COLORADO BOARD OF MEDICAL EXAMINERS

1991 LICENSE RENEWAL QUESTIONNAIRE

Effective May 19, 1988, HB 1340 mandated that a questionnaire be mailed to, and completed by, each physician wishing to renew his/her license at the time of expiration. COMPLETION OF THIS QUESTIONNAIRE IS NOT OPTIONAL. Each question must be completed, and this form mailed to the Board along with your renewal fee and registration form. IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE A FULL EXPLANATION ON REVERSE. Answering "yes" to any of these questions will not automatically delay the renewal of your license.

A) Since you last renewed your Colorado medical license, have you:

	YES	NO
1. Been denied liability insurance in Colorado?	____	✓
2. Had your insurance coverage terminated by action of the insurance carrier in Colorado?	____	✓

B) Since you last renewed your Colorado medical license, have either of the following (numbers 3 & 4) been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? You are obligated to answer yes to the items below if any of these same actions are currently in progress and/or have not yet been resolved. You must also answer yes if you have withdrawn or failed to proceed with an application for any of the items following:

3. Medical staff membership or clinical privileges at any hospital or health care institution?	____	✓
4. DEA registration?	____	✓

C) Since you last renewed your Colorado License, have you:

5. Had any felony or misdemeanor charges, or any traffic citations involving drugs or alcohol, brought against you?	____	✓
6. Been evaluated or treated for alcohol/drug dependence or abuse which is not already known to the Colorado Board of Medical Examiners or the Colorado Physician Health Program?	[redacted]	
7. Experienced a physical or mental health condition that might limit your ability to perform professional or medical staff duties?	[redacted]	

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE A FULL EXPLANATION ON REVERSE. Answering "yes" to any of these questions will not automatically delay the renewal of your license.

Douglas A. Karpen
Signature of Physician

DOUGLAS ALAN KARPEN
Name printed or typed

30102
License #

409/634-7814
Phone #

COLORADO BOARD OF MEDICAL EXAMINERS

1991 LICENSE RENEWAL QUESTIONNAIRE (SIDE 2)

If you answered "yes" to any of the questions on reverse, please provide the following information:

Questions 1 and 2: Indicate name and address of insurance carrier; date of action; and reasons for action. Attach copy of notification from carrier.

Questions 3 and 4: Indicate name and address of facility or organization; date of action; and reasons for action. Attach copy of notification from agency or organization taking action.

Question 5: Indicate name and address of court of jurisdiction; violation charged; date of alleged violation; and disposition of each violation charged.

Questions 6 and 7: Provide description of condition; date of onset; dates and description of any treatment; name and address of all treatment providers; and current status of condition.

USE ADDITIONAL SHEETS AS NECESSARY

(6917m)

PLEASE READ ENTIRE FORM CAREFULLY BEFORE YOU BEGIN

COLORADO BOARD OF MEDICAL EXAMINERS
APPLICATION FOR RENEWAL, 1991
MALPRACTICE INSURANCE VERIFICATION

PRINT NAME DOUGLAS ALAN KARPEN SOCIAL SECURITY # [redacted]

ADDRESS P.O. BOX 150607 LUFKIN, TX. 75915-0607

TELEPHONE 409/634-7814 DATE OF BIRTH [redacted] COLORADO MEDICAL LICENSE # 30102

PLEASE READ ENTIRE FORM CAREFULLY BEFORE YOU BEGIN

In 1988 the Colorado General Assembly enacted a law requiring all Colorado licensed physicians to maintain certain amounts of malpractice coverage. This law became effective January 1, 1990. As part of your application to renew your license to practice medicine in Colorado you must indicate how you are meeting the requirements of this law.

Please be advised that in Colorado supplying false information in an application for a license is punishable by law.

____ ACTIVE LICENSE: FEE $253.00: I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below:

___1. I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least $500,000 per incident and $1,500,000 annual aggregate per year.

Company: _____ Policy #: _____

___2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1", above.

___3. I am engaged in federal civilian or military service, and my practice is limited solely to those duties required by my federal duty assignment.

___4. I am completely and permanently retired from the practice of medicine, including prescribing. (NOTE: you may wish to consider renewing your license via inactive status - see below).

___5. I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. (NOTE: You may wish to consider renewing your license via inactive status - see below).

___6. My medical practice does not involve any patient care whatsoever (administrator, researcher, academician, non-medical endeavor, e.g.).

___7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever.

___8. I have met the financial responsibility standards through the following alternative method, acceptable to the Colorado Division of Insurance:

___surety bond; ___cash deposit or equivalent; ___ other acceptable security.

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used. The address of the Commission office is: 303 W. Colfax Avenue, Room 500, Denver, CO 80204; (303) 620-4300.

✓ INACTIVE LICENSE FEE: $253.00: I wish to renew my license via INACTIVE status. (NOTE: This category is primarily intended for retired physicians and those practicing outside Colorado) Malpractice insurance is not required for inactive license holders. I understand that I may not practice medicine in Colorado unless and until I comply with the insurance requirements and the Board issues me an active license.

I state under penalty of perjury in the second degree, as defined in 18-8-504, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge.

I understand that under the Colorado Medical Practice Act providing false information is grounds for denial, suspension, or revocation of a medical license.

Douglas A. Karpen
Signature of Physician

4-29-91
Date

Please return 1) this completed form, 2) the completed renewal questionnaire, 3) the entire renewal form and 4) the fee in the enclosed return envelope. Direct other correspondence to:

THE COLORADO BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, CO 80202-5140

PLEASE READ ENTIRE FORM CAREFULLY BEFORE YOU BEGIN

COLORADO BOARD OF MEDICAL EXAMINERS
APPLICATION FOR RENEWAL, 1993
MALPRACTICE INSURANCE VERIFICATION

PRINT NAME Douglas A. Karpen SOCIAL SECURITY # [redacted]

ADDRESS P.O. Box 150607 Lufkin, Tx. 75915-0607

TELEPHONE 409/634-7814 DATE OF BIRTH [redacted] COLORADO MEDICAL LICENSE # 30102-~~0~~ 5

PLEASE READ ENTIRE FORM CAREFULLY BEFORE YOU BEGIN

In 1988 the Colorado General Assembly enacted a law requiring all Colorado licensed physicians to maintain certain amounts of malpractice coverage. This law became effective January 1, 1990. As part of your application to renew your license to practice medicine in Colorado you must indicate how you are meeting the requirements of this law.

Please be advised that in Colorado supplying false information in an application for a license is punishable by law.

___ ACTIVE LICENSE: I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below:

___1. I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least $500,000 per incident and $1,500,000 annual aggregate per year.

Company: _____ Policy #: _____

___2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1" above.

___3. I am engaged in city, state, or federal civilian or military service, and my practice is limited solely to those duties required by my governmental duty assignment.

___4. I am completely and permanently retired from the practice of medicine, including prescribing. (NOTE: You may wish to consider renewing your license via inactive status - see below.)

___5. I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. (NOTE: You may wish to consider renewing your license via inactive status - see below).

___6. My medical practice does not involve any patient care whatsoever (administrator, researcher, academician, non-medical endeavor, e.g.).

___7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever.

___8. I have met the financial responsibility standards through the following alternative method, acceptable to the Colorado Division of Insurance:

__ surety bond; __ cash deposit or equivalent; __ other acceptable security

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used. The address of the Commission office is: 1560 Broadway, Suite 850, Denver, CO 80202: (303) 894-7499.

___ INACTIVE LICENSE: I wish to renew my license via INACTIVE status. (NOTE: This category is primarily intended for retired physicians and those practicing outside Colorado.) Malpractice insurance is not required for inactive license holders. I understand that I may not practice medicine in Colorado unless and until I comply with the insurance requirements and the Board issues me an active license.

