



STATE OF NEVADA
BOARD OF OSTEOPATHIC MEDICINE
APPLICATION FOR LICENSURE



"APPLICATION MUST BE TYPED OR PRINTED LEGIBLY"

1. Name HARTMAN, CRAIG ANTHONY
Last First Middle Maiden

Other Names you have used _____

NAME YOU WISH PRINTED ON LICENSE CRAIG ANTHONY HARTMAN, D.O.

2. Business and/or Mailing Address: WEED ARMY COMMUNITY HOSPITAL: WOMEN'S HEALTH CLINIC
Street Number
FORT IRWIN CA 92310
City State Zip Code
(760) 380-3120-0 (760) 380-4875 (760) 380-3185-Floor
Business Phone Business Fax Other Phone

3. Home address: _____
City State Zip Code
Home Phone _____

4. Date of Birth _____ Place of Birth SANTA MONICA CA L.A.
City State Country

5. Citizenship: U.S. Citizen ☒ Yes ☐ No Alien Registration #: _____

6. Have you ever applied for a license to practice Osteopathic Medicine in Nevada? ☐ Yes ☒ No

If YES, give date of previous application _____

7. List name and address of all colleges or universities attended other than schools where professional medical instruction was received.

Name	City, State	Attendance Dates From (Mo/Yr) To (Mo/Yr)	Degree Received
PEPPERDINE UNIVERSITY	MALIBU, CA	8/88 - 4/92	B.S.

8. DOCTOR OF OSTEOPATHY Degree granted by: NEVA SOUTHEASTERN UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE
Date of issuance: 6/97

9. INTERNSHIP: Did you complete an internship approved by the AOA? ☒ Yes ☐ No

Name of Hospital	City, State	Dates of Internship From (Mo/Yr) To (Mo/Yr)
RIVERSIDE OSTEOPATHIC HOSPITAL	TRENTON, MI	6/97 - 6/98

10. RESIDENCY: List all residency and/or fellowship training completed.

Name of Institution	City, State	Type of Training	Dates of Training From (Mo/Yr) To (Mo/Yr)
RIVERSIDE OSTEOPATHIC HOSPITAL	TRENTON, MI	OB/GYN	6/98 - 6/01

11. Are you a Diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons? ☒ Yes ☐ No

If NO, which examination are you submitting to the Board for licensure? _____

12. Area of SPECIALTY OB/GYN

13. Are you BOARD CERTIFIED by a Board recognized by the AOA or American Board of Medical Specialties? ☐ Yes ☒ No
If YES complete the following:

Specialty Board	Certification #	Date of Certification:	Date of Re-certification:

14. Location of medical practices since graduation from Osteopathic Medical School. Account for all periods of time including military service.

City/State	From (Mo/Yr)	To (Mo/Yr)
INTERNSHIP/RESIDENCY: TRENTON, MI	6/97	6/01
Fort Irwin, CA	8/01	PRESENT

15. List below all hospitals of which you are, or have ever been, a staff member at any level. If none, please indicate. Do not list internship or residency affiliation.

Hospital	Complete Mailing Address	Dates of Appointment From (Mo/Yr) To (Mo/Yr)
Weed Army Community Hospital	BLDG 166 FT IRWIN, CA 92310	8/01 - PRESENT

16. Have you ever been licensed to practice osteopathic medicine from any state or country? ☒ Yes ☐ No

If YES, complete the following information:

State or Country	License #	Date of Issuance	Dates of Practice From (Mo/Yr) To (Mo/Yr)
MICHIGAN	5101013398	12/31/97	12/97 - PRESENT

17. Have any disciplinary or administrative actions ever been taken against any healing art license which you now hold or have held? Include any disciplinary and administrative actions by the U.S. Military, U.S. Public Health Service or other U.S. federal government entity. ☐ Yes ☒ No
18. Have you ever been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? ☐ Yes ☒ No
19. Have you ever had a medical license revoked, suspended, or limited in any state, country, or U.S. territory? ☐ Yes ☒ No
20. Have you ever voluntarily surrendered a license to practice in the healing arts in any state, country or U.S. territory? ☐ Yes ☒ No
21. Have you ever failed a state licensure examination, any part of FLEX, any part of the National Boards even if subsequently passed? ☐ Yes ☒ No

22. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you ever resigned from a medical staff in lieu of disciplinary or administrative action? (This does not include suspensions or restrictions for failure to complete medical records.) ☐ Yes ☒ No
23. Have you ever been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency, hospital or medical society? ☐ Yes ☒ No
24. Have you ever been denied membership or expelled from a medical society or other professional medical organization? ☐ Yes ☒ No
25. Are you currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse? ☐ Yes ☒ No
26. Do you regularly take any prescription drug for therapeutic purposes? ☐ Yes ☒ No
27. Have you ever surrendered your state or federal controlled substance registration or had it restricted in any way? ☐ Yes ☒ No
28. Are you now or were you in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? ☐ Yes ☒ No
29. Have you ever been investigated for, charged or convicted of, or pled nolo contendere to a violation of any federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances, or to drug addiction? ☐ Yes ☒ No
30. Have you ever been arrested, investigated for, charged or convicted of, pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country? (Except violations of traffic laws resulting in fines of \$75 or less.) ☐ Yes ☒ No

NOTE: You are required to list any conviction that has been set aside and dismissed under any other provision of law.

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN THE CIRCUMSTANCES AND DISPOSITION ON A SEPARATE SHEET(S) AND ATTACH TO THIS APPLICATION.

33. If granted a license, do you intend to practice in Nevada? ☒ Yes ☐ No

If yes, LOCATION: LAS VEGAS WHEN: OCTOBER 2003

34. PERSONAL INFORMATION:

Age: 33 Height: 5'11" Weight: 165 lbs Color of hair: BROWN
 Color of eyes: Brown Social Security No: [REDACTED]

35. I, CRAIG A. HARTMAN being duly sworn, depose and say: That the answers to the foregoing questions and statements made in the above application are true and correct; that I am the person named in the credentials to be submitted; and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. It is understood by me, that if any part of this application is found to be false or fraudulent, that I forfeit the right to a license to practice Osteopathic Medicine in Nevada.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records required by the Nevada State Board of Osteopathic Medicine for its evaluation of my professional, ethical, and physical and mental qualifications for licensure in the State of Nevada.

C. Hartman

Signature of Applicant

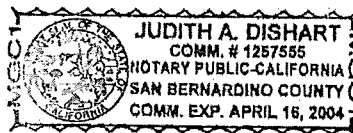
(Notary Seal)

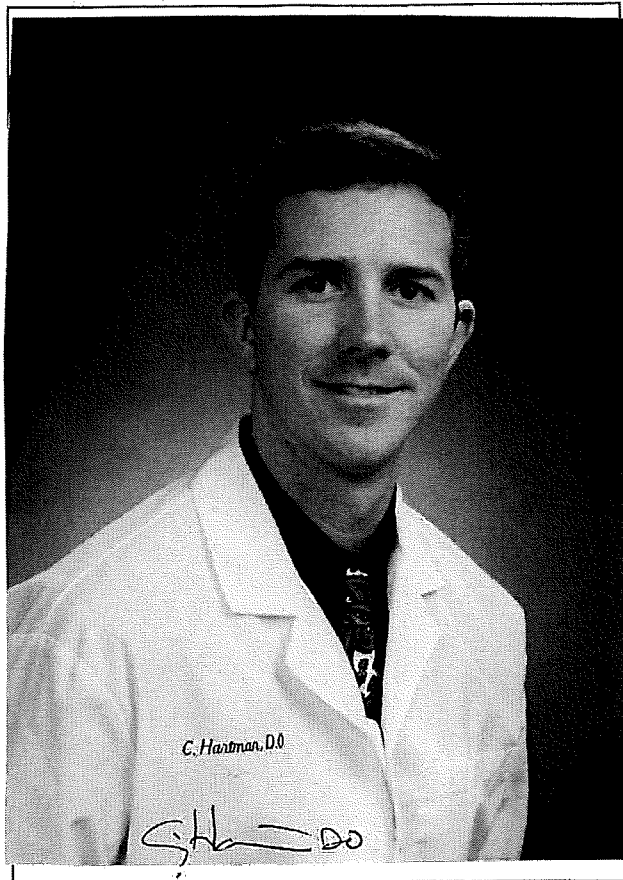
Subscribed and sworn to before me this 29th Day

day of July 2003
Month Year

Notary Public for State of California

Working
Residing at Ford Irvine CA 92310





Attach a finished photograph of passport quality of your head and shoulders only.

Photo must have been taken within the last 60 days and be 3 1/2 x 5 inches in size. Sign the photo in ink across the lower portion of its front side.

Proof photos, negatives, Polaroid-type photos are not acceptable.

I hereby certify that the attached photo is a true likeness of myself taken within the last 60 days.

C. Hartman, D.O.

Signature

5 AUG 03

Date

NOTE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application not being processed or being rejected as incomplete. The information provided will be used for identification and to determine qualifications for licensure per Nevada Revised Statute 633 which authorized the collection of this information.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER
FORM "B"

A licensed D.O. or M.D must sign this letter of recommendation.

FORT IRWIN CA 22 JULY , 2003
City State Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of CALIFORNIA to practice either allopathic or osteopathic medicine and that I have known the applicant,

CRAIG HARTMAN, D.O., for 2 years, that I personally knew the applicant while actively engage in the practice of osteopathic medicine; that he/she is of good moral character and worthy of professional recognition, that he/she is free from habits liable to interfere with the provision of professional services, has good standing in the community in which he/she resides and is worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Adio I. Abdul, M.D.
Signature
Adio I. Abdul, M.D.
Print Name

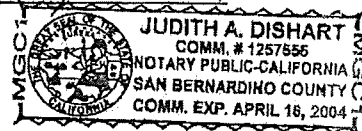


Subscribed and sworn to before me on the 22nd
day of July, 2003

Judith A. Dishart
Signature of Notary

Notary Public State of California
Residing at Laurelwood Ca

My Commission expires 16 April 2004



Please return completed form to the:

Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road Suite G
Las Vegas, NV 89121
702/732-2147
702/732-2079 (fax)
Osteo@govmail.state.nv.us

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER
FORM "B"

A licensed D.O. or M.D. must sign this letter of recommendation.

FORT IRWIN CA 29 JULY 2003
City State Date

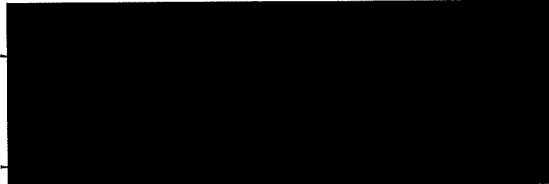
To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of INDIANA to
practice either allopathic or osteopathic medicine and that I have known the applicant,

CRAIG HARTMAN, D.O., D.O. for 2 years; that I personally knew the
applicant while actively engaged in the practice of osteopathic medicine; that he/she is of good moral
character and worthy of professional recognition, that he/she is free from habits liable to interfere with the
provision of professional services, has good standing in the community in which he/she resides and is
worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Jennifer H. Potter
Signature

Jennifer H. Potter
Print Name

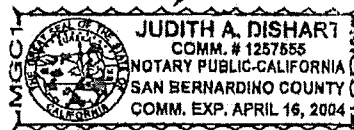


Subscribed and sworn to before me on the 29th
day of July, 2003

Judith A. Dishart
Signature of Notary

Notary Public State of California
Working
Residing at Fort Irwin, CA

My Commission expires 16 April 2004



Please return completed form to the:

Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road Suite G
Las Vegas, NV 89121
(702) 732-2147
(702) 732-2079 (fax)
Osteo@govmail.state.nv.us

**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
AFFIDAVIT OF MORAL AND PROFESSIONAL CHARACTER
FORM "B"**

A licensed D.O. or M.D must sign this letter of recommendation.

Fort Irwin CA 8 Aug, 2003
City State Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of CALIFORNIA to
practice either allopathic or osteopathic medicine and that I have known the applicant,

CRAIG HARTMAN, D.O., for 1 years, that I personally knew the
applicant while actively engage in the practice of osteopathic medicine; that he/she is of good moral
character and worthy of professional recognition, that he/she is free from habits liable to interfere with the
provision of professional services, has good standing in the community in which he/she resides and is
worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Robert L. Warner

Signature
ROBERT L. WARNER, MD

Print Name

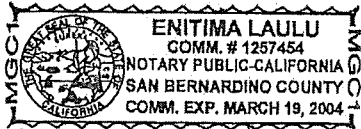


Subscribed and sworn to before me on the 7th
day of August, 20 03

[Signature]

Signature of Notary

Notary Public State of CA
Residing at Banston, CA
My Commission expires _____



Please return completed form to the:

**Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road Suite G
Las Vegas, NV 89121
702/732-2147
702/732-2079 (fax)
Osteo@govmail.state.nv.us**

**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
CHILD SUPPORT INFORMATION
FORM "D"**

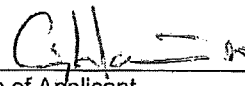
PLEASE MARK THE APPROPRIATE RESPONSE (FAILURE TO MARK ONE OF THE THREE WILL RESULT IN DENIAL OF APPLICATION).

☒ I AM NOT SUBJECT TO A COURT ORDER FOR THE SUPPORT OF A CHILD.

☐ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM IN COMPLIANCE WITH THE ORDER OR AM IN COMPLIANCE WITH A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER CONTROLLING PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER; OR

☐ I AM SUBJECT TO A COURT ORDER FOR THE SUPPORT OF ONE OR MORE CHILDREN AND AM NOT IN COMPLIANCE WITH THE ORDER OR A PLAN APPROVED BY THE DISTRICT ATTORNEY OR OTHER PUBLIC AGENCY ENFORCING THE ORDER FOR THE REPAYMENT OF THE AMOUNT OWED PURSUANT TO THE ORDER.

APPLICANTS SOCIAL SECURITY NUMBER: _____



Signature of Applicant

CRAIG HAMMOND, D.O.

Applicant's Name (Printed)

5 AUG 03

Date Signed.

Please return to:

Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road, Ste. G
Las Vegas, NV 89121
(702) 732-2147
(702) 732-2079 (fax)
Osteo@govmail.state.nv.us

***Original must be mailed to the Board.**



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RECEIVED

DEC 5 2003
NV STATE BOARD OF
OSTEOPATHIC MEDICINE

JANET OLSZEWSKI
DIRECTOR

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF OSTEOPATHIC MEDICINE & SURGERY
VERIFICATION OF LICENSURE AS OF 12/08/2003**

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
2860 E FLAMINGO ROAD STE G
LAS VEGAS NV 88121

NAME: Craig Anthony Hartman

SSN: [REDACTED]

ADDRESS: [REDACTED]

BIRTHDATE: [REDACTED]

TYPE: Osteopathic Physician

ORIGINAL DATE: 07/09/1998

LICENSE NUMBER: 5101013398

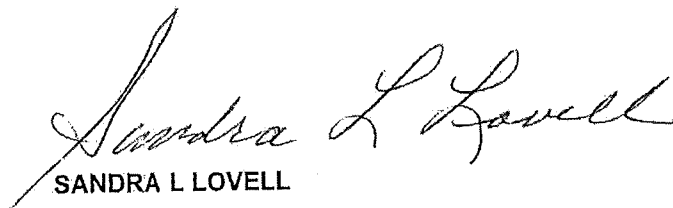
STATUS: Active

EXPIRATION DATE: 12/31/2004

OBTAINED BY: NBOME

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE


SANDRA L LOVELL

RECEIVED

NOV - 3 2003

DEPT. OF CIS

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
VERIFICATION OF LICENSURE
FORM "C"

I am applying for a license to practice Osteopathic Medicine in the State of Nevada. The Nevada State Board of Osteopathic Medicine requires verification of licensure from each state wherein I hold or have held licensure. This is your authority to release information in your files, favorable or otherwise, directly to the Nevada State Board of Osteopathic Medicine at the address below.

RECEIVED

NOV 26 2003

LICENSING DIV.
CREDENTIALS

C.H. [Signature]
Signature of Applicant

CRAIG HARTMAN, D.O.
Applicant's Name (Printed)

Address: [Redacted]

My license number is: 5101013398

This form may be duplicated.

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE.

State of _____ License # _____ Issue Date: _____

Name of Licensee: _____

Issued by: _____ Endorsement/Reciprocity with _____
Fan Info: 510151 8767023-1 11/21/03
Chk#: 1301 Amt: \$15.00
ID: 5101013398

Examination (State Board written exam)

Status of License: Active _____ Expiration Date _____

Do you have any record of disciplinary or legal action that should be considered with the physicians' application?

Yes _____ No _____

Return to:
Nevada State Board of Osteopathic Medicine
2860 E. Flamingo Road, Suite G
Las Vegas, NV 88121

SIGNED: _____

TITLE: _____

RECEIVED STATE BOARD: _____

NOV 04 2003 DATE: _____

LICENSING DIV.
CREDENTIALS

**Consumer &
Industry Services****Michigan.gov**
an official state of Michigan Web Site[Michigan.gov Home](#)[CIS Home](#)[CIS Sitemap](#)[Contact CIS](#)[Online Services](#)[CIS Agencies](#)[Search](#)**BUREAU OF HEALTH SERVICES****VERIFY A LICENSE/REGISTRATION****Name and Address****Name :** CRAIG ANTHONY HARTMAN**Address :** Grosse Ile, MI 48138**Profession and License/Registration Information****Profession :** Osteopathic Medicine & Surgery**Type :** Osteopathic Physician**Permanent ID #****Status****Issue Date****Expiration Date**

5101013398

Active

07/09/1998

12/31/2004

Complaint(s)**Open Formal Complaints**

None

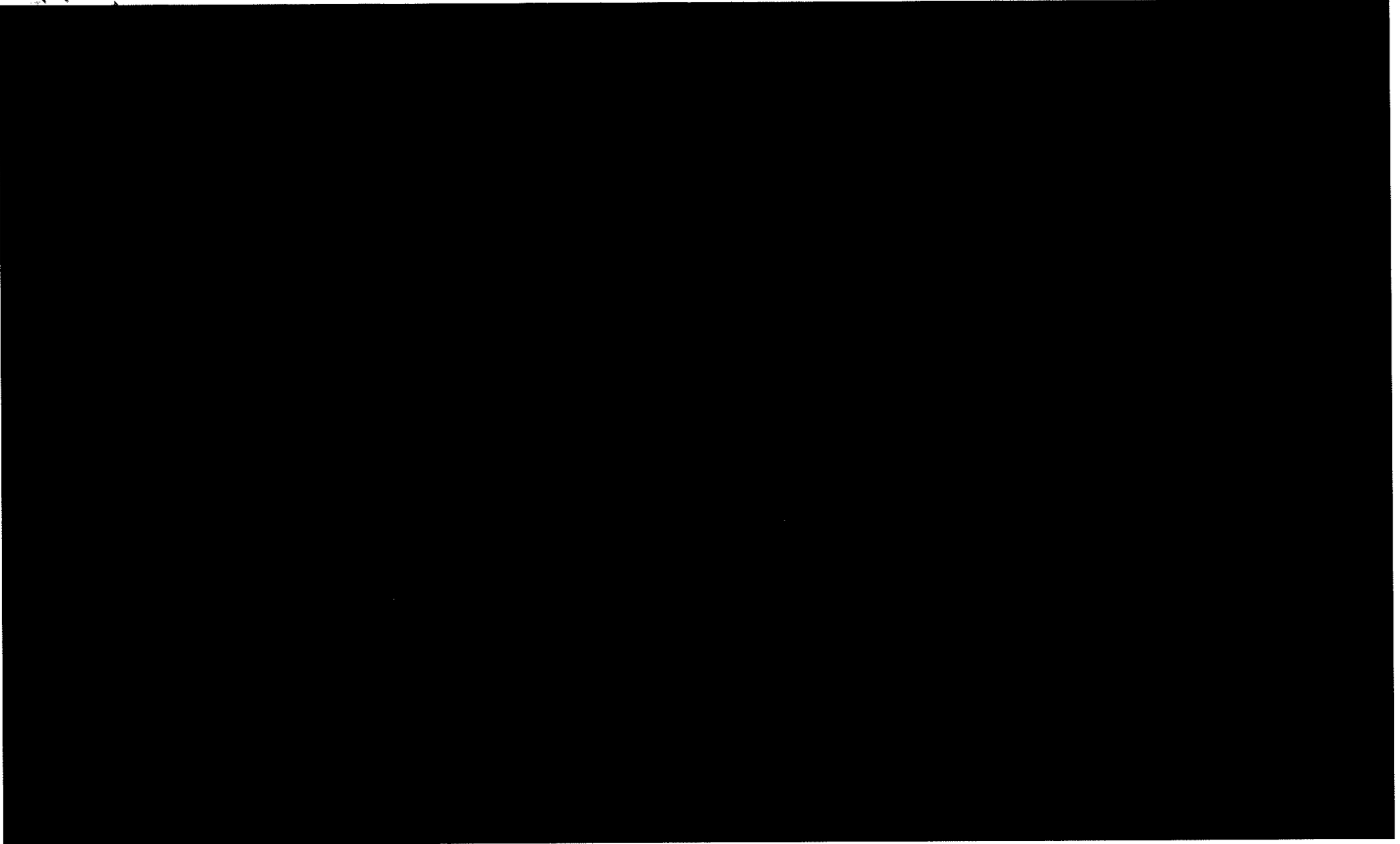
Disciplinary Action(s)**Disciplinary Action****Date of Action**

None

New Search Return to Search The data on this web page is refreshed daily.

