Completed in the State of Licensure **OR**
 - A CT Form can be access [Here](#)
2. A State Agency or State Board's Official Certification

State (If foreign, select Unknown)	State of Original Licensure?	My state of licensure:	Upload a copy of your license certification
Maine	Yes	Will forward certification directly to IDFP	
New Mexico	No	Will forward certification directly to IDFP	
Texas	No	Will forward certification directly to IDFP	

CCA

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

46. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act as a part of a criminal sentence?

No

47. Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?

No

48. Are you currently charged with or have you been convicted of a forcible felony?

No

49. If you answered yes to any of the above statements, please attach a certified copy of the court records regarding your conviction, description of the nature of the offense, date of discharge, if applicable, and a statement from the probation or parole office.

Personal History - Medical Specific pt.1

50. Have you ever been disciplined (including but not limited to restricted, suspended, or terminated) by any hospital or health care entity?

No

51. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

52. Have you ever resigned in lieu of discipline or while under investigation that could lead to any restriction, suspension, or termination by any hospital or health care entity?

No

53. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

54. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended? You must answer yes if any of these actions are currently pending or if you have withdrawn or failed to proceed with an application for privileges/memberships.

No

55. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated AND request the hospital or health care facility to submit a report directly to the Department regarding the action.

56. Has your provider status ever been restricted, suspended or terminated by any insurance carrier, including but not limited to Medicare, Medicaid, Tricare or any private carrier?

No

57. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

Personal History - Medical Specific pt.2

58. Have you ever voluntarily surrendered a license to practice medicine in any state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee.

No

59. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Department

60. Have you ever withdrawn an application for a license to practice medicine or any temporary/resident license in any other state, country, or U.S. federal jurisdiction?

No

61. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated and request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Department.

62. Have you ever been admonished, reprimanded, censured and/or disciplined in any way by any professional or medical society or association or committee thereof, or by any non-licensing governmental agency including but not limited to any governmental assistance agency? (Disciplinary actions include, but are not limited to, any allegations currently pending.) Disclose any stipulation to informal disposition in response to this question.

No

63. If you answered yes to the question above, upload a signed/dated complete and accurate explanation and request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Department.

Personal History pt. 1

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

64. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.

Yes

65. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.

[CARR_Personal narrative.docx](#)

[CARR_Houston Police Report 1990.docx](#)

[CARR_Harris County District Court record.docx](#)

66. Have you been convicted of a felony? (In general, a felony conviction by itself does not usually result in denial of licensure.)

No

67. If yes, attach a detailed explanation or a copy of the Certificate of Relief from Disabilities by the Prisoner Review Board.

68. Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position?

No

69. If yes, attach a detailed explanation.

Personal History pt. 2

70. Have you had or do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession?

☐

71. If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

72. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?

No

73. If yes, attach a detailed explanation.

Child Support, Student Loan and Tax History

74. In accordance with 5 ILCS 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.

Are you more than 30 days delinquent in complying with a child support order?

No

75. If yes, upload a detailed explanation.

76. In accordance with 20 ILCS 2105-15(a)(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the

Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State."

Have you ever been or are you currently in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

No

77. If yes, upload a detailed explanation and proof of a satisfactory repayment record (if applicable).

78. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

No

79. If yes, upload a detailed explanation.

Certifying Statements

80. I attest that I will respond to the Division's requests for supplemental information.

Yes

81. I understand that the fees for this application are not refundable.

Yes

82. By entering my full legal name and today's date in the fields below I certify and attest under penalty of perjury that the information provided to the Department in this application is true and accurate to the best of my knowledge.

Shannon Louise Carr

83. Today's Date

07/14/2019

Review

Harris County Criminal Court Cause No. 9015388

In April of 1990 I visited a friend in Guatemala. I re-entered the United States via the Houston, Texas airport on April 19, 1990. When I was going through security, I was found to have less than 2 ounces of marijuana in my possession. I appeared in court in the Harris County Criminal Court on May 11, 1990. I entered a plea of guilty to and was charged with the misdemeanor offense of possession of marijuana. I was placed on probation for six months which I completed without incident. On November 21, 1990, the judge of County Criminal Court No. 7 dismissed the charges.



Applicant's signature

7/11/2019

Date

SHAWN L. CARR

Printed name



CITY OF HOUSTON

Sylvester Turner, Mayor

Houston Police Department
1200 Travis Houston, Texas 77002-6000 713/308-1600

CITY COUNCIL MEMBERS: Brenda Stardig Jerry Davis Ellen R. Cohen Dwight A. Boykins Dave Martin Steve Le Greg Travis Karla Cisneros Robert Gallegos
Mike Laster Martha Castex-Tatum Mike Knox David W. Robinson Michael Kubosh Amanda K. Edwards Jack Christie CITY CONTROLLER: Chris B. Brown

July 3, 2019

Art Acevedo
Chief of Police



Shannon Carr

Dear Shannon Carr:

On June 26, 2019, you submitted a public information request for a copy of the full report for incident number [REDACTED]. We are providing you with the full reports. Enclosed is a copy of the invoice to return with your payment.

Payment must be for the exact amount as the invoice.

Make payment by check/money order (only) payable to the: **City of Houston**

Mail payment to: **HPD, Office of Planning & Data Governance, ORU, 10th Floor,
1200 Travis, Houston, TX 77002**

Reference payment with **OR# 19-06933**

Quantity	Description	Unit Price	Total
3	8 1/2 x 11 pages	\$0.10	\$0.30
	Postage	\$0.50	\$0.50
TOTAL			\$0.70

If you have any questions, please contact the Open Records Unit at 713-308-3200.

Sincerely,

[REDACTED]

Jeffrey C. Monk, DBA, Administration Manager
Office of Planning & Data Governance
Open Records Unit

jcm;mb





HPD ARCHIVED OLO INCIDENT REPORT

Offense Type	POSSESSION CONTROLLED(MARIJ)MISD.		UCR Offense Codes		18000	00000	00000			
Premise Type	U.S. CUSTOMS/IAH AIRPORT		Begin Date	4/19/1990 1:21 PM		End Date	4/19/1990 2:00 PM	UCR Clear	129	
Entered By			Officer1			Day				
Create Date	4/19/1990 4:15:00 PM		Officer2			Day				
Division Involved	Airport/IAH, Narcotics		Station	AIRPORT/IAH	Unit	342	Beat	21150	Weather	CLOUDY
Neighborhood Code	00033 BORDERSVILLE;INTERCONTINENTAL;WORLD HOUSTON				Key Map	374A	Geo Key	77205-0000		
Location	03500 TERMINAL		Type	RD	Suffix	S	City	Houston		
Foster Care Facility	N	Gang Crime Related	N	Hate Crime Related	N	County	Harris	Zip	77205-0000	
Business	Reportee Number	01	Business Phone				00000000000000			
Business Name	STATE OF TEXAS		Business Address							
Business	Reportee Number	01	Business Phone				00000000000000			
Business Name	SAME AS WIT. #2		Business Address							
Witness	Witness Number	01								
Last Name			First Name			Middle Name			Driver License	
Date of Birth	Age	00	Juv	N	Sex		Race		Hispanic	
Address	3500 TERMINAL RD. SOUTH, HOU. TX 77205				Home Phone			Work Phone		
Relation To Suspect	NONE									
Injury Condition			Transported By			Transported To				
Witness	Witness Number	02								
Last Name			First Name			Middle Name			Driver License	
Date of Birth	Age	00	Juv	N	Sex		Race		Hispanic	
Address	3500 TERMINAL RD. SOUTH, HOU. 77205				Home Phone			Work Phone		
Relation To Suspect	NONE									
Injury Condition			Transported By			Transported To				