I state under penalty of perjury in the second degree, as defined in 18-8-504, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge.

I understand that under the Colorado Medical Practice Act providing false information is grounds for denial, suspension, or revocation of a medical license.

Douglas A. Karpen
Signature of Physician

5-11-93
Date

Please return 1) this completed insurance verification form, 2) the completed renewal questionnaire, 3) the computer renewal form, 4) the fee, and 5) the optional SEARCH survey in the enclosed return envelope. Direct other correspondence to:

THE COLORADO BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, CO 80202-5140

7409

COLORADO BOARD OF MEDICAL EXAMINERS 1995 LICENSE RENEWAL

PLEASE READ BOTH SIDES OF THIS FORM CAREFULLY BEFORE YOU BEGIN

PRINT NAME DOUGLAS A. KARPEN, DO LICENSE NUMBER 30102

LICENSE RENEWAL QUESTIONNAIRE

Effective May 19, 1988, HB 1340 mandated that a questionnaire be mailed to, and completed by, each physician wishing to renew his/her license at the time of expiration. **COMPLETION OF THIS QUESTIONNAIRE IS NOT OPTIONAL**. You must answer yes if you have withdrawn or failed to proceed with an application for any of the items following. Each question must be answered.

		YES	NO
A)	Since you last renewed your Colorado medical license, have you:		
1.	been denied liability insurance in Colorado?		✓
2.	had your insurance coverage terminated by action of the insurance carrier in Colorado?		✓
B)	Since you last renewed your Colorado medical license, have either of the following (numbers 3&4) been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? You are obligated to answer "yes" to the items below if any of these same actions are currently in progress and/or have not yet been resolved.		
3.	Medical staff membership or clinical privileges at any hospital or health care institution?		✓
4.	DEA registration?		✓
C)	Since you last renewed your Colorado license, have you:		
5.	had any felony or misdemeanor charges, or any traffic citations involving drugs or alcohol, brought against you?		✓
6.	illegally or excessively used any controlled substance, habit forming drug, prescription medication, or alcohol? You need not report behavior which is already known to the Colorado Board of Medical Examiners or the Colorado Physician Health Program.	[redacted]	
7.	engaged in any behavior or experienced any mental or physical health condition that might impair your ability to practice medicine safely and competently? You need not report behavior or conditions which are already known to the Colorado Board of Medical Examiners or the Colorado Physician Health Program.	[redacted]	

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION. IF YOU NEED TO ATTACH ANOTHER SHEET OF PAPER OR DOCUMENTS, PLEASE PUT YOUR NAME AND LICENSE NUMBER ON EACH ATTACHMENT. ANSWERING "YES" TO ANY OF THESE QUESTIONS WILL NOT AUTOMATICALLY DELAY RENEWAL OF YOUR LICENSE.

Questions 1 and 2: Indicate name and address of insurance carrier, date of action, and reasons for action. Attach copy of notification from carrier.

Questions 3 and 4: Indicate name and address of facility or organization, date of action, and reasons for action. Attach a copy of notification from agency or organization taking action.

Question 5: Indicate name and address of court of jurisdiction, violation charged, date of alleged violation, and disposition of each violation charged.

Questions 6 and 7: Provide description of condition, date of onset, dates and description of any treatment, name and address of all treatment providers, and current status of condition.

OVER

INSURANCE VERIFICATION FORM

In 1988, The Colorado General Assembly enacted a law requiring all Colorado licensed physicians to maintain certain amounts of malpractice coverage. this law became effective January 1 1990 As part of your application to renew your license to practice medicine in Colorado you must indicate how you are meeting the requirements of this law.

___ **ACTIVE LICENSE:** I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below:

___ 1. I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least $500,000 per incident and $1,500,000 annual aggregate per year.

Company: ___COPIC ___Doctors Company ___St. Paul ___Other (Specify_____)
Policy #: _____

___ 2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1" above.

___ 3. I am engaged in city, state, or federal civilian or military service, and my practice is limited solely to those duties required by my governmental duty assignment.

___ 4. I am completely and permanently retired from the practice of medicine, including prescribing. (NOTE: You may wish to consider renewing your license via inactive status - see below).

___ 5. I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. (NOTE: You may wish to consider renewing your license via inactive status - see below).

___ 6. My medical practice does not involve any patient care whatsoever (administrator, researcher, academician, non-medical endeavor, e.g.).

___ 7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever.

___ 8. I have met the financial responsibility standards by the following alternative method, acceptable to the Colorado Division of Insurance:
___ Surety Bond ___ Cash Deposit or equivalent ___ Other Acceptable Security

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is use. The address of the Commission Office is 1560 Broadway, Suite 850, Denver, Colorado 80202: (303) 894-7499.

✓ ___ **INACTIVE LICENSE:** I wish to renew my license via INACTIVE STATUS. (NOTE: this category is primarily intended for retired physicians and those practicing outside Colorado.) Malpractice insurance is not required for inactive license holders. I understand that I may not practice medicine (including prescribing medications) in Colorado unless and until I comply with the insurance requirements and the Board issues me an active license

I state under penalty of perjury in the second degree, as defined in 18-8-503 Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge.

I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of medical license.

Signature of Physician	Date	License #	Phone #
Douglas A Kuyper	4-21-95	30162	713-774-5623

After completing both sides of this form, please return it with 1) the enclosed computer renewal form, 2) renewal fee, and 3) the optional Physician Survey in the enclosed return envelope. Direct questions and other correspondence to:

THE COLORADO BOARD OF MEDICAL EXAMINERS
1560 Broadway, Suite 1300
Denver, Colorado 80202-5140
303-894-7690

PLEASE PRINT OR TYPE

LAST NAME	FIRST NAME	M	LICENSE #	SOCIAL SECURITY #
KARPEN	DOUGLAS	A	30102	[redacted]

BOTH SIDES OF THIS FORM MUST BE TOTALLY AND ACCURATELY COMPLETED OR IT WILL BE RETURNED TO YOU AND WILL DELAY YOUR RENEWAL.

Read both sides carefully before you begin. Make a copy for your records.

COLORADO BOARD OF MEDICAL EXAMINERS 1997 LICENSE RENEWAL QUESTIONNAIRE

The Colorado Medical Practice Act mandates that a questionnaire be mailed to, and completed by, each physician wishing to renew his/her license at the time of expiration. **COMPLETION OF THIS QUESTIONNAIRE IS NOT OPTIONAL**. Each question must be answered. Answering "yes" to any of these questions **will not** automatically delay renewal of your license.

	YES	NO
A) Since you last renewed your Colorado medical license, have you:		
1. had any adverse action taken against you by any licensing agency in another state or country, any peer review body, any health care institution, any professional or medical society or association, any governmental agency, any law enforcement agency, or any court?	☐	☑
2. surrendered a license or other authorization to practice medicine in another state or jurisdiction or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?	☐	☑
3. had paid on your behalf any final judgment, settlement or arbitration award for medical malpractice? (Note: Please include any payments you have personally made.)	☐	☑
4. been denied liability insurance in Colorado or had your insurance coverage in Colorado terminated by action of the insurance carrier?	☐	☑
B) Since you last renewed your Colorado medical license, have either of the following been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? You are obligated to answer "yes" to the items below if any of these same actions are currently pending. (Note: You must answer yes if you have withdrawn or failed to proceed with an application for any of these items.)		
5. Medical staff membership or clinical privileges at any hospital or health care institution?	☐	☑
6. DEA registration?	☐	☑
C) Since you last renewed your Colorado license, have you:		
7. had any felony or misdemeanor charges, or any traffic citations involving drugs or alcohol, brought against you?	☐	☑
8. illegally or excessively used any controlled substance, habit forming drug, prescription medication, or alcohol? You need not report behavior which is already known to the Colorado Board of Medical Examiners or the Colorado Physician Health Program	[redacted]	
9. engaged in any behavior or suffered any mental or physical health condition that might affect your ability to practice medicine safely and competently? You need not report behavior or conditions which are already known to the Colorado Board of Medical Examiners or the Colorado Physician Health Program	[redacted]	

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION. IF YOU NEED TO ATTACH ANOTHER SHEET OF PAPER OR DOCUMENTS, PLEASE PUT YOUR NAME AND LICENSE NUMBER ON EACH ATTACHMENT.

