

## Application - Physician

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Name	Frederick Woodward Hopkins
Credential	Physician

### Fee Details

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DR - Original License Fee	\$250.00
DR - Peer Fee Application	\$140.00
	<b>\$390.00</b>

## Physician - Welcome

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### Physician Application | Welcome

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

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

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

- [Physician by Original](#)

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

- [Physician by Endorsement](#)

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

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

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

## Application - Applicant Information

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### Application | Applicant Information

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

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

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

No

2. What is your Date of Birth?

██████████

3. Optional - What Gender do you identify with?

Male

4. What is your Birth City?

Quantico

5. What is your Birth State?

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

Virginia

6. What is your Birth Country?

United States

## Application - Military

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### Application | Military

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

No

10.

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

11.

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

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

No

13.

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

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

No

## AoE Lawful Presence

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### Affidavit of Eligibility | Section A: Lawful Presence

15. Choose one of the following Lawful Presence types below and select "Next" to continue.

I am a U.S. Citizen.

## AoE US Citizen Physically Present

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### Affidavit of Eligibility | Section A: Lawful Presence

16. Choose one of the following options and select "Next" to continue.

I am currently, physically present in the U.S.

## AoE US Citizen Secure Docs

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### Affidavit of Eligibility | Section B: Verification Documents

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

Out of State Driver's License or Identification Card

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

B9895176

19. Please upload a copy of your secure and verifiable document that displays the information you provided above:

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

██████████

## AoE Attestation

### Affidavit of Eligibility | Section C: Attestation

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

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

119. Please enter today's date below:

07/27/2020

## Physician - School and Method

### Physician Application | Education/School Information

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120. Enter the name of the approved, medical college or university from which you graduated:

Harvard Medical School

121. Enter the address of the college or university (Street, City, State and Zip):

25 Shattuck Street, Boston, MA 02115

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

5

123. Enter the date you graduated:

06/04/1992

124. Enter your title:

Medical Doctor

125. Is the above medical college or university based in a foreign country (non-United States)?

No

126.

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

127. Ready to move on? Great!

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

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

Original

## Physician - Original Information

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### Physician Application | Original Information

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

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

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

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

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

Santa Clara Valley Medical Center, Department of Ob/Gyn San Jose, CA October, 2007 through present July, 2020

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

Yes

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

- [dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us)

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

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

Yes

133.

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

Name of License Holder	State	License Type	License Number	License Status	License Issued Date	License Expiration Date	Disciplinary Action	Type of Endorsement (s)
Frederick Woodward Hopkins	California	Physician and Surgeon	G84697	Active	07/10/1998	11/30/2021	No	
Frederick W Hopkins, MD	New Mexico	Medical license	MD2004-0169	Active	04/16/2004	07/01/2021	No	
Frederick Woodward Hopkins, M.D.	Arkansas	Medical license	E-10232	Active	01/05/2017	11/30/2020	No	
Frederick Woodward Hopkins	Georgia	Physician	041835	Inactive	06/06/1996	09/04/2005	No	

134.

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

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

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



135.

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

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

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

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



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

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

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

Yes

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

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

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

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

Yes

## Application - Screening MEDICAL Questions

### Application | Screening Questions

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

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

148.

- An arrest, discipline, sanction or warning?

No

149.

- Loss or suspension of any license?

No

150.

- Termination or suspension from school or employment?

No

151.

- Endangering the safety of others?

No

152.

- A breach of fiduciary obligations?

No

153.

- A violation of workplace or academic conduct rules?

No

154.

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

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

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

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



155.

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

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

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

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



156.

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

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

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

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



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

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

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

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

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

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

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

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

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

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

## Application - Screening Inquiry Questions

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**Application | Screening Questions**

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

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

162.

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

No

163.

- A Government Agency?

No

164.

- A Court?

No

165.

- An Employer?

No

166.

- An Educational Institution?

No

167.

- A Professional Organization?

No

168.

- In connection with an employment disciplinary or termination procedure?

No

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

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

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

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

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

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

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



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

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

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

## Application - Screening Medical Healthcare Questions

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### Application | Screening Questions

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

**Have you ever had the below occur:**

174.

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

No

175.

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

No

176.

