


The
University of New Mexico

MEDICAL CENTER
OFFICE OF THE ASSISTANT DEAN FOR GRADUATE MEDICAL EDUCATION
BioMedical Research Building
Albuquerque, NM 87131
Telephone 505: 277-6225

May 2, 1988

JoAnn N. Levitt, M.D.
New Mexico Board of Medical Examiners
P.O. Box 20001
Santa Fe, NM 87504

Dear Dr. Levitt:

Attached you will find an application for Stephanie Ball, M.D. Please grant permission for Dr. Ball to participate in our Residency Training Program at The University of New Mexico and Affiliated Hospitals from July 1, 1988 through June 30, 1989

Sincerely,

Pat Brusuelas

Pat Brusuelas
Program Manager

NM
86-368

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Application for approval to practice as a
as a:

RESIDENT PHYSICIAN



1. Name Ball Stephanie (last) (first) (MI) (maiden)
2. Birthdate [REDACTED] / 56 Place of Birth Bloomington, Indiana, USA
city state country
3. Address [REDACTED] Albuquerque NM 87104
street city state zip
4. Telephone numbers^H ([REDACTED]) 5187 W (505) 277-4661
5. Social Security number [REDACTED] - 4791
6. Medical school Information
Name University of Nevada
Address [REDACTED] Reno NV 89553
street city state zip
Country U.S. Date of Graduation 5 / 18 / 85
7. National Examination (Check one or indicate None.)
National Boards ☒
FLEX.....
ECFMG.....
LMCC.....
Other (Specify) _____
None.....
8. Are you licensed in any other States? yes ___ no ☒
(If yes, list states and license numbers.)
State New Mexico License no. 86-368

9. Field of approved residency: Internal Medicine *IM*
10. Current year of residency training Third year *III*

11. Hospital(s) where training will be conducted in New Mexico
University of New Mexico Affiliated Hospitals

12. Date of entry into residency program in New Mex. 6 / 24 / 85

13. Length of residency program 3 years

14. Have you ever been charged with violation of any federal,
state or local statute? yes no ☒
(If yes, explain on attachment.)

15. Have you ever had any personal or legal problems with
narcotics, alcohol or other dangerous drugs? [REDACTED]
(If yes, explain on attachment.)

AFFIDAVIT

I certified the information I have provided is correct, and that
I will inform the Board of Medical Examiners, through the univer-
sity of New Mexico Medical School of any changes of my address or
telephone number(s), and changes of status in the residency
program.

5-2-88
Date

Stephen Ball MD
Signature

Notarized by Lynette Martinez

Notary expiration date 5/21/91

FOR BOARD USE ONLY

Initial Approval	New Mexico License	Disciplinary action or
Date <u>5/13/87</u>	Temp. # <u> </u>	Dismissal from program
By: <u>JAL</u>	Date <u> </u> / <u> </u> / <u> </u>	
(Sec/Treasurer)	Regular # <u>86-368</u>	
	Date <u>NOV 1986</u>	
Resident No. <u>88-R-86</u>	Approval by Yr. <u>PGY IV 88-89</u> By <u>JAL</u>	



REGULATION and LICENSING DEPARTMENT
BOARD of MEDICAL EXAMINERS

P.O. Box 20001
Santa Fe, NM 87504
(505) 827-4200

May 13, 1988

Pat Brusuelas
Department Secretary
UNM School of Medicine
Box 535
Albuquerque, NM 87131

Dear Ms. Brusuelas:

Permission is hereby granted for Stephanie Ball to participate in the Residency Training Program at the University of New Mexico and affiliated hospitals from July 1, 1988 through June 30, 1989.

Sincerely,

NEW MEXICO BOARD OF MEDICAL EXAMINERS

JoAnn N. Levitt, M.D.
Secretary/Treasurer

JNL/wm

Board of Medical Examiners of the State of New Mexico
APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT
OR EXAMINATION

To the Board of Medical Examiners of the State of New Mexico.

I hereby make application for a license to practice medicine and surgery in the State of New Mexico and submit the following statement concerning my age, moral character, and medical education and practice.

1. Name in full STEPHANIE BALL
2. Address [REDACTED]
3. Place and date of birth Bloomington, Indiana 56
4. American citizen (by birth or naturalization) by birth
- If not a citizen Declaration of Intention—Date filed and No.
5. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted Board of Medical Examiners 0 years, as follows:
 From To at
 From To at
 From To at
 From To at
6. I am a member of the following Medical Societies or Associations American Medical Students Association
7. Upon what license or certificate do you base this application? Certificate of Medical Education
8. In what states licensed? none
9. On what hospital staffs have you served in the past 5 years. (give names and addresses.) none
10. Have you any physical impairment? [REDACTED] (If yes use separate page to explain.)
11. Have you ever been hospitalized or otherwise treated for mental illness? [REDACTED] (If yes use separate page to explain.)
12. Have you ever resigned or withdrawn your application from any hospital staff or other professional group? no
13. Have you ever been denied a certificate or the privilege of taking an examination before any State Medical Examining Board? no
 If yes, which one and why? (use separate page to explain)
14. Has any State Medical Examining Board ever taken disciplinary action against you? no
15. Have you ever had any personal or legal problems with narcotics, alcohol or other dangerous drugs? [REDACTED]
 (If yes use separate use separate page to explain)
16. Have you ever been charged with violation of any Federal, State or Local Statute? no (Explain)
 (except for minor traffic violation)
17. Has disciplinary action ever been taken against you by a hospital staff or by any County Medical Society? no
 (Explain)
18. Have you ever had any malpractice judgments against you? no (If yes use separate page to explain and enumerate all)
19. Are you Board Certified? no By what Board?
20. Military Service (dates) none

Phone 8578
[REDACTED]

SE
87108

DAY, MONTH, YEAR

DAY, MONTH, YEAR

NAME OF HOSPITAL

LOCATION

From To.....
 From To.....
 From To.....

I received the degree of Doctor of Medicine from University of Nevada
 located at Reno, Nevada on the 18th day of May, 1985

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated 5-14-85 Signed Stephen Ball
 Address P.O. Box 13556 Reno NV 89507

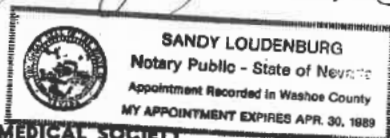
County of Washoe State of Nevada

In said county on this 14th day of May

A.D. 1985, personally appeared before me Sandy Loudenburg
 who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and that every statement recorded above is true and correct.

My commission expires Apr. 30, 1989

Sandy Loudenburg
 Notary Public



CERTIFICATION OF COUNTY MEDICAL SOCIETY

State of
 County of } ss

....., M.D., President of the County

Medical Society, State of

....., M.D., Secretary of the County

Medical Society, State of

Being duly sworn upon oath and say, each for himself that he has known, or investigated said

..... M.D., and knows h to be of good moral and professional character, that he has been in practice of medicine or has interned at

for the past years, that he recommends h as being worthy and well qualified for a Physician's and and Surgeon's license to practice in the State of New Mexico.

....., M.D., President of the County

Medical Society, State of

....., M.D., Secretary of the County

Medical Society, State of

Subscribed and sworn to this day of, 19.....

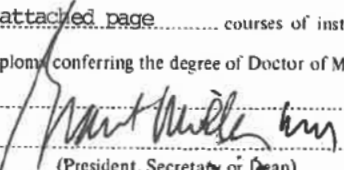
(SEAL)

Notary Public.

My Commission expires

It is hereby certified that Stephanie Ball
of Reno, NV Matriculated in
Univ. of Nevada School of Medicine at Reno, NV
Date August 1981, attended please see attached page courses of instruction
of see attached page months each, and received a diploma conferring the degree of Doctor of Medicine
(date) May 18, 1985

Date May 6, 1985


(President, Secretary or Dean)
Grant D. Miller, M.D., Assistant Dean
Office of Student Affairs
(SEAL)

**CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE
OR NATIONAL BOARD OF MEDICAL EXAMINERS**

I, _____, Secretary of _____
_____ certify that
_____ was granted certificate
No. _____ to practice medicine in the State of _____
on the _____ day of _____ 19 _____ based on _____
and that said certificate has never been revoked. (Written examination or diploma)

Did applicant pass the Federation Licensing Examination? _____

If by written examination the secretary should further certify:

I further certify that the aforesaid _____
in his written examination before this Board, obtained a general average of _____ per cent in the following
subjects:

SUBJECT	PER CENT	SUBJECT	PER CENT

Acting on behalf of the _____

I hereby certify to the reputability of Dr. _____
based on the records, and recommend him to the Board of Medical Examiners of the State of New Mexico as a fit

**APPLICATION FOR LICENSE THROUGH
ENDORSEMENT OR EXAMINATION**

Issued by the
NEW MEXICO BOARD OF MEDICAL EXAMINERS

Two recent unmounted photographs of applicant
3x5 inches must be furnished with this application.
One to be pasted in space below—the other with
name and address on back in applicant's own hand-
writing.

Name BALL, STEPHANIE
Address P.O. Box 13556
[REDACTED]
Application Received 5/27/86
Fee 200 Paid 6684 7/17/86
Fingerprints Received 7/17/86
Application Approved _____
License Granted 11-17-86
License No. 86-368
Personal Appearance Dr. Bunch
Temporary License Granted 7-29-86
Temporary License No. 4454



RULES GOVERNING LICENSURE

Every applicant for licensure in this State, whether by ex-
ment of another State Board of Medical Examiners, or N
Examiners must have a diploma from a medical college in
by New Mexico law.

The Board holds regular meetings at Santa Fe on the th
in May and November each year. Permanent licenses can t
meetings of the Board. The Secretary may grant a tempor
the next regular meeting of the Board, to a qualified appli
endorsement.

The fee for licensure by endorsement is \$200 or by exan
must be paid by MONEY ORDER OR CASHIER'S CH
NOR PERSONAL CHECKS CAN BE ACCEPTED. THI
DABLE.

An applicant for licensure by endorsement or examina
form in every detail and file it with the Secretary. A photos
with affidavit on the back stating that he is the possessor o
therein named is required as is completion of fingerprint
foreign medical school will also file a certified translati
necessary and enclose a copy of his permanent certifica
Council for Foreign Medical Graduates.

All applicants must be American Citizens or have filed De
becoming a citizen.

A personal interview with the Secretary of the Board of l
quired before a temporary license can be granted. Before a
a permanent license by endorsement or examination he
Board at a regular meeting.

Completed application must be filed with the Secretary
WEEKS before a regular meeting, or TEN WEEKS befor



NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104
ENDORSEMENT OF CERTIFICATION


NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Stephanie Ball, M.D.
having satisfied all the requirements and having successfully passed the examinations is hereby
declared a Diplomate of the National Board of Medical Examiners.