[Michigan.gov Home](#) | [CIS Home](#) | [Contact CIS](#) | [State Web Sites](#) | [CIS Site Map](#)
[Privacy Policy](#) | [Link Policy](#) | [Accessibility Policy](#) | [Security Policy](#)
Copyright © 2001-2003 State of Michigan

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
P.O. Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
Fax: (817) 868-4099

Physician Information Profile



This report is compiled exclusively for:

Name: Craig Anthony Hartman
SSN: [REDACTED]
DOB: [REDACTED]
Recipient: Nevada State Board of Osteopathic Medicine

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

Table of Contents

I. FCVS / FSMB Reports

- A. Physician Information Report
- B. Omission/Discrepancy Report
- C. Board Action Data Bank Search Results

II. Identity

- A. Affidavit and Release
- B. Certified Birth Certificate or Photocopy of Original Passport

III. Medical Education

- A. Verification of Medical Education Form(s)
- B. Official Medical Education Transcripts(s)
- C. Certified Photocopy of Medical School Diploma
- D. Verification of Fifth Pathway Form(s)
- E. Photocopy of Fifth Pathway Certificate of Completion
- F. Confirmation of ECFMG Certification
- G. Photocopy of ECFMG Certificate

IV. Postgraduate Medical Education

- A. Verification of Postgraduate Medical Education Form(s)

V. Examination History / Score Transcripts (State Licensing Authorities Only)

- A. USMLE Transcript
- B. FLEX Transcript
- C. NBME Record of Scores
- D. NBME Endorsement of Certification
- E. NBOME Transcript
- F. LMCC Transcript
- G. State Board Exam Transcript

Section I

FCVS Reports

Physician Information Report

Identity:

Name:	Craig Anthony Hartman
Other Name Used:	Craig A Hartman
Gender:	Male
Date of Birth:	██████████
Place of Birth:	Los Angeles, CA USA
SSN:	██████████
Current Address:	████████████████████ ████████████████████
Permanent Address:	Same
Telephone Numbers:	Bus: 760-380-3120 Fax: 760-380-4875 Home: ██████████ Other: 888-785-9404
Physical Description:	Height: 5' 11" Weight: 165 lbs Eye Color: Brown Hair Color: Brown
Physical Marks:	Description: N/A Location: N/A

Premedical Education (Reported by physician. Not verified by FCVS):

Institution:	Pepperdine University, Malibu, CA 90265
Dates of Attendance:	08/1988 - 04/1992
Degree Awarded:	Bachelor of Science

Medical Education:

Current, valid ECFMG	N/A
ECFMG Number:	N/A
Date Issued:	N/A
Medical School:	Nova Southeastern University College of Osteopathic Medicine 3200 University Drive Ft Lauderdale, FL 33328
Dates of Attendance:	08/09/1993 - 05/23/1997
Graduation Date:	05/25/1997
Degree Awarded:	Doctor of Osteopathy
Unusual Circumstance:	None

Post Graduate Medical Education:

Institution: **Riverside Osteopathic Hospital
Department of Obstetrics and Gynecology
150 Truax Street
Trenton, MI 48183**

Post Graduate Year: **Not Reported by the Primary Source**
Program Type: **Internship**
Department: **Obstetrics and Gynecology**
Dates of Attendance: **07/01/1997 - 06/30/1998**
Completion: **Yes**
Accreditation: **AOA**

Post Graduate Year: **Not Reported by the Primary Source**
Program Type: **Residency**
Department: **Obstetrics and Gynecology**
Dates of Attendance: **07/01/1998 - 06/30/2001**
Completion: **Yes**
Accreditation: **AOA**

Unusual Circumstance: **None**

Fifth Pathway:

N/A

Examination History:

Transcripts Enclosed For: **NBOME Part I
NBOME Part II
NBOME Part III/Level 3**

Board Action:

A Report of the results from a search of the Board Action Data Bank is enclosed.

Omission / Discrepancy Report

Physician Identification:

Name: Craig Anthony Hartman
DOB: [REDACTED]
SSN: [REDACTED]
Packet ID: 34454
Request ID: 11537534

REPORT OF OMISSIONS

There are none identified.

REPORT OF DISCREPANCIES

Discrepancy 1:

Section of Profile: **Medical Education**

Discrepancy: The applicant reports graduation from Nova Southeastern UCOM on 06/14/1997. The institution reports graduation date is 05/25/1997.

Follow-Up: Left to Recipient's discretion.

Discrepancy 2:

Section of Profile: **Examination History**

Discrepancy: The applicant reports sitting for NBOME Part I as 'Date Unknown'. The NBOME transcript reports the examination date was 06/01/1995.

Follow-Up: Left to Recipient's discretion.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: **Identity**

Issue: FCVS requests the applicant provide a photocopy of a birth certificate, passport, court order, baptismal certificate, naturalization certificate, marriage certificate or divorce decree to support alternate names. If the applicant cannot provide one of these documents, we request completion of the Explanation of Alternate Name Form.

Follow-Up: For your information only.

Miscellaneous 2:

Section of Profile: **Continuity of Education**

Issue: There is a gap of approximately 1 1/2 years between completion of premedical education at Pepperdine University (ends 04/1992) and entrance into medical school at Nova Southeastern UCOM (begins 08/09/1993).

Follow-Up: This information is provided as information only. No follow up performed.

End of report for Craig Anthony Hartman

Packet Id: 34454

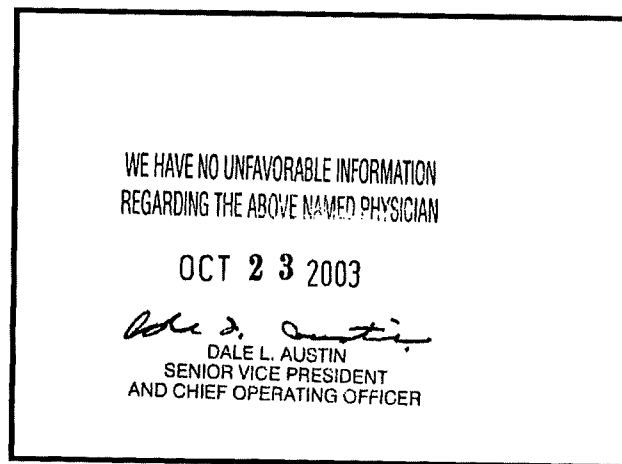
Request Id: 11537534

Report Created By: DLR

Board Action Databank Search

State Queried For: Nevada State Board of Osteopathic Medicine
Physician's Name: Hartman, Craig Anthony
Date of Birth: [REDACTED]
Medical School: 010040 - Nova Southeastern UCOM
Year of Graduation: 1997
Social Security Number: [REDACTED]
ECFMG Number: N/A

Results:



Section II

Identity

AFFIDAVIT AND RELEASE

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the "INSTRUCTIONS FOR COMPLETING THE FCVS APPLICATION" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

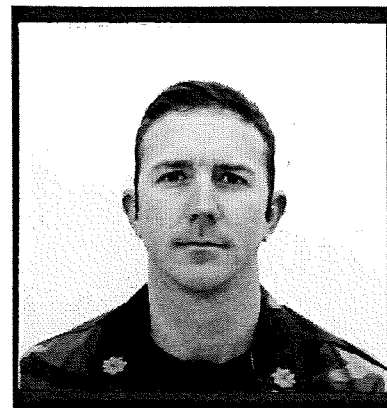
I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

[Signature]
Applicant's Signature (must be signed in the presence of a notary)

HARTMAN
Applicant's Printed Last Name

CRAIG A.
Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

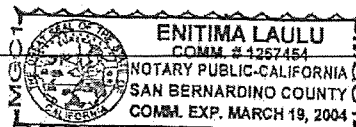
11 AUGUST 2003
Date of Signature (must correspond to date of notarization)



State of California, County of San Bernardino

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 11th day of August, 2003.

Notary Public signature: [Signature]
My commission expires: _____



Federation Credentials Verification Service

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES • REGISTRAR-RECORDER / COUNTY CLERK
CERTIFIED ABSTRACT OF BIRTH



NAME: CRAIG A HARTMAN

DATE OF BIRTH: [REDACTED]

SEX: MALE

COUNTY OF BIRTH: LOS ANGELES

BIRTH SURNAME OF MOTHER: INSKEEP

DATE FILED: AUGUST 1970

SEAL
VERIFIED

This certified document is a true
abstract of the official record
filed with the Registrar-Recorder

Beatriz Valdez

DATE ISSUED: MARCH 01, 1994

LOCAL REGISTRATION NUMBER: 0068335

BEATRIZ VALDEZ
REGISTRAR-RECORDER / COUNTY CLERK



EXPLANATION OF ALTERNATE NAME FORM

Use this form to explain the use of any name(s) not supported by the identity document(s) submitted with your application. Do not write on the back of this form. If additional space is required, please make a photocopy (ies). Be certain to sign the form in the space provided at the bottom of the page.

Documented Name The name reported here must be the name on your identity document BIRTH CERTIFICATE.	Last Name: <u>HARTMAN</u> Rest of Name: <u>CRAIG A</u>
FCVS APPLICATION DIPLOMA	Last Name: <u>HARTMAN</u> Rest of Name: <u>CRAIG ANTHONY</u> Explanation of Use of Name: <u>X CERTIFIED ABSTRACT OF BIRTH CERTIFICATE</u> <u>ONLY LISTS MIDDLE INITIAL. MY FULL</u> <u>MIDDLE NAME IS ANTHONY.</u>
	Last Name: Rest of Name: Explanation of Use of Name:
	Last Name: Rest of Name: Explanation of Use of Name:

Signature: [Signature] Date: 8/27/03

Section III

Medical Education

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS)
VERIFICATION OF MEDICAL EDUCATION

(This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. **Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. **If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).**

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: Nova Southeastern University College of Osteopathic Medicine

Complete Address: _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code (Postal Code):** _____

If name of institution was different when this individual attended, please note this name below: _____

Premedical Education:

Years of education required for admission to your medical school: _____

Credential/degree presented by the applicant for admission to your medical school: _____

Enrollment and Participation: Our records indicate that

Craig A. Hartman

(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 4 ^{yrs.} _{weeks} of medical education on the following dates (mm/dd/yy):

From 08 / 09 / 93 **To** 05 / 23 / 97
Month Date Year Month Date Year

This individual (check one):

☒ was awarded the degree of D.O. on 05 / 25 / 97
Month Date Year

☐ was NOT awarded a degree (please attach an explanation)

Certification: By my signature, I, G. Elaine Poff, certify that the above
(type/print name)

information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.



Signature: G. Elaine Poff

Title: Director of the Registrar's Office

Date of Signature: 09-10-03

Phone: (954) 262-7271 **Fax:** (954) 262-3256

Email: poff@nova.edu

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?

Response YES ☐ NO ☒

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Approved</u>	<u>Unapproved</u>
Personal/Family			<input type="checkbox"/>	<input type="checkbox"/>
Academic remediation			<input type="checkbox"/>	<input type="checkbox"/>
Health			<input type="checkbox"/>	<input type="checkbox"/>
Financial			<input type="checkbox"/>	<input type="checkbox"/>
Participation in joint degree Program (e.g., MD/PhD)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-research special study (e.g., fellowship, international experience)			<input type="checkbox"/>	<input type="checkbox"/>
Participation in non-degree research			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
Please Specify: _____				

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

Response YES ☐ NO ☒

If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		
Please specify reason: _____		

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

Response YES ☐ NO ☒

If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service

P.O. Box 619850
Dallas, TX 75261-9850
Telephone (817) 868-5000
FAX: (817) 868-4197

Fax Cover Sheet

TO: G Elaine Poff
[010040] Nova Southeastern University College of Osteopathic Medicine
954-262-3256

DATE: September 17, 2003

FROM: Vickie Brooks
vbrooks@fsmb.org
VLB

Packet ID: 34454
Request ID: 11537534
Craig Anthony Hartman, DO

The form you recently submitted to FCVS for Dr. Hartman was either incomplete or requires further clarification. Please address these items listed below and return by fax to the above number.

1. Premedical Education:

Years of education required for admission to your medical school: 4 yrs.

Credential/degree presented by the applicant for admission to your medical school: B.A./B.S.

Completion of the following is certification that the information above is an accurate account of the individual's records and is true and correct. This section MUST be signed by the Program Director (MD/DO only) or an appropriate representative.

Jeanne DeRoo Admin. Asst. 09/18/03
Signature Title Date

Number of Pages Sent: 1
[010040]

The information contained in this document may be CONFIDENTIAL and may also be LEGALLY PRIVILEGED, intended only for the addressee. If you are not the addressee, you are hereby notified that any use or dissemination is strictly prohibited. Please notify FSMB by telephone as soon as possible if you received this document in error.

Date Issued: 10-SEP-2003

Page: 1

Student No: [REDACTED]
Record of: Craig A. Hartman

Issued To: Fed Cred Verif Service
PO Box 619850
Dallas, TX 75261-9850

Course Level: Osteopathic Med/Dr

Current Program
College : Osteopathic Medicine
Major : Osteopathic Medicine

Prerequisites:
ACADEMIC REQUIREMENTS COMPLETED: 05/23/97
D.O. DEGREE CONFERRED: 05/25/97

Degree Awarded : Dr of Osteopathic Medicine 31-MAY-1997
Hrs: 296.50 GPA-Hrs: 99.00 Pts: 8786.50 GPA: 88.75
Major : Osteopathic Medicine

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
Institution Information continued:					
BMED 5224	Comm Med II	0.50	P	0.00	
BMED 5422	Anatomy III(Head/Neck)	3.00	79	237.00	
BMED 5423	Anato IV & V	3.00	86	258.00	
BMED 5554	Med Human III	1.00	P	0.00	
BMED 5555	Behav Med (Phys Ex)	0.50	P	0.00	
BMED 5556	Med Human II	0.50	P	0.00	
BMED 5558	Princ/Pharmacology	0.50	P	0.00	
Hrs: 30.00 GPA-Hrs: 23.00 Pts: 1956.00 GPA: 85.04					

Fall 1994

Osteopathic Medicine

BMP 6112	Psychiatry	2.00	93	186.00	
FMN 6112	Clinical Correlation I	2.00	P	0.00	
FMN 6312	Clinical Practicum III	2.00	P	0.00	
FMN 6511	Clinical Nutrition	1.00	P	0.00	
PWO 6313	Omm III	3.00	95	285.00	
FMP 6111	Rehabilitation Medicine	1.00	P	0.00	
IMA 6116	Internal Medicine I	6.00	88	528.00	
OBG 6112	Gynecology	2.00	87	174.00	
PCO 6113	Pharmacology I	3.00	82	246.00	
PED 6112	Pediatrics I	2.00	86	172.00	
PTH 6114	Pathology I	4.00	83	332.00	
PTH 6311	Laboratory Medicine I	1.00	88	88.00	
SGN 6113	Surgery I	3.00	80	240.00	
Hrs: 32.00 GPA-Hrs: 26.00 Pts: 2251.00 GPA: 86.57					

Winter 1995

Osteopathic Medicine

FMC 6421	Medical Jurisprudence	1.00	86	86.00	
FME 6220	Adv.Cardiac Life Support	0.00	P	0.00	
FME 6321	Emergency Medicine	1.00	P	0.00	
FMG 6121	Geriatrics	1.00	93	93.00	
FMN 6222	Clinical Correlation II	2.00	P	0.00	
FMN 6422	Clinical Practicum IV	1.00	P	0.00	
FMN 6621	Clinical Procedures	2.00	P	0.00	
FMN 6722	Pre-Clerkship Seminar	2.00	P	0.00	
FMO 6423	Omm IV	3.00	91	273.00	
FMR 6121	Rur. & Ethnocultural Med.	1.00	P	0.00	
IMA 6226	Internal Medicine II	6.00	89	534.00	
***** CONTINUED ON PAGE 2 *****					

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
----------	--------------	------	-----	-----	---

INSTITUTION CREDIT:

Fall 1993

Osteopathic Medicine					
BMED 5110	Emerg Med I (Bcls)	1.00	97	97.00	
BMED 5112	Fam Med I	1.00	P	0.00	
BMED 5113	Omm I	3.00	97	291.00	
BMED 5116	Anat I (Histo/Embryo)	4.00	96	384.00	
BMED 5117	Biochem I	5.50	85	467.50	
MD 5216	Anato II (Gross)	5.50	92	506.00	
MD 5552	Med Human I	0.50	P	0.00	
BMED 5553	Med Human II	1.00	P	0.00	
BMED 5557	Microbio I	3.00	94	282.00	
BMED 5559	Physio I	4.00	97	388.00	
Hrs: 28.50 GPA-Hrs: 26.00 Pts: 2415.50 GPA: 92.90					

Dean's List

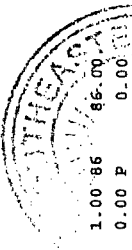
Spring 1994

Osteopathic Medicine

BMED 1111	Dean's Hour	0.00	P	0.00	
BMED 5111	Emerg Med II	1.00	P	0.00	
BMED 5118	Biochem II	4.00	82	328.00	
BMED 5127	Microbiology II	4.00	83	332.00	
BMED 5128	Physio II	6.00	88	528.00	
BMED 5152	Fam Med III	2.00	P	0.00	
BMED 5221	Comm Med I	0.50	P	0.00	
BMED 5222	Comm Med IV (Hlth Care)	0.50	P	0.00	
BMED 5223	Omm II	3.00	91	273.00	

As of January 1, 1994 Nova University and Southeastern University of the Health Sciences became Nova Southeastern University.

See reverse side for legend



SEAL
VERIFIED

SEP - 9 2003

[Handwritten Signature]
[Illegible Stamp]

OFFICIAL TRANSCRIPTS BEAR SIGNATURE
STAMP WITH UNIVERSITY SEAL



Date Issued: 10-SEP-2003

Page: 2

***** CONTINUED ON NEXT COLUMN *****

Student No: [REDACTED]

Record of: Craig A Hartman
Level: Osteopathic Med/Dr

SUBJ NO.	COURSE TITLE	CRED	GRD	PTS	R
----------	--------------	------	-----	-----	---

As of January 1, 1994 Nova University and Southeastern University of the Health Sciences became Nova Southeastern University.

See reverse side for legend

SEAL
VERIFIED

SEP -9 2003

H. Seal

SEAL
VERIFIED

OFFICIAL TRANSCRIPTS BEAR SIGNATURE
STAMP WITH UNIVERSITY SEAL

SUBJ NO. COURSE TITLE CRED GRD PTS R

Institution Information continued:

OBG 6222 Obstetrics 2.00 84 168.00
PCO 6222 Pharmacology II 2.00 94 188.00
PED 6222 Pediatrics II 2.00 89 178.00
PTH 6223 Pathology II 3.00 89 267.00
PTH 6421 Laboratory Medicine II 1.00 98 98.00
SGN 6223 Surgery II 3.00 93 279.00
Ehrs: 33.00 GPA-Hrs: 24.00 Pts: 2164.00 GPA: 90.16
Dean's List

Fall 1995

Osteopathic Medicine

BMP 7108 Psych (1-Mth) 8.00 P 0.00
IMA 7124 Inter Med (3-Mths) 24.00 P 0.00
7108 Ob/Gyn (1-Mth) 8.00 P 0.00
7108 Gen Surg (1-Mth) 8.00 PH 0.00
Ehrs: 48.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00

Winter 1996

Osteopathic Medicine

FNG 7108 Geriatr (1m) 8.00 PH 0.00
FNN 7108 Fam Med/Clin (1-M) 8.00 PH 0.00
PED 7108 Pedia/Ambul (1-M) 8.00 PH 0.00
PED 7208 Pedia/Hosp (1m) 8.00 PH 0.00
Ehrs: 32.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00

Summer I 1996

Osteopathic Medicine

FNR 8124 Ambu Rul Cl (3m) 24.00 P 0.00
Ehrs: 24.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00

- 11 1996

Osteopathic Medicine

FME 8108 Emerg Med (1-M) 8.00 PH 0.00
FNN 8108 Fam Med Selec (1m) 8.00 P 0.00
OBG 8108 Ob/Gyn Elec 8.00 PH 0.00
PED 8108 Gen Pedia Elec 8.00 PH 0.00
SGN 7108 Gen Surg (1-M) 8.00 PH 0.00
***** CONTINUED ON NEXT COLUMN *****

Institution Information continued:

Ehrs: 40.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00

Winter 1997

Osteopathic Medicine

IDC 8801 Senior Seminar 1.00 P 0.00
IME 8108 Endocrin Elec 8.00 PH 0.00
OBG 8108 Ob/Gyn Elec 4.00 P 0.00
PED 7108 Pedia/Ambul (1-M) 8.00 P 0.00
PTH 8108 Clin Patho Elec 8.00 P 0.00
Ehrs: 29.00 GPA-Hrs: 0.00 Pts: 0.00 GPA: 0.00

***** TRANSCRIPT TOTALS *****

Earned Hrs GPA Hrs Points GPA
TOTAL INSTITUTION 296.50 99.00 8786.50 98.75

TOTAL TRANSFER 0.00 0.00 0.00 0.00

OVERALL 296.50 99.00 8786.50 98.75

***** END OF TRANSCRIPT *****

As of January 1, 1994 Nova University and Southeastern University of the Health Sciences became Nova Southeastern University.

See reverse side for legend



SEP -9 2003

A. E. H. H.
OFFICIAL TRANSCRIPTS BEAR SIGNATURE
STAMP WITH UNIVERSITY SEAL

**SEAL
VERIFIED**

**KEY TO THE TRANSCRIPT
GRADING and QUALITY POINT SYSTEM
All Credit Hours on this Record Reflect Semester Hours**

	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F	WF	XF	AU	CE	CL	EQ	I	IF	IP	IW	NG	NP	NPR	P	PM	PR	RSC	W	WP	WU	UPS	7	ZZ
CENTER FOR PSYCHOLOGICAL STUDIES	4.0		3.0		3.0	2.0		2.0	1.0		0.0								X		X				X		X		X		X		X		X
CRIMINAL JUSTICE INSTITUTE	4.0		3.0		3.0	2.0		2.0	1.0		0.0								X		X				X		X		X		X		X		X
FARQUHAR COLLEGE OF ARTS & SCIENCES	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7	1.3	1.0		0.0		0.0					X		X		X		X		X		X		X		X		X
FISCHLER CTR FOR ADVANCEMENT OF EDUC	4.0	3.5			3.0			2.5	2.0										X		X		X		X		X		X		X		X		X
PROGRAMS IN EDUCATION & TECHNOLOGY	4.0																		X		X		X		X		X		X		X		X		X
EDUCATIONAL LEADERSHIP	4.0																		X		X		X		X		X		X		X		X		X
PROGRAMS IN HIGHER EDUCATION	4.0																		X		X		X		X		X		X		X		X		X
GRADUATE TEACHER EDUC PROGRAM	4.0																		X		X		X		X		X		X		X		X		X
(MASTERS EDUCATIONAL SPECIALIST)	4.0																		X		X		X		X		X		X		X		X		X
LIFE SPAN CARE & ADMINISTRATION	4.0																		X		X		X		X		X		X		X		X		X
SPEECH & LANGUAGE	4.0																		X		X		X		X		X		X		X		X		X
HEALTH PROFESSIONS DIVISION **	4.0																		X		X		X		X		X		X		X		X		X
SHEPARD BROAD LAW CENTER	4.0																		X		X		X		X		X		X		X		X		X
OCEANOGRAPHIC CENTER	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7	1.3	1.0	0.7	0.0							X		X		X		X		X		X		X		X		X
SCHOOL OF BUSINESS & ENTREPRENEURSHIP	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7											X		X		X		X		X		X		X		X		X
GRADUATE SCH OF COMPUTER & INFO SCIENCES	4.0	3.7	3.3	3.0	2.7	2.3	2.0	1.7											X		X		X		X		X		X		X		X		X
GRADUATE SCH OF HUMANITIES AND SOCIAL SCIENCES	4.0																		X		X		X		X		X		X		X		X		X

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award bachelor's, master's, specialist degrees, and doctoral degrees. Nova Southeastern University admits students of any race, sex, age, color, non-disqualifying handicap, religion or creed, or national or ethnic origin.