Article	Record Number	00001	Complaint Number	01	Owner Applied Number / Engraving	O	
Disposition	EVIDENCE		Brand	MARIJUANNA		Serial Number	
Item Type	PLASTIC BAG		Model			Lost Value	0.00
Description			Recovery Date			Recovery Value	0.00
16.5 GRAMS OF GREEN LEAFY SUBSTANCE, FIELD TESTED BY CUSTOMS AGENTS, SHOWING POSITIVE AS MARIJUANNA.							

Article	Record Number	00002	Complaint Number	01	Owner Applied Number / Engraving	O	
Disposition	EVIDENCE		Brand	PARAPHERNALIA		Serial Number	
Item Type	PIPE AND SCREEN		Model			Lost Value	0.00
Description			Recovery Date			Recovery Value	0.00
PIPE AND PIPE SCREEN, TYPE GENERALLY ASSOC. WITH USE IN SMOKING PARAPHERNALIA.							



HPD ARCHIVED OLO INCIDENT REPORT [REDACTED]

HPD ARCHIVED OLO INCIDENT REPORT

[illegible]

Original narrative

SUBJECT WAS ENTERING THE U.S. FROM GUATAMALA AND HER BAGGAGE WAS SEARCHED BY LISTED WITNESS #1. THE SEARCH REVEALED A GREEN LEAFY SUBST. WHICH CUSTOMS AGENTS FIELD TESTED AND FOUND TO BE MARIJUANNA. AIRPORT POLICE THEN WERE CALLED IN TO TAKE CUSTODY OF SUBJ. AND FILE CHARGES. CHARGES FILED VIA C.R.T. TO D.A. STANLEY, TO WIT: POSS. MARIJ./MSD.

[illegible]

INTRODUCTION: OFFICER [REDACTED] AND [REDACTED] UNIT#342,
RECEIVED A CALL FROM AIRPORT POLICE DISPATCH TO CHECK BY WITH U.S. CUSTOMS
AGENTS AT3500 TERMINAL RD. SOUTH REGARDING A SUSP. IN POSSESSION OF MARIJUANNA.
OFFICER WERE DISPATCHED AT1355 HRS. AND ARRIVED AT1400 HRS.

SCENE SUMMARY: THE U.S. CUSTOMS OFC. AT TERMINAL C AT IAH IS LOCATED IN THE SOUTH EAST END OF THIS STRUCTURE. THIS AREA IS USED FOR PROCESSING TRAVELLERS FROM FOREIGN COUNTRIES, INTO THE UNITED STATES. VARIOUS SCREENING PROCESSES ARE USED BY U.S. CUSTOMS AGENTS IN THIS AREA TO PREVENT ILLEGAL ENTRIES OF PERSONS OR PROPERTIES INTO THE U.S. THIS IS AN INDOOR AREA WHICH IS WELL LIGHTED AT ALL TIMES.

DETAILS OF OFFENSE: THE LISTED SUBJECT WAS ENTERING THE U.S. AFTER GETTING OFF A FLIGHT FROM GUATEMALA. U.S. CUSTOMS AGENTS (WIT#1 AND #2) CONDUCTED SEARCH OF THE SUSPECT'S BAGGAGE AND FOUND THE LISTED GREEN LEAFY SUBSTANCE, PIPE AND PIPE SCREEN, WHICH HAD BEEN LOCATED INSIDE A RED NYLON BAG (APROX. 12"X12"X36"). THE SUBSTANCE AND PARAPHERNALIA WERE CONFISCATED AND THE GREEN LEAFY SUBSTANCE WAS FIELD TESTED BY CUSTOMS AGENTS WHO DETERMINED THAT THE SUBSTANCE WAS MARIJUANA. AIRPORT POLICE UNIT#342 WAS THEN CALLED AND TOOK SUBSTANCE AND SUSPECT INTO CUSTODY, FROM AGENT [REDACTED] DURING TRIP 4

AND TOOK SUBSTANCE AND SUSPECT IN TO CCSTOD. [REDACTED] OFFICER [REDACTED] THEN READ THE SUSPECT THE TEXAS STATUTORY WARNING FROM THIS OFFICER'S BLUE CARD AND OFFICER BROGDEN CONTACTED D.A. STANLEY WHO ADVISED OFFICER BROGDEN THAT CHARGES OF POSSESSION OF MARIJUANA (MISD.) WOULD BE ACCEPTED ON SUSPECT. THE SUSPECT WAS THEN TAKEN TO HPD CENTRAL JAIL WHERE SHE AND ALL HER PROPERTY (THREE PIECES OF LUGGAGE WITH MISC. ARTICLES CONTAINED INSIDE, 1 LEATHER JACKET, AND \$27.75 IN CASH AND TRAVELLERS CHECKS) WAS RELEASED TO HPD JAIL ATTENDANTS FOR BOOKING.

OFFICER [REDACTED] THEN CONTACTED HPD HOMICIDE, SGT. WILSON RELATING TO TWO KNIVES THAT HAD ALSO BEEN FOUND IN SUSPECT'S BAGGAGE BY CUSTOMS AGENTS. IT WAS LEARNED AFTER DESCRIBING THE KNIVES TO THE HPD SGT., THAT THESE KNIVES WERE NOT ILLEGAL, THEREFORE THE KNIVES WERE ALSO PLACED INTO THE SUSPECT BAGGAGE AND BOOKED INTO HPD CENTRAL WITH SUSP.'S OTHER PERSONAL ARTICLES.

DISPOSITION: SUBJECT WAS BOOKED INTO CENTRAL JAIL AND CHARGES OF POSS. CONTROLLED SUBST./MARIJ/MISD. WERE FILED VIA D.A. STANLEY OF THE DISTRICT ATTY'S OFC.. THESE CHARGES WERE SENT VIA C.R.T. AND CONFIRMED BY AGNUS OF THE D.A.'S OFC. VIA P/S BY OFFICER [REDACTED]

EVIDENCE IN THIS CASE, TO WIT: 1 PLASTIC BAG CONTAINING 16.5 GRAMS OF MARIJ., ALONG WITH 1 PIPE AND ONE PIPE SCREEN WERE TRANSPORTED BY OFFICERS [REDACTED] AND [REDACTED] TO THE HPD CRIME LAB FOR ANALYSIS AND PREPARATION FOR CRT.