Questions 1 and 2: Indicate name and address of the entity taking the action or investigating conduct/allegations, the date of the action and specify conduct/allegations upon which the action or investigation was initiated. Please include documentation of any charges and/or final action.

Questions 3 and 4: Indicate name and address of insurance carrier, reasons for action, and date of alleged conduct. Attach copy of notification from carrier.

Questions 5 and 6: Indicate name and address of facility or organization, date of action, and specific conduct/allegations upon which action was taken. Attach a copy of notification from agency or organization taking action.

Question 7: Indicate name and address of court of jurisdiction, violation charged, date of alleged violation, and disposition of each violation charged.

Questions 8 and 9: Provide description of condition, date of onset, dates and summary of any treatment, name and address of all treatment providers, and current status of condition.

– OVER –

1997 RENEWAL INSURANCE VERIFICATION FORM

As part of your application to renew your license to practice medicine in Colorado you must indicate how you are complying with the requirement to maintain financial responsibility.

☐ **I WISH TO CHANGE FROM INACTIVE TO ACTIVE STATUS: FEE - $195.** You must complete a different form. Please call the Board Office at (303) 894-7719 to request a Reactivation Form.

☐ **ACTIVE LICENSE: FEE - $195.** I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below: **You must check at least one.**

☐ 1. I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least $500,000 per incident and $1,500,000 annual aggregate per year.

Company: COPIC ☐ **Doctors Company** ☐ **St. Paul** ☐ **Other (Specify_____)**

NOTE: Please supply your insurance policy number: _____

☐ 2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1" above.

☐ 3. I am a federal civilian or military physician whose practice is limited solely to that required by my federal or military agency.

☐ 4. I am a public employee whose practice is limited solely to that covered by the Colorado Governmental Immunity Act.

☐ 5. I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. I am, however, engaged in active medical practice in another state or foreign jurisdiction. (NOTE: You may wish to consider renewing your license via inactive status - see below).

☐ 6 .My medical practice does not involve any patient care whatsoever (e.g., administrator, researcher, academician, non-medical endeavor. (NOTE: You may wish to consider renewing your license via inactive status - see below.)

☐ 7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever.

☐ 8. I have met the financial responsibility standards by the following alternative method, acceptable to the Colorado Division of Insurance:

☐ Surety Bond ☐ Cash Deposit or equivalent ☐ Other Acceptable Security

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used. The address of the Commission Office is: 1560 Broadway, Suite 850, Denver, Colorado 80202; (303) 894-7499.

☒ **INACTIVE LICENSE: FEE: $100.** I wish to renew my license via INACTIVE STATUS. (NOTE: this category is primarily intended for retired physicians and those practicing outside Colorado.) Malpractice insurance is not required for inactive license holders. **I understand that I may not practice medicine, including 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 $95.00. I also understand that if I have not actively practiced medicine for 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.**

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Signature of Physician	Date	Phone #	Fax ##
Douglas A Kreger	4-4-97	713/777-8446	713/271-5750

After completing this form, please return it with 1) the enclosed computer renewal form, 2) the renewal fee, and 3) the Physician Survey (optional) in the enclosed return envelope. Direct questions to: **(303) 894-7690 Colorado Board of Medical Examiners, 1560 Broadway, Suite 1300, Denver, CO 80202-5140**

COLORADO BOARD OF MEDICAL EXAMINERS 1999 LICENSE RENEWAL QUESTIONNAIRE

LAST NAME	FIRST NAME	M	SOCIAL SECURITY #	COLORADO 5 DIGIT LICENSE #
KARPEN	DOUGLAS	A	[redacted]	30102

Instructions. Print or type name and Social Security Number and license number above Fill in the circle that corresponds to each number of your license number.

1 ○ ○ ● ○ ○
2 ○ ○ ○ ○ ●
3 ● ○ ○ ○ ○
4 ○ ○ ○ ○ ○
5 ○ ○ ○ ○ ○
6 ○ ○ ○ ○ ○
7 ○ ○ ○ ○ ○
8 ○ ○ ○ ○ ○
9 ○ ○ ○ ○ ○
0 ○ ● ○ ● ○

BOTH SIDES OF THIS FORM MUST BE TOTALLY AND ACCURATELY COMPLETED OR IT WILL BE RETURNED TO YOU AND WILL DELAY YOUR RENEWAL.
Read both sides carefully before you begin. **Make a copy for your records.**

The Colorado Medical Practice Act mandates that a questionnaire be mailed to, and completed by, each physician wishing to renew his/her license at the time of expiration **COMPLETION OF THIS QUESTIONNAIRE IS NOT OPTIONAL** Each question must be answered. Answering "yes" to any of these questions **will not** automatically delay renewal of your license.

	YES	NO
A) Since you last renewed your Colorado medical license, have you.		
1. had any adverse action taken against you by any licensing agency in another state or country, any peer review body, any health care institution, any professional or medical society or association, any governmental agency, any law enforcement agency, or any court?	☐	☑
2. surrendered a license or other authorization to practice medicine in another state or jurisdiction or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?	☐	☑
3. had paid on your behalf any final judgment, settlement or arbitration award for medical malpractice? (Note· Please include any payments you have personally made)	☐	☑
4 been denied liability insurance in Colorado or had your insurance coverage in Colorado terminated by action of the insurance carrier?	☐	☑
B) Since you last renewed your Colorado medical license, have either of the following been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? You are obligated to answer "yes" to the items below if any of these same actions are currently pending (Note. You must answer yes if you have withdrawn or failed to proceed with an application for any of these items)		
5. Medical staff membership or clinical privileges at any hospital or health care institution?	☐	☑
6 DEA registration?	☐	☑
C) Since you last renewed your Colorado license, have you:		
7 had any felony or misdemeanor charges, or any traffic citations involving drugs or alcohol, brought against you?	☐	☑
8 illegally or excessively used any controlled substance, habit forming drug, prescription medication, or alcohol? You may answer NO if the behavior is already known to the Colorado Physician Health Program	[redacted]	
9 engaged in any behavior or suffered any mental or physical health condition that might affect your ability to practice medicine safely and competently? You may answer NO if the behavior or conditions are already known to the Colorado Physician Health Program	[redacted]	

IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION. IF YOU NEED TO ATTACH ANOTHER SHEET OF PAPER OR DOCUMENTS, PLEASE PUT YOUR NAME AND LICENSE NUMBER ON EACH ATTACHMENT.

Questions 1 and 2 Indicate name and address of the entity taking the action or investigating conduct/allegations, the date of the action and specify conduct/allegations upon which the action or investigation was initiated Please include documentation of any charges and/or final action

Questions 3 and 4. Indicate name and address of insurance carrier, reasons for action, and date of alleged conduct Send copy of final action, amount of settlement, copy of report from National Practitioner Data Bank and a clinical narrative of the case, including patient's name

Questions 4: Attach copy of notification from insurance carrier.

Questions 5 and 6 Indicate name and address of facility or organization, date of action, and specific conduct/allegations upon which action was taken Attach a copy of notification from agency or organization taking action

Question 7 Indicate name and address of court of jurisdiction, violation charged, date of alleged violation, and a copy of the final disposition of each violation charged

Questions 8 and 9. Provide description of condition, date of onset, dates and summary of any treatment, name and address of all treatment providers, and current status of condition

– OVER –

1999 RENEWAL INSURANCE VERIFICATION FORM

As part of your application to renew your license to practice medicine in Colorado you must indicate how you are complying with the requirement to maintain financial responsibility.