Attest **C. WILLIAM DAESCHNER, JR., M.D.**
Chairman of the Board

SEAL **EDITHE J. LEVIT, M.D.**
President of the Board

Philadelphia, Pa.
07/01/86 Certificate # **304019**



It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **U NEVADA SCHOOL MEDICINE** in **MAY 1985** and whose birth date is **1956**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed <u>06/83</u>		
Anatomy, incl. histology and embryology	460	78
Physiology	470	79
Biochemistry	465	78
Pathology	520	82
Microbiology, incl. immunology	450	77
Pharmacology and Materia Medica	450	77
Behavioral Sciences	655	90
TOTAL TEST (Minimum Passing Score 380/75)	490	80
Part II passed <u>09/84</u>		
Internal medicine and the medical specialties	435	79
Surgery and the surgical specialties	460	80
Obstetrics and Gynecology	510	83
Public Health and Preventive Medicine	620	88
Pediatrics	490	82
Psychiatry	650	89
TOTAL TEST (Minimum Passing Score 290/75)	530	83
PART III passed <u>03/86</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	605	85.9
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		83.0

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.


Secretary for Certification

SEAL

06/09/86

Date



#115



**BOARD OF MEDICAL EXAMINERS
RENEWAL APPLICATION
FOR LICENSE TO PRACTICE MEDICINE**

ALL information (unless noted) must be supplied.

INCOMPLETE FORMS WILL BE RETURNED WITHOUT BEING PROCESSED.

The fee of \$50 must be received by the Board before December 31, 1987. **IF YOU DO NOT RENEW YOUR LICENSE BY DECEMBER 31, 1987 YOUR NAME WILL NOT BE INCLUDED IN THE 1988 MEDICAL DIRECTORY PUBLISHED BY THE BOARD.**

(\$10 will be applied to the Impaired Physician Monitored Treatment Program created by Chapter 204 during the 1987 session of the Legislature.)

PLEASE PRINT OR TYPE

ORIGINAL NM LICENSE # 86-368

NAME AS IT APPEARS ON YOUR CURRENT LICENSE

BALL STEPHANIE
Last Name First Name Middle Initial (NMI)

MAIDEN NAME SAME

DATE OF BIRTH 56 4791 SOCIAL SECURITY #
Month Day Year

BUSINESS ADDRESS (Not a P.O. Box)

(Law 61-6-23 states that a Certificate of annual registration shall be at all times displayed conspicuously in the office of the practitioner to whom it has been issued.)

2628 Don Pedro NW
Street

PHONE NO. 277-4661

Albuquerque NM 87104
City State Zip

Any practitioner who changes the location of his office or residence shall, before doing so, notify the Board of such change.

HOME ADDRESS

PHONE NO. 5187

Street

Albuquerque NM 87104
City State Zip

BOARD CERTIFIED [] Yes [✓] No

SPECIALTY Internal Medicine

RECEIVED

812402

MEDICAL SCHOOL Name University of Nevada School of Medicine
Address Reno, NV 89557
Date of Graduation _____

CURRENT HOSPITAL AFFILIATIONS

1. Univ. of New Mexico Hospital
2. VAMC, Albuquerque
3. _____
4. _____

Do you have any physical or mental conditions which would impair your ability to practice medicine? [REDACTED]

If yes, explain: _____

Have you ever been convicted of a felony? ☐ Yes ☒ No

If yes, explain: _____

FAILURE TO PAY THE RENEWAL REGISTRATION FEE IN A TIMELY MANNER (AS PER 61-6-28) MAY RESULT IN A PHYSICIAN BEING SUSPENDED FROM THE PRACTICE OF MEDICINE.

Has any form of disciplinary action been instituted against you by any licensing authority, professional organization, medical institution or any other medically related entity? ☐ Yes ☒ No

If yes, you must provide complete details of the disciplinary action with your renewal.

STAPLE YOUR CHECK AND ANY ATTACHMENTS TO THE FORM.

4-27-88
Date

Stephen Ball MD
Signature of Physician

RETURN RENEWAL FORM AND ATTACHMENTS TO:

Board of Medical Examiners
PO Box 20001
Santa Fe, NM 87504

STAFF USE ONLY: | Amount Rec. \$ 60.
| Processed By gm
| Returned _____
| Date Mailed _____

Please send all mail to home.
I have no office I work from home
at present

VAMC/ALBUQUERQUE

The Medical Board's current records contain the above information. Please check all information for accuracy. Information that is incorrect or has changed since you registered last year, should be corrected in the space provided at the right. Also please add any new hospital affiliations you may have acquired since January of 1988. IF YOUR BUSINESS ADDRESS HAS CHANGED, YOU SHOULD REMEMBER THAT YOU MUST FURNISH THE BOARD WITH A LOCATION ADDRESS. A POST OFFICE BOX IS NOT ACCEPTABLE. Information requested below is new information or reverification information that must be received yearly. All blanks below must contain a response before your form will be processed. ALL REGISTRATION FORMS RECEIVED INCOMPLETE, UNSIGNED OR WITHOUT \$60.00 "WILL NOT" BE PROCESSED UNTIL ALL ITEMS ARE COMPLETE. DELAY WILL MEAN THAT YOUR NAME WILL NOT BE PRINTED IN THE 1989 ROSTER. CHECKS RECEIVED WITH INCOMPLETE FORMS WILL BE DEPOSITED WITH THE STATE TREASURER'S OFFICE IN ACCORDANCE WITH STATE LAW. NO FEE WILL BE RETURNED.

NOTE: IF YOU HAVE RECEIVED A CME REPORT FORM, BOTH THIS AND THE CME REPORT MUST BE RETURNED TOGETHER.

014101

New Mexico Board of Medical Examiners
 PO Box 20001/491 Old Santa Fe Trail
 Santa Fe, New Mexico 87504 (505) 827-7317

STAFF USE ONLY:

 AMT REC
 ENT BY

SECTION A

RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW INFORMATION PROVIDED, ANSWER ALL QUESTIONS AND IF NECESSARY MAKE CORRECTIONS IN THE SPACE PROVIDED. A CHECK FOR \$210 FOR THE TRIENNIAL RENEWAL FEE TO REMAIN ACTIVE OR \$25 FOR INACTIVE MUST ACCOMPANY THIS FORM. "NO FEE WILL BE REFUNDED".

LICENSE #: 86-368 BIRTH DATE: [REDACTED] / 56 DEA #: [REDACTED] 4129 SSN: [REDACTED] 4791

NAME : STEPHANIE BALL M.D.

BUS-ADDR : ~~LOVELACE MED CTR/INTERNAL MED~~

MEDICAL DEPARTMENT 3320

BUS-ADDR : ~~5400 GIBSON BLVD SE~~

SANDIA NATIONAL LABORATORIES

CITY/ST/ZIP: ALBUQUERQUE, NM 87108

87185

BUS-PHONE: 505-~~262-7733~~ -845-8039

HOME-ADDR :

HOME-ADDR :

CITY/ST/ZIP: ALBUQUERQUE, NM 87104

HOME-PHONE: [REDACTED] 2111 [REDACTED] -5187

HOSPITAL PRIVILEGES:

NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL:

UNM HOSPITAL

LOVELACE MEDICAL CENTER

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED

ST: LIC#:

ST: LIC#:

ST: LIC#:

Are you known by any other name(s)? NO

(Specify)

Have you ever been convicted of a misdemeanor or felony? ☒ NO ☐ YES
 Has any licensing authority, professional organization, medical institution or any other medically related entity ever instituted disciplinary action or proceedings against you?
☒ NO ☐ YES

 Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institute or any other medically related entity?
☒ NO ☐ YES

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN IN DETAIL. PLEASE INCLUDE DOCUMENTATION.

ACTIVE STATUS: ☒ I wish my license to remain active.INACTIVE STATUS: ☐ I wish my license to become inactive at this time.

With an inactive license I understand that, in accordance with New Mexico law I may not practice medicine (in any form) including the writing of prescriptions.

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGES WITHIN THIS THREE YEAR PERIOD TO ASSURE PROPER NOTIFICATION OF YOUR NEXT RENEWAL.

I verify that all above information is true and accurate.

SIGNATURE:

 [Signature: Stephanie Ball MD]
 (Must be signed by physician)

DATE: 5-15-90

*Inactive Status - See explanation on attached letter.

936303

NM BME/PO BOX 20001/SANTA FE, NM 87504

STAFF USE: | Amt. Rec. 35.00

SECTION A 1990 PHASE-III TRIAL RENEWAL SECTION A
 RENEWAL OF YOUR PHYSICIANS LICENSE IS NOW DUE. PLEASE REVIEW AND WHERE NECESSARY
 COMPLETE OR CORRECT THE INFORMATION PROVIDED. ANSWER ALL QUESTIONS AND VERIFY
 THE INFORMATION IN THE PLACE PROVIDED. A CHECK FOR \$35.00, THE RENEWAL FEE FOR
 ACTIVE OR \$25.00 FOR INACTIVE MUST ACCOMPANY THIS FORM. NO FEE WILL BE RETURNED.

LICENSE #: 86-368 DOB: [REDACTED]/56 SSN: [REDACTED] 4791 DEA#: [REDACTED] 64129

NAME : STEPHANIE BALL M.D.
 BUS-ADDR : LOVELACE MED CTR/INTERNAL MED
 BUS-ADDR : 5400 GIBSON BLVD SE
 CITY/ST/ZIP: ALBUQUERQUE, NM 87108
 BUS-PHONE : 505-262-7733
 HOME-ADDR : [REDACTED]
 HOME-ADDR : [REDACTED]
 CITY/ST/ZIP: ALBUQUERQUE, NM 87104
 HOME-PHONE : [REDACTED]-2111
 SCHOOL : UNIV OF NEVADA SCH MED

DATE GRADUATED:

05/01/85

HOSPITAL PRIVILEGES:

UNM HOSPITAL

~~VAMC/ALBUQUERQUE~~ expired

NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL

LOVELACE MEDICAL CENTER

OTHER STATE LICENSES: ADD ANY STATE WHERE YOU HAVE RECENTLY BEEN LICENSED

ST: LIC#:	ST: LIC#:	ST: LIC#:
ST: LIC#:	ST: LIC#:	ST: LIC#:

Have you ever been convicted of a misdemeanor or felony? ☒ NO ☐ YES
 Has any licensing authority, professional organization, medical institution
 or any other medically related entity ever instituted disciplinary action or
 proceedings against you? ☒ NO ☐ YES

Have you ever surrendered your license privileges or membership to any licensing
 authority, professional organization, medical institute or any other medically
 related entity? ☒ NO ☐ YES

If you answered YES to any of the above questions, please explain in detail.
 Please include documentation.

ACTIVE STATUS: ☒ I wish my license to remain active.

INACTIVE STATUS: ☐ I WISH MY LICENSE TO BECOME INACTIVE AT THIS TIME.
 With an inactive license I understand that, in accordance with New Mexico law,
 I may not practice in any form including the writing of prescriptions.