HPD ARCHIVED OLO INCIDENT REPORT

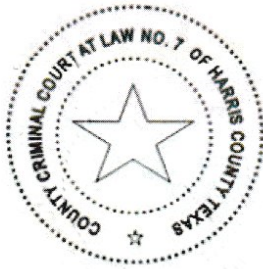
Supplement	Supplement Number	00001	Offense Type	POSSESSION CONTROLLED(MARIJ)MISD.				
Entered By	Entered Date	Station	Recv. Beat	Notified	Recv. Disp	Recv. Date	Recovery Street	
	6/7/1990	CRIME LAB					00000	
Officer1	MILLER	Shift		Reviewed By	Reviewed ID	Reviewed Date	Offense Date	
Officer2	000000	Shift		IJL		6/9/1990	4/19/1990	
Caller	Caller Phone	00000000000000	Damage AMT	0				
Complainant (s)	Last Name	STATE OF TEXAS	First Name	Middle Name				
	Last Name2		First Name2	Middle Name2				
Veh/Bot Color	Veh Burned	Veh Damaged	License No.	State	Year			
Veh Top Color	Veh Make	Veh Model	Year					
Veh Release Tow To	Towed By	Towed By Phone	0000000000	Stripped				
Veh VIN	Towe UcrCd	0	Wrecked?					

Supplement narrative

SUSPECT(S): SHANNON L. CARR REF: L90-4521
CRIMINALIST: MILLER

EVIDENCE SUBMITTED
CONTAINER(S) POWDER CONTAINER(S) LIQUID TABLET(S) CAPSULE(S)
CONTAINER(S) PLANT SUBST. CIGARETTE(S) CIGARETTE STUB(S)
CONTAINER(S) CHUNK SUBST. OTHER: PIPE AND PAPER WITH PLANT SUBSTANCE
PRELIMINARY: () COMPLETE: (X)

RESULTS OF ANALYSIS: MARIHUANA - APPROXIMATELY 1.4 GRAMS



I, Marilyn Burgess, District Clerk of Harris County, Texas certify that this is a true and correct copy of the original record filed and or recorded in my office, electronically or hard copy, as it appears on this date.
Witness my official hand and seal of office
this July 3, 2019

Certified Document Number: 81349146



Marilyn Burgess, DISTRICT CLERK
HARRIS COUNTY, TEXAS

In accordance with Texas Government Code 406.013 electronically transmitted authenticated documents are valid. If there is a question regarding the validity of this document and or seal please e-mail support@hcdistrictclerk.com

AT THE April TERM, A. D. 19 90
DOE [REDACTED] RACE W SEX F

BILL OF COSTS	
CLERK'S FEES	
Clerk's Fee	40 00
SHERIFF'S FEES	
Serving Capias & Mileage	35 00
Summoning Witness and Mileage	
Jury Fee	10 00
Taking Bonds	5 00
Commitment	5 00
Release	
Attachment	
TOTAL	55 00
RECAPITULATION	
Fine	200 00
Misc. Cost	
Trial Fee	10 00
District Atty's Fees	5 00
Clerk's Fees	5 00
Sheriff's Fees	5 00
Jury Fee	
Crim. Justice Planning Fund	10 00
L.E.O.S.E.F.	1 00
C.V.C.F.	15 00
Attorney Fees	
J.C.T.F.	1 00
P.T.R.	
Witnesses	
TOTAL	357 50
JAIL TIME ASSESSED:	<u>6 months</u>
CREDIT:	
Sentence to begin	<u>0</u> Days
Additional Credit	

NO. 9015388

JUDGMENT

THE STATE OF TEXAS VS.

Shannon S. Carr

Date May 11 19 90

Attorney for State: Michelle Hodges
Attorney for Defendant: John E. Ackerman Appointed ☒ Retained ☐

Waiver of Attorney ☐ Defendant knowingly, intelligently and voluntarily waived the right to representation by counsel

Offense: Possession of Marijuana as charged in the information
Plea to Offense: Mingle
Plea to Enhancement: At the time of recordation, the instrument was found to be inadequate for the best photographic reproduction because of illegibility, carbon or photo copy, discolored paper, etc; and/or, all blockouts, additions and changes were present at the time the instrument was recorded.

Findings on Enhancement: The Defendant is the same person previously convicted of as alleged in the information.

Punishment: Fine of \$ 200.00 and 6 months confinement in the Harris County Jail probated for a period of 6 days/months/years

FINE AND COSTS TO BE PAID TO THE SHERIFF/THRU THE ADULT PROBATION DEPARTMENT AS FOLLOWS:
COURT ORDERED FINE AND/OR COSTS PAYABLE ON OR BEFORE 11 day of May 19 90

[] AT THE RATE OF \$ PER MONTH, FIRST PAYMENT DUE AND ON THE SAME DAY OF EACH MONTH THEREAFTER UNTIL SATISFIED
[] FINE IN THE AMOUNT OF \$ DUE ON AND COSTS IN THE AMOUNT OF \$
[] FINE IN THE AMOUNT OF \$ AT THE RATE OF \$ PER MONTH, BEGINNING
[] AND COURT COSTS IN THE AMOUNT OF \$ OF THE RATE OF \$ PER MONTH BEGINNING
[] FINE AND COSTS AT THE RATE OF \$ ON OR BEFORE AND THE BALANCE OF \$
[] ON OR BEFORE
[] ATTORNEY FEES IN THE AMOUNT OF \$ AT THE RATE OF \$ PER MONTH, BEGINNING
[] FINE IN THE AMOUNT OF \$ DUE AND REMAINDER AT THE RATE OF \$ PER MONTH BEGINNING
[] COSTS IN THE AMOUNT OF \$ DUE ON AND REMAINDER AT RATE OF \$ PER MONTH BEGINNING
[] COURT ORDERED FINE/COSTS OF \$ IN AMOUNT OF \$ DUE AND REMAINDER AT RATE OF \$ PER MONTH BEGINNING

IF SAID DEFENDANT SHOULD DEFAULT ON ANY PAYMENT AS OUTLINED, SAID DEFENDANT SHALL BE COMMITTED TO JAIL UNTIL REMAINING AMOUNT IS FULLY PAID.

