

Application - Physician

Name Lisa Hofler
 Credential Physician

Fee Details

DR - Original License Fee	\$250.00
DR - Peer Fee Application	\$140.00
	\$390.00

Physician - Welcome

Physician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to Online Physician Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- **Physician by Original**

- Graduation from an approved medical college. If you have not graduated yet, do not apply.
- Completion of at least 1 year of an internship or post graduate training approved by the Colorado Medical Board. If you have not completed at least 1 year, do not apply.
- Have achieved a passing score on the appropriate examination(s). If you have not achieved a passing score yet, do not apply.

- **Physician by Endorsement**

- Hold or have held an active license as a physician in another state or jurisdiction. If you do not currently hold or previously held a physician license, do not apply.
- Have practiced as a physician in another state or jurisdiction for 5 of the past 7 years. If you have not, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Physician license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

Application - Applicant Information

Application | Applicant Information

1. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.
 Yes

2. What is your Date of Birth?

REDACTE

3. Optional - What Gender do you identify with?

Female

4. What is your Birth City?

Leominster

5. What is your Birth State?

(If born outside of the United States, select "Foreign Country" in the dropdown below)
Massachusetts

6. What is your Birth Country?

United States

Application - Applicant Previous Names

Application | Applicant Previous Names

7. You indicated on the previous page that you have had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with. Select the "add" button in the grid below to enter the name(s) used previously:

Previous Name	From Month	From Year	To Month	To Year	Reason(s) for Change	Documentation
			January	2020		
Lisa Hofler Baxley	July	2004	March	2005	Divorce	

8. Please upload all legal name change documentation to assist us in verifying your credentials to process your application:

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[Hofler name change decree.pdf](#)

Application - Military

Application | Military

9. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

10.

- If yes to the above, what branch of the military are you currently serving in?

11.

- If yes to the above, what is the Duty Station you are located at?

12. Are you a Veteran of the U.S. Military?

No

13.

- If yes to the above, what was the date of your discharge from the U.S. Military?

14. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

AoE Lawful Presence

Affidavit of Eligibility | Section A: Lawful Presence

15. Choose one of the following Lawful Presence types below and select "Next" to continue.
I am a U.S. Citizen.

AoE US Citizen Physically Present

Affidavit of Eligibility | Section A: Lawful Presence

16. Choose one of the following options and select "Next" to continue.
I am currently, physically present in the U.S.

AoE US Citizen Secure Docs

Affidavit of Eligibility | Section B: Verification Documents

17. Choose below one of the secure and verifiable document options that you will use to prove lawful presence:
U.S. Passport

18. Enter the Document Number (Drivers License/ID Number, Card Number or Passport Number):

REDACTE

AoE Attestation

Affidavit of Eligibility | Section C: Attestation

By submitting this Affidavit of Eligibility (AoE) you are attesting that you have read and understand the statements below:

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in section 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified on the previous pages and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the information on the previous pages must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

109. Please enter today's date below:
01/20/2020

Physician - School and Method

Physician Application | Education/School Information

110. Enter the name of the approved, medical college or university from which you graduated:
Emory University School of Medicine

111. Enter the address of the college or university (Street, City, State and Zip):
201 Dowman Drive, Atlanta, GA 30322

112. How many years did you attend this college or university?:
6

113. Enter the date you graduated:
05/10/2010

114. Enter your title:
Medical Doctor

115. Is the above medical college or university based in a foreign country (non-United States)?
No

116.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
 - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR
 - Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note* if not approved by the board, you may not be eligible for licensure): OR
 - You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association;
AND
 - You have at least 3 years post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

117. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Physician by Original](#)
- [Physician by Endorsement](#)

Original

Physician - Original Information

Physician Application | Original Information

118. Please upload a copy of your Certificate of Completion of your internship or post graduate training from the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Coordinating Council for Medical Education of the Canadian Medical Association (CCME) .

- United States medical school graduates must reflect 1 year of internship or post graduate training
- Foreign medical school graduates must reflect 3 years of post graduate training

Again, if you cannot supply the above documentation, you cannot apply.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[Hofler BIDMC residency certificate scanned.pdf](#)

119. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 2 years. This history should include: Internships, post-graduate training, residency, fellowship training programs as well as any non-medical employment.

