Alan Richard Braid, MD

Licensed Physician #MD2022-0890

Issue Date	Expiration Date
06/28/2022	07/01/2023

Signature of Holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

New Mexico Medical Board

Triennial Renewal Certificate

This is to certify that

Alan Richard Braid, MD

License Number: MD2022-0890

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 06/28/2022 Date Expires: 07/01/2023*

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

This License Must Be Conspicuously Posted In Each Practice Location

APPLICATION CHECKLIST: LICENSE BY *ENDORSEMENT*

NAME (Last, First, Middle, Maiden):	DATE RECEIVED:
Braid, Alan Richard	04/25/2022
SSN: [redacted] DEA#:	DOB: [redacted]

5/17/22 FINGERPRINTS SENT 6/6/22 FINGERPRINTS REC'D

___ BACKROUND CHECK ALERT ✓ APPLICANT'S EMAIL

✓ APPLICANT'S OATH ✓ CV

✓ MILITARY DISCHARGE – DATES 7/76 - 6/78

✓ RELEASE OF INFORMATION HSC

✓ AMA PROFILE DATE ORDERED 5/17/22

✓ FSMB DATE ORDERED 5/17/22

___ AOA (DO) DATE ORDERED ___

___ N.M. RESIDENT APPLICATION RESIDENT LICENSE # ___

APPLICATION FEES:

___ $400 – FCVS

___ $400 – NMMB

___ $400 – NMMB

X $320 – HSC

COPY TO HSC 5/23/22

PREREQUISITES:

✓ GRADUATED FROM APPROVED MEDICAL SCHOOL, OR CURRENT ECFMG CERTIFICATE?

MEDICAL SCHOOL University of Texas Health Science Center San Antonio DEGREE DATE 6/ /1973

n/a ECFMG CERTIFICATION # ___ ISSUE DATE: ___

✓ ABMS BOARD CERTIFICATION? OBG (Lifetime)

✓ USMLE, NBME, FLEX, STATE Exam, SPEX, PLAS, NBOE or Complex Date: NBME 7/2/73

REQUIRED DOCUMENTATION:

✓ PROFESSIONAL RECOMMENDATIONS (2):

1) Vinita Gupta MD 3) ___

2) NJ Board Endorsement, MP 4) ___

✓ LICENSE VERIFICATION **(ALL DOWNLOADABLE)**

1) OK 34045 5) ___ 9) ___ 13) ___

2) TX F3654 6) ___ 10) ___ 14) ___

3) NJ-25MA02884700 7) ___ 11) ___ 15) ___

4) ___ 8) ___ 12) ___ 16) ___

WORK EXPERIENCE: **ONLY Require verification of three years of continuous practice immediately preceding application.**

CV 1) ~~Alamo Women's Reproductive Center 06/08-present~~ 6/08-6/15 ✓ Need explanation

2) Alamo City Surgery Center 06/15-present

3) Southwest Texas Methodist Hospital 07/78-present (7/82-pres)

4) ___

5) ___

X " YES" ANSWERS TO QUESTIONS 1 – 18 13 ✓ EXPLANATION OF "YES" ANSWERS

n/a "NO" ANSWERS TO QUESTIONS 19-23 ___ EXPLANATIONS OF "NO" ANSWERS

___ LETTER FROM TREATING PHYSICIAN **("YES" to question #17)**

___ GAPS IN WORK HISTORY/PGT – DATES: ___

✓ EXPLANATION OF GAPS IN WORK HISTORY/PGT

✓ **APPLICATION COMPLETE** – DATE: 6/24/22

✓ **QA COMPLETE** – DATE: 6/24/22 BY: MP

HSC

The New Mexico Physician and Practitioner Credentials Application ©

Physician Application

THE NEW MEXICO MEDICAL SOCIETY

Applying for Telemedicine Licensure? ☐ Applying for first ever Full Physician License in any state? ☐

****ALL FEES ARE NON-REFUNDABLE**** R2457803

If this application is incomplete upon one (1) year of receipt, the application and supporting documentation will become dormant, and application will become null and void.

Date of Application: 4/25/2022

PayPal Confirmation: [redacted]

Application Fee: $400.00

TOTAL: $400.00

Name: Alan Richard Braid

Title: MD

Other:

End

Maiden or Other Names Used

Applying using: ☐ NMMB ☑ HSC ☐ FCVS

What are your NM practice plans? open office in New Mexico in July, 2022

Gender: Male Citizenship: United States Place of Birth: Providence, Rhode Island

Social Security Number: [redacted] Date of Birth: [redacted]

State Tax ID#: ☐ Pending Fed. Tax ID#: ☐ Pending

Medicare#: ☐ Pending Medicaid #: ☐ Pending

Unique Physician Identification Number (UPIN): ☐ Pending

National Provider Identifier Number (NPI): [redacted] ☐ Pending

Home Address

Street Address: [redacted]

City, State/Province and Zipcode: [redacted]

Country: [redacted]

Telephone Number: [redacted] Pager Number:

Cell Phone Number: Spouse's Name (Optional):

Credentials Correspondence Address

Department:

Street Address: [redacted]

City, State/Province and Zipcode: [redacted]

Country: United States Email: [redacted]

Telephone Number: [redacted] Facsimile Number:

Military Service

Branch: Air Force Type of Discharge:

Dates: From: 6/1/1978 To: 6/1/1978 ☐ Current Rank: [redacted]

Immigration

Status: Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable): Date Issued: (Please attach a copy of your ECFMG certificate)

Languages

Foreign Languages (spoken fluently by practitioner): English

Certifications

ACLS CERTIFICATION
Certified? ☐ Yes ☑ No
Expires:

ATLS CERTIFICATION
Certified? ☐ Yes ☑ No
Expires:

PALS CERTIFICATION
Certified? ☐ Yes ☑ No
Expires:

HOSPITAL AND HEALTHCARE AFFILIATIONS

☑ Are you a PCP? ☐ Do you deliver babies? ☑ Are you an MD, DO, or DPM?