Date of Offense: 4-19-90 Credit: 0 day(s) confinement in jail

ENTERED 3384999
VERIFIED BFC

ORIGINAL RECORDED IN VOL PAGE

The Defendant having been charged in the above entitled and numbered cause for the misdemeanor offense shown above, and this cause being this day called for trial, the State appeared by her District Attorney as named above and the Defendant named above, appeared in person and either by Counsel as shown above or waived counsel as indicated above, and both parties announced ready for trial. The said Defendant was arraigned, the Defendant knowingly, intelligently, voluntarily and expressly waived trial by jury, and in open court pleaded as indicated above to the charge contained in the information. On this the _____ day of _____, A.D. 19_____, the court reset this case to

the _____ day of _____, A.D. 19_____ for _____

On the 11 day of May, 1990, the Trial proceeded before the Court; and after having heard the information read, the Defendant's above indicated plea thereto, and the evidence submitted, the Court found the Defendant guilty of the offense indicated above, a misdemeanor, and assessed the punishment indicated above.

It is therefore CONSIDERED, ORDERED, AND ADJUDGED by the Court that the Defendant is guilty of the offense indicated above, a misdemeanor, and that the said Defendant committed the said offense on the date indicated above and that he be punished as indicated above, and that the State of Texas do have and recover of the Defendant all costs of the prosecution, for which execution will issue.

And thereupon the said Defendant was asked by the Court whether he had anything to say why sentence should not be pronounced against him, and he answered nothing in bar thereof. Whereupon the Court proceeded, in the presence of said Defendant, to pronounce sentence against him as follows, to wit: "It is the order of the Court that the Defendant (named above) who has been adjudged to be guilty of above stated offense a misdemeanor, and whose punishment has been assessed (as shown above), forthwith be committed to the custody of the Sheriff of Harris County, Texas, who shall confine him in the Harris County Jail for the above indicated period and until the fine and costs are fully paid and satisfied in accordance with law."

And credit the defendant as indicated above.

**TO BE COMPLETED ONLY WHEN IMPOSITION OF SENTENCE SUSPENDED AND DEFENDANT GRANTED PROBATION.

X On this the 11 day of May, 1990, imposition of this sentence is suspended and defendant is placed on Misdemeanor Adult Probation for 6 months pending his abiding by and not violating the following terms and conditions of probation, approved by this court and attached as a part of this judgment herewith.
PROBATION EXPIRES 11-10 1990

Signed and entered this the 11 day of May, 1990

Judge, County Criminal Court at Law No. 1
of Harris County, Texas

**TO BE COMPLETED ONLY WHEN IMPOSITION OF SENTENCE SUSPENDED AND DEFENDANT GRANTED PROBATION.
CLERK OF THE COURT FURNISHED THE PROBATIONER WITH A COPY OF THE TERMS AND CONDITIONS OF PROBATION.

Signature of Defendant

STATE OF TEXAS
COUNTY OF HARRIS

I, Ray Hardy, District Clerk of Harris County, Texas, do hereby certify that the above and foregoing is a true and correct copy of the Judgment and Bill of Costs in the foregoing numbered and styled cause, as same appears of record in my office.

TO THE SHERIFF OF HARRIS COUNTY, TEXAS, GREETINGS

HEREIN FAIL NOT, but of this Writ make due return, as the law directs, showing how you have executed the same TO CERTIFY ALL OF WHICH
Witness my hand and Seal of said Court in Houston, Texas, this the

11 day of May, 1990

RAY HARDY, District clerk
Harris County, Texas

Deputy

SHERIFF'S RETURN

THE STATE OF TEXAS VS.

Came to hand this _____ day of _____, 19_____. Commitment assessing punishment at _____
Fine and _____ in Harris County Jail, and Executed this _____
day of _____, 19_____, by placing _____

IN JAIL:

COMMITMENT SATISFIED AS FOLLOWS:

CREDIT ALLOWED BY COURT

JAIL TIME STARTS

JAIL TIME UP

RELEASED FROM JAIL

DUE OUT

MADE TRUSTY

CREDIT FOR GOOD TIME

JAIL TIME UP

GOOD TIME TAKEN AWAY

RELEASED FROM JAIL

CREDIT ALLOWED BY SHERIFF _____ DAYS

DATE FINE AND/OR COSTS PAID

OTHER REMARKS:

SHERIFF, Harris County, Texas

By

Deputy

CONDITIONS OF PROBATION

Cause No. 9015388

The State of Texas § In the County Criminal Court
 vs. § At Law Number 7
Shannon S. Carr § Harris County, T E X A S

On this the 11 day of May, 1990, the defendant is granted 6

months years probation for the misdemeanor offense(s) of Possession of

Marihuana in accordance with Article 42.12 of the Texas Code of Criminal Procedure. The defendant shall abide by all of the conditions of probation during the term of his probation. It is therefor **ORDERED** that the defendant:

- (1) Commit no offense against the laws of this state or of any other state or of the United States.
- (2) Abide by both the rules and regulations of the Harris County Adult Probation Department and the following conditions of probation during the term of probation:
- (3) Avoid injurious or vicious habits. The defendant shall not use, possess, or consume any controlled substance, narcotic, dangerous drug or marihuana without a lawfully written physician's order or prescription.
- (4) Avoid persons or places of disreputable or harmful character.
- (5) Report in person to the probation officer for the Harris County Criminal Court at Law No. 7 on the 11 day of May, 1990, and continue to report to the supervising probation officer on the 11 day of each month thereafter or as directed by the probation officer for the remainder of the probation unless so ordered differently by the court.
- (6) Permit the probation officer to visit him at his home, place of employment, or as required by the court.
- (7) Work faithfully at suitable employment as far as possible and present written verification of employment (including all attempts to secure employment) once each month on the reporting date;
- (8) Remain within a specified place, to wit: wained County, Texas. Notify the probation officer orally and in writing of any change in the defendant's home address and provide the probation officer with that address within 48 hours of the change.

Defendant is not to travel outside of wained County, Texas unless receiving prior written permission from the court through his probation officer.

- (9) Pay his fine, if one be assessed, and all court costs, whether a fine be assessed or not, in one or several

sums, to wit: pay \$_____ fine and/or costs at the rate of \$_____ per _____ beginning on _____ and to continue on the ____ day of each month thereafter, to: _____ until the total sum is paid in full.

- (10) Pay restitution or reparation in any sum that the court shall determine, to wit: pay \$_____ restitution, at the rate of \$_____ per _____ beginning on _____ and to continue on the ____ day of each month thereafter, to: _____ until the total sum is paid in full.

- (11) Pay a supervisory fee to Harris County, Adult Probation Department in the amount

of \$ 2500 per month beginning on the 11 day of May and to continue on the 11 day of each

month thereafter during the probationary period, unless ordered to do otherwise by the court. All restitution and supervisory fee payments are to be paid through the Adult Probation Department, Harris County;

(12) Support his dependants. Provide his probation officer with a certified copy of any and all court orders requiring payment of child support.

(13) Participant in a community-service work program for a total of _____ hours. To be completed as follows:

(14) Reimburse Harris County, Texas for compensation paid to his court-appointed attorney in this matter in the total sum of \$ _____ payable through the Harris County Adult Probation Department at the rate of \$ _____ on the _____ day of each month beginning on the _____ day of _____, 19____, and continuing until the total sum is paid in full.