The Family Educational Rights and Privacy Act of 1974 prohibits disclosure of information from this transcript to third parties.

Definitions: Affects G.P.A.
WF - Withdrawal While Failing
XF - Unofficial Withdrawal

70 R - Repeated Course to Remediate A Prior Course Failure
70 E - Failed Course Remediated by Reexamination
75 R - Repeated Course to Remediate A Prior Course Failure
75 E - Failed Course Remediated by Reexamination
80 R - Repeated Course to Remediate A Prior Course Failure
80 E - Failed Course Remediated by Reexamination

COMMENTS
E - EXCLUDED FROM GPA
I - INCLUDED IN GPA



Definitions: Grades that do Not Affect G.P.A.

AU - Audit
CE - Credit by Exam
CL - CLEP
EQ - Credit awarded based on prior experience
I - Incomplete
IF - Incomplete Failure
IP - Incomplete Pass / In Progress
IW - Incomplete Withdrawal
NG - No Grade Submitted
NP - No Pass
NPR - No Progress
P - Pass
PH - Passing with Honors
PM - Pass Marginally
PR - Progress
RP - Pass Remediated
RSC - Required Summer Institute Completed
S - Satisfactory (highest grade possible in this course)
W - Withdrawal Without Penalty
WP - Withdrawal, while passing, Without Penalty
WU - Administrative Withdrawal
UPS - Un Paid Seat
Z - No Grade Submitted by Instructor
ZZ - Conversion Grade

Nova Southeastern University
Health Professions Division
College of Osteopathic Medicine

The Trustees of the University
on the Recommendation of the Faculty confer upon

Craig Anthony Hartman

the Degree of

Doctor of Osteopathic Medicine

With All Rights, Privileges and Responsibilities thereto appertaining.

Witnessed with the Authorized Signatures and University Seal on
May 25, 1997

Chris C. Lewis, J.S.D.
President



Matthew T. ...
Chancellor

Matthew T. ...
Dean

El N. ...
Director of the Registrar's Office
09/10/03

SEAL
VERIFIED

Section IV

Postgraduate Training

Federation Credentials Verification Service (FCVS)

Federation Plaza, P O Box 619850, Dallas, TX 75261-0850
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Postgraduate Medical Education

Institution: Riverside Osteopathic Hospital	Attention: Program Director
Address: Department of Obstetrics and Gynecology Trenton, MI 48183	University: _____

Verification For:	Name: Hartman, Craig Anthony SSN: [REDACTED] DOB: [REDACTED] Individual's Name on Record (If different from above): _____	SEP 19 2003
-------------------	---	-------------

Program Participation: Report incomplete postgraduate years (PGY) separately from those that were successfully completed. If the postgraduate year is currently in progress, report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately. Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.	PGY: _____ <input checked="" type="checkbox"/> Internship _____ Residency _____ Fellowship _____ Research	Department/Specialty: <u>OB/GYN</u> From: <u>7/1/97</u> To: <u>6/30/98</u> Successfully Completed?: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input checked="" type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: _____ <input checked="" type="checkbox"/> Internship <input checked="" type="checkbox"/> Residency _____ Fellowship _____ Research	Department/Specialty: <u>OB/GYN</u> From: <u>7/1/98</u> To: <u>6/30/01</u> Successfully Completed?: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input checked="" type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these
	PGY: _____ _____ Internship _____ Residency _____ Fellowship _____ Research	Department/Specialty: _____ From: _____ To: _____ Successfully Completed?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress Accredited by: <input type="checkbox"/> ACGME <input type="checkbox"/> AOA <input type="checkbox"/> LCGME <input type="checkbox"/> RSC <input type="checkbox"/> CFPC <input type="checkbox"/> RCPSC <input type="checkbox"/> APPAP <input type="checkbox"/> None of these

Unusual Circumstances: Circle the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.	Did this individual ever take a leave of absence or break from his/her training? Yes <input checked="" type="radio"/> No
	Was this individual ever placed on probation? Yes <input checked="" type="radio"/> No
	Was this individual ever disciplined or placed under investigation? Yes <input checked="" type="radio"/> No
	Were any negative reports ever filed by instructors? Yes <input checked="" type="radio"/> No
	Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes <input checked="" type="radio"/> No
	Please explain any "Yes" response from above: _____ _____

Certification: Affix your institutional seal in this space. If you must have this form notarized.	Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section MUST be signed by the Program Director (M.D./D.O. only)	
	Name: <u>David Wolf, D.O.</u> Title: <u>Program Director, OB/GYN</u> Tel: _____ Fax: <u>734 6253022</u> E-Mail: <u>d.wolf@cedimed.com</u>	Signature: <u>[Signature]</u> Date of Signature: <u>9/9/03</u>

Section V

Examination History/Score Transcripts



Physician Name: Craig A. Hartman, DO
Address: 5380 S Rainbow Blvd Ste 108
Las Vegas, NV 89118-1878
Work Phone: (702) 220-3223
Birth Date: [REDACTED]
Self-Designated Major Practice Focus: Family Medicine
Self-Designated Minor Practice Focus: [REDACTED]
AOA Membership Status: Member

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education:	Nova Southeastern Univ College of Osteopathic Medicine Fort Lauderdale FL	Year of Graduation:	1997
Postdoctoral Education:	(Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)		
Internship:	Riverside Osteopathic Hospital/Henry Ford Health System - Internship Training Trenton MI Program Closed: Jul 01, 2001	Dates Attended:	07/01/1997 - 06/30/1998 Verified
Residency:	Henry Ford Bi-County Hosp - Obstetrics and Gynecology Residency Trenton MI (Formerly: Riverside Osteopathic Hospital - Obstetrics and Gynecology Residency) Program Closed: Dec 31, 2002	Dates Attended:	06/27/1998 - 06/26/1999 Verified
Residency:	Henry Ford Bi-County Hosp - Obstetrics and Gynecology Residency Trenton MI (Formerly: Riverside Osteopathic Hospital - Obstetrics and Gynecology Residency) Program Closed: Dec 31, 2002	Dates Attended:	06/27/1999 - 06/26/2000 Verified
Residency:	Henry Ford Bi-County Hosp - Obstetrics and Gynecology Residency Trenton MI (Formerly: Riverside Osteopathic Hospital - Obstetrics and Gynecology Residency) Program Closed: Dec 31, 2002	Dates Attended:	07/27/2000 - 07/26/2001 Verified

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

Residency:	Dates Attended:			
Licenses:	State	Date Granted	Expiration Date	Status
	CA	10/28/2011	07/31/2015	Active
	MI	07/09/1998	12/31/2004	Inactive
	NV	11/22/2003	12/31/2014	Active

** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

** Contact Board for
More Information



142 E. Ontario Street Chicago, Illinois 60611-2864

**Osteopathic Specialty
Board Certification(s):**

(Certification by one or more of the 18 AOA certifying boards as reported by the Bureau of Osteopathic Specialists.)
Physicians holding time-limited board certification (those certifications with expiration dates) are required to participate in Osteopathic Continuous Certification (OCC) in order to maintain their AOA board certification. Physicians holding non-time-limited board certification (no expiration date) may voluntarily participate in OCC, but participation in OCC does not change their non-time-limited certification status. Please note that diplomate files will be closely monitored for compliance with OCC, and your organization will be automatically notified of any change of status. For more information on OCC, visit www.osteopathic.org.

**American
Osteopathic Board**

General Certification(s):	Issue Date:	Expiration Date:
Obstetrics and Gynecology	05/16/2004	12/31/2010
OCC Participation:		
Yes		
Recertification Date:	Expiration Date:	Issue Date:
12/31/2010	12/31/2016	
Certification(s) of Special Qualifications:	Issue Date:	Expiration Date:
Certification(s) of Added Qualifications:		

**Certification by member
board(s) of the American
Board of Medical
Specialties ® (ABMS):**

(The AOA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data on the organization's behalf.)

Date Granted	Expiration Date	Date Last Reported to the AOA
--------------	-----------------	-------------------------------

Primary Board(s):

Subspecialty Certificate(s):

**AOA Accredited Continuing
Medical Education:**

Meets all of the requirements of the AOA for continuing education for the last 3-year period (2010 - 2012)
Please note: The AOA reports CME for AOA members only.

**Federal Drug Enforcement
Administration:**

As of 02/03/2014 Federal DEA registration is valid.
Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

Former Name(s):

Please Note: The content of this Official Osteopathic Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on osteopathic physicians. Appropriate use of this instrument, in combination with your organization's documented credentialing policies and procedures would meet the primary source requirements of the: American Osteopathic Association Healthcare Facilities Accreditation Program; Joint Commission on Accreditation of Healthcare Organizations; the American Accreditation Healthcare Commission, Inc. (URAC); and the National Association of Insurance Commissioners. The National Committee for Quality Assurance recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you note any discrepancies, please mark them on a copy of this report and return to the AOA at the address above. Thank you.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2860 E. Flamingo Road, Ste. D

Las Vegas, NV 89121-5270

702-732-2147 Fax: 702-732-2079 E-mail: osteo@govmail.state.nv.us

www.osteo.state.nv.us

RECEIVED

DEC 09 2004

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

FIRST AND FINAL RE-REGISTRATION NOTICE

Craig Anthony Hartman, D.O.
Weed Army Community Hospital
Women's Health Clinic
Fort Irwin, CA 92310

COMPLETED

October 13, 2004

License # 1136

Original Issue Date: 11/22/2003

Expiration: 12/31/2004

PAID

MCME

✓ FC

REQUIREMENTS FOR RENEWAL OF NEVADA OSTEOPATHIC MEDICAL LICENSE

1. Re-Registration fee of \$300.00 is now due for the year ending December 31, 2005. Make check payable to the *Nevada State Board of Osteopathic Medicine*.
2. Include verification of 35 hours of CME credit received between January 1, 2004 and December 31, 2004 (see back for explanation of acceptable credits).
3. Mail this form, verification of CME credit, and fee in the enclosed envelope to the Executive Director.
4. Your license will not be renewed without a complete renewal application, proof of CME credit, and full fee (including late fees, where applicable).
5. If you chose not to renew your Nevada license, you must notify the board in writing of your intention not to renew before December 31, 2004. Failure to do so will result in automatic administrative revocation, a reportable action (NRS 633.481).
6. Requests for extensions must be made in writing prior to December 31, 2004. The Executive Director may approve or deny any extension request for any reason. Further, the Executive Director may stipulate the conditions of an extension. THERE IS NO AUTOMATIC EXTENSION
7. Renewal applications RECEIVED by the Board on or after 12:01AM, January 1, 2005, are subject to an automatic late penalty of \$100.00 plus registration fee.

If your name or address has changed from that printed on this form, clearly indicate the change below. A notarized or certified copy of the document authorizing your name change (marriage license, etc.) must be included as well.

Name: CRAIG ANTHONY HARTMAN, D.O.

Mailing Address: 5380 S. RAINBOW BLVD. SUITE 108

City: LAS VEGAS State: NV ZIP: 89118

Phone: (702) 220-3223 Fax: (702) 368-0710

If you have retired or moved your practice, please indicate where your former patients may access their medical records:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

MEDICAL SPECIALTY

Please indicate your specialty here: OB/GYN

If you are certified by a specialty board of the AOA, or ABMS, please list all board certifications here:

AMERICAN OSTEOPATHIC BOARD OF OB/GYN Date of Last Certification: 5/16/2004

_____ Date of Last Certification: _____

Please answer the following questions; all, "yes", answered questions must be explained on an attached separate sheet of paper.

1. In the past year have you been investigated for, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding minor traffic offenses or of any violation of any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances?
_____ YES X NO
2. In the past year have you been investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?
_____ YES X NO
3. In the past year have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?
_____ YES X NO
4. In the past year have you had any claims, settlements, or judgments involving professional liability (malpractice)? If YES, please attach a separate sheet listing EACH claim, settlement, or judgment listing the plaintiff, defendant, insurer, and disposition of the claim.
_____ YES X NO

CME CREDITS

- Attach evidence of 35 hours of declared CME credit received between January 1, 2004 and December 31, 2004 only. CME credits are non-transferable. A minimum of 10 of the 35 required CME credits MUST be Category 1 or 1A as accredited by the AOA or the ACCME.
- Only CME credit received in the calendar year preceding renewal will be accepted for renewal.
- Attendance at either the American Osteopathic Association Annual Conventions or any state Osteopathic Convention will satisfy the CME requirement. You must remit proof of attendance from the AOA or state osteopathic association sponsoring the event.
- Other CME courses accepted by the Nevada State Board of Osteopathic Medicine are the same as accepted by the American Osteopathic Association's Committee on Continuing Medical Education.
- If you are currently a resident, or were a resident at any time during the preceding year, verification of residency from the dean of the institution will satisfy the CME requirement.
- If you were originally licensed in Nevada during any part of 2004, you are required to renew your license for 2005 by paying the \$300.00 fee and submitting verification or 35 hours of CME credit.

CHILD SUPPORT DISCLOSURE (Required per NRS 633.326)

Please mark the appropriate response:

X

I am not subject to a court order for the support of a child.

I am subject to a court order for the support of one or more children and am in compliance with the order or I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or

I am subject to a court order for the support of one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Licensee's Social Security Number:

CRAIG ANTHONY HARTMAN, D.O.
Name (Print)

Social Security Number

C. Hartman
Signature

BY MY SIGNATURE, I certify that I am the person named in this application for registration renewal of a license to practice Osteopathic Medicine in the State of Nevada and that all statements herein are true. Further, I acknowledge that knowingly making a false statement in this renewal application is a felony as well as grounds for discipline up to and including revocation of licensure.

C. Hartman
Signature (NO STAMPS)

12/7/04
Date Signed

Please allow up to 20 days for processing of your renewal application.

LastName	Hartman
FirstName	Craig
MiddleName	Anthony
FileNumber	[REDACTED]
DOB	[REDACTED]
RenewalQuestionnaireCreated	12/5/05 8:42
RenewalRecordCreatedBy	Online
LicenseType	DO Renewal
LicenseNumber	1136
LicenseDateEnding	12/31/2006

RenewalQuestion1Text	1. In the past year have you been investigated for, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding minor traffic offenses or any violation of any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances?
RenewalQuestion1	0
RenewalComment1Text	Comment:
RenewalComment1	NULL
RenewalQuestion2Text	2. In the past year have you been investigate for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?
RenewalQuestion2	0
RenewalComment2Text	Comment:
RenewalComment2	NULL
RenewalQuestion3Text	3. In the past year have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?
RenewalQuestion3	0
RenewalComment3Text	Comment:
RenewalComment3	NULL
RenewalQuestion4Text	4. In the past year have you had any claims, settlements, or judgments involving professional liability (malpractice)? If YES, please attach a separate sheet listing EACH claim, settlement, or judgment listing the plaintiff, defendant, insurer, and disposition of the claim.
RenewalQuestion4	0
RenewalComment4Text	Comment:
RenewalComment4	NULL
Question1Text	5. Do you perform ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada. A 'yes' answer does not require an explanation at this time. Rather, a survey form will be sent to you as required by law.
Question1	0
ChildSupportQuestion1Text	1. I am subject to a court order for the support of a child or children.
ChildSupportQuestion1	0
ChildSupportQuestion2Text	2. I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or
ChildSupportQuestion2	0
ChildSupportQuestion3Text	3. I am subject to a court order for the support on one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
ChildSupportQuestion3	0

LastName Hartman
FirstName Craig
MiddleName Anthony
FileNumber [REDACTED]
DOB [REDACTED]
RenewalQuestionnaireCreated 11/10/06 11:28
RenewalRecordCreatedBy Online
LicenseType DO Renewal
LicenseNumber 1136
LicenseDateEnding 12/31/2007

RenewalQuestion1Text
RenewalQuestion1
RenewalComment1Text
RenewalComment1

1. In the past year have you been investigated for, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor, or felony, excluding minor traffic offenses or any violation of any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances?

0

Comment:

NULL

RenewalQuestion2Text
RenewalQuestion2
RenewalComment2Text
RenewalComment2

2. In the past year have you been investigate for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?

0

Comment:

NULL

RenewalQuestion3Text
RenewalQuestion3
RenewalComment3Text
RenewalComment3

3. In the past year have you surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

0

Comment:

NULL

RenewalQuestion4Text
RenewalQuestion4
RenewalComment4Text
RenewalComment4

4. In the past year have you had any claims, settlements, or judgments involving professional liability (malpractice)? If YES, please attach a separate sheet listing EACH claim, settlement, or judgment listing the plaintiff, defendant, insurer, and disposition of the claim.

0

Comment:

NULL

Question1Text

5. Do you perform ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada. A 'yes' answer does not require an explanation at this time. Rather, a survey form will be sent to you as required by law.

Question1

0

ChildSupportQuestion1Text

1. I am subject to a court order for the support of a child or children.

ChildSupportQuestion1

0

ChildSupportQuestion2Text
ChildSupportQuestion2

2. I am subject to a court order for the support of one or more children and I am in compliance with the order or I am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or

0

ChildSupportQuestion3Text
ChildSupportQuestion3

3. I am subject to a court order for the support on one or more children and I am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

0



RECEIVED

SEP 30 2009

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

TO: CRAIG HARTMAN, DO

FROM: NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE LICENSING
DEPARTMENT

SUBJECT: PROOF OF CONTINUING MEDICAL EDUCATION

DATE: 8/26/2009

In accordance with NRS 633.471 and NAC 633.250, the Nevada State Board of Osteopathic Medicine is conducting an audit of one-third of our licensed physicians.

Please provide this office **within 30-days** the verification of your continuing medical education performed in 2009 that applied to your license renewal in 2010.

Please note that we require 35 credits and 10 of those must be category 1A.

This information can be sent via:

1. Mail: Nevada State Board Osteopathic Medicine
Attn.: Tammy Sine
2860 E. Flamingo Road, Suite D
Las Vegas, NV 89121
2. Fax: 702-732-2079
3. E-mail: tsine@bom.nv.gov

If you have any questions, please do not hesitate to contact Tammy Sine at 702-732-2147, ext 222.

Sincerely,

Licensing Department



RECEIVED

SEP 30 2009

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

October 1, 2009

Nevada State Board of Osteopathic Medicine:



Enclosed are copies of my AOA CME report, my BLS card and a certificate of CME from a recent conference. My CME report documents 20 hours of category 1A credit from the 76th Annual ACOOG conference in March 2009, my BLS training accounts for 8 units of category 1A credit, and the conscious sedation course accounts for another 8 units. Together my total CME for 2009 is 36 hours.

Thank you,

A handwritten signature in black ink, appearing to read "C. Hartman", with a stylized flourish at the end.

Craig Hartman, D.O.
ID: 069770

5380 South Rainbow Blvd. Ste. 108 Las Vegas, Nevada 89118

(702) 220-3223 (phone)  www.springvalleywomenshealth.com  (702) 368-0710 (fax)



DIVISION OF CONTINUING MEDICAL EDUCATION
AMERICAN OPTOMETRIC ASSOCIATION
152 E. ONTARIO, CHICAGO, IL 60611

Continuing Medical Education Program - CME Activity Summary

Craig A. Hartman, DO
5380 S Rainbow Blvd Ste 108 Spring Valley Women's Health
Las Vegas, NV 89118-1878

CME Status: Member | ID:069770

120.0 CME Hours Required from 1/1/2007 to 12/31/2009

Overview

	Category 1-A	Category 1-B	Category 2A / 2B	Total Category 1 and 2
Total Acceptable Hours Recorded	67.5	0.0	38.5 / 9	115
Hours Applicable Toward Requirement	67.5	0.0	47.5	115
Hours Needed	0.0	0.0	5.0 <i>May be met in CME or CME2</i>	5
Requirement Fulfilled	Yes			No

The requirement of the AOA is 120 hours over a three year period of which 30 hours must be recorded in AOA Category 1-A and the remaining 90 hours may be accumulated in any category 1-A, 1-B, 2-A or 2-B credits. In addition, members who are board certified must earn a minimum of 50 credit hours (Category 1 or 2) in their primary specialty.

Certification Board Requirements

Name	Total Hours Required	Hours Applicable	Hours Needed	Requirement Fulfilled
AOBOG	50.0	113.5	0.0	Yes

In addition, members who are board certified must earn a minimum of 50 credit hours (Category 1 or 2) in their primary specialty.