NOTE: INCOMPLETE FORMS WILL NOT BE PROCESSED - DUE BY 12-31-89.

- ☒ I have checked the desired status for my New Mexico license.
☒ I have enclosed the proper fee according to Status.
☒ I verify that all above information is true and accurate.
☒ I have enclosed CME documentation (copies of certification, letters, etc..)

SIGNATURE: Stephanie Ball
 (Must be signed by physician)

DATE: 11-14-89

NEW MEXICO BOARD OF MEDICAL EXAMINERS VERIFICATION OF CONTINUING EDUCATION
(61-6-21/61-6-26 NMSA 1978 and NMBME Rule 79-13)

NAME: STEPHANIE BALL M.D. LICENSE NUMBER: 86-368

This is your regular year to report CME's. Use the section provided below to report your CME's.

IMPORTANT

Those physicians receiving this continuing education form must report and remit all CERTIFICATIONS AND OTHER VERIFYING DOCUMENTS OR ATTENDANCE FOR ALL MEETINGS, ETC. SEND DOCUMENTATION FOR ONLY THOSE HOURS YOU ARE REQUIRED TO REPORT.

YOUR REGISTRATION FEE IS NOT REFUNDABLE IF YOU DO NOT MEET THE CME REQUIREMENTS.

I certify that I have completed the Continuing Medical Education requirements for renewal of my license in 1990 as follows:

Category I Approved for AMA During 1987, 1988, 1989:

- Clinical Courses, Meeting etc. Year _____ Credit Hours _____
- Physicians Recognition Award of AMA Year _____ Credit Hours _____
- Certificate of CME of AAFP: Year _____ Credit Hours _____
- Certification or Recertification by an ABMS Speciality Board Year _____ Credit Hours _____
- FLEX Component II: Year _____ Credit Hours _____
- Internship, Residency or Fellowship: UNM, Albuquerque 10/1986 - 8/88 Credit Hours 60 OK

Program Location Dates 1/87

- Advanced Degree:

Medical School

- Self Assessment Tests: (35 CME Maximum) American College of Physicians (MKSAP) (40) Credit Hours 35 OK

Educational Institution

- Teaching:

Medical School or Approved Program Institution

- Preceptors: (30 CME Maximum)

Medical School

- Scientific Paper or Publications (30 CME Maximum) Credit Hours _____
Total Credit Hours 95

11/14/89 Stephanie Ball MD
Date Signature

(NOT VALID UNLESS SIGNED AND DATED BY PHYSICIAN)

STAFF USE ONLY:

CMEs Approved By ME Date: 1/9/90 Doc. Rec. Yes

AMERICAN COLLEGE OF PHYSICIANS

MEDICAL KNOWLEDGE SELF-ASSESSMENT PROGRAM

Certificate of Participation

MKSAP VIII, PART 1, 03/08/89 (REV)

STEPHANIE BALL, MD

ALBUQUERQUE

NM 87104

The American College of Physicians is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

As an organization accredited for continuing medical education, the American College of Physicians designates this continuing medical education activity as meeting the criteria for ****40** credit hours in Category 1 for Educational Materials for the Physician's Recognition Award of the American Medical Association or any other organization that recognizes Category 1 credit provided it has been completed according to instructions.**

MKSAP VIII, PART 1, 03/08/89; YOUR TEST ID NUMBER IS M8558122 BATCH 14 PAGE 1

Your percent correct score is given for each subspecialty area. Also listed are those question numbers you answered incorrectly and your incorrect response. If you inadvertently provided two answers for any question or if you omitted any question, an asterisk (*) will appear as your incorrect answer. (See Critiques Book for correct answers.)

GENERAL INTERNAL MEDICINE 78%; CREDIT AWARDED = 10

2 D	3 A	7 D	13 E	22 C	25 C	26 E	28 B	30 E
37 A	39 B	41 B	49 B	52 A	71 F	74 F	76 F	79 T
86 F	95 T	96 F	100 T	103 F	104 F	120 F		

CLINICAL PHARMACOLOGY 85%; CREDIT AWARDED = 5

2 E	6 E	7 E	9 D	16 D	35 T	43 F	52 T
-----	-----	-----	-----	------	------	------	------

DERMATOLOGY 70%; CREDIT AWARDED = 5

15 D	29 F	30 F	42 T
------	------	------	------

YOU OMITTED QUESTIONS 43 TO 64 IN THIS SECTION

ALLERGY & IMMUNOLOGY 86%; CREDIT AWARDED = 10

3 E	26 A	28 E	40 D	43 B	46 B	50 C	56 D	61 T
65 T	73 F	79 F	81 T	86 F	94 T	101 F	107 T	123 F

INFECTIOUS DISEASE MED

YOU DID NOT SUBMIT AN ANSWER SHEET FOR THIS SPECIALTY.

PULMONARY MEDICINE 83%; CREDIT AWARDED = 10

28 B	38 E	41 A	49 E	52 D	53 B	56 D	57 D	68 T
70 T	72 T	73 T	74 F	76 T	77 F	82 T	91 F	92 F

THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE AFFILIATED HOSPITALS

ALBUQUERQUE, NEW MEXICO

Certificate Awarded to

Stephanie Ball, M.D.

in recognition of successful completion

of the accredited program as

Internal Medicine Resident

June 1985 - August 1988

(3 Years)

40
20
87
88 1/2


Assistant Dean for Graduate
Medical Education


Dean, School of Medicine


Program Director


Department Chairman

I certify that this is a true copy of the original document retained by Stephanie Ball.
My commission expires 7/20/88.

Kathleen M. Aragon

Kathleen M. Aragon
Notary Public

THE UNIVERSITY OF NEVADA • F

HAS CONFERRED UPON

STEPHANIE BALL

THE DEGREE OF

DOCTOR OF MEDICINE

WITH ALL THE RIGHTS AND PRIVILEGES THEREUNTO APPERTAINING

IN WITNESS WHEREOF THIS DIPLOMA DULY SIGNED HAS BEEN

ISSUED AND THE SEAL OF THE UNIVERSITY AFFIXED.

APPROVED BY THE BOARD OF REGENTS UPON RECOMMENDATION OF THE FACULTY
ON THE EIGHTEENTH DAY OF MAY, 1985.

Robert M. Dougherty
Dean of Medicine



Daniel J. ...
Chairman of

Joseph N. Cravley
President of the University

RMB
Chancellor of

Stephanie Ball, M.D.,
having filed a satisfactory application blank and paid his/her
fee, through endorsement of National Board
Certification

is hereby granted this Temporary License to practice medicine
in the State of New Mexico, good until the next regular
meeting of the New Mexico Board of Medical Examiners in
Santa Fe, New Mexico, on the third Monday of
November 1986.

Dated in Santa Fe, New Mexico, this 29th day of
July 1986.

NEW MEXICO BOARD OF MEDICAL EXAMINERS

Gerald P. Rodriguez, M.D.

Secretary-Treasurer

(SEAL)

SANTA FE, NM 87504-1388



DEAR MS MONTOYA,

PLEASE ACTIVATE MY FILE WITH THE BOARD OF MEDICAL EXAMINERS, AS I WISH TO APPLY FOR MY NEW MEXICO MEDICAL LICENSE.

AS YOU KNOW, I AM A RESIDENT IN INTERNAL MEDICINE AT THE UNIVERSITY OF NEW MEXICO, AND WILL COMPLETE MY FIRST YEAR JUNE 23, 1986.

PLEASE INFORM ME OF ANY FURTHER STEPS I MUST TAKE TO ACTIVATE MY APPLICATION. I AM REQUESTING THAT LETTERS OF APPLICATION RECOMMENDATION AND NATIONAL BOARD CERTIFICATION BE SENT DIRECTLY TO YOU. OTHER MATERIAL WILL BE SENT, ALL TOGETHER, UPON COMPLETION OF THIS YEAR.

THANK YOU

A handwritten signature in blue ink that reads "Stephanie Ball, M.D.".

STEPHANIE BALL, M.D.

[REDACTED] 4791

DOB

[REDACTED] 56

BIRTHDATE: [REDACTED]/56
MEMBER OF AMA: NOT MEMBER
MEDICAL SCHOOL

UNIV OF NEVADA SCH MED, RENO NV 89507

YEAR OF GRADUATION: 1985

LICENSES (INITIAL YEAR GRANTED BY STATE):

NONE REPORTED TO DATE

NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE

SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: RESIDENT

SELF DESIGNATED SPECIALTIES

PRIMARY: INTERNAL MEDICINE

SECONDARY: UNSPECIFIED

TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: INTERN

HOSPITAL: UNIV NM SCH OF MED ALBUQUERQUE NM 87131

DATES OF TRAINING: 07/85-06/88 -- (BEING RE-CONFIRMED)

SPECIALTY: INTERNAL MEDICINE

SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: NONE REPORTED TO DATE

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1986 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE. *****AMA FILES CHECKED

09


SIGNATURE

November 26, 1986

NM. Physicians Mutual Liability Co.
303 San Mateo, NE - Suite 201
Albuquerque, NM 87108

Re: Verification of Licensure - Stephanie Ball, MD

Dear Ms. Sevieri:

This letter is to verify that Stephanie Ball, MD was issued NM
License #86-378 on November 17, 1986.

License is current. Attached is a copy of the stipulation on
Dr. Ball's license.

Please do not hesitate to call this office if we may be of further
assistance.

Sincerely,



Carmella V. Trujillo
Verification Officer
NM Board of Medical Examiners

encl.

Eva VanderSys
Administrator
NM Board of Medical Examiners
P.O. Drawer 1388
Santa Fe, NM 87504



RE: Stephaine Ball, M.D.

Dear Mrs. VanderSys:

The above named physician has applied to New Mexico Physicians Mutual Liability Company for professional liability insurance.

We would be interested in learning whether there has been any restrictions or stipulations placed on Dr. Ball's New Mexico License.

If so, please advise us of these restrictions/stipulations. If not, please advise of Dr. Ball's current license number.

We have enclosed a release of information signed by the physician for your consideration.

If you have any questions please feel free to contact our office.

Thank you very much for your assistance in the above matter.

Sincerely,

Darla S. Sevieri
Assistant Underwriter

dss

September 9, 1985

Stephanie Ball, M.D.

[REDACTED]
Albuquerque, NM 87112

Dear Dr. Ball:

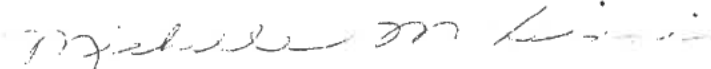
I am enclosing two copies of an agreement to be signed by you if you agree with the terms of the stipulation. Please sign and return one copy in the self-addressed envelope. Keep one copy for your records.

Regular Board meetings are held on the third Monday and Tuesday of May and November. I will notify you at a later date the time and place to appear.

If you have any questions or if I can help you in any way, do not hesitate to call me.