If you answered yes to any question above, you must:
(a) Have admitting privileges at a hospital (list below) OR
(b) Provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

☑ Do you have courtesy or consulting privileges at this facility.
☑ If yes, do these courtesy or consulting privileges allow you to admit patients.

If no, provide a written explanation as to the arrangements you have made with a physician to admit your patients, along with a signed letter from that physician confirming the arrangements, and the name of the facility where your patients will be admitted.

Please list all hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years, and your status (active, courtesy, consulting, etc.) If an institution is no longer in existence, please provide an alternative source of verification. Attach a separate page if necessary.

Facility Name: Southwest Texas Methodist Hospital ☑ Is this your primary admitting facility
Department: ob-gyn
Street Address: 7700 Floyd Curl Drive
City: San Antonio State/Province: TX Zip Code: 78229
Country: United States
Phone Number: Facsimile:
Appointment Dates From: 07/1978 To: ☑ Present
Type of Appointment: Active

Facility Name: Alamo City Surgery Center ☐ Is this your primary admitting facility
Department: ob-gyn
Street Address: 7402 John Smith Drive
City: San Antonio State/Province: TX Zip Code: 78229
Country: United States
Phone Number: 210-614-4742 Facsimile:
Appointment Dates From: 06/2015 To: ☑ Present
Type of Appointment: Active

WORK HISTORY

Please list all previous experience for the past fifteen (15) years, including months and years, listing the most recent first. Attach a separate page if necessary. Please attach a current CV or resume.

Work history gap explanations follow:

PRACTICE LOCATIONS

Group Name: Alamo Women's Reproductive Center Effective Date: 6/2008

Department:

Street Address: 7402 John Smith Drive Suite 101

City: San Antonio State/Province: TX Zip Code: 78229

Country: United States

Phone Number: 210-614-4742 Facsimile Number:

Email Address: lisaparticle808@gmail.com Answering Service Number:

Foreign Languages (spoken fluently at practice):

Office Manager or Contact Person: Kristina Hernandez Phone: 210-614-4742

Billing Address

Billing Information same as practice information

Practice Associates (if applicable): Call Coverage (if applicable):

_____ / _____

_____ / _____

_____ / _____

What are the office hours for your Practice or Group Practice? (Provide days/hours):

What provisions have been made for after hours?:

CONTINUING EDUCATION

1. If you are applying for privileges at a hospital or clinic, please attach documentation of all continuing education hours you have obtained in the last two(2) years or complete the attached statement of continuing medical education.

2. If you are applying for privileges at a hospital or clinic, please complete the enclosed privilege request form and ensure that you include any additional privileges that you are requesting. This will ensure your application is considered based upon the most accurate information available.

PROFESSIONAL REFERENCES

Please list five (5) professional peers with the same type of license, or a higher level of licensure, who are familiar with your professional performance in the past three (3) years.

Name and Title: Brian Harle MD Specialty: Ob-Gyn

Department: Seven Oaks Women's Center
Street Address: 7711 Louis Pasteur Dr. Suite 200
City: San Antonio | State/Province: TX | Zip Code: 78229
Country: United States | Email:
Phone Number: 210-692-9500 | Facsimile Number:

Name and Title: Carleyna Nunes MD | Specialty: Ob-Gyn
Department: Houston Women's Reproductive Services
Street Address: 5225 Katy Fwy Suite 370
City: Houston | State/Province: TX | Zip Code: 77007
Country: United States | Email:
Phone Number: 281-501-2197 | Facsimile Number:

Name and Title: Robert Friedman MD | Specialty: Ob-Gyn
Department: Houston Women's Reproductive Services
Street Address: 5225 Katy Fwy Suite 370
City: Houston | State/Province: TX | Zip Code: 77007
Country: United States | Email:
Phone Number: 281-501-2197 | Facsimile Number:

Name and Title: Sherwood Lynn MD | Specialty: Ob-Gyn
Department: Alamo Women's Reproductive Center
Street Address: 7402 John Smith Drive Suite 101
City: San Antonio | State/Province: TX | Zip Code: 78229
Country: United States | Email: info@alamowomensclinic.com
Phone Number: 210-614-4742 | Facsimile Number:

Name and Title: Vinita Goyal MD | Specialty: Ob-Gyn
Department: Alamo Women's Reproductive Center
Street Address: 7402 John Smith Drive Suite 101
City: San Antonio | State/Province: TX | Zip Code: 78229
Country: United States | Email: info@alamowomensclinic.com
Phone Number: 210-614-4742 | Facsimile Number:

LICENSURE REGISTRATION INFORMATION

List all licenses held in all jurisdictions. Attach a separate page if necessary.