09/16 - present: Clinician-Educator Assistant Professor, University of New Mexico

120. Have you completed and passed an examination approved by the Colorado Medical Board (CMB), the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), or the Federation of State Medical Boards (FSMB)?

RE

121. You must arrange for the appropriate examining agency (Medical or Osteopathic National Boards, FLEX, USMLE, LMCC or State Written Exam) to send verification of your passing scores to our office. To arrange for this verification, please contact the agency and request your scores be sent to our office at:

- dora_dpo_licensing@state.co.us

Have you arranged for verification of passing scores to be sent to our office?

Yes

122. Do you currently hold or have you ever held a physician license in Colorado or any other state?

Yes

123.

- If you said "yes" to the question above you must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement (s)
Lisa Hofler	New Mexico	Physician	MD2016-0265	Active	06/01/2016	07/01/2020	No	
Lisa Hofler	Georgia	Physician	71146	Active	12/06/2013	01/31/2021	No	
Lisa Hofler	Massachusetts	Training/Limited	244368	Expired	05/19/2010	06/30/2014	No	

124.

- If you said "yes" to the question above you must also scan and upload verification ALL licenses (including Training Licenses) below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. *Pictures or copies of Wallet Cards/Wall Certificates are not sufficient. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[New Mexico Medical Board verification 20200119.pdf](#)
[GCMB verification 20200119.pdf](#)

125.

- If you said "yes" to the question above you must also scan and upload any National Practitioner Data Bank (NPDB) certified report, pending or final disciplinary action or malpractice actions against any license you hold or have ever held in any state or jurisdiction.

The NPDB report must be dated within four months of submission of this application. To obtain this report you may contact NPDB through their website: www.npdb.hrsa.gov.

If you have never held an active Physician license before, you do not need to submit this report.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

[Hofler NPDB Query 20200119.pdf](#)

126. You must arrange for your Physician Initiated Profile Request to be sent to our office from the Federation of State Medical Boards (FSMB). This report will be electronically submitted to the Colorado Medical Board upon your request. There is no fee for this request and you will receive an email confirmation from FSMB when completed. To complete this request you must login/create an account at: [FSMB Physician Initiated Profile Request](#).

Once in your FSMB account you will need to complete the process to have the FSMB Report sent to our office.

Have you arranged for your FSMB Physician Initiated Profile Report to be sent to our office?

Yes

127. Prior to practicing as a licensed Physician in Colorado, you must complete the following:

- Obtain Professional Liability Insurance, or be covered by an exemption; AND
- Develop a written plan to ensure the security of patient medical records

You may review the laws and rules regarding professional liability and security of patient medical records on the [Physician Laws, Rules and Policies webpage](#).

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption AND that you have developed a written patient medical records security plan.

Yes

Application - Screening MEDICAL Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

138.

- An arrest, discipline, sanction or warning?

No

139.

- Loss or suspension of any license?

No

140.

- Termination or suspension from school or employment?

No

141.

- Endangering the safety of others?

No

142.

- A breach of fiduciary obligations?

No

143.

- A violation of workplace or academic conduct rules?

No

144.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

R

145.

- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical

and mental health conditions, including those involving substance use disorders The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.



146.

- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.



For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

147. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

148. Enter the date(s) of the event(s)/offense(s):

149. Enter the location(s)/court(s):

150. Provide the current status/outcome of the event(s)/offense(s):

151. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Inquiry Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

152.

- A Licensing Authority other than a Colorado State Board or Program?

No

153.

- A Government Agency?

No

154.

- A Court?

No

155.

- An Employer?

No

156.

- An Educational Institution?

No

157.

- A Professional Organization?

No

158.

- In connection with an employment disciplinary or termination procedure?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

159. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

160. Enter the date(s) of the event(s)/offense(s):

161. Enter the location(s)/court(s):

162. Provide the current status/outcome of the event(s)/offense(s):

163. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Medical Healthcare Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had the below occur:

164.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

165.

- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending?

Yes

166.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

167. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

Patient presented to UNM Hospital Emergency Department from an outside facility with new onset oxygen requirement after undergoing pregnancy termination for three days. She was evaluated and felt to have sepsis; CT did not show pulmonary embolus. I notified the critical care team to evaluate and treat her, and she received antibiotics, diuretics, and cervical osmotic dilators. Approximately 5 hours after arrival to the emergency department her oxygen requirement increased significantly and the decision was made to proceed to surgery, where I performed a dilation and evacuation. She had a cardiac arrest in the operating room and resuscitative efforts were unsuccessful. Autopsy report listed the cause of death as pulmonary embolus.