Sincerely,

NEW MEXICO BOARD OF MEDICAL EXAMINERS



Michelle McGinnis
Administrator

Enclosure

MM/tm

June 28, 1985

Ms. Zoe Milton
Project Coordinator
UNM Medical Center
BioMedical Research Bldg.
Albuquerque, NM 87131

Dear Ms. Milton:

Permission is hereby granted for Stephanie Ball, M.D.
to participate in the residency training program in
OB/GYN at the University of New Mexico and Affiliated
Hospitals from June 28, 1985, through June 30, 1986.

This permission is granted on condition that she
abides by the terms of the stipulation agreed upon
between Dr. Ball and the Board of Medical Examiners.

Sincerely,

NEW MEXICO BOARD OF MEDICAL EXAMINERS

A handwritten signature in cursive script, reading "Michelle McGinnis".

Michelle McGinnis
Administrator

MM/tm

May 17, 1985




Michelle McGinnis, Administrator
New Mexico Board of Medical Examiners
227 East Palace Avenue
Suite 0
Santa Fe, New Mexico 87501

Dear Ms. McGinnis:

Enclosed you will find an application for Stephanie Ball, M. D. Please grant permission for Dr. Ball to participate in our training program at the University of New Mexico and Affiliated Hospitals as a resident in Pediatrics from June 24, 1985, through June 30, 1986.

Sincerely,


Joe Milton
Project Coordinator

Enclosures - 2

ZM:bg

June 4, 1985

Stephanie Ball, M.D.

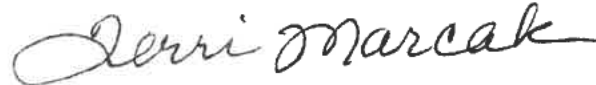
[REDACTED]
Reno, NV 89507

Dear Dr. Ball:

Enclosed you will find a Release form that must be filled out by you in order to get clearance for your residency. As soon as this office receives your completed Release form, we will process your application.

Sincerely,

NEW MEXICO BOARD OF MEDICAL EXAMINERS
Michelle McGinnis, Administrator



By: Terri Marcak
Verification Officer

Enclosure

RELEASE

I, Stephanie Ball, M.D., hereby request
John Chappell, M.D., Professor of Psychiatry, Univ. of Nevada
to provide Michelle McGinnis, Administrator of the New Mexico
Board of Medical Examiners, with information regarding my
employment and status at the above-named hospital or
institution.

SIGNED: _____

Subscribed and sworn to before me this _____ day of
_____, 19____.

SIGNED: _____

My Commission Expires:

Glenn C. Anderson, Director
Membership Services
American College of Occupational Medicine
55 West Seegers Road
Arlington Heights, Illinois 60005

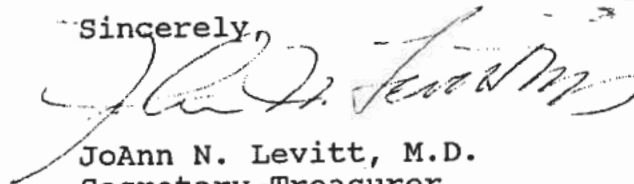
Dear Mr. Anderson: Re: Stephanie Ball, M.D.

A copy of the order against Dr. Ball's license is enclosed.
However, let me support her application for membership in the
American College of Occupational Medicine.

Dr. Ball is a member of the New Mexico Medical Society's Physicians
Aid Committee, an advisory group for physicians with substance
abuse problems. Her history of full cooperation with the conditions
set forth by the Board has been exemplary. She also participates in
legislative activities on behalf of the medical society and the
Board.

If I may be of further assistance, please contact me.

Sincerely,



JoAnn N. Levitt, M.D.
Secretary-Treasurer

JNL:dw
enclosure

NM BOARD OF
MEDICAL EXAMINERS

September 11, 1991

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Lamy Building
PO Box 20001
Santa Fe, NM 87504

To Whom It May Concern:

Stephanie Ball, MD has recently applied for membership in the American College of Occupational Medicine. The AMA physician's profile service revealed that an action had been taken by your licensing board in the past. Please provide us with the following information:

- the current status of licensure
- the date and kind of action taken
- the specific reason for the action

I appreciate your cooperation in this matter and should you need anything further you may call me at (708) 228-6850 or write to me at:

Membership Services
American College of Occupational Medicine
55 West Seegers Road
Arlington Heights, IL 60005

Sincerely,



Glenn C. Anderson
Director/Membership Services

GCA:ldn

O R D E R

THIS MATTER came before the Board of Medical Examiners on May 20, 1994 in Santa Fe, New Mexico upon Dr. Ball's petition to remove stipulations on her license to practice medicine in New Mexico.

After reviewing the information presented at the meeting, the Board finds:


1. That Dr. Ball received a license to practice medicine in New Mexico on or about November 17, 1986;
2. That Dr. Ball's license to practice medicine in New Mexico was stipulated because of a history of substance abuse;
3. That Dr. Ball has progressed well in her rehabilitation;
4. That Dr. Ball is capable of practicing medicine without continued stipulation and monitoring of her practice.

IT IS THEREFORE ORDERED

That the stipulations on the license to practice medicine of Stephanie Ball, M.D. be and hereby are terminated, and Dr.


JoAnn N. Levitt, M.D., Secretary-Treasurer

DATE:

 June 20-94

Stephanie Ball, MD

[REDACTED]
Albuquerque NM 87107

RECEIVED
MAY 22 1996
NEW MEXICO BOARD OF
MEDICAL EXAMINERS

Dear Dr. Ball:

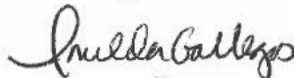
We have received license renewal fee on your New Mexico License No. 86-368, from Sandia Nat'l Labs.

However, we have not received renewal form with CME 75 Hours Category 1 documentation.

Please complete, sign and return enclosed renewal form with CME documentation to us.

As soon as this is received, your renewal will be processed.

Sincerely,



Imelda Gallegos
Renewals

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-7362
(505) 827-8491

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

STEPHANIE BALL, M.D.
SANDIA NAT'L LABS MED DIV 7030
PO BOX 5800
ALBUQUERQUE NM 87185-

ADDRESS CORRECTION REQUESTED

505-845-8039 Business phone

Out of state physicians - provide New Mexico business address, if any.
NM Bus Addr: _____ City/St/Zip _____

FEEs: Active Status _____ \$210.00 Inactive Status _____ 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)

It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978.
Please review the information below for accuracy.

License #	Social Security #	DEA #	Date of Birth
86-368	██████████4791	██████████4129	██████████1956

Home Address:

ALBUQUERQUE NM 87107-
██████████7437

Other State Licenses:

State	NV	#	6164	State	#
State	#	State	#		
State	#	State	#		

ABMS Specialty (1) INTERNAL MEDICINE Board certified? Yes
ABMS Specialty (2) Board certified?

Physician Assistants/Nurse Practitioners under your supervision:

PA's -
NP's -

Additional Hospital Privileges:

Hospital Privileges:

- 1)
- 2)
- 3)
- 4)

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6759

INVESTIGATIONS
(505) 827-7362
(505) 827-8491
OVER

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

Are you at the present time known by any other name? If so, what name? _____

Have you been licensed under another name(s)? If so, what name(s)? _____

Have you been denied a license/registration by a medical licensing board? Yes____ No____

Has a medical licensing board started disciplinary action against your license/registration? Yes____ No____

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes____ No____

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes____ No____

Have you had a malpractice settlement or judgment against you? Yes____ No____

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes____ No____

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.) Yes____ No____

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine? Yes____ No____

See form from 4/3/96 lost by payment
I verify that all the above information is true and accurate.

Stephen Ballard
Signature of Licensee/Registrant

5/20/96
Date

Process
C

NAME: _____ M.D. LICENSE #: _____

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses Credit Hours _____
New Mexico Specific Category 1 Clinical Courses Credit Hours _____

- A M A Physicians Recognition Award Year _____
- A A F P Certificate of CME Year _____
- Certification or Recertification Year _____
by ABMS Specialty Board
- USMLE Step 3 Year _____
- Internship, Residency or Fellowship Inclusive dates _____
- Advanced Degree In Medically Related Field Year(s) _____
(40 hours maximum per year of study) Credit Hours _____
- Self Assessment Tests:
Certificate of credit must be attached
(No limit) Credit Hours _____
- Teaching - medical students
Statement from approved medical school must
be attached
(40 hours maximum credit) Credit Hours _____
- Preceptorships - medical students
Statement from approved medical school must
be attached
(30 hours maximum credit) Credit Hours _____
- Scientific Articles
10 hours each. Proof of publication must be
attached
(30 hours maximum credit) Credit Hours _____

STAFF USE ONLY:

CMes Approved By _____

JS

Date: 5/22/96

Doc. Rec. L

New Mexico Board of Medical Examiners
491 Old Santa Fe Trail
Second Floor, Lamy Building
Santa Fe, NM 87501

To Whom It May Concern:

Subject: Pending Action

There is a pending action relating to an alleged misdiagnosis of an on-the-job injury. In the opinion of defense counsel, the allegations are without merit.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Stephanie Ball".

Stephanie Ball, M.D.
Sandia Medical Department
PO Box 5800 MS 1018
Albuquerque, NM 87185

SBall:3333:pc

SANDIA NAT'L LABS MED DIV 7030
PO BOX 5800
ALBUQUERQUE NM 87185-

505-845-8039 Business phone

ADDRESS CORRECTION REQUESTED
[Redacted]
Albuquerque NM 87185-1018

Out of state physicians - provide New Mexico business address, if any.
NM Bus Addr: _____ City/St/Zip _____

FEES: Active Status ☒ \$210.00 Inactive Status _____ 25.00
(A licensee on inactive status may not practice medicine nor write prescriptions.)

It is the licensee's responsibility to notify the Board of changes in address of either business or home. §61-6-18 NMSA 1978.
Please review the information below for accuracy.

License #	Social Security #	DEA #	Date of Birth
86-368	[Redacted] 4791	[Redacted] 4129	[Redacted] 1956

Home Address:

ALBUQUERQUE NM 87107-
[Redacted] 7437

87107-2866

Other State Licenses:

State	NV	#	6164	State	#
State	#	State	#		
State	#	State	#		

ABMS Specialty (1) INTERNAL MEDICINE Board certified? Yes
ABMS Specialty (2) Board certified?

Physician Assistants/Nurse Practitioners under your supervision:

PA's -

NP's -

Additional Hospital Privileges:

Hospital Privileges:

- 1)
- 2)
- 3)
- 4)

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6750

INVESTIGATIONS
(505) 827-7362
(505) 827-8491
OVER

LICENSING
(505) 827-0033 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

DOCUMENTATION MUST BE ATTACHED

I certify that I have complied with the Continuing Medical Education requirement for renewal of my license and that appropriate documentation is attached.