☐ **I WISH TO CHANGE FROM INACTIVE TO ACTIVE STATUS: FEE - $305.** You must complete a different form. Please call the Board Office at (303) 894-7719 to request a Reactivation Form.

☐ **ACTIVE LICENSE: FEE - $305.** I wish to renew my license via ACTIVE STATUS. I meet (or claim exemption from) the financial responsibility standards as indicated below **You must check at least one.**

☐ 1 I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least $500,000 per incident and $1,500,000 annual aggregate per year

Company: COPIC ☐ **Doctors Company** ☐ **St. Paul** ☐ **Other (Specify_____)**

NOTE: Please supply your insurance policy number: _____

☐ 2. I am covered by individual commercial professional liability insurance maintained by an employer/contracting agency in accordance with the requirements noted in "1" above

☐ 3 I am a federal civilian or military physician whose practice is limited solely to that required by my federal or military agency

☐ 4. I am a public employee whose practice is limited solely to that covered by the Colorado Governmental Immunity Act

☐ 5 I do not engage in any patient care whatsoever within the state of Colorado, including prescribing. I am, however, engaged in active medical practice in another state or foreign jurisdiction. (NOTE: You may wish to consider renewing your license via inactive status - see below)

☐ 6 My medical practice does not involve any patient care whatsoever (e.g., administrator, researcher, academician, non-medical endeavor (NOTE. You may wish to consider renewing your license via inactive status - see below)

☐ 7. I provide limited or occasional, uncompensated care to patients and I do not otherwise provide any compensated patient care whatsoever

☐ 8 I have met the financial responsibility standards by the following alternative method, acceptable to the Colorado Division of Insurance (Must have approval from the Colorado Commissioner of Insurance. See note below).

☐ Surety Bond ☐ Cash Deposit or equivalent ☐ Other Acceptable Security

NOTE: The Commissioner of Insurance approves alternatives for financial responsibility. Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used The address of the Commission Office is 1560 Broadway, Suite 850, Denver, Colorado 80202· (303) 894-7499

MAKE CHECKS PAYABLE TO: COLORADO BOARD OF MEDICAL EXAMINERS

☑ **INACTIVE LICENSE· FEE - $150** I wish to renew my license via INACTIVE STATUS. (NOTE, this category is primarily intended for retired physicians and those practicing outside Colorado.) Malpractice insurance is not required for inactive license holders **I understand that I may not practice medicine, including 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 $155.00. I also understand that if I have not actively practiced medicine for 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.**

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge. I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Signature of Physician	Date	Phone #	Fax ##
Douglas A Kaysen	5-7-99	713-774-5623	713-271-5750

After completing this form, please return it with 1) the enclosed computer renewal form, 2) the renewal fee, and 3) the Physician Survey (optional) in the enclosed return envelope. Direct questions to **(303) 894-7719 Colorado Board of Medical Examiners, 1560 Broadway, Suite 1300, Denver, CO 80202-5140**

COLORADO BOARD OF MEDICAL EXAMINERS
2001 LICENSE RENEWAL QUESTIONNAIRE

LAST NAME	FIRST NAME	MI	SOCIAL SECURITY #	LICENSE #
KARDEN	DOUGLAS	A.	[redacted]	30102

PLEASE PRINT LEGIBLY. KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS

NOTE: The Colorado Medical Practice Act mandates that all licensed physicians wishing to renew their Colorado medical licenses must complete this questionnaire and renewal application.

INSTRUCTIONS: Print or type your name, social security number and license number in the boxes above. Answer each question below, and provide the information and documentation requested for each "yes" response

RESPONDING "YES" TO ANY OF THESE QUESTIONS WILL NOT DELAY RENEWAL OF YOUR LICENSE.
AN INCOMPLETE OR INACCURATE FORM, HOWEVER, WILL RESULT IN DELAY OF YOUR RENEWAL. COMPLETE BOTH SIDES OF THIS FORM.

Since you last renewed your Colorado medical license, have you

1 had any adverse action taken against you by any licensing agency in another state or country, any peer review body, health care facility, professional or medical society or association, governmental agency, law enforcement agency, or court of law?
☐ YES ☑ NO

If "YES", provide a detailed summary of the events, which led to the adverse action Include the name and address of the entity that took the action, the date of the action, correspondence from the entity regarding the matter, and whether action is still pending

2 surrendered a license or other authorization to practice medicine in another state or jurisdiction, or surrendered membership on any medical staff, medical or professional association or society while under investigation by any of these authorities or bodies?
☐ YES ☑ NO

If "YES", provide a detailed summary of the events, which led to the adverse action. Include the name and address of the entity that took the action, the date of the action, correspondence from the entity regarding the matter, and whether action is still pending

3 had paid on your behalf any final judgment, settlement or arbitration award for medical malpractice? NOTE. Include any payments you have made personally ☐ YES ☑ NO

If "YES", provide a detailed clinical summary of your care and treatment of the patient Include the name of the patient, the amount and date of settlement, and a current copy of your complete National Practitioner Data Bank report (The Board may request patient records in the matter at a later date)

4 been denied liability insurance in Colorado or had your insurance coverage in Colorado terminated by action of the insurance carrier? ☐ YES ☑ NO

If "YES", provide a copy of the notification from the insurance carrier and a summary of the events, which led to the denial If you do not have a copy of the notification, contact the insurance carrier to obtain one

5 had any felony or misdemeanor charges of any kind brought against you? Had any traffic citations involving drugs or alcohol, brought against you? Regardless of the case disposition, you must answer yes if you have been charged
☐ YES ☑ NO

If "YES", provide a detailed summary of the events, which led to the charges or citation Include with your summary a copy of the charges or citation, intake and discharge summary (if applicable), and all communication with (and from) the citing agency and the court of jurisdiction

6 illegally or excessively used any controlled substance, habit-forming drug, prescription medication, or alcohol? You may answer "NO" if the behavior is already known to the Colorado Physician Health Program (CPHP) [redacted]

If "YES", provide a detailed summary of the condition or event Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers

7 engaged in any behavior or suffered any mental or physical health condition that might affect your ability to practice medicine with skill and safety to patients? You may answer "NO" if the behavior is already known to the Colorado Physician Health Program (CPHP). [redacted]

If "YES", provide a detailed summary of the condition or event Include the date of onset, date(s) and summary of treatment(s) received, the current status of your condition, and the name and address of all treatment providers

8) Since you last renewed your Colorado medical license, have either of the following been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or voluntarily relinquished? You are obligated to answer "YES" to the items below if any of these actions are currently pending NOTE You must answer "YES" if you have withdrawn or failed to proceed with an application for any of these items

1 Medical staff membership or clinical privileges at any hospital or healthcare facility? ☐ YES ☑ NO

If "YES", provide a detailed summary of the conduct/allegations upon which action was taken Include the notification to you from the hospital(s) or facility(s). If you do not have the notification(s), contact the hospital(s) or facility(s) to obtain one

2 DEA registration? ☐ YES ☑ NO

If "YES", provide a detailed summary of the conduct/allegation upon which action was taken Include the notification from DEA If you do not have a copy of the notification, contact DEA to obtain a copy.