(15) Pay a percentage of his income to the victim of the offense in the total sum of \$ _____ payable through the Harris County Adult Probation Department at the rate of \$ _____ on the _____ day of each month, beginning on the _____ day of _____, 19____, and continuing until the total sum is paid in full.

(16) Submit himself to an alcohol/drug evaluation, and if ordered to attend and participate in an approved treatment program by the court through the Harris County Adult Probation Department, he is to attend and participate in such a program and submit written proof thereof to his probation officer.

(17) Defendants placed on probation for the offense of D.W.I. shall attend and successfully complete, within 180 days from the date probation is granted, an approved alcohol and drug education program as required by Vernon's Ann. C.C.P. art 42.12, Sec. 6F

(18) Report by mail

The defendant is hereby advised that under the laws of this State, the court shall determine the terms and conditions of his probation, and may at any time during the period of probation, alter or modify the conditions of probation. The court also has the authority at anytime during the period of probation to revoke the probation when a preponderance of the evidence establishes a violation of one or more of the conditions set forth above.

Clerk of the court furnished the probationer with a copy of the terms and conditions of probation.

Signature of Defendant

Signed and entered this the 11 day of May, A.D. 1990

Probation expires on the 10 day of November, A.D. 1990

Judge, County Criminal Court at Law No. 7
of Harris County, Texas

Application - LICENSED PHYSICIAN AND SURGEON

Name	Shannon Carr
Credential	LICENSED PHYSICIAN AND SURGEON

Fee Details

INITIAL APPLICATION FEE	\$ 500.00
	\$ 500.00

Licensed Physician Application Instructions

- Applicants may apply to become a Licensed Physician on the basis of Acceptance of Examination or Endorsement.
- The licensure fee is \$500 and is non-refundable. Payment may be made by eCheck or credit card. License applications are valid for 3 years from the date of receipt by the Department.
- Acceptance of Examination: Applicant has passed a National Exam, referred to by Illinois statute AND meets Illinois requirements in effect at the time of application. Applicant is not currently licensed to practice medicine in another state.
- Endorsement: Applicant is currently licensed to practice medicine in another state. Requirements to receive original physician license in other state were substantially equivalent to Illinois licensure requirements in effect when original physician license was issued.

Application Method

1. Please select your desired application method.
- Endorsement

Authorization for Third-Party Contact

2. I would like to authorize a person/business other than myself or my business to communicate with the IDFPD regarding my application for licensure.
- No

Public and Mailing Addresses

7. Please verify or enter your Public Address:

Address Line 1 [REDACTED]
Address Line 2 [REDACTED]
City [REDACTED]
State [REDACTED]
Zip Code [REDACTED]
County [REDACTED]
Country UNITED STATES
Phone [REDACTED]
Cell Phone [REDACTED]

8. Please verify or enter your Mailing Address:

Address Line 1 [REDACTED]
Address Line 2 [REDACTED]
City [REDACTED]
State [REDACTED]
Zip Code [REDACTED]
County [REDACTED]
Country UNITED STATES
Phone [REDACTED]
Cell Phone [REDACTED]

Personal Information

11. Birth City:
[REDACTED]
12. Birth State (if foreign born choose UNKNOWN):
[REDACTED]
13. Birth Country
[REDACTED]
14. Gender:
Female
15. Which ethnicity best describes you?
Caucasian

Date of Birth

16. Date of Birth
[REDACTED]

Name Change

17. Do any of your supporting documents have a different name than your current legal name?
- No

18. If you answered "Yes" to the question above, please add proof of your name change in the grid below:

Previous Name on Document(s)	From	To	Supporting Document Type	Supporting Document Upload	Name Change Reason(s)
------------------------------	------	----	--------------------------	----------------------------	-----------------------

FCVS Physician Information Profile

19.

IDFPR accepts Physician Information Profiles compiled by the Federation Credentials Verification Service (FCVS). Will you be using the FCVS to verify your credentials?

If so, please contact FCVS to send your Physician Information Profile to IDFPR. This will include verification of the following:

- Medical School Transcripts and Diploma
- ECFMG Certification
- Physician Exam
- Postgraduate Clinical Training

Yes

Education Location

20. Were you educated in the U.S. or one of its Territories or were you Foreign Educated?

U.S. or one of its Territories

Education Information

21. Please list information on your primary school education in the grid below:

Primary School Type (High School, or GED)	School Name	City	State (If foreign, select Unknown)	Country	Date Graduated
Graduated	Freeburg Community High School	Freeburg	Illinois	UNITED STATES	05/30/1984

22. Please list information on your undergraduate, graduate and vocational training degree(s) earned in the grid below:

College, University, or Training School	City	State (If foreign, select Unknown)	Country	Attendance: From	Attendance: To	Degree Major	Degree Earned	Graduated?
University of Illinois	Urbana-Champaign	Illinois	UNITED STATES	08/15/1984	06/30/1986	Mechanical Engineering		Not Graduated
University of Maine at Farmington	Farmington	Maine	UNITED STATES	06/01/1992	05/30/1994	Biology	BA	Graduated
University of New Mexico	Albuquerque	New Mexico	UNITED STATES	07/01/2012	06/30/2014	Clinical and Translational Research	Masters - Science	Graduated

Proof of Pre-Medical Education

23. How will you deliver your proof of education to IDFPR?

I will scan and upload my official transcripts in the file upload question below.

24.

Please upload an official transcript verifying completion of at least two academic years of instruction in a college, university, or other institution.

The transcript must bear the official seal and signature of the institution.

Note: If you graduated from a 6-year medical program, please proceed to question 24 to upload your official transcript.

[CARR_University of Illinois.docx](#)
[CARR_University of Maine Farmington.docx](#)
[CARR_Univeristy of New Mexico.docx](#)

Medical School Location

25.

Did you graduate from a medical or osteopathic college located in the United States/Canada or in another foreign country?

United States/Canada

26. If another country, please specify where.

Verification of Professional Capacity

32.

Have you been actively engaged in the practice of medicine or been a student engaged in a formal program during the 2 years immediately preceding today's date?

Yes

33.

If you answered No, you must submit evidence to establish your present capacity to practice chiropractic with reasonable judgement, skill, and safety. The following may be considered as evidence of your present capacity: specialized training or education, publications of original work in learned chiropractic journals, public clinical research, federal clinical research, or other professional clinical activities related to the practice of chiropractic medicine. Please upload a detailed statement which clearly identifies each activity specified above that you are claiming to meet the professional capacity requirement. The statement must be signed and dated. Also provide official documentation that verifies completion of each activity.

Physician Verification of Employment/Experience

34.

Please record your work history chronologically for the five (5) years preceding the date of application, starting with present employment. For each position held, please provide complete information including the name of each practice/work location along with the address where patient care was provided, your dates of employment, job title, description of duties performed, and time employed.