Certified A M A Category I Clinical Courses
New Mexico Specific Category 1 Clinical Courses

Credit Hours 105
Credit Hours _____

- A M A Physicians Recognition Award Year _____
- A A F P Certificate of CME Year _____
- Certification or Recertification Year _____
by ABMS Specialty Board
- USMLE Step 3 Year _____
- Internship, Residency or Fellowship Inclusive dates _____
- Advanced Degree In Medically Related Field Year(s) _____
(40 hours maximum per year of study) Credit Hours _____
- Self Assessment Tests:
Certificate of credit must be attached
(No limit) _____ Credit Hours _____
- Teaching - medical students
Statement from approved medical school must
be attached
(40 hours maximum credit) _____ Credit Hours _____
- Preceptorships - medical students
Statement from approved medical school must
be attached
(30 hours maximum credit) _____ Credit Hours _____
- Scientific Articles
10 hours each. Proof of publication must be
attached
(30 hours maximum credit) _____ Credit Hours _____

STAFF USE ONLY:

CMEs Approved By _____ Date: ____/____/____ Doc. Rec. _____

Are you at the present time known by any other name? If so, what name? NO

Have you been licensed under another name(s)? If so, what name(s)?
NO

Have you been denied a license/registration by a medical licensing board? Yes____ No X

Has a medical licensing board started disciplinary action against your license/registration? Yes____ No X

Have you been charged with violation of a federal, state or local statute (except minor traffic citations)? Yes____ No X

Have you had disciplinary action started against you by a hospital staff, a state or county medical society, HMO, PPO, IPA or PRO? Yes____ No X

Have you had a malpractice settlement or judgment against you? Yes____ No X

Do you have any malpractice or medically related claims or lawsuits pending against you? Yes X No____

Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (If you are now participating in a Board-Approved treatment program, you may answer no.)
[REDACTED]

Do you currently have a physical or psychological impairment that, in any way, affects your ability to safely practice medicine?
[REDACTED]

I verify that all the above information is true and accurate.

Stephan Ball
Signature of Licensee/Registrant

4-3-96
Date

**Oak Ridge Institute for Science and Education
and the
United States Department of Energy**

do hereby certify that

STEPHANIE BALL

has satisfactorily completed the

**Day One Workshop
Day Two Workshop**

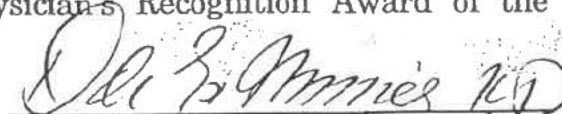
at the

1994 DOE Contractor EAP Workshop

presented at

**Alexandria, Virginia
May 11-12, 1994**

As an organization accredited by the Accreditation Council for Continuing Medical Education, Oak Ridge Institute for Science and Education certifies that this course meets the criteria for 12.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.


Chairman, ORISE CME Committee



The Oak Ridge Institute for Science and Education

and

The U. S. Department of Energy

DO HEREBY CERTIFY THAT

Stephanie Ball, M.D.

has satisfactorily completed the

"OCCUPATIONAL MEDICINE SEMINAR"

August 1-4, 1994 • Denver, Colorado

Institute for Science and Education designates this continuing medical education activity for 20 credit hours in Category I of the American Award of the American Medical Association. The American Association of Occupational Health Nurses (AAOHN) has set hours of continuing education credit for completion of this program.

A handwritten signature in dark ink, appearing to read "J.D. F.A.C.O.E.M.", written over a horizontal line.

J.D., F.A.C.O.E.M.
Medical Education Committee

A handwritten signature in dark ink, appearing to read "J. Glenn Davis", written over a horizontal line.

J. Glenn Davis, M.D.
Vice President and Director, Medical Sciences Division

STATES OF

Oak Ridge Institute for Science and Education
and the
United States Department of Energy

do hereby certify that

STEPHANIE BALL

has satisfactorily completed the

Day One Workshop
Day Two Workshop
Day Three Workshop

at the

1994 DOE Contractor Substance Abuse Workshop

presented at

Alexandria, Virginia
May 9-11, 1994

As an organization accredited by the Accreditation Council for Continuing Medical Education, Oak Ridge Institute for Science and Education certifies that this course meets the criteria for 18 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.


Chairman, ORISE CME Committee



has satisfactorily completed

MEDICAL PLANNING AND CARE IN RADIATION ACCIDENTS

OCTOBER 31-NOVEMBER 4, 1994

presented at the
Radiation Emergency Assistance Center/
Training Site

As an organization accredited by the Accreditation Council for Continuing Medical Education, Oak Ridge Institute for Science and Education certifies that this course meets the criteria for 30.5 hours credit in Category 1 of the Physicians Recognition Award of the American Medical Association.


Chairman
ORISE CME Committee

REACTS

The New Mexico Medical Society has been certified by the Accreditation Council for Continuing Medical Education as an accredited sponsor of continuing medical education.

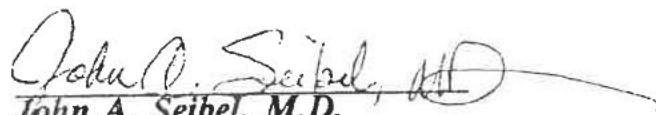
As an accredited sponsor, the New Mexico Medical Society certifies that this educational offering meets the criteria for twelve (12) credit hours, Category 1 of the American Medical Association's Physician's Recognition Award.

Program Title: **HANTAVIRAL DISEASE: PREVENTION AND MANAGEMENT**

Date: **November 19 and 20, 1993**

Location: **The Albuquerque Convention Center
Albuquerque, New Mexico**

It is hereby certified that Stephanie Ball, MD *attended this program.*


John A. Seibel, M.D.
Chairman, CME Committee
New Mexico Medical Society

**SCHOOL OF MEDICINE
OFFICE OF CONTINUING MEDICAL EDUCATION**

This is to certify that STEPHANIE BALL, M.D. participated in the following CME activity conducted by this office.

Title of Program: ADVANCES IN INTERNAL MEDICINE 1996

Date: March 1-2, 1996 - Holiday Inn Pyramid Hotel, Albuquerque, New Mexico

Sponsor(s): The UNM School of Medicine, Department of Medicine and
Office of Continuing Medical Education

Credit Approvals:

Hours Approved:

I certify that I participated
in the above CME activity for
12 hours.

AMA 1	13.50
AAFP (Prescribed)	13.25

Anna Alsop
Office of CME Authorization

Stephanie Ball
Participant Signature

Stephanie Ball, MD

Albuquerque NM 87107

Dear Dr. Ball:


We have received license renewal fee on your New Mexico License No. 86-368, from Sandia Nat'l Labs.

However, we have not received renewal form with CME 75 Hours Category 1 documentation.

Please complete, sign and return enclosed renewal form with CME documentation to us.

As soon as this is received, your renewal will be processed.

Sincerely,



Imelda Gallegos
Renewals

ADMINISTRATION
(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL
(505) 827-6750

INVESTIGATIONS
(505) 827-7362
(505) 827-8491

LICENSING
(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

STEPHANIE BALL, M.D.
SANDIA NAT'L LABS ~~MED DIV 7030~~
PO BX 5800
ALBUQUERQUE NM 87185-

505-845-8039 BUSINESS PHONE

ADDRESS CORRECTION REQUESTED
SANDIA NATIONAL LABORATORIES Ms 1015
ALBUQUERQUE 87185-1015

OUT OF STATE PHYSICIANS - PROVIDE NEW MEXICO BUSINESS ADDRESS, IF ANY.
NM BUS ADDR: _____ CITY/ST/ZIP _____

FEES: ACTIVE STATUS ☒ \$310.00 INACTIVE STATUS _____ \$25.00
(A LICENSEE ON INACTIVE STATUS MAY NOT PRACTICE MEDICINE NOR WRITE
PRESCRIPTIONS.) REINSTATEMENT OF AN INACTIVE LICENSE WITHIN A PERIOD OF
TWO YEARS FROM THE RENEWAL DATE IS A FAIRLY SIMPLE PROCESS. REINSTATING
AFTER TWO YEARS, REQUIRES A REINSTATEMENT APPLICATION AND BOARD
APPROVAL.

IT IS THE LICENSEE'S RESPONSIBILITY TO NOTIFY THE BOARD OF CHANGES IN
ADDRESS OF EITHER BUSINESS OR HOME. §61-6-28 NMSA 1978. PLEASE REVIEW
INFORMATION PROVIDED, MAKE CORRECTIONS AND ANSWER ALL QUESTIONS ON BACK.

LICENSE #	SOCIAL SECURITY #	DEA #	DATE OF BIRTH
86-368	████████ 4791	████████ 4129	████████ 1956

HOME ADDRESS:

ALBUQUERQUE NM 87107-

ADDRESS CORRECTION REQUESTED

OTHER STATE LICENSES GRANTED WITHIN THE PAST 3 YEARS:

STATE	#	STATE	#	STATE	#
NV	6164				

ABMS SPECIALTY (1) INTERNAL MEDICINE
ABMS SPECIALTY (2)

BD CERTIFIED? Yes
BD CERTIFIED?

PHYSICIAN ASSISTANTS/NURSE PRACTITIONERS UNDER YOUR SUPERVISION: none

PA'S -
NP'S -

HOSPITAL PRIVILEGES: none

ADDITIONAL HOSPITAL PRIVILEGES:

ADMINISTRATION

(505) 827-5022
(505) 827-7377 FACSIMILE

FINANCIAL

(505) 827-6759

INVESTIGATIONS

(505) 827-8491
(505) 827-7362

LICENSING

(505) 827-9933 APPLICATIONS
(505) 827-7317 PHYSICIAN ASSISTANT
(505) 827-6784 VERIFICATIONS

NAME: STEPHANIE BALL M.D. LICENSE #: 86-368

DOCUMENTATION MUST BE ATTACHED

NEED ACTUAL COPIES OF ATTENDANCE CERTIFICATES-A LIST IS NOT ACCEPTABLE

I certify that I have complied with the Continuing Medical Education requirement for renewal of my New Mexico license and that appropriate documentation is attached.

Certified AMA Category 1 Clinical Courses
New Mexico Specific Category 1 Clinical Courses

Credit Hours _____
Credit Hours _____

__AMA Physicians Recognition Award
__AAFP Certificate of CME

Year _____
Year _____

__Certification or Recertification
by ABMS Specialty Board

Year _____

__USMLE Step 3

Year _____

__Internship, Residency or Fellowship

Inclusive Dates: _____

__Advanced Degree in Medically Related Field
(40 Hours Maximum Per Year of Study)

Year(s) _____

Credit Hours _____

__Self Assessment Tests:
Certificate of Credit Must Be Attached
(No Limit)

Credit Hours _____

__Teaching - Medical Students
Statement From Approved Medical School Must
Be Attached
(40 Hours Maximum Credit)

Credit Hours _____

__Preceptorship - Medical Students
Statement From Approved Medical School Must
Be Attached
(30 Hours Maximum Credit)

Credit Hours _____

__Scientific Articles (10 Hours Each)
Proof of Publication Must Be Attached
(30 Hours Maximum Credit)

Credit Hours _____

STAFF USE ONLY:
CME'S APPROVED BY

MB

DATE: 5/12/99 DOC. REC.