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

No

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

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

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

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

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

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

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

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

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

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

## Physician - Attestation

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### Physician Application | Attestation

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

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

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

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

07/27/2020

## Healthcare Profile - Physician Introduction

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### Healthcare Professions Profile | Introduction

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

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

## Healthcare Profile - Location of Practice

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### Healthcare Professions Profile | Location of Practice

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

No

## Healthcare Profile - Medical Education and Training

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### Healthcare Professions Profile | Education and Training

185. School or Education Level:

Harvard Medical School

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

1992

## Healthcare Profile - Other Licenses

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### Healthcare Professions Profile | Other Licenses

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

Yes

**Healthcare Profile - Other Licenses if Yes****Healthcare Professions Profile | Other Licenses**

188. Other Licenses:

State	License Status	Year Originally Issued
California	Active	1998
Arkansas	Active	2017
New Mexico	Active	2004

**Healthcare Profile - Board Certifications****Healthcare Professions Profile | Board Certifications**

189. Do you hold any current Board Certifications?

Yes

**Healthcare Profile - Medical Board Certifications if Yes****Healthcare Professions Profile | Board Certifications**

190. Board Certifications:

Certification
Obstetrics and Gynecology

**Healthcare Profile - Practice Specialties****Healthcare Professions Profile | Practice Specialties**

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

No

**Healthcare Profile - Colorado Hospital Affiliations****Healthcare Professions Profile | Colorado Hospital Affiliations**

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

No

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

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

Yes

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

**Healthcare Professions Profile | Other State Hospital Affiliations**

196. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Santa Clara Valley Medical Center	Admitting Privileges	San Jose	California
Stanford Medical School	Affiliate	Palo Alto	California

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

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

No

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

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

Yes

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

200. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Santa Clara Valley Medical Center, Dept. of Ob/Gyn	751 So. Bascom Ave	San Jose	California	95128	(408) 885-5550

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

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

No

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

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

No

**Healthcare Profile - Restrictions and Suspensions**

**Healthcare Professions Profile | Restrictions and Suspensions**

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

No

**Healthcare Profile - Healthcare Facility Actions**

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**Healthcare Professions Profile | Healthcare Facility Actions**

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

No

**Healthcare Profile - Termination of Employment**

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**Healthcare Professions Profile | Termination of Employment**

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

No

**Healthcare Profile - DEA Registration**

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**Healthcare Professions Profile | DEA Registration**

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

No

**Healthcare Profile - Convictions**

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**Healthcare Professions Profile | Convictions**

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

No

**Healthcare Profile - Malpractice Claims**

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**Healthcare Professions Profile | Malpractice Claims**

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

No

**Healthcare Profile - Malpractice Carrier Refusal**

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**Healthcare Professions Profile | Malpractice Carrier Refusal**

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

No

**Healthcare Profile - Optional Narrative**

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**Healthcare Professions Profile | Optional Narrative**

220. Optional Narrative:

**Healthcare Profile - Attestation**

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**Healthcare Professions Profile | Attestation**

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

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

221. Submission Date:

07/27/2020

**Review**

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

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

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

# THE UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE AFFILIATED HOSPITALS

ALBUQUERQUE, NEW MEXICO



Certification awarded to

Frederic [Name], M.D.

in recognition of successful completion  
of the accredited program as  
Resident in Obstetrics and Gynecology

June 1992 - June 1996

*P. Clark Hainbarger, MD.*

Associate Dean for Graduate  
Medical Education

*[Signature]*

Dean, School of Medicine

*[Signature]*  
Program Director

*[Signature]*  
Department Chairman



# ARKANSAS STATE MEDICAL BOARD

1401 West Capitol, Suite 340, Little Rock, Arkansas 72201 (501) 296-1802 FAX: (501) 603-3555

www.armedicalboard.org

**Frederick Woodward Hopkins, M.D.**  
751 S Bascon Avenue  
San Jose, CA, USA 95128


**Registration Year: 2019                      Active/Unlimited**

**No.: E-10232              Issued: 1/5/2017              Expires: 11/30/2020**

**Below is your registration card to be carried with you.**

**You may make copies of this registration card, have them notarized and mail to any agency requiring registration verification.**

**You may return to this site at any time to notify this board of any address changes. Simply use the Change of Address link from the left-hand navigation menu found on your Account Home page. Name changes must be submitted in writing with supporting, legal documentation (i.e. marriage license or divorce decree).**