Program Details

Date	Prog. No.	Program Name	Category	Hrs/Cert. Hrs
Mar 27 2007	103317	74TH ANNL CONF/ACCOG	1A	21.5 / 21.5
Mar 30 2007	103330	CODING PART 1-E&M/ACCOG	2B	3 / 3
Mar 31 2007	103331	CODING PART 2-GYN/SURG/ACCOG	2B	3 / 3
Apr 1 2007	103332	CODING PART 3-OB/ACCOG	2B	3 / 3
Nov 9 2007	101579	OB-GYN ULTRASOUND/INST MED STUDIES	2A	19.5 / 19.5
Apr 7 2008	101582	ANNUAL MEETING/NAT'L ABORTION FEDERATION	2A	19 / 18.5
Oct 26 2008	108170	113TH ANNL CONV & SCI SEM/AOA	1A	26 / 25
Mar 16 2009	111591	76TH ANNUAL CONFERENCE/ACCOG	1A	20 / 20

The report of your continuing medical education activities has been compiled from documents submitted to and verified by the AOA Division of CME as of the date indicated. (For a complete calendar of AOA-approved CME courses, [click here](#).) All acceptable CME hours have been recorded, even though they may exceed the maximum allowable for a particular category.

Total hours applicable to your AOA CME requirement are indicated in the statistical summary. Complete information concerning the requirements, guidelines, and procedures of the AOA program may be found in the [CME Guide](#). If you feel an error has been made in the report or some of your courses are missing from the report, [click here](#).

Please [click here](#) for cme reporting forms to report cme credits.

Please [click here](#) for the current policy regarding the recording of CME specialty credit hours.

This electronic report is provided to AOA members as a benefit of membership.

07/16/2009

Page 3 of 3

Division of Continuing Medical Education
142 E. Ontario St., Chicago, IL 60611
Ph 312-202-8000 Fax 312-202-8202

Healthcare Provider

Craig Hartman

This card certifies that the above individual has successfully completed the national cognitive and skills evaluations in accordance with the curriculum of the American Heart Association for the BLS for Healthcare Providers (CPR & AED) Program.

1-28-2009

1-28-2011

Issue Date

Recommended Renewal Date

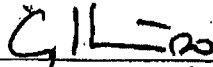
AHA
Region OHIO

Community
Training Center Cintas First Aid & Safety

Training
Site Las Vegas

Instructor Samantha Collinsworth

Holder's
Signature



©2000 American Heart Association

Tempering with this card will alter its appearance. 70-2915

BLS: 8 HOURS 1/27/09 - 1/28/09

CONSCIOUS SEDATION CONSULTING, LLC

Certifies that

Craig Hartman, D.O.

Has successfully completed 8.0 hours of didactic education covering the administration of parenteral and enteral conscious (moderate) sedation with documented understanding of the appropriate principles of:

- Patient Safety and Accreditation Standards
- Patient Selection and Assessment
- Equipment and Patient Monitoring
- Anatomy, Physiology, and Pharmacology
- Intra-procedure patient management
- Recognition of complications and airway management
- Appropriate documentation, patient recovery and discharge
- Monitoring of outcomes and reporting adverse events

September 26, 2009
Seattle Washington

In compliance with WAC 246-817-701 through 246-817-790 and WAC 246-817-440 for Dental CE and WAC 246-919-240 for AMA PRA Category II CME



John G. Hexem

John G Hexem, MD, PhD

Diplomat American Board of Anesthesiology 1987

2016 Clermont Crossing Dr., Suite F
St. Louis, MO 63146

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

IN A MATTER INVOLVING

CRAIG HARTMAN, D.O., Lic. # 1136

Respondent.

CASE NO. MA 1005008

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

AUG 04 2010

SETTLEMENT AGREEMENT AND ORDER

FILED

I. PARTIES

This Settlement Agreement and Order ("Agreement and Order") is made by and between Rota Rosaschi, MPH, Investigative Board Member ("Ms. Rosaschi" or "Investigative Board Member") for the Nevada State Board of Osteopathic Medicine ("the Board") through the Board's Counsel/Executive Director, Dianna Hegeduis, Esq., and Craig Hartman, D.O. ("Dr. Hartman") (collectively referred to as "the Parties").

II. RECITALS

As a preamble to this Agreement, the Parties agree to the following:

- A. WHEREAS, the Board, through the Investigative Board Member, ascertained certain information regarding litigation filed against Dr. Hartman. The information was ascertained as a result of the Board's staff due diligence in investigating its applicants/licensees.
- B. WHEREAS, the Investigative Board Member ("IBM") has alleged as follows:
(1) Re: patient "M.A." Suit was filed against the physician in Nevada in March 2006 and the case settled in April 2008. The IBM has alleged that the physician did not timely report either the commencement of the lawsuit to the Board or the lawsuit's dismissal, i.e., within 45 days of either event. Additionally, the physician responded "no" to the questions about medical malpractice cases in both the 2007 and 2009 renewal applications, submitted respectively in 2006 and 2008; and the proper responses should have been "yes" because of the "M.A." lawsuit. The IBM has alleged these are violations of NRS chapter 633 as discussed hereinafter.
- C. WHEREAS, NRS 633.527(1) states that a licensed "osteopathic physician shall report to the Board: (a) any action for malpractice against the osteopathic physician not later than 45 days after the osteopathic physician receives service of a summons and complaint for the action; (b) any claim for malpractice against the osteopathic physician that is submitted to arbitration or mediation not later than 45 days after the claim is submitted to arbitration or mediation; (c) any settlement, award, judgment or other disposition or any action or claim described in paragraphs (a) or (b) not later than 45 days after the settlement, award, judgment or other disposition; and (d) any sanctions imposed against the osteopathic physician that are reportable to the National Practitioner Data Bank not later than 45 days after the sanctions are imposed. NRS 633.527(2) states that should the Board find "that an osteopathic physician has

violated any provision of this section, **the Board may impose a fine of not more than \$5,000 against the osteopathic physician for each violation, in addition to any other fines or penalties permitted by law.** (Emphasis added.) This statute was added to the law in 2003. By the use of the word "shall" by the Nevada State Legislature in this statute, the Legislature intended to mandatorily require all osteopathic physicians to report any of the four (4) events mentioned in the statute.

- D. NRS 633.131(1) defines "unprofessional conduct" as including "willfully making a false . . . statement . . . in applying for a license to practice osteopathic medicine or in applying for renewal of a license to practice osteopathic medicine." Pursuant to NRS 633.511(1), "unprofessional conduct" is a ground for initiating a formal disciplinary proceeding; and such discipline may include public reprimands, the suspension or revocation of the license to practice osteopathic medicine in the State of Nevada, and an assessment of a fine not to exceed \$5,000 per violation.
- E. WHEREAS, NRS 622.400(1) states that a "regulatory body [such as this Board] may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as part of its investigative, administrative and disciplinary proceedings against the person if the regulatory body" either enters a final order or enters into a settlement agreement.
- F. WHEREAS, the parties have agreed to settle this matter, rather than requiring the Board to file a formal disciplinary complaint.
- G. WHEREAS, the parties understand that this Agreement will be signed by the respective parties and will then be offered to the Board for the entire Board's approval at the next Board meeting, with the recommendation of the Investigating Board Member that this matter be settled. The Agreement shall not become effective until it has been approved by a majority of the Board and endorsed by a representative member of the Board.
- H. WHEREAS, Dr. Hartman understands that the Board is free to accept or reject this Agreement and, if rejected by the Board, a formal disciplinary complaint may be filed and a hearing scheduled on the same. The Board members who review this matter for approval of this Agreement may be the same members who ultimately hear the disciplinary complaint if this Agreement is not approved by the Board. Dr. Hartman hereby agrees to waive any rights he might have to challenge the impartiality of the Board to hear the disciplinary complaint, based on prior knowledge obtained by the Board through consideration of this Agreement, if after review by the Board, this Agreement is rejected. Furthermore, if the Board does not accept the Agreement, it shall be regarded as null and void.
- I. WHEREAS, Dr. Hartman acknowledges that the Board will retain jurisdiction over this matter until all terms and conditions set forth in this Agreement and Order have been met to the satisfaction of the Board.
- J. WHEREAS, Dr. Hartman acknowledges that the Board had a reasonable basis to believe that the statutes and/or regulations regulating the practice of Osteopathic Medicine in the State of Nevada may have been violated.
- K. WHEREAS, in order to resolve the matter prior to it becoming a disciplinary proceeding and to save further costs and expenses, Dr. Hartman has elected to enter into this Agreement to resolve this matter, and this matter only.
- L. WHEREAS, Dr. Hartman acknowledges that once accepted by the Board, this Agreement and all associated documentation become a matter of public record (with the exception of medical information related to the patient).
- M. WHEREAS, Dr. Hartman has had the opportunity to obtain the advice from competent counsel of his choice concerning the terms and conditions of this Agreement and the

1 execution thereof. No coercion has been exerted upon Dr. Hartman, nor have any
2 promises been made other than those reflected in this Agreement. Dr. Hartman freely
3 and voluntarily entered into this agreement, motivated only by a desire to resolve the
4 issues addressed herein. Dr. Hartman has executed this Agreement only after a
5 careful reading of it and a full understanding of all its terms.

- 6 N. WHEREAS, Dr. Hartman is fully aware of his rights to contest the charges pending
7 against him. These rights include: representation by an attorney at his own expense,
8 the right to a public hearing on any charges or allegations filed, the right to confront
9 and cross-examine witnesses called to testify against him, the right to present evidence
10 on his own behalf, the right to compulsory process to secure the attendance of such
11 witnesses, the right to testify on his own behalf, the right to receive written findings of
12 fact and conclusions of law supporting the decision on the merits of the complaint and
13 the right to obtain judicial review of the Board's decision. Should the Board accept this
14 Agreement, Dr. Hartman voluntarily waives these rights.
- 15 O. WHEREAS, this Agreement and Order contains a complete description of the
16 agreement between the parties and it supersedes any previous agreements between
17 the parties. All material representations, understandings and promises of the parties
18 are contained in this Agreement. Any modifications must be set forth in writing, signed
19 by all the parties, and approved by the Board.

20 III. TERMS OF THE AGREEMENT

- 21 A. Dr. Hartman acknowledges that the failure to report allegations are true, and each
22 such act is a violation of NRS chapter 633 for which discipline is permissible under
23 Nevada law. In exchange for the Board not pursuing an administrative action on the
24 non-reporting allegations or the inaccurate renewal application allegations, and Dr.
25 Hartman not pursuing subsequent reviews by the appropriate appellate Courts, the
26 parties have agreed to resolve the current matter, and only this matter. Dr.
27 Hartman will henceforth insure that all lawsuits involving him will be timely and
28 accurately reported to the Board, and the failure to do so may result in the Board
bringing a disciplinary action against the osteopathic medical license issued by the
Board to Dr. Hartman. If any lawsuit is not reported to the Board, such will be in
violation of this agreement as well as the applicable statutes. **ADDITIONALLY,
THE BOARD ACKNOWLEDGES, AND THE PARTIES DO HEREBY AGREE,
THAT A DISCIPLINARY ACTION WILL NOT AND HAS NOT BEEN FILED BY
THE BOARD; AND THAT THE PARTIES HAVE SIMPLY AGREED TO AN
ADMINISTRATIVE FINE BEING ASSESSED SOLELY TO RESOLVE THE NON-
REPORTING ISSUE. ALL OTHER ALLEGATIONS HAVE BEEN WAIVED BY
THE BOARD.**
- B. Dr. Hartman agrees to pay the sum of Six Hundred, Fifty Dollars (\$650.00) as the
fine imposed for having violated NRS chapter 633. This sum includes all fees and
costs incurred by the Board up to and including the approval of this settlement
agreement by the Board at its next scheduled board meeting pursuant to NAC
633.470(2)(b)(6). Such amount shall be payable in monthly installments of \$250.00
each with the first payment being due on the 15 day of Oct 2012,
2010, and continuing thereafter until paid in full. *pd full*
- C. Should Dr. Hartman fail to satisfy and pay the indebtedness of \$650.00 in a timely
manner as discussed herein, Dr. Hartman understands and agrees that he will be
considered in default of this Agreement, and this agreement will be null and void,
with the Respondent receiving credit for payments made to date. The Board may

- 1 take whatever action it deems appropriate, including but not limited to reducing the
2 balance to judgment pursuant to NRS chapter 353C.
- 3 D. The Respondent, Dr. Hartman, agrees to bear his own fees and costs, including the
4 fees and expenses of his own attorney(s) if applicable.
- 5 E. This Agreement and Order shall inure to the benefit of and be binding upon each of
6 the parties hereto and their respective heirs, personal representatives, assigns and
7 successors in interest of each party.
- 8 F. This Agreement and Order shall be construed in accordance with the laws of the
9 State of Nevada.
- 10 G. This settlement agreement consists of five (5) pages and embodies the entire
11 agreement between the Board and the osteopathic physician. It may not be
12 altered, amended or modified without the express consent of the parties, and any
13 subsequent alteration, amendment, or modification shall be in writing and subject to
14 approval by the Board.
- 15 H. In consideration for the execution of this Agreement, Dr. Hartman hereby releases
16 and forever discharges the State of Nevada, the Board of Osteopathic Medicine,
17 and the Attorney General's Office, and each of their representatives, investigators,
18 and employees, in their individual and representative capacity (collectively the State
19 of Nevada Agencies) from any and all manner of actions, causes of actions, suits,
20 debts, judgments, executions, claims, and demands whatsoever known or
21 unknown, in law and in equity, that he may have had, now has, may have had, or
22 claim to have against any and all of the persons and entities named in this
23 paragraph arising out of, or by reason of, the investigation of the allegations raised
24 in this matter, and other matters relating thereto.
- 25 I. Dr. Hartman, for himself, his heirs, executors, administrators, successors and
26 assigns, hereby indemnifies and holds harmless the State of Nevada, the State
27 Board of Osteopathic Medicine, the Attorney General's office and each of their
28 members, agents and employees in their individual and representative capacities
against any and all claims, suits, demands, actions, debts, damages, costs,
charges, and expenses, including court costs and attorney's fees against any
persons or entities as well as all liability, losses, and damages of any nature
whatsoever that the persons and entities named in this paragraph shall have or
may at any time sustain or suffer by reason of this investigation, this settlement or
its administration.
- J. This document may be prepared in multiple counterparts. Each counterpart,
whether it be originally typed, a carbon, photocopy, facsimile or other type of copy,
shall be deemed an original hereof if executed by each of the Parties hereto.
- K. LASTLY, by executing this agreement, Physician hereby expressly, knowingly, and
intentionally waive the 21-working days notice requirement pursuant to Nevada's
Open Meeting Laws and acknowledges that this Agreement shall be on the agenda
for the Board's approval in the month of AUG, 2010 and that
upon payment of the fine mentioned above, an order of fulfillment will be scheduled
for approval by the Board in the month of Sept, 2010.

CRAIG HARTMAN, D.O.

By: C. Hartman
Osteopathic Physician

Dated: 7/6/10

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

BY: Rota Rosaschi
Rota Rosaschi, MPA
Investigating Board Member

Dated: 7/12/10

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

By: Dianna Hegeduis
Dianna Hegeduis, Executive Director -
Board Counsel

Dated: 7-21-10

ACKNOWLEDGEMENT

On this the _____ day of _____, 2010, the said CRAIG
HARTMAN, D.O., personally appeared before me, a notary public, and signed the above
document, freely and voluntarily, under no duress.

Notary Public

ORDER OF THE BOARD

IT IS SO ORDERED.

IT IS FURTHER ORDERED that should Dr. Hartman fail to comply with any terms or
conditions of this Agreement, Dr. Hartman will be in breach of this Agreement; and this
Agreement will be null and void. The Board may take whatever action it deems appropriate,
including but not limited to proceeding with the administrative action against Dr. Hartman.
Should this Agreement become null and void by Dr. Hartman's failure to comply with terms or
conditions of this Agreement, the Board may not only pursue an administrative action against
Dr. Hartman, but the Board may also seek the maximum fees, fines, and costs.

DATED this 3rd day of August, 2010.

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

BY: Dan Curtis
Dr. Daniel K. Curtis, President of the Board

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

IN A MATTER INVOLVING

CRAIG HARTMAN, D.O., Lic. # 1136

Respondent.

)
)
)
)
)

CASE NO. MA 1005008

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

AUG 04 2010

WRITTEN NOTICE OF ENTRY OF ORDER

FILED

PLEASE TAKE NOTICE that an order, approving the settlement agreement in this matter was entered by the Board; and a file-stamped copy of the same is attached hereto.

DATED THIS 4th day of August, 2010.

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

By


Dianna Hegeduis, Executive Director
Board Counsel

901 American Pacific Dr., # 180
Henderson, NV 89014

CERTIFICATE OF MAILING

I hereby certify that on the 4th day of August, 2010, I served a copy of the foregoing notice with attached Settlement Agreement/Order, upon the respective parties to this matter by depositing a true copy thereof in the U.S. mail, addressed to them at their last known address on file with the Board, postage thereon prepaid.



An employee of the NEVADA STATE BOARD
OF OSTEOPATHIC MEDICINE

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

IN A MATTER INVOLVING

CRAIG HARTMAN, D.O., Lic. # 1136

Respondent.

CASE NO. MA 1005008

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

SEP 08 2010

ORDER OF FULFILLMENT


FILED

A settlement agreement was entered into by Respondent and the Nevada State Board of Osteopathic Medicine concerning the alleged failure to report certain events pursuant to NRS 633.527. The terms and conditions of that Agreement have been fulfilled by the Respondent; and it is HEREBY ORDERED that the record shall so reflect that fulfillment.

DATED THIS 7th day of September, 2010.

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

By

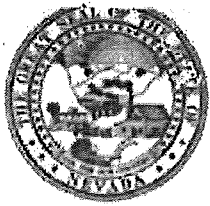

Daniel K. Curtis, D.O., President of the
Board

CERTIFICATE OF MAILING

I hereby certify that on the 8th day of September, 2010, I served a copy of the above order upon the Respondent, addressed to him/her at the last known address registered with the Board, postage thereon prepaid.



An employee of the NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
901 American Pacific Dr., Unit 180
Las Vegas, NV 89014
702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov
www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE

RENEWAL RECEIVED:
DATE: 10-8-10
ONLINE: ☒
MAILED IN: ☒

September 14, 2010

Craig Hartman, D.O. 1136

5380 South Rainbow Blvd.
Suite 108
Las Vegas, NV 89118

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/10

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2010) the **CME Requirement**.
3. You have a Visa, MasterCard, American Express or Discover Card for ONLINE payment.

You MAY NOT RENEW ONLINE IF:

1. You require an **EXTENSION TO COMPLETE THE CME Requirement**.
2. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: Your Social Security Number
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF you ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2011 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form AND CHECK to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov
You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2010-10-04

Application Status: Approved Application Type: Renewal

Comments: 2011 license

Requirements:

✓ CME Completion Affidavit
Date Completed: 2010-10-04
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
✓ Received By: Tammy Sine Date Completed: 2010-10-05
N/A
[Expand](#)

✓ Mailing Address Verified
Date Completed: 2010-10-04
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
✓ Received By: Tammy Sine Date Completed: 2010-10-05
N/A
[Expand](#)

✓ Medical Specialty
Date Completed: 2010-10-04
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)
✓ Received By: Tammy Sine Date Completed: 2010-10-05
N/A
[Expand](#)

✓ **Public Address**✓ **Date Completed:** 2010-10-04[Expand](#)**Renewal Application Complete**✓ **Received By:** Tammy Sine **Date Completed:** 2010-10-05

reviewed and rcvd approval from the Dr to change the answers on #2 & #10 of the survey.

[Expand](#)✓ **Renewal Fee**✓ **Date Completed:** 2010-10-04[Hide](#)**Comments:**[Update Comments](#)**This fee is paid in full.****Fee Amount:** \$500.00**Amount Paid:** \$500.00**Amount Due:** \$0.00**Enter new payment:****Date:** 10/05/2010 ☐ **Payment Received By** Sine, Tammy**Type:** None ☐ **Amount:** 0.00 **Number:** **Comments:** **Credit Card Type:** None[Add Payment](#)**Payments Made:**

Date	Amount	Type	Number	Comments	Action
2010-10-04	500.0	Credit Card			

✓ **Renewal Survey**✓ **Received By:** Tammy Sine **Date Completed:** 2010-10-05[Hide](#)**Comments:**

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony?

No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine?

Yes

#2 - Explain

I had a settlement agreement with the NV Osteopathic Board for non-reporting.

#3 - Surrendered controlled substance registration or had it revoked or restricted?

No

#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?

No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?

No

#5 - Explain

#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? No

#6 - Explain

#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory? No

#7 - Explain

#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory? No

#8 - Explain

#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? No

#9 - Explain

#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society? Yes

#10 - Explain

I had a settlement agreement with the NV Osteopathic Board for non-reporting of a malpractice claim.

#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse? No

#11 - Explain

#12 - Since last renewal, has surrendered state or federal controlled substance registration or had it restricted in any way? No

#12 - Explain

#13 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? No

#13 - Explain

#14 - Subject to a court order for the support of a child? No

#14 - Explain

#15 - In compliance with court order for the support of a child? No

#15 - Explain

#16 - Not in compliance with court order for the support of a child? No

#16 - Explain

Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Tammy Sine

From: Craig Hartman [REDACTED]
Sent: Wednesday, October 06, 2010 1:11 PM
To: Tammy Sine
Subject: RE: 2011 renewal application

Ok, that is fine. I did not think that the non-reporting settlement agreement represented a change or event. I understand that the fact that the case was dropped was an event, but that didn't happen this year.

i would really like to avoid being fined again, so any help you can offer is appreciated.

-Craig Hartman

From: tsine@bom.nv.gov
To: [REDACTED]
Date: Tue, 5 Oct 2010 08:59:44 -0700
Subject: 2011 renewal application

Hi Dr. Hartman:

I note that on your online renewal you answered "No" to questions 2 & 10. Due to the non-reporting settlement agreement, these should be "yes". I am asking your permission to change these questions to "yes". Please e-mail back your approval.

Thank you,

Tammy Sine

Tammy Sine, Licensing Specialist
Nevada State Board Osteopathic Medicine
901 American Pacific Drive, Suite 180
Henderson, NV 89014
(702) 732-2147 x222
fax (702) 732-2079
tsine@bom.nv.gov

THIS TRANSMISSION IS CONFIDENTIAL COMMUNICATION INTENDED ONLY FOR THE PERSON OR PERSONS NAMED ABOVE. IF YOU ARE NOT THAT PERSON, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR THE DELIVERY OF THE FOLLOWING INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY U.S. MAIL. WE WILL GLADLY REIMBURSE YOUR TELEPHONE AND POSTAGE EXPENSES. THANK YOU FOR YOUR ANTICIPATED COOPERATION.