State Professional License/Certification Number: 34045 ☐ Pending

State: Oklahoma Issue Date: 7/16/2018 Expiration Date: 7/1/2022

State Professional License/Certification Number: E3654 ☐ Pending

State: Texas Issue Date: 1/18/1975 Expiration Date: 8/31/2022

LICENSING EXAM

Please check all that apply:

☐ State Board Exam (Prior to 1973) Which State? TX Date(s) passed?

☐ FLEX

Part/Step 1 Date Passed | Part/Step 2 Date Passed | Part/Step 3 Date Passed

☐ LMCC

Part/Step 1 Date Passed | Part/Step 2 Date Passed | Part/Step 3 Date Passed

☑ NBME (MD Only):

Part/Step 1 Date Passed | Part/Step 2 Date Passed | Part/Step 3 Date Passed

☐ NBOE (DO Only):

Part/Step 1 Date Passed | Part/Step 2 Date Passed | Part/Step 3 Date Passed

☐ COMPLEX (DO Only):

Part/Step 1 Date Passed | Part/Step 2 Date Passed | Part/Step 3 Date Passed

☐ USMLE

Part/Step 1 Date Passed | Part/Step 2 Date Passed | Part/Step 3 Date Passed

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DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration: ☐ N/A

DEA Number: AB8034984 Expiration Date: 7/31/2022 ☐ Pending

State Controlled Substance Registration (CSR): ☐ N/A

CSR Number: F0033426 Expiration Date: 8/31/2016 State: Texas ☐ Pending

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EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received training for post - graduate training. Attach a copy of your certificate. Disclose every residency program

initiated, whether completed or not, and all completed programs. Attach a separate page if necessary.Check the type of education listed.

Degree Level: Residency
Institution: Bexar County Hospital and U Texas Medical School San Antonio
Department: ob-gyn
Street Address: 4502 Medical Dr
City: San Antonio
Country: United States
Degree Earned: RES - Residency
If teaching appointment: Department/Position

Dates Attended:
From: 7/1973
To: 6/1976
State/Province: TX Zip Code: 78229
Graduation Date: 1976
or Specialty: Obstetrics/Gynecology

Degree Level: Internship
Institution: Bexar County Hospital and U Texas Medical School San Antonio
Department: ob-gyn
Street Address: 4502 Medical Dr
City: San Antonio
Country: United States
Degree Earned: INT - Internship
If teaching appointment: Department/Position

Dates Attended:
From: 7/1972
To: 6/1973
State/Province: TX Zip Code: 78229
Graduation Date: 1973
or Specialty: Obstetrics/Gynecology

Degree Level: Graduate
Institution: University of Texas Health Science Center San Antonio
Department:
Street Address: 7703 Floyd Curl Dr.
City: SAN ANTONIO
Country: United States
Degree Earned: MD - Doctor of Medicine
If teaching appointment: Department/Position

Dates Attended:
From:
To: 6/1972
State/Province: TX Zip Code: 78229
Graduation Date: 1972
or Specialty: Medicine

SPECIALTY BOARD CERTIFICATIONS

NOTE: If you are not board certified by the American Board of Medical Specialties or the American Osteopathic Association, or accepted for examination in your specialty, please give brief explanation on the attached sheet.

☑ Board or ☐ Specialty Board Name: American Board of Obstetrics and Gynecology
Date Certified: 11/10/1978 Date Last Recertified: Expiration Date: ☑ Lifetime
Certification Number:

MEDICAL MALPRACTICE INSURANCE

Do you have current medical malpractice insurance? ☑ Yes ☐ No

Please list medical malpractice insurance carriers for the past five (5) years. Attach a separate page if necessary.

Carrier: General Star Indemnity Co. Limits: 200000.00, 600000.00

Department:

Street Address: 102 Long Ridge Rd, PO Box 10354 ☐ Pendin

City, State/Province and Zipcode: Stamford, CT, 06902

Country: United States

Dates Insured: From: 06/24/2017 To: 06/24/2022 Policy Number: 37362

PROFESSIONAL PRACTICE QUESTIONS

Read carefully before answering questions.

A. You must answer all questions. You must provide explanatory information –

- for any "yes" answer to questions numbered 1-18 and
- for any "no" answer to questions numbered 19-23.

Your failure to provide full and accurate details for any or all of those answers may result in disciplinary action or denial of your application. If in doubt, disclose.

B. The Board expects full and accurate disclosure of all information. You must update any information that changes while your application is pending.

C. The term "you" means you personally and any healthcare entity for which you serve as a business owner, officer or medical director.