✓

SEE BACK OF THIS FORM FOR DESCRIPTION OF ACCEPTABLE CME CREDITS

AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT

awards this certificate of participation in the

Fundamentals of

Impairment & Dis/Ability Evaluations Course
to

Stephanie Ball, MD

September 26-27, 1996

*and is entitled to up to 15 hours of Category 1 Credit toward the Physician's Recognition Award
of the American Medical Association
and up to 15 Prescribed hours by the American Academy of Family Physicians*

Co-Director

Co-Director

Director of Education

AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENT

awards this certificate of participation in the


Advanced Topics in


Impairment & Dis/Ability Evaluations Co
to

Stephanie Ball, MD

September 28-29, 1996

*and is entitled to up to 15 hours of Category 1 Credit toward the Physician's Recognition Award
of the American Medical Association
and up to 15 Prescribed hours by the American Academy of Family Physicians*


Director


Director of Education

New Mexico Heart Institute
and
Presbyterian Healthcare Services
Albuquerque, New Mexico
certify that

Stephanie Ball, MD

has on

October 24-25, 1997

satisfactorily completed a course of instruction in

ECG Interpretation for the Primary Care Phy

Presbyterian Healthcare Services is accredited by the New Mexico Medical Society to sponsor continuing medical education.

Presbyterian Healthcare Services designates this continuing medical education activity as meeting the criteria for 16 hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

This program has been reviewed and is acceptable for a total of 17 prescribed hours by the American Academy of Family Physicians.

Approved by the American College of Emergency Physicians for 16 hours of ACEP Category I credit.

I, Stephanie Ball, hereby claim 8 hours of CME credit.

signature of participant



Frank M. Mowry, MD
New Mexico Heart Institute



Mary Boning
Presbyterian Medical Education

This is to certify that Stephanie Ball, M.D. participated in the following CME activity conducted by this office:

Title of Program: Primary Care Orthopaedics in the Age of Managed Care
Date & Location: November 14-15, 1997, Hilton Hotel, Albuquerque, New Mexico

Sponsor: The University of New Mexico Health Sciences Center, School of Medicine, Department of Orthopaedics & Rehabilitation and the Office of Continuing Medical Education

Credit Approvals: Hours Approved:

AMA Category 1	10.5	
AAFP (Prescribed)	10.25	
NM Physical Therapists' Licensing Board	1.0	CEUs
Board of Examiners for Occupational Therapy	1.0	CEUs

I certify that I participated
for 7 hours

Stephanie Ball
Office of CME Authorization
Stephanie Ball
Participant Signature



AMERICAN ACADEMY OF
DISABILITY EVALUATING PHYSICIANS

AADEP COMMITTEE ON
CONTINUING MEDICAL EDUCATION
CERTIFIES THAT

Stephanie Ball, MD

ATTENDED

Advanced Course: Internal and Occupational

DATE

April 4 - 5, 1998

As an organization accredited for continuing medical education, the American Academy of Disability Evaluating Physicians certifies that this Continuing Medical Education activity meets the criteria for 8.0 credit hours in Category 1 of the Physician and Physician Assistant of the American Medical Association


Chairman, Continuing Medical Education

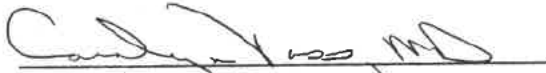
The New Mexico Medical Society designates this continuing medical education activity for a **maximum of eleven and one half (11.5) credit hours** in Category I of the Physicians Recognition Award of the American Medical Association. **(*Each physician should claim only those hours of credit actually spent in the educational activity)**

Program Title: 1998 New Mexico Chapter, American College of Physicians Scientific Meeting

Date: November 19-21, 1998

Location: Sheraton Uptown Hotel
Albuquerque, New Mexico

It is hereby certified that STEPHANIE BALL attended this
program and earned 7.0 credit hours.


Carolyn Voss, MD
NMACP 1998 Program Chairman

presented to

Stephanie Ball, M.D.

for 24 hours of Category I
Continuing Medical Education (C.M.E.) Credit
for attendance at the

Diagnosis & Treatment of Back Pain - The Next Level

December 12-14, 1996, San Francisco , CA



*C.M.E. Sponsor

Dr. Kirkaldy-Willis
President

M.D., F.R.C.S. (C&E)

O R D E R

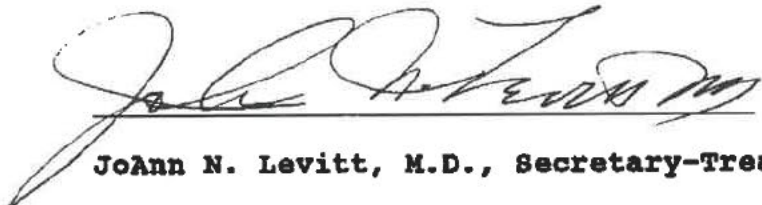
THIS MATTER came before the Board of Medical Examiners on May 20, 1994 in Santa Fe, New Mexico upon Dr. Ball's petition to remove stipulations on her license to practice medicine in New Mexico.

After reviewing the information presented at the meeting, the Board finds:

1. That Dr. Ball received a license to practice medicine in New Mexico on or about November 17, 1986;
2. That Dr. Ball's license to practice medicine in New Mexico was stipulated because of a history of substance abuse;
3. That Dr. Ball has progressed well in her rehabilitation;
4. That Dr. Ball is capable of practicing medicine without continued stipulation and monitoring of her practice.

IT IS THEREFORE ORDERED

That the stipulations on the license to practice medicine of Stephanie Ball, M.D. be and hereby are terminated, and Dr.


JoAnn N. Levitt, M.D., Secretary-Treasurer

DATE:

June 20-94

This matter having come before the Board on May 17, 1990 and Dr. Ball having attended in person and the Board having considered Dr. Ball's presentation, the Board enters its Order as follows:

IT IS HEREBY ORDERED AND DECREED:

A. That Dr. Ball shall continue active participation in Alcoholics Anonymous but shall not be required to participate in the New Mexico Monitored Treatment Program.

B. That her affidavits of compliance with the Board's Order shall be submitted each March and September.

C. That Dr. Ball shall appear before the Board on an annual basis at the Board's Regular Second Quarterly Meeting.

D. That Dr. Ball shall present witnessed urine specimens at a laboratory convenient to her employment upon request of the Board. If she is not able to provide witnessed specimens then she shall submit the specimens to the DDS labs so that they may be witnessed.

E. All other terms and conditions of the probation shall remain in full force and effect.

DATED: July 17, 1990.

NEW MEXICO BOARD OF MEDICAL EXAMINERS

By:

JO ANN N. LEVITT, M.D.

Secretary/Treasurer

ORDER

This matter having come before the Board on August 19, 1988, and Dr. Ball having attended in person and the Board having considered Dr. Ball's presentation the Board enters its Order as follows:

IT IS HEREBY ORDERED AND DECREED

A. That Dr. Ball shall continue active participation in Alcoholics Anonymous but shall not be required to participate in the New Mexico Monitored Treatment Program.

B. That her affidavits of compliance with the Board's Order shall be submitted on a quarterly rather than a monthly basis.

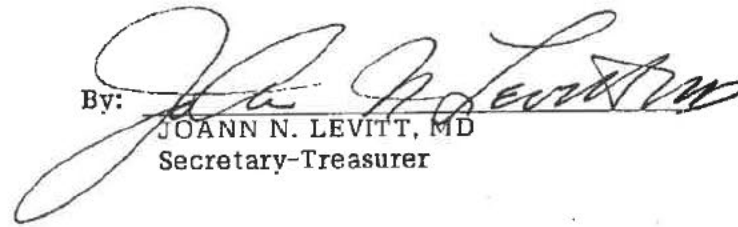
C. That Dr. Ball shall appear before the Board on an annual basis and shall not be required to appear before the Board again until its regular meeting in May, 1989.

D. That Dr. Ball shall present witnessed urine specimens at a laboratory convenient to her employment upon request of the Board. If she is not able to provide witnessed specimens then she shall submit the specimens to the DDS labs so that they may be witnessed.

E. All other terms and conditions of the probation shall remain in full force and effect.

EXAMINERS

By:

A large, stylized handwritten signature in cursive script, appearing to read 'Joann N. Levitt', is written over the printed name and title.

JOANN N. LEVITT, MD
Secretary-Treasurer

the Board along with the poll. The Board voted to allow Dr. Ball to participate in the residency only upon the conditions enumerated below, and Dr. Ball agreed to accept permission in the residency program subject to those conditions. The Board and Dr. Ball therefore agree as follows:

1. Dr. Ball will be issued permission to participate in the residency program at the University of New Mexico School of Medicine.

2. The permission will be valid so long as Dr. Ball strictly adheres to the following conditions:

a. Dr. Ball shall obey all federal, state and local laws, and all rules governing the practice of medicine in New Mexico.

b. Dr. Ball shall submit monthly declarations under penalty of perjury on forms provided by the Board, stating whether she has complied with all the conditions of probation.

c. Dr. Ball shall comply with the Board's probation surveillance program as reflected in the terms of this stipulation.

d. Dr. Ball shall appear in person for interviews with any medical consultant who may be designated by the Board, upon Board request at various intervals and with reasonable notice.

e. In the event Dr. Ball should leave New Mexico to reside or to practice outside the state, she must notify the Board in writing of the dates of departure and return.

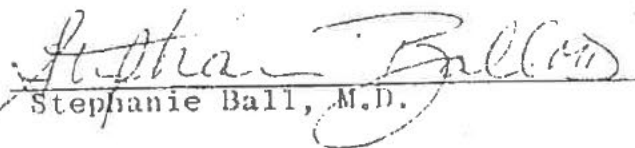
f. Dr. Ball shall abstain completely from the use of alcoholic beverages. Dr. Ball shall also abstain completely from the personal use or possession of controlled substances as defined in the New Mexico Controlled Substances Act, except those prescribed, administered, or dispensed to respondent by another person authorized by law to do so. Respondent shall use such controlled substances only in accordance with instructions.

g. Dr. Ball shall comply immediately with requests from the Board's designee to submit to biological fluid testing.

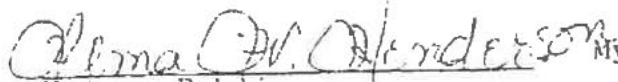
Dr. Ball acknowledges that she is fully aware of and fully understands the procedural and substantive rights afforded her by the New Mexico Uniform Licensing Act and the Constitutions of the United States and the State of New Mexico, in connection with the forthwith revocation or suspension of her residency permission.