10/6/2010



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Dr., Unit 180

Henderson, NV 89014

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

Craig Hartman, D.O. 1136

September 08, 2011

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/11

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2011) the **CME Requirement**.
3. You have a Visa, MasterCard, or Discover Card for ONLINE payment.

You MAY NOT RENEW ONLINE IF;

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'

a. Your Username is: [REDACTED]

b. Your Password is: Your Social Security Number

5. Once you have successfully logged in, you will notice that your license record will appear on the screen.

Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2012 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2011-09-30

Application Status: Approved Application Type: Renewal

Comments: 2012 license

Requirements:

✓ CME Completion Affidavit
Date Completed: 2011-09-30
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
✓ Received By: Tammy Sine Date Completed: 2011-09-30
N/A
[Expand](#)

✓ Mailing Address Verified
Date Completed: 2011-09-30
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
✓ Received By: Tammy Sine Date Completed: 2011-09-30
N/A
[Expand](#)

✓ Medical Specialty
Date Completed: 2011-09-30
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2011-09-30
N/A
[Expand](#)

✓ **Public Address**
Date Completed: 2011-09-30
[Expand](#)

Renewal Application Complete
✓ **Received By:** Tammy Sine **Date Completed:** 2011-09-30
reviewed
[Expand](#)

✓ **Renewal Fee**
Date Completed: 2011-09-30
[Hide](#)

Comments:[Update Comments](#)**This fee is paid in full.****Fee Amount:** \$500.00**Amount Paid:** \$500.00**Amount Due:** \$0.00**Enter new payment:**Date: 10/03/2011 ☐ Payment Received By Sine, Tammy

Type: None Amount: 0.00 Number: Comments:

Credit Card Type: None

[Add Payment](#)**Payments Made:**

Date	Amount	Type	Number	Comments	Action
2011-09-30	500.0	Credit Card			

✓ **Renewal Survey**
Date Completed: 2011-09-30
[Hide](#)

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	No
#5 - Explain	
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	No
#9 - Explain	
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No
#10 - Explain	
#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse?	No
#11 - Explain	
#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?	No
#12 - Explain	
#13 - Subject to a court order for the support of a child?	No
#13 - Explain	
#14 - In compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Not in compliance with court order for the support of a child?	No
#15 - Explain	

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Dr., Unit 180

Henderson, NV 89014

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

RENEWAL RECEIVED:
DATE: 10-30-12
ONLINE: ✓
MAILED IN: 10-31-12

Craig Hartman, D.O. 1136

September 07, 2012

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/12

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2012) the **CME Requirement**.
3. You have a Visa, MasterCard, or Discover Card for ONLINE payment.

You **MAY NOT RENEW ONLINE IF;**

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: Your Social Security Number
5. Once you have successfully logged in, you will notice that your license record will appear on the screen.
Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2012 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)

[Options: Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

<u>Application Submitted</u> ▼	<u>License Applied For</u>	<u>Application Type</u>	<u>Application Status</u>	<u>Action</u>
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License **Date Submitted:** 2012-10-30

Application Status: Approved **Application Type:** Renewal

Comments: 2013 license

Requirements:

✓ **CME Completion Affidavit**

✓ **Date Completed:** 2012-10-30

[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2012-10-30

N/A

[Expand](#)

✓ **Mailing Address Verified**

✓ **Date Completed:** 2012-10-30

[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2012-10-30

N/A

[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2012-10-30

AOA Ob/GYN

[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)✓ **Received By:** Tammy Sine **Date Completed:** 2012-10-30

N/A

[Expand](#)**Public Address**✓ **Date Completed:** 2012-10-30[Expand](#)**Renewal Application Complete**✓ **Received By:** Tammy Sine **Date Completed:** 2012-10-30

Reviewed

[Expand](#)**Renewal Fee**✓ **Date Completed:** 2012-10-30[Hide](#)

Comments:					
[Update Comments]					
This fee is paid in full.					
Fee Amount:		\$500.00			
Amount Paid:		\$500.00			
Amount Due:		\$0.00			
Enter new payment:					
Date: 10/31/2012		<input checked="" type="checkbox"/> Payment Received By		Sine, Tammy ▼	
Type: None ▼	Amount: 0.00	Number:	Comments:		
Credit Card Type: None ▼					
[Add Payment]					
Payments Made:					
Date	Amount	Type	Number	Comments	Action
2012-10-30	500.0	Credit Card			

Renewal Survey✓ **Date Completed:** 2012-10-30[Hide](#)

Comments:	
#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No	
#1 - Explain	
#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No	
#2 - Explain	
#3 - Surrendered controlled substance registration or had it revoked or restricted? No	
#3 - Explain	
#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or	
No	

lawsuit, involving professional liability (malpractice)?	
#4 - Explain	
#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	No
#5 - Explain	
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	No
#9 - Explain	
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No
#10 - Explain	
#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse?	No
#11 - Explain	
#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?	No
#12 - Explain	
#13 - Subject to a court order for the support of a child?	No
#13 - Explain	
#14 - In compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Not in compliance with court order for the support of a child?	No
#15 - Explain	
<input type="button" value="Mark as Incomplete"/> <input type="button" value="Update Comments"/>	

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.



RECEIVED

NOV 08 2013

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

NEVADA STATE BOARD OSTEOPATHIC MEDICINE

TO: CRAIG HARTMAN, D.O.

FROM: NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE LICENSING
DEPARTMENT

SUBJECT: PROOF OF CONTINUING MEDICAL EDUCATION

DATE: 09/06/2013

In accordance with NRS 633.471 and NAC 633.250, the Nevada State Board of Osteopathic Medicine is conducting an audit of one-third of our licensed physicians.

Please provide this office by 12/31/13 the verification of your continuing medical education performed in 2013 that applies to your license renewal for 2014.

Please note that we require 35 credits and 10 of those must be AOA category 1A or AMA category 1. If you received this request, your 2014 license renewal will **NOT** be approved **until** the CME proof is **received**.

This information can be sent via:

1. Mail: Nevada State Board Osteopathic Medicine
Attn.: Tammy Sine
901 American Pacific Drive, Unit 180
Henderson, NV 89014
2. Fax: 702-732-2079
3. E-mail: tsine@bom.nv.gov

If you have any questions, please do not hesitate to contact Tammy Sine at 702-732-2147, ext 222.

Sincerely,

Licensing Department

41.0



FAX: 702-732-2079

RECEIVED

NOV 08 2013

SUBJECT: PROOF OF CME

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

PAGES: 3

TO: LICENSING DEPARTMENT

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE



HERE IS MY PROOF OF CME CREDITS FOR 2013,
41 CREDITS.

THANK YOU,

A handwritten signature in black ink, appearing to read 'Craig Hartman'.

CRAIG HARTMAN, DO

3131 La Canada St., Suite 110, Las Vegas, NV 89169

Phone: (702) 221-SAFE  www.safeandsoundforwomen.com  Fax: (702) 368-0710

This is to certify

Craig Hartman, DO
AOA#: 069770

Was a registered attendee at the 2013 Western States Osteopathic Convention, sponsored by the Osteopathic Medical Society of the Southwest, an accredited sponsor of Category 1 CME.

This CME activity, held April 24-28, 2013 in Las Vegas, NV has been reviewed and approved by the American Osteopathic Association for 33.0 Category 1-A credits. Participant has earned 33 credits for time spent in the educational activity.


Vikki Wiener, D.O., F.A.A.F.P., Program Chairman



Certificate of Course Completion

This is to certify that

Craig Hartman

Has completed the course

ACLS Certification

On this 6th day of November, 2013

Administered by the National ACLS Testing Center

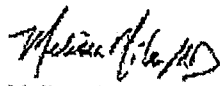
www.acls.us

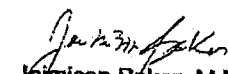
Craig Hartman

Is awarded eight (8) CEH Advanced Credits for completing this course by the
National Board for Emergency Continuing Medical Education

Virginia Commonwealth University
Department of Anesthesiology
1250 East Marshall Street
Richmond, VA 23298

The person who is listed on this certificate has completed the cognitive examination administered by the National ACLS Testing Center which is based on the latest AHA and ECC guidelines. This ACLS Certification Course is approved to provide Continuing Education Credit by the National Board for Emergency Continuing Medical Education. The Board awards eight (8) CEH Advanced Credits for the completion of the ACLS Certification course administered by the National ACLS Testing Center.


Melissa Milan, M.D., M.S.
Licensed Physician


Jamison Baker, M.D.
Licensed Physician
Board-eligible Anesthesiologist



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Dr., Unit 180

Henderson, NV 89014

702-732-2147 Fax; 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

Craig Hartman, D.O. 1136

September 04, 2013

CME PROOF REQUIRED

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/13

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2013) the **CME Requirement**. If you are included in **2013 CME audit**, this reminder is stamped CME PROOF REQUIRED and the request is included with this reminder.
3. You have a Visa, MasterCard, or Discover Card for ONLINE payment.

You MAY NOT RENEW ONLINE IF:

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: Your Social Security Number
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2014 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2013-11-08

Application Status: Approved Application Type: Renewal

Comments: 2014 license

Requirements:

CME Completion Affidavit

✓ Date Completed: 2013-11-08
Rcvd CME proof.
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)

✓ Date Completed: 2013-11-08
Updated address from online renewal form.
[Expand](#)

Mailing Address Verified

✓ Date Completed: 2013-11-08
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)

✓ Received By: Tammy Sine Date Completed: 2013-11-08
N/A
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)

Received By: Tammy Sine Date Completed: 2013-11-08

✓ AOA OB/GYN
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2013-11-08
N/A
[Expand](#)

✓ **Public Address**
Date Completed: 2013-11-08
[Expand](#)

Renewal Application Complete
✓ **Received By:** Tammy Sine **Date Completed:** 2013-11-08
Reviewed and updated address information.
[Expand](#)

✓ **Renewal Fee**
Date Completed: 2013-11-08
[Hide](#)

Comments:					
<div></div>					
<div>Update Comments</div>					
This fee is paid in full.					
Fee Amount:		\$500.00			
Amount Paid:		\$500.00			
Amount Due:		\$0.00			
Enter new payment:					
Date: 11/12/2013		Payment Received By: Sine, Tammy			
Type: None	Amount: 0.00	Number:		Comments:	
		Credit Card Type: None			
<div>Add Payment</div>					
Payments Made:					
Date	Amount	Type	Number	Comments	Action
2013-11-08	500.0	Credit Card			

✓ **Renewal Survey**
Date Completed: 2013-11-08
[Hide](#)

Comments:	
<div></div>	
#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony?	No
#1 - Explain	
#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine?	No
#2 - Explain	
#3 - Surrendered controlled substance registration or had it revoked or restricted?	No
#3 - Explain	

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?	No
#4 - Explain	
#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	No
#5 - Explain	
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	No
#9 - Explain	
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No
#10 - Explain	
#11 - Currently in treatment for a mental illness, drug addition, or acute substance, drug or alcohol abuse?	No
#11 - Explain	
#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?	No
#12 - Explain	
#13 - Subject to a court order for the support of a child?	No
#13 - Explain	
#14 - In compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Not in compliance with court order for the support of a child?	No
#15 - Explain	

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Address Change Application

Licensee: Craig Hartman
License Num: 1136
Date Completed: 11/08/2013

New Mailing Address: [REDACTED]	New Practice Address: 3131 La Canada Las Vegas NV 89169
Make Public: No	Make Public: Yes
Old Mailing Address: [REDACTED]	Old Practice Address: 5380 South Rainbow Blvd. Suite 108 Las Vegas NV 89118

Address for License Card: Practice
Work Phone: 702-221-7233
Cell Phone: [REDACTED]
Fax #: 702-836-3171
Email: [REDACTED]

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Medical Malpractice Forms

Licensee Name: Craig Hartman	
Date: 09/16/2014	

Claim Date: 2014-06-12	
Court Case #: A-14-701538-C	Court Filed In: District Court, Clark County, NV
Insurance Company: Self insured	Insurance Claim #: Self insured
Complainant: Self insured	Respondent: Estate of Santos Valdez
Allegations	
Dr. Alex Norton et al	
Claim Status: Dismissed (2014-08-12)	Claim Status Other:
Amount of Judgment/Settlement: 0.0	Amount Paid on Behalf: 0.0

[Print](#)

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Medical Malpractice Forms

Licensee Name: Craig Hartman	
Date: 10/05/2015	

Claim Date: 2014-06-12	
Court Case #: A-14-701538	Court Filed In: District Court, Clark County, NV
Insurance Company: Self insured	Insurance Claim #: N/a
Complainant: Robert Ansara/Santos Valdez/Calyn Katz	Respondent: Dr. Alex Norton/Dr. Craig Hartman
Allegations	
Claim Status: Dismissed (2014-08-12)	Claim Status Other:
Amount of Judgment/Settlement: 0.0	Amount Paid on Behalf: 0.0

Print

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/05/2015

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004

[Print](#)



NEVADA STATE
BOARD OF OSTEOPATHIC MEDICINE
2275 Corporate Circle, Suite 210
Henderson, NV 89074
702-732-2147 Fax: 702-732-2079
www.bom.nv.gov

RECEIVED

JAN 19 2017

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

Craig Hartman, D.O. 1136

January 13, 2017

Dear Dr. Craig Hartman

In accordance with NRS 633.471 and NAC 633.250, the Nevada State Board of Osteopathic Medicine is conducting an audit of one-third of our licensed physicians.

Please provide this office by 02/01/17 the verification of your continuing medical education performed in 2016 that applies to your license renewal for 2017.

Please note that we require 35 credits and 10 of those must be AOA category 1A or AMA category 1. Per statute in the even years such as 2016, you must perform and include proof of at least 2 hours of continuing education in ethics, pain management or addiction care biannually. Per statute Psychiatrists must perform and include proof of at least 2 hours of continuing education credits on clinically-based suicide prevention and awareness. The Board shall encourage each holder of a license to practice osteopathic medicine, other than a psychiatrist, to receive as a portion of his or her continuing education training concerning suicide, including, without limitation, such topics as:

- (a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;
- (b) Approaches to engaging other professionals in suicide intervention; and
- (c) The detection of suicidal thoughts and ideations and the prevention of suicide.

A holder of a license to practice osteopathic medicine may substitute not more than 2 hours of continuing education credits in the detection of suicidal thoughts and ideations, and the intervention and prevention of suicide for the purposes of satisfying an equivalent requirement for continuing education in ethics. AOA, Western States or NOMA meetings includes these, thus fulfills this requirement.

This information can be sent via:

1. Mail: Nevada State Board Osteopathic Medicine
Attn.: Tammy Sine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
2. Fax: 702-732-2079
3. E-mail: tsine@bom.nv.gov

61.0

You may view the continuing medical education policy on our website, www.bom.nv.gov. A copy of NRS 633.471 was also included in your 2017 license renewal reminder.

If you have any questions, please do not hesitate to contact Tammy Sine at 702-732-2147, ext 222.

Sincerely,

Barbara Longo

Barbara Longo, CMBI
Executive Director
BL/tls



Fax cover sheet

NV STATE BOARD OF
OSTEOPATHIC MEDICINE

TO: TAMMY SINE

From: CRAIG HARTMAN, DO

Phone: _____

Phone: (702) 327-1564

Fax: (702) 732-2079

Fax: _____

Total pages: 4

COMMENTS:

VERIFICATION OF CME



NEVADA STATE
BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210
Henderson, NV 89074
702-732-2147 Fax: 702-732-2079
www.bom.nv.gov

Craig Hartman, D.O. 1136

January 13, 2017

Dear Dr. Craig Hartman

In accordance with NRS 633.471 and NAC 633.250, the Nevada State Board of Osteopathic Medicine is conducting an audit of one-third of our licensed physicians.

Please provide this office by 02/01/17 the verification of your continuing medical education performed in 2016 that applies to your license renewal for 2017.

Please note that we require 35 credits and 10 of those must be AOA category 1A or AMA category 1. Per statute in the even years such as 2016, you must perform and include proof of at least 2 hours of continuing education in ethics, pain management or addiction care biannually. Per statute Psychiatrists must perform and include proof of at least 2 hours of continuing education credits on clinically-based suicide prevention and awareness. The Board shall encourage each holder of a license to practice osteopathic medicine, other than a psychiatrist, to receive as a portion of his or her continuing education training concerning suicide, including, without limitation, such topics as:

- (a) The skills and knowledge that the licensee needs to detect behaviors that may lead to suicide, including, without limitation, post-traumatic stress disorder;
- (b) Approaches to engaging other professionals in suicide intervention; and
- (c) The detection of suicidal thoughts and ideations and the prevention of suicide.

A holder of a license to practice osteopathic medicine may substitute not more than 2 hours of continuing education credits in the detection of suicidal thoughts and ideations, and the intervention and prevention of suicide for the purposes of satisfying an equivalent requirement for continuing education in ethics. AOA, Western States or NAMA meetings includes these, thus fulfills this requirement.

This information can be sent via:

1. Mail: Nevada State Board Osteopathic Medicine
Attn.: Tammy Sine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
2. Fax: 702-732-2079
3. E-mail: tsine@bom.nv.gov

You may view the continuing medical education policy on our website, www.bom.nv.gov. A copy of NRS 633.471 was also included in your 2017 license renewal reminder.

If you have any questions, please do not hesitate to contact Tammy Sine at 702-732-2147, ext 222.

Sincerely,

Barbara Longo

Barbara Longo, CMBI
Executive Director
BL/tis



AMERICAN
OSTEOPATHIC ASSOCIATION
142 E. Ontario St., Chicago, IL 60611-
2864

Continuing Medical Education Program

CME Activity Summary

Craig A. Hartman, DO | 069770

3131 La Canada St Ste 110

Las Vegas, NV 89169-2587

Member Status: Active through 5/31/2017

2016 - 2018 CME Cycle

CME

Show your commitment to patient care by reporting your CME. The AOA encourages all members to earn 120 credits over a three year cycle, of which 30 CME credits should be recorded in AOA Category 1-A. The remaining credits may be accumulated in any category: 1-A, 1-B, 2-A or 2-B. This amount should satisfy most state licensing and AOA Specialty Board requirements.

AOA Recommendation: 120.00 CME Credits from 1/1/2016 to 12/31/2018

	Credits Recommended	Credits Submitted	Credits Applied	Credits Needed	Recommendation Fulfilled
Total Credits (1A, 1B, 2A, 2B combined)	120.00	61.00	61.00	59.00	NO
At least 30 of your credits should be in Category 1A	30.00	32.00	32.00	0	YES

AOA Board Certification: Specialty Mandated CME

Members who are board certified must earn a minimum of 50 CME credits (Category 1 or 2) in their specialties. For osteopathic physicians holding certain subspecialty certifications or certifications of added qualification (CAQs), a minimum of 13 of the 50 credits must be earned in each subspecialty or CAQ. If certified by the AOBEM, AOBFP, and/or AOBNNM, the total CME credit requirement is 150 credits to meet certification requirements. Physicians entering the program in mid-cycle should contact the AOA Customer Resource Center (CRC) for additional information. Contact the AOA at (800) 621-1773, option 1, or email crc@osteopathic.org.

Please see the Specialty CME Details below to view how reported CME activities were applied to this requirement.

Please refer to OCC for additional Board requirements

Board	Specialty Credit Requirement	Credits Submitted	Credits Applied	Credits Needed	Requirement Met
120 CME Credits Total, which includes 50 Specialty CME Credits, Required from 1/1/2016 to 12/31/2018					
Obstetrics & Gynecology (OBG) Issued: 01/01/2017 -- Active	50.00	61.00	61.00	0	YES

CME Details

CREDITS REPORTED TO AOA				CREDITS APPLIED		
Completion Date	Activity Name and CME Sponsor/Provider	Credit Type	Credits Submitted	1A	1B	2A/B
04/16/2016	83rd Annual Conference American College of Osteopathic Obstetricians and Gynecologists	1A	32.00	32.00		
04/18/2016	OCAT COMMUNICATION MODULE Meaningful Measurement	1B	10.00		10.00	
09/09/2016	Early Onset Postpartum Hemorrhage Meaningful Measurement	1B	10.00		10.00	
09/10/2016	OCC Component 4 - Cultural Competency Module (PPA) American Osteopathic Board of Obstetricians and Gynecology	1B	9.00		9.00	
TOTALS				61.00	29.00	0.00

Specialty CME Details

CREDITS REPORTED TO AOA				SPECIALTY CREDITS APPLIED
Completion Date	Activity Name and CME Sponsor/Provider	Credit Type	Credits Submitted	OBG
04/15/2016	83rd Annual Conference American College of Osteopathic Obstetricians and Gynecologists	1A	32.00	32.00
04/18/2016	OCAT COMMUNICATION MODULE Meaningful Measurement CME Rule(s): PPA (Practice Performance Assessment) - OCC Component 4	1B	10.00	10.00
09/09/2016	Early Onset Postpartum Hemorrhage Meaningful Measurement CME Rule(s): PPA (Practice Performance Assessment) - OCC Component 4	1B	10.00	10.00
09/10/2016	OCC Component 4 - Cultural Competency Module (PPA) American Osteopathic Board of Obstetricians and Gynecology CME Rule(s): PPA (Practice Performance Assessment) - OCC Component 4	1B	9.00	9.00
TOTALS			61.00	61.00

* 9/10/16 CULTURAL COMPETENCY MODULE SATISFIES
REQUIREMENT FOR CME IN ETHICS! 9 CREDITS



AMERICAN COLLEGE OF OSTEOPATHIC OBSTETRICIANS AND GYNECOLOGISTS

CERTIFICATE OF ATTENDANCE

Name: Craig A. Hartman, DO

AOA#: 69770

Credits: 32

As an accredited AOA Continuing Medical Education Sponsor, the American College of Osteopathic Obstetricians and Gynecologists awards this attendee Category 1A CME for attending the 83rd Annual Conference, April 09 - 14, 2016.