Licensing & Professional Membership		
1.a. *Regardless of the outcome,* have you been subject to investigation by a licensing board or other government entity that resulted or could have resulted in any type of sanction (e.g., fine, reprimand, suspension, revocation, limitation, probation)?	☐ Yes	☑ No
1.b. Is any license you now hold under investigation or being challenged?	☐ Yes	☑ No
2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization?	☐ Yes	☑ No
3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked?	☐ Yes	☑ No
Education		
4. Have you, for any reason, ever		
4.a. been suspended, dismissed, terminated, resigned or withdrawn from a medical school or postgraduate training (PGT) program?	☐ Yes	☑ No
4.b. been placed on probation or remediation by a medical school or PGT program?	☐ Yes	☑ No
4.c. taken a leave of absence or break from, had any interruption to, or any extension of a medical school or PGT program (reasons might include illness, disability, pregnancy or parental leave, academics, military service)?	☐ Yes	☑ No
Privileges/Appointments		
5.a. For any reason, have your privileges at any healthcare entity ever been subject to investigation, which resulted in a voluntary or involuntary restriction, reduction, suspension, surrender, revocation or non-renewal of your privileges?	☐ Yes	☑ No
5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation?	☐ Yes	☑ No
6. Have you ever been disciplined or suspended by any healthcare entity with which you have been employed, or resigned in lieu of investigation or other action?	☐ Yes	☑ No
7. Have you ever been subject to a request for corrective action by a healthcare entity where you held appointment as a member of the medical staff?	☐ Yes	☑ No
Insurance/Health Care Plans		
8. Has any private or government health plan or network, e.g., a private healthcare insurance provider, Medicare, Medicaid, ever limited, sanctioned or terminated you as a provider?	☐ Yes	☑ No
Liability		
9. Has your professional liability coverage ever been terminated by action of the insurance company, except as a result of the company ceasing to offer insurance to physicians?	☐ Yes	☑ No
10. Have you ever been denied professional liability insurance coverage?	☐ Yes	☑ No
11. Has your professional liability insurance carrier ever excluded any procedures from your coverage?	☐ Yes	☑ No

12. Within the past ten (10) years, have you ever been involved in a public or private settlement, or a medical malpractice claim or suit, or been notified in writing of the intent to file a malpractice suit? **If yes, please complete the attached Malpractice History Form for each case.**	☐ Yes	☑ No
13. Have you ever been reported to the National Practitioner Data Bank (NPDB)?	☑ Yes	☐ No
Ethics/Impairment		
14. Regardless of the outcome and the status of the proceeding, have you ever been arrested or named as a defendant in any criminal action, e.g., convicted, acquitted, dismissed, vacated, sealed, expunged, appealed?	☐ Yes	☑ No
15.aDuring the past five (5) years, have you engaged in any behavior(s) or used any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?	[redacted]	
15.bAre you now engaging in any behavior(s) or using any substance(s) (e.g., alcohol, street drugs, prescription medications) in a manner characteristic of an addiction disorder?	[redacted]	
15.cHave you been diagnosed with or treated for an addiction disorder at any time during the past five years (including the present)?	[redacted]	
16. Are you now, being treated with any opioid analgesic(s) for chronic pain? If yes, please provide a current neuropsychological evaluation and written clearance to practice from your treating physician. See Rule 16.10.14.10.	[redacted]	
17. Do you have, or have you been diagnosed with, an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? **If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.**	[redacted]	
18. Are you currently out of compliance with a judgment and order for child support in New Mexico?	☐ Yes	☑ No
Attestations		
19. I attest I will limit my practice to areas in which I am competent to practice.	☑ Yes	☐ No
20. I attest I understand I have a continuing duty to report any adverse action taken against me or my license as required by Board Rule Part 16.10.10 NMAC.	☑ Yes	☐ No
21. I attest I have reviewed the completed form and the information it contains is complete and accurate.	☑ Yes	☐ No
22. I attest I have provided a reliable and reasonable address for correspondence to be sent to me by the Board and will notify the Board of any address changes.	☑ Yes	☐ No
23. I attest I will adhere to AMA's ethical standards and the principles of professionalism, honesty and respect for the law at all times.	☑ Yes	☐ No

If you answered "YES" to questions 1-18, and/or "NO" to questions 19-23, please provide a detailed written explanation for each of those answers with this application.

Professional Practice Questions - Explanations

13.: 12/05/2005

$60,000 Alleged wrong procedure or treatment

Uterine perforation repaired

Outcome: Minor temporary injury

05/22/1997

$55,000 settlement

Failure to detect identify/treat fetal distress resulting in stillborn infant

4/26/22

New Mexico Medical Board
2055 S. Pacheco St. Bldg. 400
Santa Fe, NM 87505 (505) 476-7220

APPLICANT'S OATH

I, ALAN BRAID, M.D. **, hereby certify that I am the perso pictured below and named in this application for a license to practice as a Physician in th State of New Mexico; that all statements I have made herein are true; that I am the origin and lawful possessor and person named in the various forms and credentials furnished the New Mexico Medical Board (Board) with my application.**

I acknowledge and state that I have read the Information and Instructions that accompanied th application and I have answered all questions truthfully. I understand that the fee I submitted is n refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of th United States government.

Alan Braid, M.D. 4/25/2022
Applicant Signature Date

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanne or computer-generated photographs should have no visible pixels or dots.

Applicant Name ALAN BRAID, M.D. **Date** 4/25/2022

ALAN RICHARD BRAID, M.D.