After full opportunity to consult with counsel of her own choosing, and as an inducement to the Board to grant her, Dr. Ball declares to the Board that she expressly and knowingly waives any and all procedural and substantive rights made available to her under these or any other authority, and agrees to assert no legal objection in any forum to summary Board action if, in its sole discretion, the Board should decide to revoke or suspend her license for a violation of any of the foregoing conditions.

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT, HAVE HAD AMPLE OPPORTUNITY TO CONSULT COUNSEL OF MY OWN CHOOSING CONCERNING IT, HAVE SATISFIED MYSELF FULLY AS TO ITS MEANING, AND SIGN IT OF MY OWN FREE WILL IN ORDER TO OBTAIN A LICENSE TO PRACTICE MEDICINE IN THE STATE OF NEW MEXICO.


Stephanie Ball, M.D.

Sworn to and subscribed before me this 24 day of Sept, 1985.


Notary Public

My commission expires

8/24/89.

021501

310



New Mexico Board of Medical Examiners
Second Floor, Lamy Building
491 Old Santa Fe Trail
Santa Fe New Mexico 87501

RECEIVED

JUN 06 2002

Triennial Renewal 6/30/2002 – 6/30/2005

Current Information

License # 86-368

Corrections

Gender: ☐ Male ☒ Female

SSN: [REDACTED] 4791 DEA: [REDACTED] 4129

Preferred Mailing Address:

Stephanie Ball, MD
Health Services Clinic

[REDACTED]
Livermore, CA 94550

Business Phone: 925-294-2700

Business or Public Address, if different from above:

Health Services Clinic

7011 E Ave Bldg 925 Ms 9112

Livermore, CA 94550

[REDACTED] MS 9112
LIVERMORE, CA 94511-0969
fax #(925) 294-2392 e-mail

Website:

fax #

e-mail

NM Physician Assistant(s) currently under your supervision:

N/A

SPECIALTIES:

INTERNAL MEDICINE

DUE and payable by JULY 1, 2002*

RENEWAL FEE: \$310

Your license will expire July 1, 2002

DUE and payable AFTER JULY 1, 2002*

LATE RENEWAL FEE: \$410

Renewals postmarked after July 1, 2002 require payment of a late fee of \$100

I request the following change in license status:

- ☐ **Inactive Status/\$25 Fee:** I am not practicing medicine in New Mexico. I understand that a license in inactive status does not require payment of the triennial renewal fee or compliance with CME requirements. I further understand that I may not engage in the practice of medicine or write prescriptions as long as my license is inactive.
- ☐ **Retired Status/No Fee:** I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine or write prescriptions.
- ☐ **Voluntary Lapsed Status/No Fee:** I choose not to renew my New Mexico medical license. I understand that I may not engage in the practice of medicine or write prescriptions.

Do not submit CME documentation unless a CME audit form is included with your renewal.

Staff Only

Payment Information: Fee received: \$ _____ By: _____ Visa _____ Master Card _____ Check _____ Money Order _____

Credit card # _____ Expires _____

Phone: 505-827-7317

Website: www.nmbme.orgEmail: nmbme@state.nm.us

All questions must be answered

Since the last renewal:

1. Has any action, including any disciplinary action, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board? ☐ Yes ☒ No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license? ☐ Yes ☒ No
3. Have you been treated for use or misuse of any chemical substance or alcohol?...(if you are currently a voluntary participant in a Board approved monitoring program you may answer "No") ☐ Yes ☒ No
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine? ☐ Yes ☒ No
5. Have you been denied a license in another state? ☐ Yes ☒ No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state? ☐ Yes ☒ No
7. Have you been reported to the National Practitioner Data Bank? ☐ Yes ☒ No
8. Have you been arrested, convicted of, or pled no contest to a crime? ☐ Yes ☒ No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you? ☐ Yes ☒ No

If you answered "Yes" to any of the above, please provide a complete written explanation with this application.

Practice Information:

1. Do you practice full-time in New Mexico? ☐ Yes ☒ No
If yes, estimate the % of time you spend in the following areas (total = 100): Direct patient care ____%
Indirect patient care ____%; Administration 10%; Teaching ____%; Research ____%; Other ____%
2. Do you practice part-time in New Mexico? ☒ Yes ☐ No
If yes, estimate the % of time you spend in the following areas (total = <100): Direct patient care ____%
Indirect patient care ____%; Administration 100%; Teaching ____%; Research ____%; Other ____%
3. Are you retired but maintain an active license? ☐ Yes ☒ No
4. Please indicate number of work location(s)
Office(s): 1 2 3 4 5 6 ≥7 Clinic(s): 1 2 3 4 5 6 ≥7 Hospital(s): 1 2 3 4 ≥5
City(s)/Town(s): 1 2 3 4 ≥5 Rural: 1 2 3 4 ≥5

☒ I hereby certify, under penalty of perjury, that all information on this form is currently accurate.

☒ I certify that if I was licensed during 7/1/99 – 7/1/02 and I have completed a minimum of 75 AMA Category 1 hours of Continuing Medical Education as required by 16.10.4 NMAC, or

I have not completed a minimum of 75 CME hours as required by 16.10.4 NMAC and am requesting an emergency deferral, of up to 90 days, as allowed under 16.10.4.15 NMAC. I understand I will be assessed a late renewal penalty of \$100 between (7/2/2002 – 8/15/2002) or \$150 between (8/16/2002 – 10/1/2002) if my CME is not completed and submitted to the Board by July 1.

Signature of Licensee (Signature stamp is not accepted)

Date

**New Mexico Medical Board**

2055 S Pacheco Street

Building 400

Santa Fe New Mexico 87505

Voice 505-476-7227 fax 505-476-7233 website <http://nmmb.org>**Triennial Renewal 6/30/2005 – 7/01/2008 Renewal Fee \$400****RECEIVED**

MAY 09 2005


711389

NM BOARD OF

MEDICAL EXAMINERS

18840

Current Information

Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	License # <u>86-368</u>	DEA#:
Preferred Mailing Address:		Please make corrections below.
Stephanie Ball, MD Health Svcs Clinic PO Box 969 MS 9112 Livermore CA 94551-10969		
Business Phone: 9252942700		
Fax #: 9252942392		
E-Mail Address:		 sandia.gov
Business Address:		
Health Svcs Clinic		
PO Box 969 MS 9112		
Livermore CA 94551-10969		-0969

NM Physician Assistant(s) currently approved and registered with the Board under your supervision:**Your license will expire June 30, 2005****I request the following change in license status: (Check only one)**☒ **Active Status/\$400 Fee:**

- ☐ **Inactive Status/\$25 Fee:** I am not practicing medicine in New Mexico. I understand that a license in inactive status does not require payment of the triennial renewal fee or compliance with CME requirements. I further understand that I may not engage in the practice of medicine or write prescriptions as long as my license is inactive.
- ☐ **Retired Status/No Fee:** I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine or write prescriptions.
- ☐ **Voluntary Lapsed Status/No Fee:** I choose not to renew my New Mexico medical license. I understand that I may not engage in the practice of medicine or write prescriptions.

LATE RENEWALS

All Renewals postmarked after July 1, 2005 will require documentation of 75 CME credit hours

Renewals postmarked after July 1, 2005 and before August 15, 2005, require payment of \$500

Renewals postmarked after August 15, 2005 and before October 1, 2005 require payment of \$550

YOUR LICENSE WILL BE SUSPENDED AFTER OCTOBER 1, 2005 IF IT IS NOT RENEWED!**Do not submit CME documentation unless you are renewing after JULY 1, 2005.****Payment Information:** Fee Submitted \$ 400.00Visa ☒Master Card ☐Check ☐Money Order ☐Cred. Card No. Expiration Date 08/07

1. Has any action, including any disciplinary action, probation, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board since your last renewal?..... ☐ Yes ☒ No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license since your last renewal?..... ☐ Yes ☒ No
3. Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (if you are currently a voluntary participant in a Board approved treatment or monitoring program you may answer "No".)? ☐ Yes ☒ No
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine? ☐ Yes ☒ No
5. Have you been denied a license in another state since your last renewal? ☐ Yes ☒ No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state? ☐ Yes ☒ No
7. Have you been reported to the National Practitioner Data Bank?..... ☐ Yes ☒ No
8. Have you been arrested, convicted of, or pled no contest to a crime since your last renewal? ☐ Yes ☒ No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you since your last renewal? ☐ Yes ☒ No

If you answered "Yes" to any of the above, please provide a complete written explanation with this application.

Practice Information:

1. Do you practice full-time in New Mexico?..... ☐ Yes ☒ No
If yes, estimate the % of time you spend in the following areas (total = 100): Direct patient care ____%
Administration ____%; Teaching ____%; Research ____%; other ____%
2. Do you practice part-time in New Mexico?..... ☒ Yes ☐ No
If yes, estimate the % of time you spend in the following areas (total = <100): Direct patient care ____%
Administration ____%; Teaching ____%; Research ____%; other 5 %
3. Are you retired but maintain an active license?..... ☐ Yes ☒ No
4. Please indicate number of work location(s)
Office(s): 1 2 3 4 5 6 ≥7 Clinic(s): 1 2 3 4 5 6 ≥7 Hospital(s): 1 2 3 4 ≥5
City(s)/Town(s): 1 2 3 4 ≥5 Rural: 1 2 3 4 ≥5

Physician Practice Information data will not be identified to any other person or institution.

(Check only one)

- ☒ I certify that I was licensed during 7/1/02-6/30/05 and I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.
- ☐ I have not completed a minimum of 75 CME hours as required by 16.10.4 NMAC and I am requesting an emergency deferral, of up to 90 days, as allowed under 16.10.4.15 NMAC. I understand I will be assessed a late renewal penalty fee of \$100 between 7/1/05-8/15/05 or \$150 between 8/16/05-10/1/05 if my CME is not completed and submitted to the Board by July 1.

Signature of Licensee (Signature stamp is not accepted)

Date

By signing above you are certifying, under penalty of perjury, that all information on this form is currently accurate.

****Your Triennial Renewal will be returned if you DO NOT:**

- ☒ Enclose correct renewal fee
- ☒ Indicate fee to be charged to credit card
- ☒ Sign check
- ☒ Sign and date renewal form
- ☒ Answer all questions and provide complete written explanations to any "yes" answers to questions 1-9
- ☒ Indicate CME status
- ☒ Submit acceptable documentation of CME (if renewing late)
- ☒ Complete backside of renewal

**New Mexico Medical Board**

2055 S Pacheco Street

Building 400

Santa Fe New Mexico 87505

Voice 505-476-7227 fax 505-476-7233 website <http://nmmb.org>**Triennial Renewal 6/30/2005 - 7/01/2008 Renewal Fee \$400****RECEIVED**

MAY 09 2005

71389

NM BOARD OF

MEDICAL EXAMINERS

18840

Current InformationGender: ☐ Male ☒ Female License # **86-368** DEA#:

Preferred Mailing Address:

Please make corrections below.