	<b>Arkansas State Medical Board</b> <b>1401 West Capitol, Suite 340</b> <b>Little Rock, AR 72201</b>
Registration Year: 2019	Active/Unlimited
No.: E-10232	Issued: 1/5/2017      Expires: 11/30/2020
Frederick Woodward Hopkins, M.D. 751 S Bascon Avenue San Jose, CA, USA 95128	





## MEDICAL BOARD OF CALIFORNIA

### LICENSING DETAILS FOR: G 84697

**NAME:** HOPKINS, FREDERICK WOODWARD  
**LICENSE TYPE:** PHYSICIAN AND SURGEON G  
**PRIMARY STATUS:** LICENSE RENEWED & CURRENT   
**SCHOOL NAME:** HARVARD MEDICAL SCHOOL  
**GRADUATION YEAR:** 1992

**ADDRESS OF RECORD**  
 DEPT OF OB-GYN SCVMC  
 751 S BASCOM AVE  
 SAN JOSE CA 95128  
 SANTA CLARA COUNTY  
[MAP](#)

**ISSUANCE DATE**  
 JULY 10, 1998  
**EXPIRATION DATE**  
 NOVEMBER 30, 2021  
**CURRENT DATE / TIME**  
 JULY 26, 2020  
 3:25:34 PM

### PUBLIC RECORD ACTIONS

- > [ADMINISTRATIVE DISCIPLINARY ACTIONS \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [COURT ORDER \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [MISDEMEANOR CONVICTION \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [PROBATIONARY LICENSE \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [FELONY CONVICTION \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [MALPRACTICE JUDGMENT \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [HOSPITAL DISCIPLINARY ACTION \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [ADMINISTRATIVE CITATION ISSUED \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [ARBITRATION AWARD \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)
- > [MALPRACTICE SETTLEMENTS \(NO INFORMATION TO MEET THE CRITERIA FOR POSTING\)](#)

### PUBLIC DOCUMENTS

- > [DOCUMENTS \(NO RECORDS\)](#)

### SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

<b>ARE YOU RETIRED?</b>	NO
<b>ACTIVITIES IN MEDICINE</b>	TEACHING - 1-9 HOURS ADMINISTRATION - 1-9 HOURS PATIENT CARE - 30-39 HOURS
<b>PATIENT CARE PRACTICE LOCATION</b>	ZIP - 95128 COUNTY - SANTA CLARA
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	NOT IN TRAINING
<b>AREAS OF PRACTICE</b>	OBSTETRICS AND GYNECOLOGY - PRIMARY
<b>BOARD CERTIFICATIONS</b>	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY - OBSTETRICS AND GYNECOLOGY
<b>POSTGRADUATE TRAINING YEARS</b>	6 YEARS
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE



New Mexico Medical Board  
 2055 S. Pacheco, Building 400  
 Santa Fe, NM 87505  
 505-476-7220 fax 505-476-7237  
 (toll free within New Mexico 800-945-5845)

General Information

Licensee	Frederick W Hopkins	License Type	Medical Doctor
Business address	751 So. Bascom	License Number	MD2004-0169
Business address	Dept. of OB/GYN	License Status	Active
Business city state zip	San Jose CA 95128	License Date	04/16/2004
Business phone	408885-5550	**License Expires	07/01/2021

Medical School	Harvard Medical Sch
Graduation Date	06/04/1992
*Specialty	Obstetrics and Gynecology - BC

\*\*\*For MD's only a New Mexico Medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

\*\*\*For PA's only a New Mexico Medical license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until April 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

\* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: [www.abms.org](http://www.abms.org) to determine if the physician has earned a specialty certification from this private agency.

\*\* A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

PUBLIC ACTIONS:None  
 (while licensed in New Mexico)

[New Search](#)

This Board's data has been searched 8688047 times since 05/08/2001  
 Date information last updated: 07/20/20

Please read the [AIM Disclaimer](#)



## Licensee Details

Please see below for details for the licensee you selected.

<b>Name:</b> Frederick Woodward Hopkins	<b>Designation:</b> MD	
<b>Lic #:</b> 41835	<b>Profession:</b> Physician	<b>Subtype:</b> Full
<b>Status:</b> Inactive	<b>Issued:</b> 6/6/1996	<b>Expires:</b> 9/4/2005
<b>Specialties</b>		
<b>Specialty/Subspecialty</b>	<b>Certifying Board</b>	<b>Primary Specialty?</b>
Obstetrics & Gynecology		Y
<b>Disclaimer:</b> Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASAC-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.		