DIPLOMATE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

D.O.B. June 18, 1945 Providence, Rhode Island

Weequahic High School, Newark, N.J. 1963

Pennsylvania State University; B.A. 1967

University of Texas Medical School San Antonio; M.D. 1972

Bexar County Hosp. U Texas Medical School San Antonio; Ob-Gyn residency 1972-1976

USAF, Dover AFB Hospital; Ob-Gyn Service, Rank of Major; 1976-1978

San Antonio Texas, private practice Ob-Gyn; 1978-2008

Alamo Women's Reproductive Center; medical director and practitioner 2008-2015

Alamo City Surgery Center; owner, medical director, active staff member, practitioner, 2015-present

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME: BRAID ALAN RICHARD	2. SEX: M	3. SOCIAL SECURITY NUMBER: [redacted]	4. DATE OF BIRTH: [redacted]
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: AIR FORCE ResAF	6a. GRADE, RATE OR RANK: Major	b. PAY GRADE: O-4	7. DATE OF RANK: Year 1976, Month Jun, Day 03
8a. SELECTIVE SERVICE NUMBER: NA	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE: NA	c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE: [redacted]	
9a. TYPE OF SEPARATION: Released from Active Duty	b. STATION OR INSTALLATION AT WHICH EFFECTED: Dover AFB, DE 19901		
c. AUTHORITY AND REASON: MBK EM	d. EFFECTIVE DATE: Year 1978, Month Jul, Day 04		
e. CHARACTER OF SERVICE: HONORABLE	f. TYPE OF CERTIFICATE ISSUED: NA	10. REENLISTMENT CODE:	
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: USAF Hosp Sq Dover (MAC)	12. COMMAND TO WHICH TRANSFERRED:		
13. TERMINAL DATE OF RESERVE/MSS OBLIGATION: Year 1978, Month Dec, Day 25	14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code): San Antonio, TX 78229	15. DATE ENTERED ACTIVE DUTY THIS PERIOD: Year 1976, Month Jul, Day 05	
16a. PRIMARY SPECIALTY NUMBER AND TITLE: Obstetrician and Gynecologist 09496	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: Obstetrician and Gynecologist 070.108		
17a. SECONDARY SPECIALTY NUMBER AND TITLE: NA	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: NA		

18. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD	02	00	00
(b) PRIOR ACTIVE SERVICE	00	00	00
(c) TOTAL ACTIVE SERVICE (a + b)	02	00	00
(d) PRIOR INACTIVE SERVICE	03	06	09
(e) TOTAL SERVICE FOR PAY (c + d)	05	06	09
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	00	00	00

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964: ☐ YES ☒ NO

20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years): SECONDARY/HIGH SCHOOL 12 YRS (1 - 12 grades) COLLEGE 09 YRS

21. TIME LOST (Preceding Two Yrs.): NO TIME LOST	22. DAYS ACCRUED LEAVE PAID:	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: ☐ $15,000 ☐ $5,000 ☐ $10,000 ☐ NONE — $20,000	24. DISABILITY SEVERANCE PAY: ☐ NO ☐ YES AMOUNT NA	25. PERSONNEL SECURITY INVESTIGATION a. TYPE: *NAC	b. DATE COMPLETED: 14 Dec 72

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED
NONE//

27. REMARKS
DAFSC: [redacted]
College: MD
Medical Service Officers Orientation Course, MOBM0104-1, Jul 76
Blood Group: B Positive
Individual request copy of DD Form 214_______.
*NAC(National Agency Check) DOD/NACC, Ft Holabird, MD., File #Unknown

"MEMBER FAILED TO SHOW FOR OUTPROCESSING"

[redacted] (ZIP Code)

29. SIGNATURE OF PERSON BEING SEPARATED

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER

31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN

AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

ALAN RICHARD BRAID
[redacted]

Birth date [redacted]

Primary Office Address

STE 101
7402 JOHN SMITH DR
SAN ANTONIO, TX 78229-4588
Phone (210) 614-4742

Physician's major professional activity OFFICE BASED PRACTICE

Self-designated practice specialty OBSTETRICS & GYNECOLOGY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
[redacted]	12/01/2005	NOT RPTD	NOT RPTD	NOT RPTD	04/22/2022

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

*On the profile, **enrollment date** is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. **Degree date** is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.*

School: UNIV OF TX HLTH SCI CTR AT SAN ANTONIO JOE R & TERESA LOZANO LONG SCHOF MED

Degree Awarded:	YES	**Degree Type:**	MD
Enrollment Date:	NOT REPORTED	**Degree Date:**	01/1972

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

*Verification of training status may be indicated in one of four ways. **Completed** indicates that the training has been completed in its entirety and verified with the program. **Training in Progress** indicates the training has a future completion date and is verified as in progress. **Verification of Completion in Progress** indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. **Partially Completed** indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.*

Sponsoring Institution:	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
Sponsoring State:	TEXAS
Specialty:	OBSTETRICS & GYNECOLOGY
Training Type:	
Dates:	07/1973 - 06/1976
Status:	COMPLETED

Sponsoring Institution:	UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
Sponsoring State:	TEXAS
Specialty:	OBSTETRICS & GYNECOLOGY
Training Type:	
Dates:	06/1972 - 06/1973
Status:	COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
Certificate: OBSTETRICS & GYNECOLOGY
Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
LIFETIME	Active	11/10/1978	n/a		INITIAL	05/03/2022	NR