Stephanie Ball, MD
Health Svcs Clinic
PO Box 969 MS 9112
Livermore CA 94551-10969

-0969

Business Phone: 9252942700

Fax #: 9252942392

E-Mail Address:

sandia.gov

Business Address:

Health Svcs Clinic

PO Box 969 MS 9112

Livermore CA 94551-10969

-0969

NM Physician Assistant(s) currently approved and registered with the Board under your supervision:**Your license will expire June 30, 2005****I request the following change in license status: (Check only one)**☒ **Active Status/\$400 Fee:**☐ **Inactive Status/\$25 Fee:** I am not practicing medicine in New Mexico. I understand that a license in inactive status does not require payment of the triennial renewal fee or compliance with CME requirements. I further understand that I may not engage in the practice of medicine or write prescriptions as long as my license is inactive.☐ **Retired Status/No Fee:** I am retired and no longer practice medicine in New Mexico. I understand that I may not engage in the practice of medicine or write prescriptions☐ **Voluntary Lapsed Status/No Fee:** I choose not to renew my New Mexico medical license. I understand that I may not engage in the practice of medicine or write prescriptions**LATE RENEWALS**

All Renewals postmarked after July 1, 2005 will require documentation of 75 CME credit hours

Renewals postmarked after July 1, 2005 and before August 15, 2005, require payment of \$500

Renewals postmarked after August 15, 2005 and before October 1, 2005 require payment of \$550

YOUR LICENSE WILL BE SUSPENDED AFTER OCTOBER 1, 2005 IF IT IS NOT RENEWED!**Do not submit CME documentation unless you are renewing after JULY 1, 2005.****Payment Information:** Fee Submitted \$ 400.00Visa ☒Master Card ☐Check ☐Money Order ☐

Credit Card No

Expiration Date 08/07

All questions must be answered

1. Has any action, including any disciplinary action, probation, limitation, restriction, order for a competency examination, or any agreement, for any reason including rehabilitation, been taken or started by any state licensing board since your last renewal? ☐ Yes ☒ No
2. Has there been any denial, restriction, suspension or loss/revocation of your DEA or Controlled Substance license since your last renewal? ☐ Yes ☒ No
3. Have you had, during the past five years, personal or legal problems with narcotics, alcohol or other dangerous drugs? (if you are currently a voluntary participant in a Board approved treatment or monitoring program you may answer "No")? ☐ Yes ☒ No
4. Do you have any medical or mental condition that in any way impairs or limits your ability to safely practice medicine? ☐ Yes ☒ No
5. Have you been denied a license in another state since your last renewal? ☐ Yes ☒ No
6. Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state? ☐ Yes ☒ No
7. Have you been reported to the National Practitioner Data Bank? ☐ Yes ☒ No
8. Have you been arrested, convicted of, or pled no contest to a crime since your last renewal? ☐ Yes ☒ No
9. Have there been any malpractice court judgments or awards (settlements, arbitrations, mediations) against you since your last renewal? ☐ Yes ☒ No

If you answered "Yes" to any of the above, please provide a complete written explanation with this application.

Practice Information:

1. Do you practice full-time in New Mexico? ☐ Yes ☒ No
If yes, estimate the % of time you spend in the following areas (total = 100): Direct patient care ____%
Administration ____%; Teaching ____%; Research ____%; other ____%
2. Do you practice part-time in New Mexico? ☒ Yes ☐ No
If yes, estimate the % of time you spend in the following areas (total = <100): Direct patient care ____%
Administration ____%; Teaching ____%; Research ____%; other 5 %
3. Are you retired but maintain an active license? ☐ Yes ☒ No
4. Please indicate number of work location(s)
Office(s): 1 2 3 4 5 6 ≥7 Clinic(s): 1 2 3 4 5 6 ≥7 Hospital(s): 1 2 3 4 ≥5
City(s)/Town(s): 1 2 3 4 ≥5 Rural: 1 2 3 4 ≥5

Physician Practice Information data will not be identified to any other person or institution.

(Check only one)

- ☒ I certify that I was licensed during 7/1/02-6/30/05 and I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.
- ☐ I have not completed a minimum of 75 CME hours as required by 16.10.4 NMAC and I am requesting an emergency deferral, of up to 90 days, as allowed under 16.10.4.15 NMAC. I understand I will be assessed a late renewal penalty fee of \$100 between 7/1/05-8/15/05 or \$150 between 8/16/05-10/1/05 if my CME is not completed and submitted to the Board by July 1.

Stephen Ball
Signature of Licensee (Signature stamp is not accepted)

5/4/2005
Date

By signing above you are certifying, under penalty of perjury, that all information on this form is currently accurate.

****Your Triennial Renewal will be returned if you DO NOT:**

- ✓ **Enclose correct renewal fee**
- ✓ **Indicate fee to be charged to credit card**
- ✓ **Sign check**
- ✓ **Sign and date renewal form**
- ✓ **Answer all questions and provide complete written explanations to any "yes" answers to questions 1-9**
- ✓ **Indicate CME status**
- ✓ **Submit acceptable documentation of CME (if renewing late)**
- ✓ **Complete backside of renewal**

	<u>QUESTION ID</u>	<u>QUESTION TEXT</u>	<u>ANSWER</u>	<u>CREATE DATE</u>	<u>UPDATE DATE</u>
Ball, Stephanie	86-368	Since your last renewal, have any complaints been filed against you with any licensing agency?	N		4/11/2008
Ball, Stephanie		Since your last renewal, has your license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, denied or are any currently held licenses pending investigation or being challenged?	N		4/11/2008
		Since your last renewal, has your professional liability coverage been terminated by action of the insurance company?	N		4/11/2008
		Since your last renewal, have you been denied professional liability insurance coverage?	N		4/11/2008
		Since your last renewal, has your professional liability carrier excluded any specific procedures from your coverage?	N		4/11/2008
		Since your last renewal, have you been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	N		4/11/2008
		Since your last renewal, have you been excluded from or sanctioned by Medicare and/or Medicaid?	N		4/11/2008
		Do you practice part-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = <100):	Y		4/11/2008
		Are you retired but maintain an active license? * 	N		4/11/2008
		Since your last renewal, have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings)?	N		4/11/2008
		Since your last renewal, have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked or not renewed, except for medical records?	N		4/11/2008
		Since your last renewal, have you resigned from a healthcare entity to avoid investigation, modification, suspension, or termination of privileges?	N		4/11/2008
		Since your last renewal, has your application for licensure in any jurisdiction been investigated or denied, or are any current applications pending investigation or being challenged?	N		4/11/2008
		Since your last renewal, have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N		4/11/2008
		Since your last renewal, has your DEA or Controlled Substance license in any jurisdiction been investigated, voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N		4/11/2008
		Since your last renewal, have you been charged with, arrested for, convicted of, or pled no contest to a misdemeanor or felony, or have you been named as a defendant in any criminal proceedings or subject to investigation by a governmental entity that could result in sanctions or licensure adverse actions?	N		4/11/2008
		Since your last renewal, have you been involved in a settlement, medical malpractice claim or suit, or have you received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a seperate sheet of paper each case. <p> . Name, age, sex of patient/claimant. . Date(s) and type of treatment and/or surgery, which led to the allegations against you. . Nature of allegations in claims/suits. Specify whether a suit was ever filed. . Names of other practitioners and hospitals, if any, involved in claims or suit. . Disposition or current status of claim or suit (be specific). . Name of Insurance carrier defending you. . Name of defense attorney.			
		Have you had personal or legal problems with narcotics, alcohol or other dangerous drugs during the past 5 years? (If you are currently a voluntary participant in a Board approved monitoring program you may answer "No")			4/11/2008
		Since your last renewal, have you had any physical injury or disease, or mental illness or impairment which either has affected or could reasonably be expected to affect your on-going ability to practice medicine safely and competently? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis and treatment .			4/11/2008
		Are you currently more than a month in arrears in court-ordered child support payments in New Mexico or in any other state?	N		4/11/2008
		Since your last renewal, have you been reported to the National Practitioner Data Bank?	N		4/11/2008
		I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC.	Y		4/11/2008
		Other (part-time):	41-50%		4/11/2008
		Please select a statement that BEST describes your practice: * 	Primarily doing		4/11/2008
		Do you practice full-time in New Mexico? * If yes, estimate the % of time you spend in the following areas (total = 100):	N		4/11/2008
		If you practice in New Mexico please indicate number of work location(s): Office(s):	1		4/11/2008
		Rural:	Not Applicable		4/11/2008
		Clinic(s):	1		4/11/2008

Ball, Stephanie

Medical Doctor

86-368

11. Since your last renewal have you resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	N	05/06/2011
10. b. Since your last renewal have you agreed not to exercise your clinical privileges while under investigation?	N	05/06/2011
12. b. Are any currently held licenses pending investigation or being challenged?	N	05/06/2011
6. Since your last renewal, have you been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	N	05/06/2011
13. Since your last renewal have you been notified to appear before any licensing agency for a hearing or complaint of any nature?	N	05/06/2011
15. Since your last renewal have you been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information for each claim or suit. Please type on a separate sheet	N	05/06/2011
14. Since your last renewal has your federal or state narcotics registration certificate in any jurisdiction been voluntarily or involuntarily limited (stipulations), suspended, revoked, restricted, or are there currently challenges to any of these items?	N	05/06/2011
16. Since your last renewal have you been reported to the National Practitioner Data Bank?	N	05/06/2011
17. Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?		05/06/2011
18. In the five (5) years prior to this application, have you had any physical injury or disease, or mental illness or impairment, which you are currently under treatment for or could reasonably be expected to affect your on-going ability to practice medicine safely and		05/06/2011
1. Since your last renewal has your professional liability coverage been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	N	05/06/2011
2. Since your last renewal have you been denied professional liability insurance coverage?	N	05/06/2011
3. Since your last renewal has your professional liability carrier excluded any specific procedures from your coverage?	N	05/06/2011
4. Since your last renewal have you been denied membership or renewal hereof, or been subject to disciplinary action in any professional organization?	N	05/06/2011
5. Since your last renewal have you been excluded from or sanctioned by Medicare and/or Medicaid?	N	05/06/2011
7. Since your last renewal, have you been named as a defendant in any criminal proceedings?	N	05/06/2011
19. I certify that I have completed a minimum of 75 AMA Category I hours of Continuing Medical Education as required by 16.10.4 NMAC?	Y	05/06/2011
20. Are you ABMS (American Board of Medical Specialties) Board Certified?	Y	05/06/2011
8. Since your last renewal, have you been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	N	05/06/2011
9. Since your last renewal have you been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	N	05/06/2011
10. a. Since your last renewal have your privileges at any healthcare entity been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency?	N	05/06/2011
12. a. Since your last renewal has your application for licensure or license to practice in any jurisdiction been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	N	05/06/2011
21. If yes do you hold Lifetime Certification?	Y	05/06/2011
22. If yes do you hold Time Limited Certification?	N	05/06/2011