### Practice Address

**Street Address:** 2365 Montpelier Dr.  
SAN JOSE CA 95116  
**County:** Santa Clara  
**Country:** United States

### Related Licenses

Relationship/Name	License Details

### Public Documents

No public documents to display

## Physician Profile

**Disclaimer:** This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

Date of Profile Submission or Latest Update

### Initial Licensure

Initial License State	Initial License Issue Date	Malpractice Coverage

### Practice Location History

City	State/Province	Country	From	To

### Medicaid/Medicare

Currently Accepting Medicaid Patients?	Currently Accepting Medicare Patients?

### Medical Education and Training

#### Education/Certifications

School Type	From	To	Graduated	School Name

#### Graduate Medical Education

Program Type/Specialty	GME/Hospital Name	From	To	City/State/Zip	Country	Graduated
	Univ of New Mexico (OB/GYN)	07/01/1992	06/30/1996	Albuquerque NM	US	

### Current Hospital Privileges

Hospital Name	City/State/Zip
San Francisco General Hospital (University of California, San Francisco)	

### Final Disciplinary Action

Agency Name	Discipline Date	Violation Description	Action Type	Action Description

### Hospital Privilege Revocations

Hospital Name	Discipline Date	Violation Description	Action Type	Action Description

### Criminal Offenses

Date of Offense	Jurisdiction	Description of Offense

### Medical Malpractice Judgment Arbitration Awards

List of medical malpractice court judgment and/or arbitration awards against this physician entered on or after April 11, 2001 that was in excess of \$100,000 limited to the most recent 10 years.

Date Awarded	Amount Awarded

**Disclaimer:** Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

#### Medical Malpractice Settlement Amounts

- A. Minimum four (4) settlements (regardless of amount).
- B. Three (3) settlements with at least one (1) settlement over \$100,000.00.
- C. Any settlement in which at least one (1) payment is in excess of \$300,000.00.

Settlement Date	Settlement Amount

**Disclaimer:** Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

### List of physician's articles, journals, or publications limited to the most recent ten years

Date	Publication	Title

### List of professional organizations, community service organization memberships or activities

Organization	Type	Description
Community Service	Activities	Fellow, American College of Obstetrics and Gynecology

### Awards

Organization	Award/Honor

### List of all languages excluding English used by the physician to communicate with patients and/or translation services available to their patients at the primary place of practice

Language
Spanish, Swahili

### List of Appointments to Medical School Faculties (Not hospital affiliations or privileges)

School	Position

### Physician's Comments

Close Window

California USA DRIVER LICENSE



DL **B9895176**

CLASS C

EXP [REDACTED] /2021

END NONE

LN HOPKINS  
FN FREDERICK WOODWARD  
2443 FILLMORE ST APT 540  
SAN FRANCISCO, CA 94115

DOB [REDACTED]

RSTR NONE

DONOR



*[Handwritten Signature]*

SEX M HAIR BRN EYES BLU

HGT 6'-03" WGT 230 lb

ISS

DD 01/27/2020504C4/BBFD/21

01/27/2020

**Renewal - DR.0065091**

Name	Frederick Woodward Hopkins
Credential	DR.0065091

**Fee Details**

DR - Legal Defense Fund	\$2.00
DR - PDMP Fee	\$14.00
DR - Portal Fee	\$2.00
DR - Renewal Fee Active	\$238.00
DR- Peer Fee	\$140.00
	<b>\$396.00</b>

**DR\_CDRH Renewal Attestations**

The below attestations apply to your license's CURRENT status. You CANNOT change your status through online renewal. To change your status, please contact the licensing office at [dora\\_dpo\\_licensing@state.co.us](mailto:dora_dpo_licensing@state.co.us) or 303-894-7800. DR have Active and Inactive options, CDRH has Active only

**By renewing my license in INACTIVE status, I attest that:**

I understand malpractice insurance is not required for Inactive license holders; however, I may not practice medicine, including but not limited to prescribing medications, in Colorado unless and until I comply with the insurance requirements and the Board issues me an Active license. I understand that should I desire to reactivate my Colorado medical license at some future time, I will be required to complete the reactivation application and pay an additional fee. I also understand that if I have not actively practiced medicine for two (2) years or more and then wish to reactivate my Colorado medical license, I will be required to demonstrate continued competence pursuant to Board rules and regulations.