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
	MD	NJ	01/01/1974	NRT		INA	UNL	02/25/2003	NRT
E3654	MD	TX	01/18/1975	08/31/2022	01/01/1978	ACT	UNL	02/04/2022	ALAN RICHARD BRAID
34045	MD	OK	07/16/2018	07/01/2022		ACT	UNL	02/02/2022	ALAN RICHARD BRAID

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
------984	C-0	22N 33N 4 5	Active	07/31/2022	Paid	05/12/2022	7402 John Smith Dr Ste 104 San Antonio, TX 78229-4589

** Only the last three characters of DEA numbers are displayed*

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. Learn more about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date:5/17/2022

PRACTITIONER INFORMATION

Name: Braid, Alan Richard
DOB: [redacted]
Medical School: University of Texas Health Science Center at San Antonio San Antonio, Texas, UNITED STATES
Year of Grad: 1972
Degree Type: MD
NPI: [redacted]

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
[redacted]	Individual			03/28/2019

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEW JERSEY	25MA02884700			04/25/2022
	FSMB License Status: Expired			
OKLAHOMA	34045	07/16/2018	07/01/2022	05/13/2022
	FSMB License Status: Active			
TEXAS	E3654	01/18/1975	08/31/2022	05/16/2022
	FSMB License Status: Active			

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PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	New Mexico Medical Board	As of Date:5/17/2022
Practitioner Name:	Braid, Alan Richard	

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
[redacted]	22N 33N 4 5	SAN ANTONIO,TX 78229	07/31/2022	01/05/2022

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	New Mexico Medical Board	As of Date:5/17/2022
Practitioner Name:	Braid, Alan Richard	

ABMS® CERTIFICATION HISTORY

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Certification Type:	General
Certification Status:	Certified
Participating in MOC:	Not Required

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Lifetime	11/10/1978			Initial	04/28/2022

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

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Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87109
Phone: (505) 346-0222
Toll free: (866) 908-0070
www.nmhsc.com

PROFESSIONAL RECOMMENDATION

The New Mexico Board of Medical Examiners requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department chief with whom the practitioner has worked and who has personal knowledge of the practitioner's character and competence to practice medicine. This form is required as part of the practitioner's application for licensure. All elements in the section below must be completed. The lower half of the form may be used for narrative comment. Please provide all information in your files, favorable or otherwise, so that it may be considered by the New Mexico Board of Medical Examiners.

Applicant: Alan Richard Braid MD
Date of Birth: [redacted]

Reference: Vinita Goyal MD
7402 John Smith Drive
Suite 101
San Antonio, TX 78229

HSC
5/17/2022
CVS

ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PRACTITIONER
The Information on this form is NOT a public document but may be released to the applicant upon request.

1. Date and type of services: This individual served with me as colleague
   From: (month/year) 1/2017 To: (month/year) present at (location) Alamo Women's Reproductive Serv

2. Please evaluate: (Please indicate with a check mark)

	Poor	Fair	Good	Superior
Professional knowledge	☐	☐	☐	☒
Clinical judgement	☐	☐	☐	☒
Relationship with patients	☐	☐	☐	☒
Ethical/professional conduct	☐	☐	☐	☒
Ability to communication	☐	☐	☐	☒
Clinical skills	☐	☐	☐	☒

3. Recommendation: (Please indicate with a check mark)

Recommend highly and without reservation	☒
Recommend as qualified and competent	☐
Recommend with some reservation (explain)	☐
Concerns (explain)	☐

Explanation: _____

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). we would appreciate your comments.

Explanation: _____

5. The above report is based on: (Plese indicate with a check mark)

Close personal observation	☒
General impression	☐
A composite of evaluations	☐
Other	☐

Name (Please Print): VINITA GOYAL Date: 5/17/2022

Signature: [signature] License#: Q0758 Title: Physician

Please return this information to the attention of: Phone: 919 699 2282

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

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PROFESSIONAL RECOMMENDATION

The New Mexico Board of Medical Examiners requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department chief with whom the practitioner has worked and who has personal knowledge of the practitioner's character and competence to practice medicine. This form is required as part of the practitioner's application for licensure. All elements in the section below must be completed. The lower half of the form may be used for narrative comment. Please provide all information in your files, favorable or otherwise, so that it may be considered by the New Mexico Board of Medical Examiners.

Applicant: Alan Richard Braid MD
Date of Birth: [redacted]

Reference: Robert Friedman MD
5225 Katy Fwy
Suite 370
Houston, TX 77007

HSC
5/31/2022
CVS

ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PRACTITIONER
The information on this form is NOT a public document but may be released to the applicant upon request.