HAVE YOU PREVIOUSLY REPORTED ANY OF THE ABOVE MATTERS TO THE BOARD? [redacted]
IF YES, PROVIDE DOCUMENTATION IN SUPPORT OF YOUR RESPONSE. IF APPLICABLE, PROVIDE A COPY OF THE FINAL

NA

2001 LICENSE RENEWAL QUESTIONNAIRE AND INSURANCE VERIFICATION FORM

As part of your application to renew your license to practice medicine in Colorado you must indicate how you are complying with the requirement to maintain financial responsibility Please be advised, you CANNOT use this renewal form to change your status from FROM INACTIVE TO ACTIVE You must complete a reactivation application to reactivate your license Please call the Board Office at (303) 894-7690 to request a reactivation application This is a process separate and independent from the renewal process

☐ ACTIVE LICENSE FEE - $315 I wish to renew my license in ACTIVE STATUS I meet (or claim exemption from) the financial responsibility standards as indicated below· ***You must check at least one***

- ☐ I maintain commercial professional liability insurance with a carrier authorized to do business in Colorado, in minimum indemnity amounts of at least $500,000 per incident and $1,500,000 annual aggregate per year

  ☐ COPIC ☐ Doctors Company ☐ St Paul ☐ Other (Specify)_____

  NOTE· Please supply your insurance policy number· _____

- ☐ I am a federal civilian or military physician whose practice is limited solely to that required by my federal/military agency
- ☐ I am a physician who is not engaged in the practice of medicine
- ☐ I am a physician who is covered by individual commercial professional liability coverage (or an alternative which complies with Section 13-64-301(1)(c), (d) or (e)) maintained by an employer/contracting agency in the amounts set forth above
- ☐ I am a physician who provides uncompensated health care to patients, or who does not otherwise engage in any compensated patient care in Colorado
- ☐ I have met the financial responsibility standards by the following alternative method, acceptable to the Colorado Division of Insurance (Must have approval from the Colorado Commissioner of Insurance See note below).

  ☐ Surety Bond ☐ Cash Deposit or equivalent ☐ Other Acceptable Security

NOTE The Commissioner of Insurance approves alternatives for financial responsibility Certification from the Insurance Commission MUST BE ATTACHED if an alternative method is used. The address of the Commission Office is 1560 Broadway, Suite 850, Denver, Colorado 80202: (303) 894-7499.

☑ INACTIVE LICENSE FEE - $160 I wish to renew my license in INACTIVE STATUS. Malpractice insurance is not required for inactive license holders **I understand that 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 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

MAKE CHECKS PAYABLE TO. COLORADO BOARD OF MEDICAL EXAMINERS

I state under penalty of perjury in the second degree, as defined in 18-8-503, Colorado Revised Statutes, that the information contained in this application is true and correct to the best of my knowledge I understand that under the Colorado Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license

Douglas A Karpen 6-29-01

Signature of Physician **Date**

DOUGLAS A. KARPEN, D.O. 30102

Print name of physician **(printed name and license number must be legible to process this form)** **License #**

After completing this form, please return it with 1) the enclosed computer renewal form, 2) the renewal fee and 3) the Physician Survey (optional) in the enclosed return envelope Direct questions to. (303) 894-7690 Colorado Board of Medical Examiners, 1560 Broadway, Suite 1300, Denver CO 80202-5140

Renewal - DR.0030102

Name	Douglas Alan Karpen
Credential	DR.0030102

Fee Details

Renewal Fee	$2.00
Renewal Fee	$238.00
Renewal Fee	$162.00
	$402.00

Affidavit of Eligibility - Screening Present

AFFIDAVIT OF ELIGIBILITY

1. Do you currently reside in and are you physically present in the United States?
   Yes

Affidavit of Eligibility - Screening Doc Change

AFFIDAVIT OF ELIGIBILITY

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.
   Yes

Affidavit of Eligibility

AFFIDAVIT OF ELIGIBILITY

Pursuant to C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

** The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

3. Please enter your Full Legal Name

Affidavit of Eligibility - Section A

Section A: LAWFUL PRESENCE in the United States

4. Select one of the following Lawful Presence types below and click "Next" when done:

Affidavit of Eligibility - Section B.1

Section B: SECURE AND VERIFIABLE DOCUMENTS

5. Do you have a State or Federal government issued identification?

These include:

- Driver's License or Permit
- Government Issued ID Card
- Valid U.S. Military Common Access Card
- Colorado Department of Corrections Inmate ID
- Tribal ID Card
- U.S. Passport
- Certificate of Naturalization
- Certificate of (U.S.) Citizenship
- Valid Temporary Resident card
- Valid I-94 issued by Canadian government
- Valid I-94 with refugee/asylum stamp

Affidavit of Eligibility - Section B.1 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

6. Select one of the following Government Issued Identification:

7. Enter the name of State or Federal Agency that issued the identification:

8. Enter your full name as shown on the driver's license or State/Federal issued identification:

9. Enter the State/Federal government issued license/ID number:

10. Enter the expiration date of the license/ID:

11. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.2

Section B: SECURE AND VERIFIABLE DOCUMENTS

12. Do you have a Valid I-766 (Employment Identification Card)?

Affidavit of Eligibility - Section B.2 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

13. Enter the issuing Federal Agency:

14. Enter the name as listed on the card:

15. Enter the Alien number (A#):

16. Enter the card number:

17. Enter the Valid From Date:

18. Enter the Expiration Date:

19. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.3

Section B: SECURE AND VERIFIABLE DOCUMENTS

20. Do you have a Valid I-551 (Resident Alien or Permanent Resident Card)?

Affidavit of Eligibility - Section B.3 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

21. Enter the issuing Federal Agency:

22. Enter the name as listed on the card:

23. Enter the Alien Number (A#):

24. Enter the country of birth:

25. Enter the card expiration date:

26. Enter the Residence Since date:

27. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.4

28. Do you have a Valid Foreign Passport with an unexpired Visa with proper classification for work authorization, and an unexpired I-94?

Affidavit of Eligibility - Section B.4 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

29. Enter the issuing foreign country:

30. Enter the Passport Number:

31. Enter the Visa Number:

32. Enter the Visa Class (Examples: J-1, P-1 H-1B, etc.):

33. Enter the Date of Entry:

34. Enter the Until Date:

35. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section B.5

Section B: SECURE AND VERIFIABLE DOCUMENTS

36. Do you have a valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa?

Affidavit of Eligibility - Section B.5 if Yes

Section B: SECURE AND VERIFIABLE DOCUMENTS

37. Enter the issuing foreign country:

38. Enter the Passport Number:

39. I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Affidavit of Eligibility - Section C

Section C: Attestation

- 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 may also be required to provide proof of lawful presence.
- 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.

40. By entering your full legal name below you attest that you have read and understand the above information.

41. Please enter today's date below:

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800.

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 abused or excessively used any habit forming drug, including alcohol, or any controlled substance that has: 1) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or, 2) affected my ability to practice as a physician safely and competently, at any time during the past two years, up to and including today's date.

  AND

  In the last two years, I have not been diagnosed with or treated for an illness or condition that significantly disturbs my cognition, behavior, or motor function, and that may impair my ability to practice as a physician safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder

  OR

  The illness or condition or the use of substances, as defined above, is: 1) already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; or, 2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

  OR

  I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

  OR

  I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

GLOBAL HPPP Renewal Attestation

Pursuant to section 24-34-110, C.R.S., all Active and Retired status licensees must maintain a current Healthcare Professions Profile. Reportable events and/or changes to information must be made within 30 days. For more information about this Program and to update your profile, visit www.dora.colorado.gov/professions/hppp.

By renewing your Active or Retired license, you attest to the following:

I have updated my Healthcare Professions Profile to current date and/or I will make any updates within 30 days of any reportable event or change, and subsequent updates will be made within 30 days. This requirement is in addition to any requirement by a profession's practice act. Examples of reportable events or changes that must be updated on a profile include, but are not limited to, location of practice, public actions issued by any jurisdiction, felonies and crimes of moral turpitude, malpractice settlements/judgments, etc. To update a Healthcare Professions Profile, or for more information on the Healthcare Professions Profile Program (HPPP) and its requirements, visit www.dora.colorado.gov/professions/hppp or call 303-894-5942.