**By renewing my license in ACTIVE status, I attest that I have NOT engaged in any conduct or exhibited any behaviors that resulted in the following following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at [dora\\_medicalboard@state.co.us](mailto:dora_medicalboard@state.co.us) or 303-894-7690.:**

- An arrest, discipline, sanction or warning
- Loss or suspension of any license
- Termination or suspension of any license
- Endangering the safety of others
- A breach of fiduciary obligations
- A violation of workplace or academic conduct rules
- An impairment of my ability to practice in a safe, competent, ethical and professional manner
- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting my ability to practice safely and competently
- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs my ability to practice in a safe, competent, ethical, and professional manner

**By renewing my license in ACTIVE status, I attest that I have NOT had an adverse action or administrative/judicial proceeding and I do not have a pending inquiry or investigation within the last two years by the following OR that I have reported, or will report this information within 30 days to the Colorado Medical Board at [dora\\_medicalboard@state.co.us](mailto:dora_medicalboard@state.co.us) or 303-894-7690:**

- A licensing authority - other than the Colorado Medical Board
- A government agency
- A court
- An employer
- An educational institution
- A professional organization
- In connection with an employment disciplinary or termination procedure

**By renewing my license in ACTIVE status, I attest that: I have established and will continuously maintain professional liability insurance as required by statute.**

All statuses click Next to proceed.

**DR & CDRH Peer Health Provider Compliance**

If you have been formally evaluated by the designated peer health provider and are in compliance with all requirements, you can attest to this renewal. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the peer health provider at no cost to address any health concerns, including psychosocial matters such as burnout and family problems.

The peer assistance program is dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

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

### **Medical Substance Use Prevention Training Attestation**

---

Attestation for ACTIVE status Renewal: I attest that by renewing my Colorado license in an Active status, I meet the state Board's substance use prevention training requirements by one of the following methods:

I have completed at least two (2) hours of training since my last renewal in order to demonstrate competency regarding the following topics/areas:

- Best practices for opioid prescribing according to the most recent version of the Division's guidelines for the safe prescribing and dispensing of opioids.
- Recognition of substance use disorders.
- Referral of patients with substance use disorders for treatment.
- The use of the electronic prescription drug monitoring program.

OR

I am exempt from the substance use prevention training requirement for one of the following reasons:

- I maintain a national board certification that requires equivalent substance use prevention training.
- I attest that I do not prescribe opioids.

I attest that I have means to prove completion of my substance use prevention training requirements and I am aware that DORA reserves the right to review this documentation. I will provide this information IF REQUESTED through a renewal audit by the Division of Professions and Occupations.

All statuses select Next to proceed.

### **PDMP Renewal Attestation**

---

By renewing your license in Active status, you agree with the following statement:

I attest that IF I maintain a current United States Drug Enforcement Agency (DEA) registration, I have registered an individual user account with Colorado's Prescription Drug Monitoring Program (PDMP) at <https://colorado.pmpaware.net>.

If you have questions about registering or to check if you have registered, please contact Appriss' 24/7 support line at (855) 263-6403 or email the Colorado PDMP Administrator at [pdmpinqr@state.co.us](mailto:pdmpinqr@state.co.us) for assistance.

Click Next to proceed.

### **\*Affidavit of Eligibility Lawful Presence**

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#### **Affidavit of Eligibility | Section A: Lawful Presence**

1. To qualify for an occupational license or registration in Colorado, you must be legally allowed to work in the United States. You will need to answer the following questions to establish your lawful presence. Please select the lawful presence that you qualify for:

I am a U.S. Citizen

2. Select your physical presence:

I am physically present in the U.S.

### **\*Affidavit of Eligibility Documents**

---

#### **Affidavit of Eligibility | Section B: Verification Documents**

3. To prove your eligibility to work in the United States, you need to present a valid, government issued form of identification. Please select which type of document you will be uploading within this section.

Note: If you selected "I am NOT a US Citizen" in the prior section you may only select a document that has an asterisk (\*) at the option.

Out of State Drivers License or Identification Card

4. Please upload an image of the document that you selected in the prior question. The image must include the full document and the print must be readable or your application process time will be delayed.

This upload option will only allow for 2MB file size. Preferences to shrink an image file if it is too large:

- Make the image black and white.
- Crop the image - allowing for only the document to be seen.
- Compress the image.
- Change the image resolution.