1. Date and type of services: This individual served with me as MEDICAL DIRECTOR
   From: (month/year) 9/19 To: (month/year) CURRENT at (location) 5225 KATY FREEWAY

2. Please evaluate: (Please indicate with a check mark)

	Poor	Fair	Good	Superior
Professional knowledge	☐	☐	☐	☐
Clinical judgement	☐	☐	☐	☒
Relationship with patients	☐	☐	☐	☒
Ethical/professional conduct	☐	☐	☐	☒
Ability to communication	☐	☐	☐	☒
Clinical skills	☐	☐	☐	☒

3. Recommendation: (Please indicate with a check mark)

Recommend highly and without reservation	☒
Recommend as qualified and competent	☐
Recommend with some reservation (explain)	☐
Concerns (explain)	☐

Explanation: _____

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). we would appreciate your comments.
   Explanation: GREAT LEADERSHIP + KNOWLEDGE

5. The above report is based on: (Plese indicate with a check mark)

Close personal observation	☒
General impression	☐
A composite of evaluations	☐
Other	☐

Name (Please Print): ALBERT FRIEDMAN Date: 5/24/22

Signature: [signature] License#: 02423 Title: MD

Please return this information to the attention of: Phone: 832 754 5550

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

Revised: February, 2016

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5/31/2022
CVS
64364

Oklahoma Board of Medical Licensure and Supervision

Search Results

Last Update: Wednesday, May 18, 2022 2:03 PM CDT

Tanya Fulton

BRAID, ALAN RICHARD

Practice Address:	ALAMO CITY SURGERY CENTER 7402 JOHN SMITH DRIVE SUITE 104 SAN ANTONIO TX 78229 Address last updated on 6/3/2021	**Status:**	Active
Phone #:	(210) 614-4742	**Status Class:**	Fully Licensed
Fax #:		**Restricted to:**	
County:	NOT OKLAHOMA	**Registered to Dispense:**	NO
License:	34045	**Medical School:**	Univ of TX at San Antonio, UTSA Long School of Medicine
Dated:	7/16/2018	**Graduated:**	6 / 1972
Expires:	7/1/2022	**CME Year:**	2024
Temp. Lic. Issued:	6/29/2018		
Temp. Lic. Expires:	7/27/2018		
License Type:	Medical Doctor		
Specialty:	Obstetrics & Gynecology		

Pending and/or Past Disciplinary Actions: No Disciplinary Action Taken.

All information below is entered by the licensee but not verified by the Oklahoma Medical Board.

Certifications:	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
New Patients:	Contact licensee
Medicaid:	Contact licensee
Medicare:	Contact licensee
HMO/PPO:	None listed
Hospital Privileges:	None listed

Locations:
ALAMO CITY SURGERY CENTER
7402 JOHN SMITH DRIVE
SUITE 104
SAN ANTONIO TX 78229
Phone #: (210) 614-4742
Fax #:

Hours:
Mon: 9:00AM - 4:00PM
Tue: 9:00AM - 4:00PM
Wed: 9:00AM - 4:00PM
Thu: 9:00AM - 4:00PM
Fri: 9:00AM - 4:00PM
Sat:
Sun:

Languages:

PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: ALAN RICHARD BRAID MD **DATE:** 05/13/2022

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

Date of Birth: [redacted]
License Number: E3654 Full Medical License
Issuance Date: 01/18/1975
Expiration Date of Physician's Registration Permit: 08/31/2022

Registration Status: ACTIVE
Disciplinary Status: NONE
Licensure Status: NONE

Registration Date: 01/01/1978
Disciplinary Date: NONE
Licensure Date: NONE

Medical School of Graduation:
At the time of licensure, TMB verified the physician's graduation from medical school as follows:
UNIV OF TEXAS HLTH SCI CTR AT SAN ANTONIO LONG SCH OF MED, SAN ANTONIO, TX

Medical School Graduation Year: 1972

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

NONE

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verifcic@tmb.state.tx.us

Status Code: AC
Description: ACTIVE

Effective Date: 01/01/1978

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

Gender: MALE

***Ethnicity:** WHITE

Race: WHITE

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: RHODE ISLAND

Current Primary Practice Address:

7402 JOHN SMITH DRIVE

SUITE 104

SAN ANTONIO , TX 78229

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **47** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **44** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Date: 1978

Primary Specialty

The physician reports his/her primary practice is in the area of GYNECOLOGY.

Secondary Specialty

The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended

Name: UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX

Location:

Graduation Date: 06/1972

Graduate Medical Education In The United States Or Canada

Program Name: BEXAR COUNTY HOSP

Location: SAN ANTONIO, TX **Begin Date:** 06/1972

Type: INTERNSHIP **End Date:** 06/1973

Specialty: OB/GYN

Program Name: NONE

Location: SAN ANTONIO, TX **Begin Date:** 07/1973

Type: RESIDENCY **End Date:** 06/1974

Specialty: OB/GYN

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: SW TEXAS METH HOSPITAL
Location: SAN ANTONIO TX

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information
The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain primary source verifications, click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

Description: NONE

Summary of all License/Permit Types

Issue Date:	**Type:**
01/18/1975	LICENSED PHYSICIAN

NEW JERSEY DIVISION OF
CONSUMER AFFAIRS

Actin

License Information

Accurate as of June 28, 2022 4:07 PM

Return to Search Results

Name: ALAN R BRAID

Address: SAN ANTONIO,TX

Profession/License Type: Medical Examiners,Medical Doctor

License No: 25MA02884700

License Status: Expired

Status Change Reason:

Issue Date:

Expiration Date:

Documents

NO Board Actions. For more information contact New Jersey State Board of Medical Examiners

No Public Documents

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WORK HISTORY / AFFILIATION VERIFICATION

Re: Alan Richard Braid MD
From: Alamo Women's Reproductive Center

SSN: [redacted] Year of birth: [redacted]
Fax:

7402 John Smith Drive
Suite 101
San Antonio, TX 78229

[redacted]