NOTE: The American Osteopathic Association will receive notification of your credits from the ACOOG

This activity has been planned and implemented in accordance with the policies of the American Osteopathic Association Council on Continuing Medical Education. The American College of Osteopathic Obstetricians and Gynecologists is accredited by the AOA to provide continuing medical education for physicians.

Physicians should only claim credit commensurate with the extent of their participation in the activity.

If additional copies of this certificate are needed, please duplicate and forward to your respective state or local organizations.

8551 Camp Bowie West, Suite 275 ♦ Fort Worth, TX 76116 Phone: (817) 177-0421 ♦ FAX: (817) 377-0439 ♦ www.acoog.org

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 09/12/2016

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004



CRAIG HARTMAN, D.O., LTD.

Business Entity Information			
Status:	Active	File Date:	2/19/2004
Type:	Domestic Professional Corporation	Entity Number:	C4175-2004
Qualifying State:	NV	List of Officers Due:	2/28/2017
Managed By:		Expiration Date:	
NV Business ID:	NV20041386666	Business License Exp:	2/28/2017

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	NUTILE LAW	Address 1:	1070 W HORIZON RIDGE PKWY STE 210
Address 2:		City:	HENDERSON
State:	NV	Zip Code:	89012
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 750.00
Par Share Count:	75,000.00	Par Share Value:	\$ 0.01

<input checked="" type="checkbox"/> Officers <input type="checkbox"/> Include Inactive Officers			
President - CRAIG HARTMAN, D.O.			
Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	
Secretary - CRAIG HARTMAN, D.O.			
Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	

Treasurer - CRAIG HARTMAN, D.O.			
Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	
Director - CRAIG HARTMAN, D.O.			
Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C4175-2004-001	# of Pages:	3
File Date:	2/19/2004	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	C4175-2004-002	# of Pages:	1
File Date:	3/4/2004	Effective Date:	
List of Officers for 2004 to 2005			
Action Type:	Registered Agent Address Change		
Document Number:	20050653279-09	# of Pages:	6
File Date:	12/19/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060094625-64	# of Pages:	1
File Date:	2/15/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060095938-62	# of Pages:	1
File Date:	2/16/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070000917-46	# of Pages:	1
File Date:	1/2/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Name Change		
Document Number:	20070346679-74	# of Pages:	3
File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		

Document Number:	20070346683-39	# of Pages:	3
File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	20080015899-42	# of Pages:	7
File Date:	1/8/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080081428-43	# of Pages:	1
File Date:	2/4/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090021152-72	# of Pages:	1
File Date:	1/13/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100043005-85	# of Pages:	1
File Date:	1/26/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100942535-51	# of Pages:	1
File Date:	12/21/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120254757-85	# of Pages:	1
File Date:	4/11/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130044010-35	# of Pages:	1
File Date:	1/23/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140023288-50	# of Pages:	1
File Date:	1/13/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140806972-49	# of Pages:	1
File Date:	12/15/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20160011132-77	# of Pages:	1

File Date:	1/11/2016	Effective Date:	
(No notes for this action)			

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Board Specialty Change

Licensee: Craig Hartman
License Num: 1136

Medical Specialty 1:
Board Certification: AOA
Board Specialty: Obstetrics/Gynecology
Endorsement Type:
Certification Number: 1115
Effective Date: 2004-01-01
Expiration Date: 2022-12-31
Re-Certification Date: 2017-01-01
Medical Specialty 2:
Board Certification: None
Board Specialty: None
Endorsement Type:
Certification Number:
Effective Date:
Expiration Date:
Re-Certification Date:
Is Losing Specialty: No
Explain:



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/12/2017

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004

Print



NEVADA STATE
BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210
Henderson, NV 89074
702-732-2147 Fax: 702-732-2079
www.bom.nv.gov

Craig Hartman, D.O. 1136

3131 La Canada, Suite 110
Las Vegas, NV 89169

January 31, 2019

RECEIVED

FEB 08 2019

Dear Dr. Craig Hartman

NV STATE BOARD OF

OSTEOPATHIC MEDICINE

In accordance with NRS 633.471 and NAC 633.250, the Nevada State Board of Osteopathic Medicine is conducting an audit of one-third of our licensed physicians.

Please provide this office by **03/01/19** the verification of your continuing medical education performed in 2018 that applies to your license renewal for 2019.

Please note that we require 35 credits and 10 of those must be AOA category 1A or AMA category 1. Per statute in the even years such as 2018, you must perform and include proof of at least 2 hours of continuing education credits in ethics, pain management or addiction care. Per statute, you must perform 2 hours of continuing education credits on clinically-based suicide prevention and awareness and then complete these every four (4) years. Effective January 1, 2018, you must complete 2 credits in substance abuse or opioid prescribing every year.

AOA, Annual Conferences, Western States or NOMA meetings includes these; thus fulfills this requirement.

This information can be sent via:

1. Mail: Nevada State Board Osteopathic Medicine
Attn.: Tammy Sine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
2. Fax: 702-732-2079
3. E-mail: tsine@bom.nv.gov

41.5

You may view the continuing medical education policy on our website, www.bom.nv.gov.

If you have any questions, please do not hesitate to contact Tammy Sine at 702-732-2147, ext 222.

Sincerely,

Sandra Reed

Sandra Reed, MPA
Executive Director
SR/tls

Tammy Sine

From: Tammy Sine
Sent: Friday, February 08, 2019 3:19 PM
To: [REDACTED]
Subject: 2018 CME proof

Hi Dr. Hartman

We received your 2018 CME proof via fax and you are compliant.

If you have any questions, please contact us.

Thank you,

Tammy Sine

Tammy Sine, Licensing Specialist
Nevada State Board Osteopathic Medicine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
(702) 732-2147 x222
Toll Free (877) 325-7828
fax (702) 732-2079
tsine@bom.nv.gov

THIS TRANSMISSION IS CONFIDENTIAL COMMUNICATION INTENDED ONLY FOR THE PERSON OR PERSONS NAMED ABOVE. IF YOU ARE NOT THAT PERSON, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR THE DELIVERY OF THE FOLLOWING INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY U.S. MAIL. WE WILL GLADLY REIMBURSE YOUR TELEPHONE AND POSTAGE EXPENSES. THANK YOU FOR YOUR ANTICIPATED COOPERATION.



RECEIVED

Fax cover sheet

FEB 08 2019

NV STATE BOARD OF
OCCUPATIONAL MEDICINE

TO: TAMMY SINE

From: CRAIG HARTMAN, DO

Phone: _____

Phone: (702) 221-7233

Fax: (702) 732-2079

Fax: (702) 836-3171

Total pages: 4 + COVER

COMMENTS:

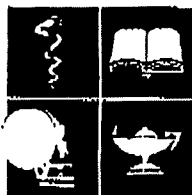
HERE IS MY VERIFICATION OF CME FOR 2018

THANK YOU,

CRAIG HARTMAN, DO

[Signature]

LICENSE # 1136



University of Nevada
School of Medicine

CERTIFICATE OF COMPLETION

The University of Nevada School of Medicine certifies that

PARTICIPANT NAME:

Craig Hartman

LICENSE NUMBER:

DO NV 1130

VERIFICATION CODE:

1015-17-00587

has participated in the following educational activity:

COURSE TITLE: *OSHA for Healthcare*

CONTACT HOURS: 1.5

COURSE CODE: 555

DATE:

2/22/18 ^{ASST} el

LOCATION:

Safe & Sound For Women

LEARNING FORMAT:

Live Activity

Melissa O'Brien

Melissa O'Brien, MS
Director, CME

This program has been approved by the following boards:

University of Nevada School of Medicine for Nevada State Board of Nursing

Provider
Number

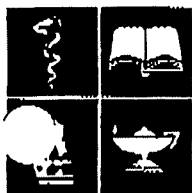
NV120894-1

Number of
Hours

1.5

The University of Nevada School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity was designated for < 1.5 > hours of AMA PRA Category 1 Credit(s)TM.



University of Nevada
School of Medicine

CERTIFICATE OF COMPLETION

The University of Nevada School of Medicine certifies that

PARTICIPANT NAME: Craig Hartman
LICENSE NUMBER: DO NV 1130
VERIFICATION CODE: 2020-17-00587

has participated in the following educational activity:

COURSE TITLE: *Infection Control for Healthcare*
CONTACT HOURS: 2
COURSE CODE: 148
DATE: 2/22/18 ⁰⁰⁵⁸⁷ CE
LOCATION: *Safe & Sound For Women*
LEARNING FORMAT: *Live Activity*

Melissa O'Brien, MS
Director, CME

This program has been approved by the following boards:

University of Nevada School of Medicine for Nevada State Board of Nursing

Provider Number	Number of Hours
NV120894-1	2

The University of Nevada School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity was designated for < 2 > hours of AMA PRA Category 1 Credit(s)[™].

ADVANCED CARDIAC LIFE SUPPORTACLS
ProviderNational
ACLS Testing
Center™**Craig Hartman**

This card certifies that the person listed above has successfully completed the Advanced Cardiac Life Support examination and skills scenarios review based on the latest American Heart Association and ECC guidelines.

11/9/2018

11/9/2020

Issue Date

Renew Date

ADVANCED CARDIAC LIFE SUPPORTTraining
Center:

National ACLS Testing Center

Training Center #:

32633

Provider #:

Region:

Las Vegas, NV 89113

0646246429

Instructor #:

Instructor:

Jalmison Baker, MD

0101242651

Instructor's
Signature:Provider's
Signature:

Certificate of Attendance

This certifies that

Craig Hartman, DO

attended the

*Nevada Osteopathic Medical Association
2018 Annual Convention & 65th Anniversary*

at

*Suncoast Hotel and Casino, Las Vegas, NV
May 2-5, 2018*

*and fulfilled the requirements to receive
30 Hours Category 1-A CME Credit including
two hours in Pain Management and one hour in Suicide Prevention*

Bruce Fong, DO

*Bruce Fong, DO President
2245 Springdale Court Reno, NV 89523
702-434-7112 fax 775-787-6430
Nvome@live.com www.nevadaosteopathic.org*

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/01/2018

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004



CRAIG HARTMAN, D.O., LTD.

Business Entity Information			
Status:	Active	File Date:	2/19/2004
Type:	Domestic Professional Corporation	Entity Number:	C4175-2004
Qualifying State:	NV	List of Officers Due:	2/28/2019
Managed By:		Expiration Date:	
NV Business ID:	NV20041386666	Business License Exp:	2/28/2019

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	NUTILE LAW	Address 1:	7395 S PECOS BLVD STE 103
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89120
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 750.00
Par Share Count:	75,000.00	Par Share Value:	\$ 0.01

Officers		<input type="checkbox"/> Include Inactive Officers	
President - CRAIG HARTMAN D.O.			
Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	
Secretary - CRAIG HARTMAN DO			
Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	
Treasurer - CRAIG HARTMAN DO			

Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	
Director - CRAIG HARTMAN DO			
Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C4175-2004-001	# of Pages:	3
File Date:	2/19/2004	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	C4175-2004-002	# of Pages:	1
File Date:	3/4/2004	Effective Date:	
List of Officers for 2004 to 2005			
Action Type:	Registered Agent Address Change		
Document Number:	20050653279-09	# of Pages:	6
File Date:	12/19/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060094625-64	# of Pages:	1
File Date:	2/15/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060095938-62	# of Pages:	1
File Date:	2/16/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070000917-46	# of Pages:	1
File Date:	1/2/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Name Change		
Document Number:	20070346679-74	# of Pages:	3
File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	20070346683-39	# of Pages:	3

File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	20080015899-42	# of Pages:	7
File Date:	1/8/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080081428-43	# of Pages:	1
File Date:	2/4/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090021152-72	# of Pages:	1
File Date:	1/13/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100043005-85	# of Pages:	1
File Date:	1/26/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100942535-51	# of Pages:	1
File Date:	12/21/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120254757-85	# of Pages:	1
File Date:	4/11/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130044010-35	# of Pages:	1
File Date:	1/23/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140023288-50	# of Pages:	1
File Date:	1/13/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140806972-49	# of Pages:	1
File Date:	12/15/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20160011132-77	# of Pages:	1
File Date:	1/11/2016	Effective Date:	

(No notes for this action)			
Action Type:	Annual List		
Document Number:	20170125171-77	# of Pages:	1
File Date:	3/23/2017	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20170538561-48	# of Pages:	1
File Date:	12/21/2017	Effective Date:	
(No notes for this action)			

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 09/25/2019

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004





NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210

Henderson, NV 89074

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

RENEWAL RECORDS
DATE: 10-27-2020
SENT
10-27-2020
PCL 10-28-2020

Craig Hartman, D.O. 1136

September 10, 2020

3131 La Canada, Suite 110
Las Vegas, NV 89169

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/2020

NOTE: THE BOARD DOES NOT SEND OUT RENEWAL APPLICATIONS

Renewal fee is \$350.00. Renewal applications are available **ONLINE** by secure online server, and can be paid by credit card. Renewal applications may also be printed and completed via hard copy and mailed to the Board office. However, to ensure an efficient and accurate renewal process, it is **HIGHLY RECOMMENDED** to renew your license online.

The following criteria MUST be met to renew your license online:

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. **HAVE MET** or **WILL MEET** (by December 31st, 2020) all **CME Requirements**.
3. Pay with a Visa, MasterCard, Discover Card, or American Express

Note: THOSE WITH INACTIVE STATUS ARE NOT ELIGIBLE FOR ONLINE RENEWAL

PLEASE READ THE FOLLOWING INFORMATION THOROUGHLY:

INSTRUCTIONS to RENEW ONLINE:

1. Go to www.bom.nv.gov
2. Click on the "Licensee Services" tab on top of menu.
3. Under "Online Services" heading click "Online Renewal"
4. Enter a Username and Password
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. After log in, your license record will appear on the screen. Follow the instructions thoroughly to complete the process.
Completion time should take 15-20 minutes.
6. Afterward, print your receipt. An updated wallet card will arrive in the mail within 3-5 days.

IF UNABLE TO RENEW ONLINE FOLLOW THESE INSTRUCTIONS:

1. Go to www.bom.nv.gov
2. Click on the "Licensee Services" tab on top of menu, and click on "Renewal Form."
3. Print the renewal application and read instructions.
4. Complete the application, enclose a **CHECK** payable to the Board, and **MAIL** to the Board office.
5. Please allow 10 - 14 days to process the renewal.

To request renewal applications contact Tammy Sine at: tsine@bom.nv.gov, or (702) 732-2147

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/22/2020

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004

[Print](#)



Nevada State Board of Osteopathic Medicine

Home Recent Actions Application Board Enforcement Reports
Administration

Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2020-10-22	D.O. License	Renewal	Approved	View
2019-09-25	D.O. License	Renewal	Approved	View
2018-10-01	D.O. License	Renewal	Approved	View
2017-10-12	D.O. License	Renewal	Approved	View
2016-09-12	D.O. License	Renewal	Approved	View
2015-10-05	D.O. License	Renewal	Approved	View
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2020-10-22

Application Status: Approved ▼ Application Type: Renewal

Comments: 2021 license

[Update Status](#)[Delete Application](#)

Requirements:

✓ CME Completion Affidavit
 ✓ Date Completed: 2020-10-26
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
 ✓ Received By: Tammy Sine Date Completed: 2020-10-23
 n/a
[Expand](#)

✓ Mailing Address Verified
 ✓ Date Completed: 2020-10-26
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
 ✓ Received By: Tammy Sine Date Completed: 2020-10-23
 n/a
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)✓ **Received By:** Tammy Sine **Date Completed:** 2020-10-23

AOA OB/GYN

[Expand](#)**Military Background** - [Click Here to View Military Background](#)✓ **Date Completed:** 2020-10-26

printed out military form

[Expand](#)**Office-Based Procedures Survey** - [Click Here to View Responses](#)✓ **Received By:** Nikki Montano **Date Completed:** 2020-10-27

n/a

[Expand](#)**Public Address**✓ **Date Completed:** 2020-10-26



Public Address Designation: Practice


[Expand](#)**Renewal Application Complete**✓ **Received By:** Nikki Montano **Date Completed:** 2020-10-27


reviewed, printed out conscious sedation, and printed out military form

[Expand](#)**Renewal Fee**✓ **Date Completed:** 2020-10-26[Hide](#)**Comments:**

[Update Comments](#)**This fee is paid in full.****Fee Amount:** \$350.00**Amount Paid:** \$350.00**Amount Due:** \$0.00**Enter new payment:**

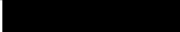
Date: 10/27/2020  Payment Received By: Montano, Nikki 

Type:  None Amount: 0.00 Number: Comments:

Credit Card Type:  None

[Add Payment](#)

Payments Made:

Date	Amount	Type	Number	Comments	Action
2020-10-26	350.0	Credit Card			Edit Delete

Renewal Survey✓ **Date Completed:** 2020-10-26

has business license

[Hide](#)**Comments:**

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony?	No
#1 - Explain	
#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine?	No
#2 - Explain	
#3 - Surrendered controlled substance registration or had it revoked or restricted?	No
#3 - Explain	
#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?	No
#4 - Explain	
#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	No
#5 - Explain	
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	No
#9 - Explain	
#10 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse?	No
#10 - Explain	
#11 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?	No
#11 - Explain	
#12 - Subject to a court order for the support of a child?	No
#12 - Explain	
#13 - In compliance with court order for the support of a child?	No
#13 - Explain	
#14 - Not in compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Aware and understands the reporting requirements regarding the abuse or neglect of a child.	Yes
#15 - Explain	
#16 - Has a Nevada Business License Number	Yes
#16 - Nevada Business License Number	NV20131684139 Safe and Sound for Women, Inc 1016443293
#17 - Received training in mental/emotional trauma	No
#17 - Explain	
#18 - Willing to respond to emergency	No
#18 - Explain	

Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2007-11-27

Application Status: Approved Application Type: Renewal

Comments:

Requirements:

✓ CME Completion Affidavit
Date Completed: 2007-11-27
[Expand](#)

✓ Mailing Address Verified
Date Completed: 2007-11-27
[Expand](#)

✓ Medical Specialty
Date Completed: 2007-11-27
[Expand](#)

✓ Office-Based Procedures Survey - [Click Here to View Responses](#)
Date Completed: 2007-11-27
[Expand](#)

✓ Public Address
Date Completed: 2007-11-27
[Expand](#)

✓ Renewal Application Complete
Received By: Tammy Sine Date Completed: 2007-11-28
Reviewed
[Expand](#)

✓ Renewal Fee
Date Completed: 2007-11-27
[Hide](#)

Comments:

This fee is paid in full.

Fee Amount: \$400.00

Amount Paid: \$400.00

Amount Due: \$0.00

Enter new payment:

Date: 05/25/2010

☐ Payment Received By Sine, Tammy

Type: None

Amount: 0.00

Number:

Comments:

Credit Card Type: None

Payments Made:

Date	Amount	Type	Number	Comments	Action
2007-11-27	400.0	Credit Card			

Renewal Survey

Date Completed: 2007-11-27

[Hide](#)

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, No gross misdemeanor or felony?

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing No the practice of medicine?

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, settlements, or judgments involving malpractice? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

#5 - Explain

#6 - Subject to a court order for the support of a child? No

#6 - Explain

#7 - In compliance with court order for the support of a child? No

#7 - Explain

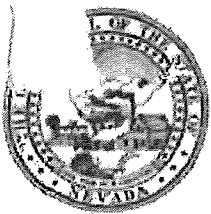
#8 - Not in compliance with court order for the support of a child? No

#8 - Explain

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.
This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

0 E. Flamingo Road, Ste. D

Las Vegas, NV 89121-5270

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE

RENEWAL RECEIVED:
DATE: 9-26-08
ONLINE: 9-28-08
MAILED IN: _____

September 09, 2008 *JS*

Craig Hartman, D.O. 1136

5380 South Rainbow Blvd.
Suite 108
Las Vegas, NV 89118

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/08

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees by credit card **ONLINE**. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2008) the **CME Requirement**.
3. You have a Visa, MasterCard, American Express or Discover Card for **ONLINE** payment.

You MAY NOT RENEW ONLINE IF;

1. You require an **EXTENSION TO COMPLETE THE CME Requirement**.
 2. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.
- YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen.
Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF you ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2009 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079 attention Tammy Sine.

The renewal form that is available online contains detailed instructions, please read it thoroughly BEFORE calling or e-mailing the office with specific queries.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2008-09-26

Application Status: Approved Application Type: Renewal

Comments: 2009 license

Requirements:

✓ CME Completion Affidavit
Date Completed: 2008-09-26
[Expand](#)

✓ Mailing Address Verified
Date Completed: 2008-09-26
[Expand](#)

✓ Medical Specialty
Date Completed: 2008-09-26
[Expand](#)

✓ Office-Based Procedures Survey - [Click Here to View Responses](#)
Date Completed: 2008-09-26
[Expand](#)

✓ Public Address
Date Completed: 2008-09-26
[Expand](#)

✓ Renewal Application Complete
Received By: Tammy Sine Date Completed: 2008-09-28
Reviewed
[Expand](#)

✓ Renewal Fee
Date Completed: 2008-09-26
[Hide](#)

Comments:

This fee is paid in full.

Fee Amount: \$400.00

Amount Paid: \$400.00

Amount Due: \$0.00

Enter new payment:

Date: 05/25/2010

☒ Payment Received By Sine, Tammy

Type: None

Amount: 0.00

Number:

Comments:

Credit Card Type: None

Payments Made:

Date	Amount	Type	Number	Comments	Action
2008-09-26	400.0	Credit Card			

Renewal Survey

Date Completed: 2008-09-26

Hide

Comments:

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, No gross misdemeanor or felony?

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing No the practice of medicine?