Name of Practice/Work Location	Employer Address	Employer Address	Employer City	Employer Country	Employer State	Employer Zip	Dates of Employment - Start Date	Dates of Employment - End Date	Currently Employed	Were you a full-time employee or a part-time employee?	Please state your job title at the time of your employment.	Please provide a description of the duties you performed during your employment.	Total Number of Years Employed	Months Employed

Maine General Obstetrics and Gynecology	35 Medical Center Parkway		Augusta	UNITED STATES	Maine	04330	04/01/2019		Yes	Full-Time	Staff Physician	General Ob-Gyn	0	4
Southwestern Women's Surgery Center	8616 Greenville Avenue		Dallas	UNITED STATES	Texas	75243	09/01/2014	06/22/2019	No	Full-Time	Staff physician	Family planning	4	9

Fingerprint Background Check

This profession requires a fingerprint criminal background check.

1. Further instructions on how to complete this requirement can be found [here](#).
2. Fingerprints must be taken within 60 days from the date that the application is submitted.
3. A list of licensed Illinois Fingerprint Vendors can be found [here](#).

40. Were your fingerprints taken by a licensed *Illinois Fingerprint Vendor* or were they taken by an *Out-of-State Entity*?

Out-of-State Entity

Out-Of-State Fingerprint Vendor

42. Enter your Transaction Control Number (TCN):

1. This number starts with the letters 'FRM', is 16 characters long and can be found on the "Fee Applicant Card" provided by the IDFP.
2. For an example of where to find this number, [click here](#).
3. Please retain a copy of all Out-of-State fingerprint documents until your license has been issued. The IDFP may request additional information if any issues in the fingerprinting process arise.

43. If you were fingerprinted out-of-state and did not utilize a *Fee Applicant Card*, upload form OOS-FP below.

An additional copy of form OOS-FP can be [found here](#).

[CARR_OOS-FP form.docx](#)

[CARR_Vendor verification of TCN number for fingerprints.docx](#)

[CARR_Vendor receipt for fingerprint services.docx](#)

Record of Licensure

44. Please list all other related or non-related professional licenses held in Illinois or another state(s).

Please be sure to list all temporary, trainee or apprenticeship licenses or permits.

License Type	License Status	License Number	City	State (If foreign country, select UNKNOWN)	Country
MD	Active	MD2012-0010	Santa Fe	New Mexico	UNITED STATES
MD	Active	MD16521	Augusta	Maine	UNITED STATES
MD	Active	P9310	Austin	Texas	UNITED STATES

Proof of Out-of-State Licensure

45. If you are applying for licensure via *Endorsement* you must submit license certifications from your state of *original licensure* and *current licensure*.

You may do this by uploading either:

1. A License Certification (CT) Form Completed in the State of Licensure **OR**
 - A CT Form can be access [Here](#)
2. A State Agency or State Board's Official Certification

State (If foreign, select Unknown)	State of Original Licensure?	My state of licensure:	Upload a copy of your license certification
Maine	Yes	Will forward certification directly to IDFP	
New Mexico	No	Will forward certification directly to IDFP	
Texas	No	Will forward certification directly to IDFP	

CCA

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

46. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act as a part of a criminal sentence?

No

47. Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?

No

48. Are you currently charged with or have you been convicted of a forcible felony?

No

49. If you answered yes to any of the above statements, please attach a certified copy of the court records regarding your conviction, description of the nature of the offense, date of discharge, if applicable, and a statement from the probation or parole office.

Personal History - Medical Specific pt.1

50. Have you ever been disciplined (including but not limited to restricted, suspended, or terminated) by any hospital or health care entity?

No

51. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

52. Have you ever resigned in lieu of discipline or while under investigation that could lead to any restriction, suspension, or termination by any hospital or health care entity?

No

53. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

54. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges involuntarily reduced, limited, placed on probation, relinquished, denied, revoked or suspended? You must answer yes if any of these actions are currently pending or if you have withdrawn or failed to proceed with an application for privileges/memberships.

No

55. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated AND request the hospital or health care facility to submit a report directly to the Department regarding the action.

56. Has your provider status ever been restricted, suspended or terminated by any insurance carrier, including but not limited to Medicare, Medicaid, Tricare or any private carrier?

No

57. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated.

Personal History - Medical Specific pt.2

58. Have you ever voluntarily surrendered a license to practice medicine in any state, country, or U.S. federal jurisdiction? This does not include allowing your license to expire solely due to non-payment of the renewal fee.

No

59. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated AND request all official disciplinary documents including initial complaint, stipulations, orders, agreements or reprimands be sent directly to the Department

60. Have you ever withdrawn an application for a license to practice medicine or any temporary/resident license in any other state, country, or U.S. federal jurisdiction?

No

61. If you answered yes to the question above, upload a complete and accurate explanation that has been signed/dated and request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Department.

62. Have you ever been admonished, reprimanded, censured and/or disciplined in any way by any professional or medical society or association or committee thereof, or by any non-licensing governmental agency including but not limited to any governmental assistance agency? (Disciplinary actions include, but are not limited to, any allegations currently pending.) Disclose any stipulation to informal disposition in response to this question.

No

63. If you answered yes to the question above, upload a signed/dated complete and accurate explanation and request all official disciplinary documents including initial complaint, stipulations, orders or reprimands be sent directly to the Department.

Personal History pt. 1

Applicants are not obligated to disclose sealed or expunged records of a conviction or arrest.

64. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.

Yes

65. If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.

[CARR_Personal narrative.docx](#)

[CARR_Houston Police Report 1990.docx](#)

[CARR_Harris County District Court record.docx](#)

66. Have you been convicted of a felony? (In general, a felony conviction by itself does not usually result in denial of licensure.)

No

67. If yes, attach a detailed explanation or a copy of the Certificate of Relief from Disabilities by the Prisoner Review Board.

68. Have you ever been discharged other than honorably from the armed services or from a city, county, state, or federal position?

No

69. If yes, attach a detailed explanation.

Personal History pt. 2

70. Have you had or do you have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession?

☐

71. If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.

72. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?

No

73. If yes, attach a detailed explanation.

Child Support, Student Loan and Tax History

74. In accordance with 5 ILCS 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.

Are you more than 30 days delinquent in complying with a child support order?

No

75. If yes, upload a detailed explanation.

76. In accordance with 20 ILCS 2105-15(a)(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the

Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State."

Have you ever been or are you currently in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

No

77. If yes, upload a detailed explanation and proof of a satisfactory repayment record (if applicable).

78. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied."

Are you delinquent in the filing of state taxes?

No

79. If yes, upload a detailed explanation.

Certifying Statements

80. I attest that I will respond to the Division's requests for supplemental information.

Yes

81. I understand that the fees for this application are not refundable.

Yes

82. By entering my full legal name and today's date in the fields below I certify and attest under penalty of perjury that the information provided to the Department in this application is true and accurate to the best of my knowledge.