168. Enter the date(s) of the event(s)/offense(s):

February 3, 2017 to February 4, 2017

169. Enter the location(s)/court(s):

Location and name of facility: University of New Mexico Hospital, Albuquerque, NM Date claim filed: Original claim was filed May 24, 2018; lawsuit was filed August 1, 2018 Name of court and case number: New Mexico 2nd Judicial District Court; D-202-CV-2018-05696

170. Provide the current status/outcome of the event(s)/offense(s):

Pending litigation

171. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

[Hofler Claims Summary.pdf](#)

Physician - Attestation**Physician Application | Attestation**

172. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Physician application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

01/20/2020

Healthcare Profile - Physician Introduction**Healthcare Professions Profile | Introduction**

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice**Healthcare Professions Profile | Location of Practice**

173. Are you currently practicing in the healthcare profession associated with this profile?

Yes

Healthcare Profile - Location of Practice if Yes (WF)**Healthcare Professions Profile | Location of Practice**

174. Practice Locations:

Address	City	State	Zip Code	Phone Number
1 University of New Mexico, MSC10 5580	Albuquerque	New Mexico	87131	5052724051

Healthcare Profile - Medical Education and Training**Healthcare Professions Profile | Education and Training**

175. School or Education Level:

Emory University School of Medicine

176. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2010

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

177. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?
Yes

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

178. Other Licenses:

State	License Status	Year Originally Issued
New Mexico	Active	2016
Georgia	Active	2013

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

179. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Medical Board Certifications if Yes

Healthcare Professions Profile | Board Certifications

180. Board Certifications:

Certification
Obstetrics and Gynecology

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

181. Do you have a practice specialty in which you are appropriately trained and actively practicing?
Yes

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

182. Practice Specialties:

Specialty
Obstetrics and Gynecology

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

183. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations**Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations**

185. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

Yes

Healthcare Profile - Other Facility and Out of State Hospital Affiliations if Yes**Healthcare Professions Profile | Other State Hospital Affiliations**

186. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
University of New Mexico Hospital	Faculty	Albuquerque	New Mexico

Healthcare Profile - Business Ownership**Healthcare Professions Profile | Business Ownership**

187. Do you have a current business ownership interest in any healthcare-related business?

No

Healthcare Profile - Employer**Healthcare Professions Profile | Employer**

189. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

Healthcare Profile - Employer if Yes**Healthcare Professions Profile | Employer**

190. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
University of New Mexico	1 University of New Mexico, MSC10 5580	Albuquerque	New Mexico	87131	(505) 272-4051

Healthcare Profile - Employment Contracts**Healthcare Professions Profile | Employment Contracts**

191. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

Healthcare Profile - Disciplinary Actions**Healthcare Professions Profile | Disciplinary Actions**

193. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

Healthcare Profile - Restrictions and Suspensions**Healthcare Professions Profile | Restrictions and Suspensions**

195. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions**Healthcare Professions Profile | Healthcare Facility Actions**

197. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment**Healthcare Professions Profile | Termination of Employment**

199. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration**Healthcare Professions Profile | DEA Registration**

201. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions**Healthcare Professions Profile | Convictions**

204. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims**Healthcare Professions Profile | Malpractice Claims**

206. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

Healthcare Profile - Malpractice Carrier Refusal**Healthcare Professions Profile | Malpractice Carrier Refusal**

208. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative**Healthcare Professions Profile | Optional Narrative**

210. Optional Narrative:

Healthcare Profile - Attestation**Healthcare Professions Profile | Attestation**

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

211. Submission Date:

01/20/2020

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Lisa Hofler**Date:** 3/11/2021**License:** Physician DR.0064161**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 03/18/2020**License expiration date:** 04/30/2021

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	03/18/2020	Automated
Pending	QUALITY ASSURANCE	03/18/2020	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	03/18/2020	Automated
Pending Program Area Review	PENDING PROGRAM AREA REVIEW	02/06/2020	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