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, settlements, or judgments involving malpractice? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

#5 - Explain

#6 - Subject to a court order for the support of a child? No

#6 - Explain

#7 - In compliance with court order for the support of a child? No

#7 - Explain

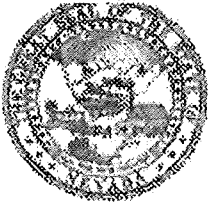
#8 - Not in compliance with court order for the support of a child? No

#8 - Explain

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.
This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2860 E. Flamingo Road, Ste. D

Las Vegas, NV 89121-5270

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE

RENEWAL RECEIVED:
DATE: 11-6-9
ONLINE: _____
MAILED IN: _____

Sent 11-9-9
JG

September 03, 2009

Craig Hartman, D.O. 1136

5380 South Rainbow Blvd.

Suite 108

Las Vegas, NV 89118

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/09

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$500.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2009) the **CME Requirement**.
3. You have a Visa, MasterCard, American Express or Discover Card for **ONLINE** payment.

You MAY NOT RENEW ONLINE IF;

1. You require an **EXTENSION TO COMPLETE THE CME Requirement**.

2. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]

5. Once you have successfully logged in, you will notice that your license record will appear on the screen.

Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF you ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2010 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079 attention Tammy Sine.

The renewal form that is available online contains detailed instructions, please read it thoroughly BEFORE calling or e-mailing the office with specific queries.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2009-11-06

Application Status: Approved Application Type: Renewal

Comments: 2010 license

Requirements:

✓ CME Completion Affidavit
Date Completed: 2009-11-06
[Expand](#)

✓ Mailing Address Verified
Date Completed: 2009-11-06
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
✓ Received By: Tammy Sine Date Completed: 2009-11-09
N/A
[Expand](#)

✓ Medical Specialty
Date Completed: 2009-11-06
[Expand](#)

✓ Office-Based Procedures Survey - [Click Here to View Responses](#)
Date Completed: 2009-11-06
[Expand](#)

✓ Public Address
Date Completed: 2009-11-06
[Expand](#)

✓ Renewal Application Complete
Received By: Tammy Sine Date Completed: 2009-11-09
reviewed

[Expand](#)**Renewal Fee****Date Completed:** 2009-11-06[Hide](#)**Comments:**[Update Comments](#)**This fee is paid in full.****Fee Amount:** \$500.00**Amount Paid:** \$500.00**Amount Due:** \$0.00**Enter new payment:****Date:** 11/09/2009☒ **Payment Received By:** Sine, Tammy**Type:** None**Amount:** 0.00**Number:****Comments:****Credit Card Type:** None[Add Payment](#)**Payments Made:**

Date	Amount	Type	Number	Comments	Action
2009-11-06	500.0	Credit Card			

Renewal Survey**Date Completed:** 2009-11-06[Hide](#)**Comments:**

#1 - Since last renewal, has been investigated for, arrested, charged with, convicted of, or plead guilty or nolo contendere to, any offense or violation of any federal, state or local law, including any foreign country, which is a misdemeanor, gross misdemeanor or felony? (This includes any violation from any federal, state or local law related to the manufacture, distribution, prescribing or dispensing of controlled substances)

No

#1 - Explain

#2 - Since last renewal, has been investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine by any medical licensing board, hospital, medical society, governmental entity or other agency?

No

#2 - Explain

#3 - Since last renewal, has surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

No

#3 - Explain

#4 - Since last renewal, has had any claims, settlements, or judgments involving professional liability (malpractice)?

No

#4 - Explain

#5 - Performs ANY procedure or surgery in your office where you use conscious sedation, deep sedation, or general anesthesia? This includes ANY and ALL surgical procedures performed in-office or any other surgical facility EXCEPT a medical facility, surgical center for ambulatory patients, a hospital, or surgeries performed outside the State of Nevada.

Yes

#5 - Explain

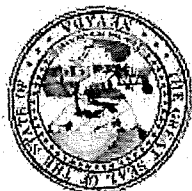
- #6 - Since last renewal, has been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?** No
- #6 - Explain**
- #7 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country or U.S. territory?** No
- #7 - Explain**
- #8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?** No
- #8 - Explain**
- #9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? (This does not include suspensions or restrictions for failure to complete medical records).** No
- #9 - Explain**
- #10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross malpractice, malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?** No
- #10 - Explain**
- #11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse?** No
- #11 - Explain**
- #12 - Since last renewal, has surrendered your state or federal controlled substance registration or had it restricted in any way?** No
- #12 - Explain**
- #13 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?** No
- #13 - Explain**
- #14 - Subject to a court order for the support of a child?** No
- #14 - Explain**
- #15 - In compliance with court order for the support of a child?** No
- #15 - Explain**
- #16 - Not in compliance with court order for the support of a child?** No
- #16 - Explain**

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

901 American Pacific Dr., Unit 180
Henderson, NV 89014
702-732-2147 Fax: 702-732-2079 E-mail: osteob@bom.nv.gov
www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

September 09, 2014

Craig Hartman, D.O. 1136
3131 La Canada, Suite 110
Las Vegas, NV 89169

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/14
RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.
The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$450.00 by credit card ONLINE. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2014) the **CME Requirement**. If you are included in 2014 CME audit, this reminder is stamped CME PROOF REQUIRED and the request is included with this reminder.
3. You have a Visa, MasterCard, or Discover Card for ONLINE payment.

You MAY NOT RENEW ONLINE IF:

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.

TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'License Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
- a. Your Username is: [REDACTED]
- b. Your Password is: Your Social Security Number

5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD and PRINT the 2015 renewal form** from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'License Services' tab.
2. From the menu on the left under 'License Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your CHECK payable to the Board and MAIL your renewal form AND CHECK to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov
You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.

Hello, Tammy Sine!
(Logout)

Nevada State Board of Osteopathic Medicine



Home Recent Actions Application Board Enforcement Reports
Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman
License Number: 1136

Summary Applications Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2014-09-16
Application Status: Approved Application Type: Renewal
Comments: 2015 license

Requirements:

✓ CME Completion Affidavit
Date Completed: 2014-09-17
Expand

✓ Licensee Address Change - Click Here to View Address Change
Received By: Tammy Sine Date Completed: 2014-09-16
N/A
Expand

✓ Mailing Address Verified
Date Completed: 2014-09-17
Expand

✓ Medical Malpractice Claims Survey - Click Here to View Claims
Date Completed: 2014-09-17
Printed out med/mal form.
Expand

Medical Specialty - Click Here to View Medical Specialty Update
Received By: Tammy Sine Date Completed: 2014-09-16

AOA OB/GYN
Expand

Office-Based Procedures Survey - Click Here to View Responses

Date Completed: 2014-09-17
Printed out Conscious Sedation Report
Expand

Public Address
Date Completed: 2014-09-17
Expand

Renewal Application Complete
Received By: Tammy Sine Date Completed: 2014-09-18
Reviewed and printed out med/mal & conscious sedation.
Expand

Renewal Fee
Date Completed: 2014-09-17
Hide

Comments:

Enter new payment:

Fee Amount: \$450.00
Amount Paid: \$450.00
Amount Due: \$0.00

Date: 09/18/2014
Payment Received By: Sine, Tammy

Type: None
Amount: 0.00
Number:
Credit Card Type: None

Add Payment

Date	Amount	Type	Number	Comments	Action
2014-09-17	450.0	Credit Card			

Renewal Survey
Date Completed: 2014-09-17
Has business license
Hide

Comments:

Has business license

#1 - Investigated for, charged with, convicted of, or pleaded guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#4 - Explain

#4 - Any claims, medical malpractice lawsuits, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

I was named in a malpractice suit and subsequently dismissed with prejudice. I am awaiting official court documentation for the dismissal.



#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?

#6 - Explain

#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?

#7 - Explain

#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?

#8 - Explain

#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?

#9 - Explain

#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?

#10 - Explain

#11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse?

#11 - Explain

#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or

	Mark as Incomplete	Update Comments
#16 - Nevada Business License Number		2001019-650 exp. 3/31/15
#16 - Has a Nevada Business License Number		Yes
#15 - Explain support of a child?		No
#15 - Not in compliance with court order for the support of a child?		No
#14 - Explain support of a child?		No
#14 - In compliance with court order for the support of a child?		No
#13 - Explain support of a child?		No
#13 - Subject to a court order for the support of a child?		No
#12 - Explain alcohol?		

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE Licensee Medical Malpractice Forms

Licensee Name: Craig Hartman	
Date: 09/16/2014	

Claim Date: 2014-06-12	
Court Case #: A-14-701538-C	Court Filed In: District Court, Clark County, NV
Insurance Company: Self insured	Insurance Claim #: Self insured
Complainant: Self insured	Respondent: Estate of Santos Valdez
Allegations	
Dr. Alex Norton et al	
Claim Status: Dismissed (2014-08-12)	Claim Status Other:
Amount of Judgment/Settlement: 0.0	Amount Paid on Behalf: 0.0

Print



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210

Henderson, NV 89074

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

RENEWAL RECEIVED
DATE: 10-5-15
ONLINE
MAILED IN

September 10, 2015

Craig Hartman, D.O. 1136

3131 La Canada, Suite 110
Las Vegas, NV 89169

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/15

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$450.00 by credit card **ONLINE**. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You **MAY** renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2015) the **CME Requirement**.
3. You have a Visa, MasterCard, or Discover Card for **ONLINE** payment.

You **MAY NOT RENEW ONLINE IF**:

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To **RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen.
Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE **UNABLE TO RENEW ONLINE** YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2016 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 - 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov
You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
([Logout](#))

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)
[Options: Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2015-10-05	D.O. License	Renewal	Approved	View
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2015-10-05

Application Status: Approved Application Type: Renewal

Comments: 2016 license

Requirements:

☒ CME Completion Affidavit
☒ Date Completed: 2015-10-05
[Expand](#)

[Licensee Address Change](#) - [Click Here to View Address Change](#)
☒ Received By: Tammy Sine Date Completed: 2015-10-05
 N/A
[Expand](#)

☒ Mailing Address Verified
☒ Date Completed: 2015-10-05
[Expand](#)

☒ Medical Malpractice Claims Survey - [Click Here to View Claims](#)
☒ Date Completed: 2015-10-05
 Printed out med/mal form
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)

- ✓ **Received By:** Tammy Sine **Date Completed:** 2015-10-05
AOA OB/GYN
[Expand](#)

- Military Background** - [Click Here to View Military Background](#)
✓ **Date Completed:** 2015-10-05
Printed out military form.
[Expand](#)

- Office-Based Procedures Survey** - [Click Here to View Responses](#)
✓ **Date Completed:** 2015-10-05
Printed out conscious sedation survey
[Expand](#)

- Public Address**
✓ **Date Completed:** 2015-10-05
Public Address Designation: Practice
[Expand](#)

- Renewal Application Complete**
✓ **Received By:** Tammy Sine **Date Completed:** 2015-10-06
Reviewed and printed out med/mal form, military form, and conscious sedation survey
[Expand](#)

- ✓ **Renewal Fee**
Date Completed: 2015-10-05
[Hide](#)

Comments:					
<div></div>					
<div>Update Comments</div>					
This fee is paid in full.					
Fee Amount:		\$450.00			
Amount Paid:		\$450.00			
Amount Due:		\$0.00			
Enter new payment:					
Date: 10/06/2015		Payment Received By Sine, Tammy ▼			
Type: None ▼	Amount: 0.00	Number:	Comments:		
Credit Card Type: None ▼					
<div>Add Payment</div>					
Payments Made:					
Date	Amount	Type	Number	Comments	Action
2015-10-05	450.0	Credit Card			

- Renewal Survey**
✓ **Date Completed:** 2015-10-05
Has business license
[Hide](#)

Comments:					
<div>Has business license</div>					

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony?	No
#1 - Explain	
#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine?	No
#2 - Explain	
#3 - Surrendered controlled substance registration or had it revoked or restricted?	No
#3 - Explain	
#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?	Yes
#4 - Explain	I was initially named in a lawsuit (Ansara/Valdez vs. Dr. Alex Norton) but I was dismissed from the case in July 2014 before the case went to trial. If additional details are required, attorney was Robert McBride and he can be contacted at rcmcbride@cktfmlaw.com.
#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	Yes
#5 - Explain	
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No
#6 - Explain	
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No
#7 - Explain	
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No
#8 - Explain	
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	Yes
#9 - Explain	I chose not to renew my staff privileges at Spring Valley Hospital, Southern Hills Hospital, and St. Rose San Martin Hospital in 2014 because I had zero hospital admissions at any of those hospitals that year. I

currently have a transfer and admission agreement with one of my partners in the event that any of my outpatient surgical patients require hospitalization.

#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?

No

#10 - Explain

#11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse?

No

#11 - Explain

#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol?

No

#12 - Explain

#13 - Subject to a court order for the support of a child?

No

#13 - Explain

#14 - In compliance with court order for the support of a child?

No

#14 - Explain

#15 - Not in compliance with court order for the support of a child?

No

#15 - Explain

#17 - Has a Nevada Business License Number

Yes

#17 - Nevada Business License Number

NV20041386666 ||Craig Hartman, D.O.
LTD||200717897

#16 - Aware and understands the reporting requirements regarding the abuse or neglect of a child.

Yes

#16 - Explain

Mark as Incomplete

Update Comments

Uploaded Documents:


Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Medical Malpractice Forms

Licensee Name: Craig Hartman	
Date: 10/05/2015	

Claim Date: 2014-06-12	
Court Case #: A-14-701538	Court Filed In: District Court, Clark County, NV
Insurance Company: Self insured	Insurance Claim #: N/a
Complainant: Robert Ansara/Santos Valdez/Calyn Katz	Respondent: Dr. Alex Norton/Dr. Craig Hartman
Allegations	
	
Claim Status: Dismissed (2014-08-12)	Claim Status Other:
Amount of Judgment/Settlement: 0.0	Amount Paid on Behalf: 0.0

Print

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/05/2015

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004

Print



C.S.

RENEWAL RECEIVED
DATE 7-12-16
ONLINE
9-13-16

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
2275 Corporate Circle, Suite 210
Henderson, NV 89074
702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov
www.bom.nv.gov
FIRST AND FINAL RENEWAL NOTICE**

Craig Hartman, D.O. 1136

September 08, 2016

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/16

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now offers **ONLINE RENEWAL** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$450.00 by credit card **ONLINE**. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following criteria.

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2016) the **CME Requirement**.
3. You have a Visa, MasterCard, or Discover Card for **ONLINE** payment.

You MAY NOT RENEW ONLINE IF;

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the screen. Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2017 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form AND **CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 – 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov
You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)
[Options: Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman	License Number: 1136
-------------------------------------	-----------------------------

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

Application Submitted	License Applied For	Application Type ▲	Application Status	Action
2003-08-13	D.O. License	New	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2014-09-16	D.O. License	Renewal	Approved	View
2015-10-05	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2016-09-12	D.O. License	Renewal	Approved	View

Application Information

License Applied For: D.O. License **Date Submitted:** 2016-09-12
Application Status: Approved **Application Type:** Renewal
Comments: 2017 license

Requirements:

☒ **CME Completion Affidavit**
Date Completed: 2016-09-12
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
☒ **Received By:** Tammy Sine **Date Completed:** 2016-09-12
 N/A
[Expand](#)

☒ **Mailing Address Verified**
Date Completed: 2016-09-12
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
☒ **Received By:** Tammy Sine **Date Completed:** 2016-09-12
 N/A
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2016-09-12
AOA OB/GYN
[Expand](#)

Military Background - [Click Here to View Military Background](#)

✓ **Date Completed:** 2016-09-12
Printed out military form
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2016-09-12
Printed out Conscious sedation survey
[Expand](#)

Public Address

✓ **Date Completed:** 2016-09-12
Public Address Designation: Practice
[Expand](#)

Renewal Application Complete

✓ **Received By:** Tammy Sine **Date Completed:** 2016-09-12
Reviewed and printed out military form and conscious sedation survey.
[Expand](#)

Renewal Fee

✓ **Date Completed:** 2016-09-12
[Hide](#)

Comments:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Update Comments					
This fee is paid in full.					
Fee Amount:		\$450.00			
Amount Paid:		\$450.00			
Amount Due:		\$0.00			
Enter new payment:					
Date: 09/13/2016		Payment Received By: Sine, Tammy			
Type: None	Amount: 0.00	Number:		Comments:	
		Credit Card Type: None			
Add Payment					
Payments Made:					
Date	Amount	Type	Number	Comments	Action
2016-09-12	450.0	Credit Card			

Renewal Survey

✓ **Date Completed:** 2016-09-12
has business license
[Hide](#)

Comments:

has business license		
#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony?	No	
#1 - Explain		
#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine?	No	
#2 - Explain		
#3 - Surrendered controlled substance registration or had it revoked or restricted?	No	
#3 - Explain		
#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)?	No	
#4 - Explain		
#5 - Perform any procedure using sedation, deep sedation, or general anesthesia?	Yes	
#5 - Explain		
#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory?	No	
#6 - Explain		
#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory?	No	
#7 - Explain		
#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory?	No	
#8 - Explain		
#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action?	Yes	
#9 - Explain		
#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?	No	

I did not renew hospital privileges at Spring Valley Hospital, Southern Hills Hospital, and St Rose San Martin Hospital because I now perform all surgeries in my ambulatory surgery facility.

#10 - Explain
#11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse? No
#11 - Explain
#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? No
#12 - Explain
#13 - Subject to a court order for the support of a child? No
#13 - Explain
#14 - In compliance with court order for the support of a child? No
#14 - Explain
#15 - Not in compliance with court order for the support of a child? No
#15 - Explain
#17 - Has a Nevada Business License Number Yes
#17 - Nevada Business License Number NV20041386666||Craig Hartman, D.O., LTD||200717897
#16 - Aware and understands the reporting requirements regarding the abuse or neglect of a child. Yes
#16 - Explain

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 09/12/2016

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004

Print

CRAIG HARTMAN, D.O., LTD.

Business Entity Information			
Status:	Active	File Date:	2/19/2004
Type:	Domestic Professional Corporation	Entity Number:	C4175-2004
Qualifying State:	NV	List of Officers Due:	2/28/2017
Managed By:		Expiration Date:	
NV Business ID:	NV20041386666	Business License Exp:	2/28/2017

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	NUTILE LAW	Address 1:	1070 W HORIZON RIDGE PKWY STE 210
Address 2:		City:	HENDERSON
State:	NV	Zip Code:	89012
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 750.00
Par Share Count:	75,000.00	Par Share Value:	\$ 0.01

<input checked="" type="checkbox"/> Officers <input type="checkbox"/> Include Inactive Officers			
President - CRAIG HARTMAN, D.O.			
Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	
Secretary - CRAIG HARTMAN, D.O.			
Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	

Treasurer - CRAIG HARTMAN, D.O.

Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	

Director - CRAIG HARTMAN, D.O.

Address 1:	3131 LA CANADA, STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	USA
Status:	Active	Email:	

**Actions\Amendments**

Action Type:	Articles of Incorporation		
Document Number:	C4175-2004-001	# of Pages:	3
File Date:	2/19/2004	Effective Date:	

(No notes for this action)

Action Type:	Initial List		
Document Number:	C4175-2004-002	# of Pages:	1
File Date:	3/4/2004	Effective Date:	

List of Officers for 2004 to 2005

Action Type:	Registered Agent Address Change		
Document Number:	20050653279-09	# of Pages:	6
File Date:	12/19/2005	Effective Date:	

(No notes for this action)

Action Type:	Annual List		
Document Number:	20060094625-64	# of Pages:	1
File Date:	2/15/2006	Effective Date:	

(No notes for this action)

Action Type:	Annual List		
Document Number:	20060095938-62	# of Pages:	1
File Date:	2/16/2006	Effective Date:	

(No notes for this action)

Action Type:	Annual List		
Document Number:	20070000917-46	# of Pages:	1
File Date:	1/2/2007	Effective Date:	

(No notes for this action)

Action Type:	Registered Agent Name Change		
Document Number:	20070346679-74	# of Pages:	3
File Date:	5/17/2007	Effective Date:	

(No notes for this action)

Action Type:	Registered Agent Address Change		
---------------------	---------------------------------	--	--

Document Number:	20070346683-39	# of Pages:	3
File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	20080015899-42	# of Pages:	7
File Date:	1/8/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080081428-43	# of Pages:	1
File Date:	2/4/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090021152-72	# of Pages:	1
File Date:	1/13/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100043005-85	# of Pages:	1
File Date:	1/26/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100942535-51	# of Pages:	1
File Date:	12/21/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120254757-85	# of Pages:	1
File Date:	4/11/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130044010-35	# of Pages:	1
File Date:	1/23/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140023288-50	# of Pages:	1
File Date:	1/13/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140806972-49	# of Pages:	1
File Date:	12/15/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20160011132-77	# of Pages:	1

File Date:	1/11/2016	Effective Date:	
(No notes for this action)			



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210

Henderson, NV 89074

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

RENEWAL RECEIVED
DATE: 10-12-17
ONLINE: ☒
MAILED IN: ☐

Sub 10.16.17

Craig Hartman, D.O. 1136

September 06, 2017

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/17

RENEWAL APPLICATIONS WILL NOT BE SENT OUT IN ADDITION TO THIS NOTICE.

The Nevada State Board of Osteopathic Medicine now **ONLINE** by secure online server, where you may complete the entire renewal application and pay all renewal fees of \$450.00 by credit card **ONLINE**. It is **HIGHLY RECOMMENDED** that all those who qualify for online renewal do so online.

You MAY renew your license online if you meet the following

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. You **HAVE MET** or **WILL MEET** (by December 31st, 2017) the **CME Requirement**.
3. You have a Visa, MasterCard, or Discover Card for **ONLINE** payment.

You MAY NOT RENEW ONLINE IF:

1. You would like to convert your license to **INACTIVE STATUS** or **ELECTIVELY NOT-RENEW** your license.

YOU will need to download the renewal application OR request that one be sent to you. **READ THE DOWNLOADED FORM CAREFULLY FOR DETAILED INSTRUCTIONS.**

To RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. Go to www.bom.nv.gov (you will only need THIS DOCUMENT and your CREDIT CARD)
2. From the top menu click on the 'Licensee Services' tab.
3. From the menu on the left under the 'Online Services' heading click on 'Online Renewal'.
4. To access your online renewal application you will be asked to enter a 'Username' and 'Password'
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. Once you have successfully logged in, you will notice that your license record will appear on the Follow the instructions carefully to complete the online renewal process. The application process should take 15-20 minutes. Upon completion your record is automatically updated, you will receive a receipt that you can print, and should receive a new wallet card in the mail within 3-5 days.