Shannon Louise Carr

83. Today's Date

07/14/2019

Review

OPay

Electronic Renewal Record

DISCOVER

AMERICAN EXPRESS

MORE CARD


VISA

ExitFind Another

License Number	036088192	Method	T	Credited:																																																	
Pin		<div>User Responses</div> <table><tr><td>1</td><td>PUR</td><td>Y</td><td>9</td><td></td><td></td></tr><tr><td>2</td><td>1</td><td>N</td><td>10</td><td></td><td></td></tr><tr><td>3</td><td>CE1</td><td>Y</td><td>11</td><td></td><td></td></tr><tr><td>4</td><td>PH1</td><td>N</td><td>12</td><td></td><td></td></tr><tr><td>5</td><td>PH2</td><td>N</td><td>13</td><td></td><td></td></tr><tr><td>6</td><td>PH3</td><td>N</td><td>14</td><td></td><td></td></tr><tr><td>7</td><td>CS1</td><td>N</td><td>15</td><td></td><td></td></tr><tr><td>8</td><td>AC2</td><td>N</td><td></td><td></td><td></td></tr></table>				1	PUR	Y	9			2	1	N	10			3	CE1	Y	11			4	PH1	N	12			5	PH2	N	13			6	PH3	N	14			7	CS1	N	15			8	AC2	N			
1	PUR					Y	9																																														
2	1					N	10																																														
3	CE1					Y	11																																														
4	PH1					N	12																																														
5	PH2					N	13																																														
6	PH3					N	14																																														
7	CS1					N	15																																														
8	AC2	N																																																			
Phone																																																					
Authorization	078407																																																				
SSN																																																					
Address Change (IVR only)	N																																																				
Perjury Disclaimer	Y																																																				
Transaction Dt	5/10/2005																																																				
Renewal Fee	\$300.00																																																				
Fee Type	R																																																				
Service Fee	\$6.00																																																				
Memo					<div>Print Record</div> <div>Next Record</div>																																																


OPay

Electronic Renewal Record



Exit

Find Another

License Number	036088192	Method	I	Credited:																																																	
Pin		<div><div>User Responses</div><table><tr><td>1</td><td>SSN</td><td></td><td>9</td><td></td><td></td></tr><tr><td>2</td><td>IA1</td><td>N</td><td>10</td><td></td><td></td></tr><tr><td>3</td><td>PH1</td><td>N</td><td>11</td><td></td><td></td></tr><tr><td>4</td><td>PH2</td><td>N</td><td>12</td><td></td><td></td></tr><tr><td>5</td><td>PH3</td><td>N</td><td>13</td><td></td><td></td></tr><tr><td>6</td><td>PH4</td><td>N</td><td>14</td><td></td><td></td></tr><tr><td>7</td><td>CS1</td><td>N</td><td>15</td><td></td><td></td></tr><tr><td>8</td><td>CE1</td><td>Y</td><td></td><td></td><td></td></tr></table></div>				1	SSN		9			2	IA1	N	10			3	PH1	N	11			4	PH2	N	12			5	PH3	N	13			6	PH4	N	14			7	CS1	N	15			8	CE1	Y			
1	SSN						9																																														
2	IA1					N	10																																														
3	PH1					N	11																																														
4	PH2					N	12																																														
5	PH3					N	13																																														
6	PH4					N	14																																														
7	CS1					N	15																																														
8	CE1					Y																																															
Phone																																																					
Authorization	034230																																																				
SSN																																																					
Address Change (IVR only)	Y																																																				
Perjury Disclaimer	Y																																																				
Transaction Dt	5/13/2008																																																				
Renewal Fee	\$300.00																																																				
Fee Type	3																																																				
Service Fee	\$5.00																																																				
Memo																																																					

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number 036088192

Pin

Phone

Authorization 01585R

SSN

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 5/15/2011

Renewal Fee \$300.00

Fee Type R

Service Fee \$5.00

Memo

Method I

Credited:

User Responses

1	SSN		9	MD2	N
2	IA1	N	10	MD3	Y
3	PH1	N	11	CS1	N
4	PH2	N	12	CE1	Y
5	PH3	N	13		
6	PH4	N	14		
7	MD1	N	15		
8	MD1A	N			

Print Record

Next Record

Electronic Renewal Record



Exit

Find Another

License Number	036088192
Pin	
Phone	
Authorization	01585R
SSN	
Address Change (IVR only)	Y
Perjury Disclaimer	Y
Transaction Dt	5/15/2011
Renewal Fee	\$300.00
Fee Type	R
Service Fee	\$5.00

Method

I

Credited:

**User Responses**

1	SSN		9	MD2	N
2	IA1	N	10	MD3	
3	PH1	N	11	CS1	N
4	PH2	N	12	CE1	Y
5	PH3	N	13		
6	PH4	N	14		
7	MD1	N	15		
8	MD1A	N			

Memo

Print Record

Next Record

Electronic Renewals Database

OPay

Electronic Renewal Record



Exit

Find Another

License Number 036088192

Method I

Credited:

Pin

Phone

Authorization 03159P

SSN

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 5/31/2014

Renewal Fee \$690.00

Fee Type R

Service Fee \$10.00

Memo

User Responses


1	SSN		9	PH5	N
2	IA1	N	10	PH6	N
3	CE1	Y	11	PH7	N
4	CS1	N	12	PH8	N
5	PH1	N	13		
6	PH2	N	14		
7	PH3	N	15		
8	PH4	N			

Print Record

Next Record

OPay

Electronic Renewal Record



ExitFind Another

License Number	036088192	Method	I	Credited:																																																	
Pin		<div>User Responses</div> <table><tr><td>1</td><td>SSN</td><td></td><td>9</td><td>PH5</td><td>N</td></tr><tr><td>2</td><td>IA1</td><td>N</td><td>10</td><td></td><td></td></tr><tr><td>3</td><td>CE1</td><td>Y</td><td>11</td><td></td><td></td></tr><tr><td>4</td><td>CS1</td><td>N</td><td>12</td><td></td><td></td></tr><tr><td>5</td><td>PH1</td><td>N</td><td>13</td><td></td><td></td></tr><tr><td>6</td><td>PH2</td><td>N</td><td>14</td><td></td><td></td></tr><tr><td>7</td><td>PH3</td><td>N</td><td>15</td><td></td><td></td></tr><tr><td>8</td><td>PH4</td><td>N</td><td></td><td></td><td></td></tr></table>				1	SSN		9	PH5	N	2	IA1	N	10			3	CE1	Y	11			4	CS1	N	12			5	PH1	N	13			6	PH2	N	14			7	PH3	N	15			8	PH4	N			
1	SSN						9	PH5	N																																												
2	IA1					N	10																																														
3	CE1					Y	11																																														
4	CS1					N	12																																														
5	PH1					N	13																																														
6	PH2					N	14																																														
7	PH3					N	15																																														
8	PH4					N																																															
Phone																																																					
Authorization	021350																																																				
SSN																																																					
Address Change (IVR only)	Y																																																				
Perjury Disclaimer	Y																																																				
Transaction Dt	7/22/2017																																																				
Renewal Fee	\$690.00																																																				
Fee Type	R																																																				
Service Fee	\$0.00																																																				
Memo																																																					

