

April 20, 2021

Sent via electronic mail: showey@usa.com

Dear Ms. Howey:

Please accept this letter as the Division of Professions and Occupations' response to your Colorado Open Records Act request that was received by the Public Information Officer on April 15, 2021.

The Colorado Medical Board received your request for information, and their records have been reviewed to determine which materials may be responsive to your request.

Requested: The complete licensure file for Angela Richardson Dempsey-Fanning (TL.0000031), including all: medical malpractice lawsuits, complaints, photographs, discipline, disciplinary actions, applications and reapplications, drug licenses, all criminal documents, hospital admitting privileges, out of state documents, resumes, and temporary licenses.

Response: Attached are the documents responsive to your request. Redactions have been made pursuant to sections 24-72-204(2)(a)(VII) and 24-72-204(3)(a)(IV), C.R.S.

Please visit our <u>website</u> to check the status of a license, and view all public disciplinary documents.

Sincerely,

Elena M. Kemp

Legal Affairs, Regulatory Coordinator

Eleva M. Kemf

CORA No. 112-2021



COLORADO STATE BOARD OF MEDICAL EXAMINERS APPLICATION FOR A PHYSICIAN TRAINING LICENSE FEE \$20.00

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READ ALL INSTRUCTIONS PRIOR TO COMPLETING THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED, AND ALL SUPPORTING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION PER INSTRUCTIONS. THE ENCLOSED CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE. PLEASE TYPE OR PRINT NEATLY. WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS IF NECESSARY.

1 a Name: Last		First	Middle D	egree	Social Security N	lumber
Dempsey	į v	Angela	Richardson	M.D.	REDACTED	
2. Other names (i.e. maiden name)- indicate if none.						
none						
3. Mailing Address: Number and Street/Rural Route, Apartment Number (NOTE, Address provided is, by law, public information.)						
Home 145 West 3rd Ave Denver, CO 80223 Business						
City		-	State		Zip Coun	try
Denver					Zip Coun 80223	U.S.A.
e-mail address: REDAC	CTED					
4. Telephone Number:	(Area Code) ¹ Day	/ Evening	5. Date of B		Mo/Day/Year	,
720-570-0498 REDACTED						
6. Sex			er filed an application i			
Male Female ☐ Yes ☐ If yes, give date of previous application ☐ No						
8. List name/address of the school where medical degree was received. Name of School City and State Period of Attendance						
Name of School Medical University of S.C. Charleston, SC					From (Mo/Yr)	To (Mo/Yr)
University of Colorado ARD Derivet, CO ARD					6-02	6-05
9. List the name and address of the Colorado training program into which you have been accepted.						
Name University of colorado Health Sciences Center 8/98 5/02						
Address 4200 East 9th Ave. Box B-198 Denver, CO 80262						
10. Have you received and/or completed postgraduate training approved by the ACGME/AOA in U.S. or Canadian programs? Yes If yes, provide information below. No						
Name of facility		Specialty			Period of a	attendance
					From (Mo/Yr)	To (Mo/Yr)
11. Are you now or have you ever been licensed to practice medicine in any state, territory, district or country? Include temporary licenses and educational permits. Request verification from each to be sent to the Colorado Board.						
Yes If yes, provide information below. No						
State or country		License #		Dates of Practice in this jurisdiction		
				Issue Date	Expiration Date	
						· ·
12. Have you ever been notified by any state, territory, district, or country, U.S. government agency, or state medical/osteopathic board of any complaint, investigation or inquiry, which is currently pending? Yes If yes, give details below.						
State			Charge		Disposition	
13. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or have ever held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, or other U.S. federal governmental entity? (Disciplinary actions include, but are not limited to, suspension, revocation, probation, practice limitations, reprimand, letter of admonition, censure, and any allegations currently pending.) Washington licensees must disclose any Stipulation to Informal Disposition in response to this question. Yes If yes, give details below.						
State	Date		Charge		Disposițion	
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	resettes medical	License!##		Date	1-011-005:5	
R	evised 10/99	Fee \$		Date	MATURE :	