If your status is Inactive you are not required to maintain a Healthcare Professions Profile, click next to proceed.

You may NOT change your status through online renewal. For information regarding a status change, please contact the renewal desk at 303-894-7800 or dora_dpo_renewalline@state.co.us.

Click next to proceed.

Review

Please make sure to PRINT THIS SCREEN for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0030102

Name	Douglas Alan Karpen
Credential	DR.0030102

Fee Details

DR - Legal Defense Fund	$2.00
DR - Portal Fee	$1.50
DR - Renewal Fee Inactive	$238.50
DR- Peer Fee	$162.00
	$404.00

Affidavit of Eligibility - Screening Present

AFFIDAVIT OF ELIGIBILITY

1. Do you currently reside in and are you physically present in the United States?
   Yes

Affidavit of Eligibility - Screening Doc Change

AFFIDAVIT OF ELIGIBILITY

2. Are you a United States Citizen and the State or Federally issued document, in which you proved your legal status in the United States is still valid **and** has not expired since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

-OR-

Are you Not a United States Citizen, but are lawfully present in the United States **and** your legal status within the United States has not changed **and** the legal documents used to prove lawful presence have not changed since you last completed an Affidavit of Eligibility? (This would have been either at your original licensure or your last renewal, whichever is more recent).

If you need to update your lawful presence information, select no and you will be prompted to complete a new Affidavit of Eligibility. Otherwise, if your information has not changed, select yes to move forward.
Yes

DR Renewal Attestation

The below attestations apply to your license's CURRENT status. You may not change your status through online renewal. To change your status, please contact the licensing office at dora_registrations@state.co.us or 303-894-7800.

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:

- In the past two years I have not abused or excessively used any habit forming drug including, alcohol or any controlled substance, and I have not been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation or finding of working impaired, diversion of controlled substances or habit -forming medications (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm.

  OR

  In the past two years I have abused or excessively used any habit forming drug including, alcohol or any controlled substance, or I have been diagnosed with or treated for a condition that disturbs my cognition, behavior or motor function which has resulted in an adverse action, a professional disciplinary action, a criminal charge, or an allegation, or finding

of working impaired, diversion of a controlled substance or habit-forming medication (including self-prescribing), sexual contact with a patient, substandard medical practice or patient harm AND I have reported, or will report this information within 30 days to the Colorado Medical Board.

- In the last 2 years, no adverse action has been taken against my license by another licensing agency, a peer review body, a health care institution, a residency or postgraduate training program, a professional or medical society or association, a governmental agency, a law enforcement agency, or a court for acts or conduct which, would constitute grounds for disciplinary or adverse actions pursuant to the Medical Practice Act or its attendant rules. For the purpose of this attestation, an adverse action by a law enforcement agency includes: 1) all felony charges; 2) all misdemeanor charges; or, 3) traffic charges/citations involving alcohol, controlled substances, or any other habit-forming drug.

OR

I have reported, or will report within 30 days, any adverse action to the Board in accordance with the requirements of the Medical Practice Act.

- In the last two years, I have not been diagnosed with or treated for an illness, condition or behavior, that disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder.

OR

In the last two years, I have been diagnosed with or treated for an illness, condition or behavior that significantly disturbs my cognition, behavior, or motor function that has resulted in conduct which may impair my ability to practice as a physician, safely and competently, such as substance misuse or abuse, bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder AND:

1) The illness or condition is already known to the Colorado Physician Health Program ("CPHP") and I have made, or will make known within 30 days, any requisite disclosure to the Board pursuant to section 12-36-118.5 and any attendant regulations; OR

2) I have entered into a Confidential Agreement with the Board. For the purpose of this attestation, "Known to CPHP" means that I have informed CPHP of my condition or use of such substances and I am complying with all of CPHP's requirements for evaluation, treatment and/or monitoring; OR

3) I have reported, or will report within 30 days, the illness or condition to the Medical Board.

- In the last 2 years, I have not been denied medical liability insurance and no liability insurance coverage has been limited, restricted, or terminated by action of the insurance carrier in this or any other state.

OR

I have reported, or will report within 30 days, any denial or limitation of medical liability coverage to the Board.

- I have established and will continuously maintain professional liability insurance as required by §13-64-301, C.R.S.

Click Next to proceed.

HPPP - DR Introduction

Healthcare Professions Profile

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.

HPPP GLOBAL - Location of Practice

Location of Practice

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

Yes

HPPP GLOBAL - Location of Practice If Yes

Location of Practice

50. Practice Locations:

Address	City	State	Zip Code	Phone Number
2505 N. Shepherd Dr	Houston	Texas	77008	(713) 774-9706

HPPP - MEDICAL Education and Training

Education and Training

51. School or Education Level:
A.T. Still UHS Kirksville Col of Osteo Med

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

1974

HPPP GLOBAL - Other Licenses

Other Licenses

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

HPPP GLOBAL - Other Licenses if Yes

Other Licenses

54. Other Licenses:

State	License Status	Year Originally Issued
Texas	Active	1975

HPPP GLOBAL - Board Certifications

Board Certifications

55. Do you hold any current Board Certifications?
No

HPPP GLOBAL - Practice Specialties

Practice Specialties

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

HPPP - MEDICAL Practice Specialties if Yes

Practice Specialties

58. Practice Specialties:

Specialty
Obstetrics and Gynecology

HPPP GLOBAL - CO Hospital Affiliations

Colorado Hospital Affiliations

59. Do you have a current affiliation or clinical privileges with any Colorado Hospital?
No

HPPP GLOBAL - Other Hospital Affiliations

Other Health Care Facilities and Out of State Hospital Affiliations

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

HPPP GLOBAL - Other Hospital Affiliations If Yes

Other Health Care Facilities and Out of State Hospital Affiliations

62. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
surgical specialty hospital of america	Affiliate	pasadena	Texas

HPPP GLOBAL - Business Ownership

Business Ownership

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

HPPP GLOBAL - Business Ownership if Yes

Business Ownership

64. Business Ownership:

Business Name	City	State
Texas Ambulatory Surgical Center	Houston	Texas

HPPP GLOBAL - Employer

Employer

65. Do you have an employer in the profession in which you are licensed or are applying for a license?
No

HPPP GLOBAL - Employment Contracts

Employment Contracts

67. 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

HPPP GLOBAL - Disciplinary Actions

Disciplinary Actions

69. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?
No

HPPP GLOBAL - Restrictions and Suspensions

Restrictions and Suspensions

71. 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

HPPP GLOBAL - Healthcare Facility Actions

Healthcare Facility Actions

73. 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

HPPP GLOBAL - Termination of Employment

Termination of Employment

75. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?
No

HPPP GLOBAL - DEA Registration

DEA Registration Surrender

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

HPPP GLOBAL - Convictions

Convictions

80. 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

HPPP GLOBAL - Malpractice Claims

Malpractice Claims

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

HPPP GLOBAL - Malpractice Carrier Refusal

Malpractice Carrier Refusal

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

HPPP GLOBAL - Optional Narrative

Optional Narrative

86. Optional Narrative:

HPPP GLOBAL - Attestation

Attestation

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

- You are 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.

87. Submission Date:
04/24/2017

Review

Please make sure to PRINT THIS SCREEN for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0030102

Name	Douglas Alan Karpen
Credential	DR.0030102

Fee Details

DR - Legal Defense Fund	$2.00
DR - Portal Fee	$1.50
DR - Renewal Fee Inactive	$218.50
DR- Peer Fee	$140.00
	$362.00

DR Renewal Attestation

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_registrations@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 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 your 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 your 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 your 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 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 13-64-301, C.R.S.