Print RecordNext Record



OPay

**Electronic Renewal Record**

Exit

Find Another

License Number 036088192

Method

I

Credited:



Pin

Phone

Authorization

20817780

SSN

Address Change (IVR only)

Y

Perjury Disclaimer

Y

Transaction Dt

9/20/2020

Renewal Fee

\$543.00

Fee Type

R

Service Fee

\$0.00

Memo

User Responses


1	SSN		9	PH5	N
2	IA1	N	10		
3	CE1	Y	11		
4	CS1	N	12		
5	PH1	N	13		
6	PH2	N	14		
7	PH3	N	15		
8	PH4	N			

Print Record

Next Record

OPay

Electronic Renewal Record



ExitFind Another

License Number	336050050	Method	T	Credited:																																																	
Pin		<div>User Responses</div> <table><tr><td>1</td><td>PUR</td><td>Y</td><td>9</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td>10</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td>11</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td>12</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td>13</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td>14</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td>15</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td></tr></table>				1	PUR	Y	9			2			10			3			11			4			12			5			13			6			14			7			15			8					
1	PUR					Y	9																																														
2							10																																														
3							11																																														
4							12																																														
5							13																																														
6							14																																														
7							15																																														
8																																																					
Phone																																																					
Authorization	070720																																																				
SSN																																																					
Address Change (IVR only)	N																																																				
Perjury Disclaimer	Y																																																				
Transaction Dt	5/10/2005																																																				
Renewal Fee	\$15.00																																																				
Fee Type	R																																																				
Service Fee	\$3.00																																																				
Memo																																																					

Print RecordNext Record

OPay

Electronic Renewal Record

DISCOVER

MasterCard

VISA

Exit

Find Another

License Number	336050050	Method	I	Credited:																																																	
Pin		<div>User Responses</div> <table><tr><td>1</td><td>SSN</td><td></td><td>9</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td>10</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td>11</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td>12</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td>13</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td>14</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td>15</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td></tr></table>				1	SSN		9			2			10			3			11			4			12			5			13			6			14			7			15			8					
1	SSN						9																																														
2							10																																														
3							11																																														
4							12																																														
5							13																																														
6							14																																														
7							15																																														
8																																																					
Phone																																																					
Authorization	000157																																																				
SSN																																																					
Address Change (IVR only)	Y																																																				
Perjury Disclaimer	Y																																																				
Transaction Dt	5/13/2008																																																				
Renewal Fee	\$15.00																																																				
Fee Type	1																																																				
Service Fee	\$1.50																																																				
Memo					<div><div>Print Record</div><div>Next Record</div></div>																																																

Electronic Renewals Database

OPay

Electronic Renewal Record



Exit

Find Another

License Number 336050050

Method I

Credited:

Pin

Phone

Authorization 01574R

SSN

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 5/15/2011

Renewal Fee \$15.00

Fee Type R

Service Fee \$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Print Record

Next Record

Electronic Renewals Database



OPay



Electronic Renewal Record



Exit

Find Another

License Number 336050050

Method I

Credited:

Pin [REDACTED]

Phone [REDACTED]

Authorization 01574R

SSN [REDACTED]

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 5/15/2011

Renewal Fee \$15.00

Fee Type R

Service Fee \$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					

Print Record

Next Record

OPay

Electronic Renewal Record

Discover

MasterCard

VISA

Exit

Find Another

License Number

336050050

Method

I

Credited:

Pin

Phone

Authorization

03180P

SSN

Address Change (IVR only)

Y

Perjury Disclaimer

Y

Transaction Dt

5/31/2014

Renewal Fee

\$15.00

Fee Type

R

Service Fee

\$1.50

Memo

User Responses

1	SSN		9		
2			10		
3			11		
4			12		
5			13		
6			14		
7			15		
8					


Print Record

Next Record


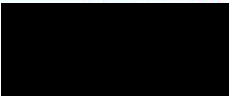
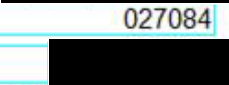
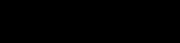
Electronic Renewals Database

OPay

Electronic Renewal Record




ExitFind Another

License Number	336050050	Method	I	Credited:																																																									
Pin		<div>User Responses</div> <table><tr><td>1</td><td>SSN</td><td></td><td></td><td>9</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td><td></td><td>10</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td></td><td>11</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td></td><td>12</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td></td><td>13</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td></td><td>14</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td></td><td>15</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				1	SSN			9			2				10			3				11			4				12			5				13			6				14			7				15			8						
1	SSN							9																																																					
2								10																																																					
3								11																																																					
4								12																																																					
5								13																																																					
6								14																																																					
7								15																																																					
8																																																													
Phone																																																													
Authorization	027084																																																												
SSN																																																													
Address Change (IVR only)	Y																																																												
Perjury Disclaimer	Y																																																												
Transaction Dt	7/28/2017																																																												
Renewal Fee	\$15.00																																																												
Fee Type	R																																																												
Service Fee	\$0.00																																																												
Memo	<div></div>																																																												

Print RecordNext Record

OPay

Electronic Renewal Record



ExitFind Another

License Number	336050050	Method	I	Credited:																																																	
Pin		<div>User Responses</div> <table><tr><td>1</td><td>SSN</td><td></td><td>9</td><td></td><td></td></tr><tr><td>2</td><td>CE1</td><td>Y</td><td>10</td><td></td><td></td></tr><tr><td>3</td><td></td><td></td><td>11</td><td></td><td></td></tr><tr><td>4</td><td></td><td></td><td>12</td><td></td><td></td></tr><tr><td>5</td><td></td><td></td><td>13</td><td></td><td></td></tr><tr><td>6</td><td></td><td></td><td>14</td><td></td><td></td></tr><tr><td>7</td><td></td><td></td><td>15</td><td></td><td></td></tr><tr><td>8</td><td></td><td></td><td></td><td></td><td></td></tr></table>				1	SSN		9			2	CE1	Y	10			3			11			4			12			5			13			6			14			7			15			8					
1	SSN						9																																														
2	CE1					Y	10																																														
3							11																																														
4							12																																														
5							13																																														
6							14																																														
7							15																																														
8																																																					
Phone																																																					
Authorization	20817791																																																				
SSN																																																					
Address Change (IVR only)	N																																																				
Perjury Disclaimer	Y																																																				
Transaction Dt	9/20/2020																																																				
Renewal Fee	\$15.00																																																				
Fee Type	R																																																				
Service Fee	\$0.00																																																				
Memo																																																					

Print RecordNext Record