IF YOU ARE UNABLE TO RENEW ONLINE YOU WILL NEED TO DO THE FOLLOWING:

1. **DOWNLOAD** and **PRINT** the 2018 renewal form from our website, you may download the form by visiting: www.bom.nv.gov, from the top menu click on the 'Licensee Services' tab.
2. From the menu on the left under 'Licensee Services' you will see 'Renewal form'. Click there, the renewal application will appear in the window and you may print out the renewal form.
3. Follow the instructions on the form, complete the form, enclose your **CHECK** payable to the Board and **MAIL** your renewal form **AND CHECK** to the board office.
4. Read the renewal form carefully and follow the instructions on the form.
5. Please allow up to 10 – 14 days for manual processing of renewals.

You may request renewal forms by e-mail to: tsine@bom.nv.gov

You may request renewal forms by faxing us at 702-732-2079.

The renewal form that is available online contains detailed instructions.



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
([Logout](#))

[Home](#) [Recent Actions](#) [Application Board](#) [Enforcement](#) [Reports](#)
[Administration](#)

[Options:](#) [Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman

License Number: 1136

[Summary](#) [Applications](#) [Licenses](#) [Contact](#) [Education](#) [Enforcement](#) [Financial](#) [Notes](#)

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2017-10-12	D.O. License	Renewal	Approved	View
2016-09-12	D.O. License	Renewal	Approved	View
2015-10-05	D.O. License	Renewal	Approved	View
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2017-10-12

Application Status: Application Type: Renewal

Comments: 2018 license

[Update Status](#)

[Delete Application](#)

Requirements:

☒ **CME Completion Affidavit**
☒ **Date Completed:** 2017-10-12
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
☒ **Received By:** Tammy Sine **Date Completed:** 2017-10-12
 N/A
[Expand](#)

☒ **Mailing Address Verified**
☒ **Date Completed:** 2017-10-12
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
☒ **Received By:** Tammy Sine **Date Completed:** 2017-10-12
 N/A

[Expand](#)**Medical Specialty** - [Click Here to View Medical Specialty Update](#)

- ✓ **Date Completed:** 2017-10-12
updated Board cert from online renewal form
[Expand](#)

Military Background - [Click Here to View Military Background](#)

- ✓ **Date Completed:** 2017-10-12
Printed out military form
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

- ✓ **Received By:** Tammy Sine **Date Completed:** 2017-10-12
N/A
[Expand](#)

Public Address

- ✓ **Date Completed:** 2017-10-12
Public Address Designation: Practice
[Expand](#)

Renewal Application Complete

- ✓ **Received By:** Tammy Sine **Date Completed:** 2017-10-12
Reviewed, printed military form, and updated Board cert information.
[Expand](#)

Renewal Fee

- ✓ **Date Completed:** 2017-10-12
[Hide](#)

Comments:					
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Update Comments					
This fee is paid in full.					
Fee Amount:		\$450.00			
Amount Paid:		\$450.00			
Amount Due:		\$0.00			
Enter new payment:					
Date: 10/16/2017		Payment Received By Sine, Tammy			
Type: None	Amount: 0.00	Number:		Comments:	
		Credit Card Type: None			
Add Payment					
Payments Made:					
Date	Amount	Type	Number	Comments	Action
2017-10-12	450.0	Credit Card			Edit Delete

Renewal Survey

- ✓ **Date Completed:** 2017-10-12
has business license
[Hide](#)

Comments:

has business license



#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? No

#5 - Explain

#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? No

#6 - Explain

#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory? No

#7 - Explain

#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory? No

#8 - Explain

#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? No

#9 - Explain

#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society? No

#10 - Explain

#11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse? No

#11 - Explain

#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? No

#12 - Explain

#13 - Subject to a court order for the support of a child?	No
#13 - Explain	
#14 - In compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Not in compliance with court order for the support of a child?	No
#15 - Explain	
#17 - Has a Nevada Business License Number	Yes
	NV20041386666 Cralg
#17 - Nevada Business License Number	Hartman, D.O.,
	LTD 200717897
#16 - Aware and understands the reporting requirements regarding the abuse or neglect of a child.	Yes
#16 - Explain	

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Board Specialty Change

Licensee: Craig Hartman
License Num: 1136

Medical Specialty 1:

Board Certification: AOA

Board Specialty: Obstetrics/Gynecology

Endorsement Type:

Certification Number: 1115

Effective Date: 2004-01-01

Expiration Date: 2022-12-31

Re-Certification Date: 2017-01-01

Medical Specialty 2:

Board Certification: None

Board Specialty: None

Endorsement Type:

Certification Number:

Effective Date:

Expiration Date:

Re-Certification Date:

Is Losing Specialty:No

Explain:



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/12/2017

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004





NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210

Henderson, NV 89074

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

CS
RENEWAL RECEIVED:
DATE: 10-1-18
CHECKED IN:
MAILED IN:
2-10-2-18

Craig Hartman, D.O. 1136

September 07, 2018

3131 La Canada, Suite 110
Las Vegas, NV 89169

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/2018

NOTE: THE BOARD DOES NOT SEND OUT RENEWAL APPLICATIONS

Renewal fee is \$450.00. Renewal applications are available **ONLINE** by secure online server, and can be paid by credit card. Renewal applications may also be printed and completed via hard copy and mailed to the Board office. However, to ensure an efficient and accurate renewal process, it is **HIGHLY RECOMMENDED** to renew your license online.

The following criteria MUST be met to renew your license online:

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. **HAVE MET** or **WILL MEET** (by December 31st, 2018) all **CME Requirements**.
3. Pay with a Visa, MasterCard, Discover Card, or American Express

Note: THOSE WITH INACTIVE STATUS ARE NOT ELIGIBLE FOR ONLINE RENEWAL

PLEASE READ THE FOLLOWING INFORMATION THOROUGHLY:

INSTRUCTIONS to RENEW ONLINE:

1. Go to www.bom.nv.gov
2. Click on the "Licensee Services" tab on top of menu.
3. Under "Online Services" heading click "Online Renewal"
4. Enter a Username and Password
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. After log in, your license record will appear on the screen. Follow the instructions thoroughly to complete the process.
Completion time should take 15-20 minutes.
6. Afterward, print your receipt. An updated wallet card will arrive in the mail within 3-5 days.

IF UNABLE TO RENEW ONLINE FOLLOW THESE INSTRUCTIONS:

1. Go to www.bom.nv.gov
2. Click on the "Licensee Services" tab on top of menu, and click on "Renewal Form."
3. Print the renewal application and read instructions.
4. Complete the application, enclose a **CHECK** payable to the Board, and **MAIL** to the Board office.
5. Please allow 10 - 14 days to process the renewal.

To request renewal applications contact Tammy Sine at: tsine@bom.nv.gov , or (702) 732-2147



Nevada State Board of Osteopathic Medicine

Hello, Tammy Snel
(Logout)

Home Recent Actions Application Board Enforcement Reports
Administration

Options: Licensee Search | Print Documents | New Complaint | New Claim | New Application

Licensee Information

Licensee Name: Craig Hartman	License Number: 1136
-------------------------------------	-----------------------------

Summary **Applications** Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2018-10-01	D.O. License	Renewal	Approved	View
2017-10-12	D.O. License	Renewal	Approved	View
2016-09-12	D.O. License	Renewal	Approved	View
2015-10-05	D.O. License	Renewal	Approved	View
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2018-10-01

Application Status: Approved ▼ Application Type: Renewal

Comments: 2019 license

Update Status
Delete Application

Requirements:

✓ **CME Completion Affidavit**
Date Completed: 2018-10-01
[Expand](#)

✓ **Licensee Address Change** - [Click Here to View Address Change](#)
Received By: Nikki Montano **Date Completed:** 2018-10-01
 n/a
[Expand](#)

✓ **Mailing Address Verified**
Date Completed: 2018-10-01
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)
Received By: Nikki Montano **Date Completed:** 2018-10-01

✓ n/a
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)

✓ **Received By:** Nikki Montano **Date Completed:** 2018-10-01
AOA Obstetrics/Gynecology
[Expand](#)

Military Background - [Click Here to View Military Background](#)

✓ **Date Completed:** 2018-10-01
printed military form
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)

✓ **Date Completed:** 2018-10-01
printed form
[Expand](#)

Public Address

✓ **Date Completed:** 2018-10-01
Public Address Designation: Practice
[Expand](#)

Renewal Application Complete

✓ **Received By:** Nikki Montano **Date Completed:** 2018-10-01
Reviewed
[Expand](#)

Renewal Fee

✓ **Date Completed:** 2018-10-01
[Hide](#)

Comments:

[Update Comments](#)





This fee is paid in full.

Fee Amount: \$450.00

Amount Paid: \$450.00

Amount Due: \$0.00

Enter new payment:

Date:  Payment Received By: 
Type:  Amount: Number: Comments:
Credit Card Type: 
[Add Payment](#)

Payments Made:

Date	Amount	Type	Number	Comments	Action
2018-10-01	450.0	Credit Card			Edit Delete

Renewal Survey

✓ **Date Completed:** 2018-10-01
Has business license under Craig Hartman D.O. LTD

[Hide](#)**Comments:**

Has business license under Craig Hartman
D.O. LTD

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

#5 - Explain

#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? No

#6 - Explain

#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory? No

#7 - Explain

#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory? No

#8 - Explain

#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? No

#9 - Explain

#10 - Since last renewal, has been investigated for, charged with, or convicted of unprofessional conduct, professional incompetence, gross or repeated malpractice, or any other violation or No

statute, rule or regulation governing the practice of medicine by any medical licensing board or other agency (including Federal), hospital or medical society?

#10 - Explain

#11 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse? No

#11 - Explain

#12 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? No

#12 - Explain

#13 - Subject to a court order for the support of a child? No

#13 - Explain

#14 - In compliance with court order for the support of a child? No

#14 - Explain

#15 - Not in compliance with court order for the support of a child? No

#15 - Explain

#17 - Has a Nevada Business License Number Yes

#17 - Nevada Business License Number NV20131684139||Safe and Sound for Women||46-4193196

#16 - Aware and understands the reporting requirements regarding the abuse or neglect of a child. Yes

#16 - Explain

Mark as Incomplete

Update Comments

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 10/01/2018

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004



CRAIG HARTMAN, D.O., LTD.

Business Entity Information			
Status:	Active	File Date:	2/19/2004
Type:	Domestic Professional Corporation	Entity Number:	C4175-2004
Qualifying State:	NV	List of Officers Due:	2/28/2019
Managed By:		Expiration Date:	
NV Business ID:	NV20041386666	Business License Exp:	2/28/2019

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	NUTILE LAW	Address 1:	7395 S PECOS BLVD STE 103
Address 2:		City:	LAS VEGAS
State:	NV	Zip Code:	89120
Phone:		Fax:	
Mailing Address 1:		Mailing Address 2:	
Mailing City:		Mailing State:	NV
Mailing Zip Code:			
Agent Type:	Commercial Registered Agent - Corporation		
Jurisdiction:	NEVADA	Status:	Active

Financial Information			
No Par Share Count:	0	Capital Amount:	\$ 750.00
Par Share Count:	75,000.00	Par Share Value:	\$ 0.01

<div> <div> <div></div> <div>Officers</div> </div> <div> <input type="checkbox"/> Include Inactive Officers </div> </div>			
President - CRAIG HARTMAN D.O.			
Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	
Secretary - CRAIG HARTMAN DO			
Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	
Treasurer - CRAIG HARTMAN DO			

Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	
Director - CRAIG HARTMAN DO			
Address 1:	3131 LA CANADA STE 110	Address 2:	
City:	LAS VEGAS	State:	NV
Zip Code:	89169	Country:	
Status:	Active	Email:	

- Actions\Amendments			
Action Type:	Articles of Incorporation		
Document Number:	C4175-2004-001	# of Pages:	3
File Date:	2/19/2004	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	C4175-2004-002	# of Pages:	1
File Date:	3/4/2004	Effective Date:	
List of Officers for 2004 to 2005			
Action Type:	Registered Agent Address Change		
Document Number:	20050653279-09	# of Pages:	6
File Date:	12/19/2005	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060094625-64	# of Pages:	1
File Date:	2/15/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20060095938-62	# of Pages:	1
File Date:	2/16/2006	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20070000917-46	# of Pages:	1
File Date:	1/2/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Name Change		
Document Number:	20070346679-74	# of Pages:	3
File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	20070346683-39	# of Pages:	3

File Date:	5/17/2007	Effective Date:	
(No notes for this action)			
Action Type:	Registered Agent Address Change		
Document Number:	20080015899-42	# of Pages:	7
File Date:	1/8/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080081428-43	# of Pages:	1
File Date:	2/4/2008	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20090021152-72	# of Pages:	1
File Date:	1/13/2009	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100043005-85	# of Pages:	1
File Date:	1/26/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20100942535-51	# of Pages:	1
File Date:	12/21/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20120254757-85	# of Pages:	1
File Date:	4/11/2012	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20130044010-35	# of Pages:	1
File Date:	1/23/2013	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140023288-50	# of Pages:	1
File Date:	1/13/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20140806972-49	# of Pages:	1
File Date:	12/15/2014	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20160011132-77	# of Pages:	1
File Date:	1/11/2016	Effective Date:	

(No notes for this action)			
Action Type:	Annual List		
Document Number:	20170125171-77	# of Pages:	1
File Date:	3/23/2017	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20170538561-48	# of Pages:	1
File Date:	12/21/2017	Effective Date:	
(No notes for this action)			



NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

2275 Corporate Circle, Suite 210

Henderson, NV 89074

702-732-2147 Fax: 702-732-2079 E-mail: osteo@bom.nv.gov

www.bom.nv.gov

FIRST AND FINAL RENEWAL NOTICE**

CS
RENEWAL RECEIVED
DATE: 9.25.19
ONLINE: ☒
MAILED IN: ☐

Sub 9.26.19

Craig Hartman, D.O. 1136

September 13, 2019

3131 La Canada, Suite 110
Las Vegas, NV 89169

NOTICE: YOUR LICENSE IS DUE FOR RENEWAL AND WILL EXPIRE 12/31/2019

NOTE: THE BOARD DOES NOT SEND OUT RENEWAL APPLICATIONS

Renewal fee is \$450.00. Renewal applications are available **ONLINE** by secure online server, and can be paid by credit card. Renewal applications may also be printed and completed via hard copy and mailed to the Board office. However, to ensure an efficient and accurate renewal process, it is **HIGHLY RECOMMENDED** to renew your license online.

The following criteria MUST be met to renew your license online:

1. You currently hold an **ACTIVE** license issued by the Osteopathic Medical Board.
2. **HAVE MET** or **WILL MEET** (by December 31st, 2019) all **CME Requirements**.
3. Pay with a Visa, MasterCard, Discover Card, or American Express

Note: THOSE WITH INACTIVE STATUS ARE NOT ELIGIBLE FOR ONLINE RENEWAL

PLEASE READ THE FOLLOWING INFORMATION THOROUGHLY:

INSTRUCTIONS to RENEW ONLINE:

1. Go to www.bom.nv.gov
2. Click on the "Licensee Services" tab on top of menu.
3. Under "Online Services" heading click "Online Renewal"
4. Enter a Username and Password
 - a. Your Username is: [REDACTED]
 - b. Your Password is: [REDACTED]
5. After log in, your license record will appear on the screen. Follow the instructions thoroughly to complete the process.
Completion time should take 15-20 minutes.
6. Afterward, print your receipt. An updated wallet card will arrive in the mail within 3-5 days.

IF UNABLE TO RENEW ONLINE FOLLOW THESE INSTRUCTIONS:

1. Go to www.bom.nv.gov
2. Click on the "Licensee Services" tab on top of menu, and click on "Renewal Form."
3. Print the renewal application and read instructions.
4. Complete the application, enclose a **CHECK** payable to the Board, and **MAIL** to the Board office.
5. Please allow 10 - 14 days to process the renewal.

To request renewal applications contact Tammy Sine at: tsine@bom.nv.gov , or (702) 732-2147



Nevada State Board of Osteopathic Medicine

Hello, Tammy Sine!
(Logout)

Home Recent Actions Application Board Enforcement Reports
Administration

Options: [Licensee Search](#) | [Print Documents](#) | [New Complaint](#) | [New Claim](#) | [New Application](#)

Licensee Information

Licensee Name: Craig Hartman	License Number: 1136
-------------------------------------	-----------------------------

Summary **Applications** Licenses Contact Education Enforcement Financial Notes

Application History:

Application Submitted ▼	License Applied For	Application Type	Application Status	Action
2019-09-25	D.O. License	Renewal	Approved	View
2018-10-01	D.O. License	Renewal	Approved	View
2017-10-12	D.O. License	Renewal	Approved	View
2016-09-12	D.O. License	Renewal	Approved	View
2015-10-05	D.O. License	Renewal	Approved	View
2014-09-16	D.O. License	Renewal	Approved	View
2013-11-08	D.O. License	Renewal	Approved	View
2012-10-30	D.O. License	Renewal	Approved	View
2011-09-30	D.O. License	Renewal	Approved	View
2010-10-04	D.O. License	Renewal	Approved	View
2009-11-06	D.O. License	Renewal	Approved	View
2008-09-26	D.O. License	Renewal	Approved	View
2007-11-27	D.O. License	Renewal	Approved	View
2003-08-13	D.O. License	New	Approved	View

Application Information

License Applied For: D.O. License Date Submitted: 2019-09-25

Application Status: Approved ▼ Application Type: Renewal

Comments: 2020 license

[Update Status](#) [Delete Application](#)

Requirements:

✓ **CME Completion Affidavit**
Date Completed: 2019-09-25
[Expand](#)

Licensee Address Change - [Click Here to View Address Change](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2019-09-25
N/A
[Expand](#)

✓ **Mailing Address Verified**
Date Completed: 2019-09-25
[Expand](#)

Medical Malpractice Claims Survey - [Click Here to View Claims](#)

✓ **Received By:** Tammy Sine **Date Completed:** 2019-09-25
N/A
[Expand](#)

Medical Specialty - [Click Here to View Medical Specialty Update](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2019-09-25
AOA OB/GYN
[Expand](#)

Military Background - [Click Here to View Military Background](#)
✓ **Date Completed:** 2019-09-25
Printed out military form
[Expand](#)

Office-Based Procedures Survey - [Click Here to View Responses](#)
✓ **Received By:** Tammy Sine **Date Completed:** 2019-09-25
Printed out conscious sedation survey
[Expand](#)

Public Address
✓ **Date Completed:** 2019-09-25
Public Address Designation: Practice
[Expand](#)

Renewal Application Complete
✓ **Received By:** Tammy Sine **Date Completed:** 2019-09-25
Reviewed, printed out military form, and printed out conscious sedation survey
[Expand](#)

✓ **Renewal Fee**
Date Completed: 2019-09-25
[Hide](#)

Comments:

Update Comments

This fee is paid in full.

Fee Amount:	\$450.00
Amount Paid:	\$450.00
Amount Due:	\$0.00

Enter new payment:

Date: 09/26/2019 Payment Received By: Sine, Tammy

Type: None Amount: 0.00 Number: Comments:

Credit Card Type: None

Add Payment

Payments Made:

Date	Amount	Type	Number	Comments	Action
2019-09-25	450.0	Credit Card	<div></div>		Edit Delete

✓ **Renewal Survey**
Date Completed: 2019-09-25

has business license

Hide**Comments:**

has business license

#1 - Investigated for, charged with, convicted of, or plead guilty or nolo contendere to any misdemeanor, gross misdemeanor or felony? No

#1 - Explain

#2 - Investigated for, charged with, or convicted of any violation of a statute, rule or regulation governing the practice of medicine? No

#2 - Explain

#3 - Surrendered controlled substance registration or had it revoked or restricted? No

#3 - Explain

#4 - Any claims, medical malpractice lawsuits, dismissals of any claim or lawsuits, settlements, verdicts, judgments, or any disposition of any kind or nature of a claim or lawsuit, involving professional liability (malpractice)? No

#4 - Explain

#5 - Perform any procedure using sedation, deep sedation, or general anesthesia? Yes

#5 - Explain

#6 - Since last renewal, has been denied license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country, or U.S. territory? No

#6 - Explain

#7 - Since last renewal, has had a medical license revoked, suspended, or limited in any state, or U.S. territory? No

#7 - Explain

#8 - Since last renewal, has voluntarily surrendered a license to practice in the healing arts in any state, country, or U.S. territory? No

#8 - Explain

#9 - Since last renewal, has had staff privileges in a hospital denied, suspended, limited, revoked or non-renewed, or have you resigned from a medical staff in lieu of disciplinary or administrative action? No

#9 - Explain

#10 - Currently in treatment for a mental illness, drug addiction, or acute substance, drug or alcohol abuse? No

#10 - Explain

#11 - Currently, or in the past, addicted to controlled substances, including, but not limited to narcotics or alcohol? No

#11 - Explain

#12 - Subject to a court order for the support of a child?	No
#12 - Explain	
#13 - In compliance with court order for the support of a child?	No
#13 - Explain	
#14 - Not in compliance with court order for the support of a child?	No
#14 - Explain	
#15 - Aware and understands the reporting requirements regarding the abuse or neglect of a child.	Yes
#15 - Explain	
#16 - Has a Nevada Business License Number	Yes
#16 - Nevada Business License Number	NV20131684139 Safe and Sound for Women, Inc 1016443293
#17 - Received training in mental/emotional trauma	No
#17 - Explain	
#18 - Willing to respond to emergency	Yes
#18 - Explain	

Uploaded Documents:

Attach documents to an application. These do not affect the status of an application.

This application type does not allow any uploaded documents.

Copyright ©2007 K3Systems, Inc.

NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

Licensee Military Background

Licensee: Craig Hartman
License Num: 1136
Date Completed: 09/25/2019

What is current Active Duty Status in the Military: NOT Currently Serving
Have ever served in the United States Military: Yes
If Yes, Branch: Air Force
If Yes, When: 2001-2004

Print