All statuses click 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 email the PDMP Help Desk at pdmpinqr@state.co.us for assistance.)

Click Next to proceed.

AoE Renewal Update

Affidavit of Eligibility | Renewal Update of Information

1. Since you were originally licensed or since your last renewal (whichever was more recent) has the documentation you provided proving your legal status in the United States changed?

- If nothing has changed in your legal status or documentation, select "No"
- If your status has changed, or you need to update your documentation, select "Yes" to update your information

No

AoE Attestation

Affidavit of Eligibility | Section C: Attestation

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

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

96. Please enter today's date below:
03/28/2019

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

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

Yes

Healthcare Profile - Location of Practice if Yes

Healthcare Professions Profile | Location of Practice

98. Practice Locations:

Address	City	State	Zip Code	Phone Number
2505 N. Shepherd Dr	Houston	Texas	77008	(713) 774-9706

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

99. School or Education Level:
A.T. Still UHS Kirksville Col of Osteo Med

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

1974

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

101. 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

102. Other Licenses:

State	License Status	Year Originally Issued
Texas	Active	1975

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

103. Do you hold any current Board Certifications?
No

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

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

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

106. Practice Specialties:

Specialty
Obstetrics and Gynecology

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

107. 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

109. 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

110. Other Healthcare Facility Affiliations:

Facility	Affiliation Type	City	State
surgical specialty hospital of america	Affiliate	pasadena	Texas

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

Healthcare Profile - Business Ownership if Yes

Healthcare Professions Profile | Business Ownership

112. Business Ownership:

Business Name	City	State
Texas Ambulatory Surgical Center	Houston	Texas

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

113. Do you have an employer in the profession in which you are licensed or are applying for a license?
No

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

115. 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

117. 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

119. 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

121. 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

123. 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

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

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

128. 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

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

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

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

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

134. 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.

135. Submission Date:
03/28/2019

Review

Please make sure to PRINT THIS SCREEN for your records. To do so, you can click the button in the upper right hand corner of this screen labeled "Print Review". You will not be able to print after you leave this review screen.

Renewal - DR.0030102

Name	Douglas Alan Karpen
Credential	DR.0030102

Fee Details

DR - Legal Defense Fund	$2.00
DR - Portal Fee	$2.00
DR - Renewal Fee Inactive	$240.00
DR- Peer Fee	$140.00
	$384.00

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 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 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 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 for assistance.

Click Next to proceed.

*Affidavit of Eligibility Lawful Presence

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.

[redacted]

*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:
04/08/2021

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
2505 N. Shepherd Dr	Houston	Texas	77008	(713) 774-9706
8363 Meadow Road	Dallas	Texas	75231	2143618585

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

8. School or Education Level:
A.T. Still UHS Kirksville Col of Osteo Med

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

1974

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
Texas	Active	1975

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

12. Do you hold any current Board Certifications?
No

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?
Yes

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

15. Practice Specialties:

Specialty
Obstetrics and Gynecology

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
surgical specialty hospital of america	Affiliate	pasadena	Texas

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

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

Healthcare Profile - Business Ownership if Yes

Healthcare Professions Profile | Business Ownership

21. Business Ownership:

Business Name	City	State
Texas Ambulatory Surgical Center	Houston	Texas
North Park Medical Group	Dallas	Texas

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?
No

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

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

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:
04/08/2021

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.

Division of Professions and Occupations
Office of Licensing-Medical
1560 Broadway, Suite 1350
(303) 894-7800 / Fax (303) 894-7693
dpo.colorado.gov/Medical

Reactivation Application
PHYSICIAN
Fee: $399
Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

The content of this application must not be changed.
If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Colorado Physician License Number: DR.0030102 **Date License Inactivated:** JUNE 1, 2011

PART 1—APPLICANT INFORMATION

Name: First	Middle	Last	Suffix	☐ MD ☑ DO
DOUGLAS	ALAN	KARPEN		

Previous Name(s):

Social Security Number or Individual Tax Identification Number: [redacted]

E-mail Address:
(This will be the primary communication method) [redacted]

Mailing Address:
This is a ☑ *Home* ☐ *Business*
PO Box, Street: P.O. Box 571077, HOUSTON, TX. 77257-1077
City, State, Zip: 612 Little John Ln., HOUSTON, TX. 77024

Daytime Telephone Number: (713) 553-9371

Date of Birth (mm/dd/yyyy): [redacted]

Place of Birth (city and state, or foreign country): SIOUX CITY, IOWA

Gender: ☑ *Male* ☐ *Female*

PART 2—LICENSE INFORMATION

Since the date your Colorado physician license was made inactive, have you been practicing as a Physician in the state of Colorado? ☐ YES ☑ NO

Since the date your Colorado physician license was made inactive, have you been practicing as a Physician in any other jurisdiction? ☑ YES ☐ NO

List each jurisdiction, other than Colorado, in which you are or have ever held a license to practice medicine, including temporary licenses and educational permits. (If necessary, attach an additional sheet using the same format.)

Type of license	State/Country	License Number	Year license Issued	Disciplinary action against license?	Is this license current/active?
ACTIVE Physician Full permit	TX.	E-5127	1975	☐ YES ☑ NO	☑ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO
				☐ YES ☐ NO	☐ YES ☐ NO

Applicant Name: DOUGLAS A. KARPEN, DO.

PART 3—MALPRACTICE INSURANCE CERTIFICATION

You must provide proof of malpractice insurance or an acceptable alternative as required by Colorado law, or claim one of the four exemptions set forth in the enclosed insurance memo. See instructions in the insurance memo, and include proof of insurance (obtained from your insurance carrier) or **include a statement setting forth the basis for the exemption claimed below.**

Exemption Claimed: _____

PART 4—MILITARY

Are you a Member of the U.S. military? ☐ YES ☒ NO

- If **YES**, provide information below:

Branch: Duty Station:

PART 5—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

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

Within the past 5 years, have you engaged in any conduct or exhibited any behaviors that resulted in any of the following:

- Arrest, discipline, sanction, or warning? ☐ Yes ☒ No
- Loss or suspension of any license? ☐ Yes ☒ No
- Termination or suspension from school or employment? ☐ Yes ☒ No
- Endangerment of the safety of others? ☐ Yes ☒ No
- Breach of fiduciary obligations? ☐ Yes ☒ No
- Violation of workplace or academic conduct rules? ☐ Yes ☒ No
- Impairment of your ability to practice in a safe, competent, ethical and professional manner? [redacted]

  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.
- Abuse or excessive use of 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? [redacted]

  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.
- Claims of 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? [redacted]

  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.

Applicant Name: DOUGLAS A. KARPEN, D.O.

PART 5—SCREENING QUESTIONS (continued)

Have you ever had any inquiry, investigation, or administrative/judicial proceeding by one or more of the following:

- A licensing authority other than a Colorado State Board or Program? ☐ Yes ☒ No
- A government agency? ☐ Yes ☒ No
- A court? ☐ Yes ☒ No
- An employer? ☐ Yes ☒ No
- An educational institution? ☐ Yes ☒ No
- A professional organization? ☐ Yes ☒ No
- In connection with an employment disciplinary or termination procedure? ☐ Yes ☒ No

Have you ever had any of the following occur:

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience? ☐ Yes ☒ No
- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending? ☐ Yes ☒ No
- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended? ☐ Yes ☒ No

ATTESTATION

I state under penalty of perjury in the second degree that the information contained in this application is true and correct to the best of my knowledge. False statements made herein are punishable by law and may constitute violation of the practice act.

Douglas A Karpen 4-29-22

Applicant Signature Date

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Applicant Name: DOUGLAS A. KARPEN, D.O.