To upload a document, select the "Browse" button to search for the scanned document on your computer. After deciding which document to use, select the "Upload Documents" button to complete uploading the document to your application.

### **\*Affidavit of Eligibility Attestation**

---

#### **Affidavit of Eligibility | Section C: Attestation**

5. By submitting this Affidavit of Eligibility (AoE) I am attesting that I have read and understand the below:

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

As verification to these statements, enter today's date:

03/31/2021

### **Healthcare Profile - Physician Introduction**

---

#### **Healthcare Professions Profile | Introduction**

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

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

### **Healthcare Profile - Location of Practice**

---

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

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

Yes

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

**Healthcare Professions Profile | Location of Practice**

7. Practice Locations:

Address	City	State	Zip Code	Phone Number
Dept. Ob/Gyn, 751 So. Bascom Ave	San Jose	California	95128	408 885-5550

**Healthcare Profile - Medical Education and Training**

**Healthcare Professions Profile | Education and Training**

8. School or Education Level:  
Harvard Medical School

9. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*  
1992

**Healthcare Profile - Other Licenses**

**Healthcare Professions Profile | Other Licenses**

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

**Healthcare Profile - Other Licenses if Yes**

**Healthcare Professions Profile | Other Licenses**

11. Other Licenses:

State	License Status	Year Originally Issued
California	Active	1998
Arkansas	Active	2017
New Mexico	Active	2004

**Healthcare Profile - Board Certifications**

**Healthcare Professions Profile | Board Certifications**

12. Do you hold any current Board Certifications?  
Yes

**Healthcare Profile - Medical Board Certifications if Yes**

**Healthcare Professions Profile | Board Certifications**

13. Board Certifications:

Certification



Obstetrics and Gynecology

**Healthcare Profile - Practice Specialties**

**Healthcare Professions Profile | Practice Specialties**

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

No

**Healthcare Profile - Colorado Hospital Affiliations**

**Healthcare Professions Profile | Colorado Hospital Affiliations**

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

No

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

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

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

Yes

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

**Healthcare Professions Profile | Other State Hospital Affiliations**

19. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
Santa Clara Valley Medical Center	Admitting Privileges	San Jose	California
Stanford Medical School	Affiliate	Palo Alto	California

**Healthcare Profile - Business Ownership**

**Healthcare Professions Profile | Business Ownership**

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

No

**Healthcare Profile - Employer**

**Healthcare Professions Profile | Employer**

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

Yes

**Healthcare Profile - Employer if Yes**

**Healthcare Professions Profile | Employer**

23. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
Santa Clara Valley Medical Center, Dept. of Ob/Gyn	751 So. Bascom Ave	San Jose	California	95128	(408) 885-5550

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

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

No

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

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

No

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

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

No

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

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

No

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

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

No

**Healthcare Profile - DEA Registration**

**Healthcare Professions Profile | DEA Registration**

34. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?  
No

**Healthcare Profile - Convictions**

---

**Healthcare Professions Profile | Convictions**

37. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?  
No

**Healthcare Profile - Malpractice Claims**

---

**Healthcare Professions Profile | Malpractice Claims**

39. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?  
No

**Healthcare Profile - Malpractice Carrier Refusal**

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**Healthcare Professions Profile | Malpractice Carrier Refusal**

41. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?  
No

**Healthcare Profile - Optional Narrative**

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**Healthcare Professions Profile | Optional Narrative**

43. Optional Narrative:

**Healthcare Profile - Attestation**

---

**Healthcare Professions Profile | Attestation**

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

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

44. Submission Date:  
03/31/2021

**Review**

---

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

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

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

**CREDENTIAL STATUS HISTORY SUMMARY****Name:** Frederick Woodward Hopkins**Date:** 7/7/2022**License:** Physician DR.0065091**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 08/05/2020**License expiration date:** 04/30/2023

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

---

<b>Status</b>	<b>Reason</b>	<b>Date Changed</b>	<b>User</b>
Active	CURRENT	03/31/2021	Automated
Active in Renewal	ACTIVE	03/29/2021	Automated
Active	CURRENT	08/05/2020	Automated
Pending	QUALITY ASSURANCE	08/05/2020	Automated
Pending	INTERNAL CONTROL APPROVAL	08/05/2020	Automated
Application Incomplete	APPLICATION INCOMPLETE	08/05/2020	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