Report of Practice History | Physician (DR)

	Dates of Practice		Facility Name	Address (Number & Street, City, State, Zip)	Reference (Name & Title)	Nature of Practice
	From mm/yyyy	To mm/yyyy				
1	JUNE 2011	MAY 2022	TEXAS AMBULATORY SURGICAL CENTER	2505 N. Shepherd Dr. HOUSTON, TX. 77008	Self- Employed	Medical/Surgical GYNECOLOGY
2						
3						
4						
5						
6						
7						
8						
9						
10						

I attest that the information contained on this form is true and correct to the best of my knowledge. I understand that under the Medical Practice Act, providing false information is grounds for denial, suspension or revocation of a medical license.

Douglas A Karpen — Applicant Signature

4-29-22 — Date

L6

Texas Medical Board

Healthcare Provider Verification / Profile

Search Back Print Verification

Physician License

NAME: DOUGLAS ALAN KARPEN, DO
LICENSE: E5127
INFORMATION CURRENT AS OF: 5/26/2021

CURRENT STATUS: ACTIVE

THE INFORMATION IN THIS BOX HAS BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Verified Information

Year of Birth: [redacted]
License Number: E5127 Physician License
Issuance Date: 12/02/1975
Expiration Date: 05/31/2023
Current Status: ACTIVE as of 01/01/1978
Disciplinary Restrictions: NONE
Non-Disciplinary Restrictions: NONE
Specialties:
School of Graduation:
A T STILL UNIV, KIRKSVILLE COLL OF OSTEO MED, KIRKSVILLE, MISSOURI 1974

Current Board Action

Medical Malpractice Investigations

THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Self Reported Information

Gender: MALE
Place of Birth: IOWA

TEXAS MEDICAL BOARD

P.O. BOX 2029 • AUSTIN, TEXAS 78768-2029

PHYSICIAN FULL PERMIT
REGISTERED TO PROVIDE OBA SERVICES

LICENSE/PERMIT NUMBER

E5127

EXPIRATION DATE

05/31/2019

DOUGLAS ALAN KARPEN, DO
PO BOX 571077
HOUSTON TX 77257-1077

THIS CERTIFIES THAT THE LICENSEE/PERMIT HOLDER NAMED AND NUMBERED HEREON HAS PROVIDED THIS BOARD THE INFORMATION REQUIRED AND HAS PAID THE FEE FOR REGISTRATION FOR THE PERIOD INDICATED ABOVE
PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS

TEXAS MEDICAL BOARD

P.O. BOX 2029 • AUSTIN, TEXAS 78768-2029

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PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Below are your electronic wallet cards to use as proof of your license. You can also print your license at any time by visiting www.colorado.gov/dora/DPO_Print_License and following the instructions listed.

If you would like a more durable wallet card option, you can order one for a fee by visiting www.nasbastore.org and selecting the "Colorado License Cards" link on the left hand side of the page. If you prefer, you can also contact NASBA by phone at 1-888-925-5237 or by email at nasbastore@nasba.org.

Should you have questions about your credential, or need other information please contact our Customer Service Team at 303-894-7800 or dora_dpo_licensing@state.co.us.

Colorado Department of Regulatory Agencies Division of Professions and Occupations	Colorado Department of Regulatory Agencies Division of Professions and Occupations
Colorado Medical Board	Colorado Medical Board
Douglas Alan Karpen	Douglas Alan Karpen
Physician — Doctor of Osteopathic Medicine	Physician — Doctor of Osteopathic Medicine
DR.0030102 — 05/01/2021	DR.0030102 — 05/01/2021
Number — **Issue Date**	**Number** — **Issue Date**
Inactive — 04/30/2023	Inactive — 04/30/2023
Credential Status — **Expire Date**	**Credential Status** — **Expire Date**
Verify this credential at: dpo.colorado.gov	Verify this credential at: dpo.colorado.gov
Division Director: Ronne Hines — Credential Holder Signature	Division Director: Ronne Hines — Credential Holder Signature

1560 Broadway, Suite 1350, Denver, CO 80202 P 303.894.7800 F 303.894.7693 dpo.colorado.gov

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/24/2021

PRODUCER
Mark W. Ledger Insurance Agency, LLC d/b/a CLS
116 Water Club Court North
North Palm Beach, FL 33408

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Douglas A. Karpen, DO
Texas Ambulatory Surgical Center
2505 N. Shepherd Dr., Ste. 101
Houston, TX 77008

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Centurion Medical Liability Protective RRG, Inc.	[redacted]
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		CLAIMS MADE ☐ OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$
		☐ POLICY ☐ PRO-JECT ☐ LOC					$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	$
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	$
		HIRED AUTOS					
		NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR ☐ CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				☐ WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
A		OTHER **Professional Liability**	[redacted]	9/23/2021	9/23/2022	$200,000 Per Claim $600,000 Annual Aggregate	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Coverage Type: Claims-Made Specialty: Gynecology – Surgery [Part-Time 20 Hours or Less Per Week) Retroactive Date: 7/8/2015
Texas Ambulatory Surgical Center, LP is covered on a shared limit basis but only for the acts and omissions of Douglas A. Karpen, DO
Coverage for Douglass A. Karpen DO's scope of duties as Medical Director for Top Family Urgent Care is Included
Coverage for General Practice and Manipulation Under Anesthesia is Included
Coverage for Abortion Pill or Medication Abortions up to 10 Weeks Gestation is Included
Coverage for Surgical Abortions up to 22 Weeks Gestation is Included
Coverage for Douglas A. Karpen, DO to provide Obstetrical Services is Included but is Limited to the duties as an Emergency Room Physician to maintain Hospital Privileges Only
Exclusions: Coverage to perform Obstetrics and/or Deliveries outside of an Emergency Room setting for maintaining Hospital Privileges is Excluded
Coverage for Robert E. Hanson, Jr., MD is Excluded

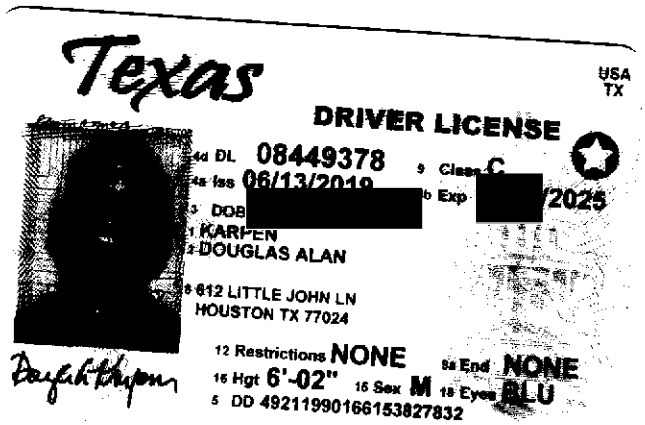
CERTIFICATE HOLDER

Insured's Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE DATE OF EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE
Vicente M. Juan, M.D.



Texas

USA
TX

DRIVER LICENSE

4d DL 08449378 9 Class C

4a Iss 06/13/2019 [redacted] 4b Exp [redacted]/2025

3 DOB [redacted]

1 KARI EN

2 DOUGLAS ALAN

8 612 LITTLE JOHN LN
HOUSTON TX 77024

12 Restrictions NONE 9a End NONE

16 Hgt 6'-02" 17 Sex M 18 Eyes BLU

5 DD 492119901661538278 32

CREDENTIAL STATUS HISTORY SUMMARY

Name: Douglas Alan Karpen **Date:** 8/1/2022
License: Physician DR.0030102
License Status: Active
License Status Reason: CURRENT
First Issuance date: 04/12/1990
License expiration date: 04/30/2023

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

Status	Reason	Date Changed	User
Active	CURRENT	07/05/2022	Automated
Pending	INTERNAL CONTROL APPROVAL	07/05/2022	Automated
Inactive	INACTIVE	06/01/2011	