1. Evaluation based on: ☒ Observation of Applicant ☐ Review of Credentialing/Personnel File
2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Active
3. Specialty or Department: OB-Gyn
4. Status: (Temporary, Permanent, Provisional) Permanent
5. Dates of Membership/Employment as Reported by Practitioner: From: 6/1/2008 *To: 6/2015
   *In the event the To date is blank, it is assumed this date to be current.
   If these dates are not correct, please provide the correct dates: From: _____ To: _____
6. Termination: ☐ Voluntary ☐ Involuntary If involuntary, provide details on a separate sheet.
7. Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No ✓ Yes_____ Please provide details on a separate attached sheet.
8. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No ✓ Yes_____ Please provide details on a separate attached sheet.
9. Has your Executive Committee for any reason ever disciplined this practitioner? No ✓ Yes_____ Please provide details on a separate attached sheet.
10. Has this practitioner been a member in good standing on your staff? No_____ Yes ✓ Please provide details on a separate attached sheet.

☐ Would Recommend ☐ Would Not Recommend Current Staff: ☐ Yes ☐ No

Comments: _____

Signature _____ Date 6/7/2022

Print Name K. Hernandez, RN Title Director

Please return this information to the attention of:

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

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Toll free: (866) 908-0070
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WORK HISTORY / AFFILIATION VERIFICATION

Re: Alan Richard Braid MD
From: Alamo City Surgery Center
ob-gyn
7402 John Smith Drive
Suite 101
San Antonio, TX 78229

SSN: [redacted] Year of birth: [redacted]
Fax: [redacted]

1. Evaluation based on: ☑ Observation of Applicant ☑ Review of Credentialing/Personnel File
2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Active Physician
3. Specialty or Department: Gyn
4. Status: (Temporary, Permanent, Provisional) Permanent
5. Dates of Membership/Employment as Reported by Practitioner: From: 6/1/2015 *To: _____
   *In the event the To date is blank, it is assumed this date to be current.
   If these dates are not correct, please provide the correct dates: From: _____ To: _____
6. Termination: ☐ Voluntary ☐ Involuntary If involuntary, provide details on a separate sheet.
7. Do you know of any reason why the referenced practitioner should not be licensed to practice in the State of New Mexico, including any mental or physical reason? No ✓ Yes _____ Please provide details on a separate attached sheet.
8. Have this practitioner's clinical privileges ever been denied, revoked, suspended, reduced, limited, not renewed, or voluntarily relinquished? No ✓ Yes _____ Please provide details on a separate attached sheet.
9. Has your Executive Committee for any reason ever disciplined this practitioner? No ✓ Yes _____ Please provide details on a separate attached sheet.
10. Has this practitioner been a member in good standing on your staff? No _____ Yes ✓ Please provide details on a separate attached sheet.

☑ Would Recommend ☐ Would Not Recommend Current Staff: ☑ Yes ☐ No

Comments: _____

Signature [signature] Date 5/24/22

Print Name K Hernandez Title Director

Please return this information to the attention of:

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200 Albuquerque, NM 87199-2200
Telephone: (505) 346-0222 Toll Free: (866) 908-0070 x2006 Facsimile: (505) 346-0287

Methodist HEALTHCARE
7700 Floyd Curl Drive San Antonio, Texas 78229
210-575-4052 Fax 210-575-4230

June 1, 2022

To Whom It May Concern:

This is to inform you that Methodist Healthcare System is asking all managed care organizations, hospitals, home healthcare providers, insurance companies, etc. to access this website for verification of hospital privileges. The address is http://www.mdquery.com/mhs. This is to attest to the accuracy of the information contained on the website and to verify that the information will be updated monthly. The information on this site is non-modifiable by outside entities.

Please Note:

On **July 1, 2002**, the following Methodist Healthcare System Hospitals consolidated under one provider known as ***Methodist Hospital*** and combined to form a system wide Medical Staff:

Methodist Children's Hospital
Methodist Specialty & Transplant Hospital
Metropolitan Methodist Hospital
Northeast Methodist Hospital
Southwest Texas Methodist Hospital

On **January 1, 2011** the Texsan Heart Hospital of San Antonio was also consolidated under the provider number known as ***Methodist Hospital***

On **March 1, 2017** Methodist Hospital and Methodist Stone Oak Hospital's Medical Staff Unified.

This is to verify the following practitioner is/was a member in good standing of the Clinical Service:

Physician:	Alan R. Braid
NPI:	[redacted]
Practice Area:	Gynecology
Appointment Period:	07/01/2002 - 03/31/2023
Staff Category Methodist Hospital:	Courtesy
Staff Category Methodist Stone Oak Hospital:	No Privileges

If you have any questions, please contact the Medical Staff Services office at (210) 757-5034.

Sincerely,

Sheryl Vickers Maniscalco, CPMSM
Sheryl Vickers Maniscalco, CPMSM
Director, Medical Staff Services

Barela, Natasha, NMMB

From: Barela, Natasha, NMMB
Sent: Friday, June 24, 2022 4:01 PM
To: Alan Braid
Subject: RE: [EXTERNAL] medical license: Dr Alan Braid

Good Day,

To ensure that information does not get lost please be sure not to include, reply, or carbon copy (C to this email and to send all correspondences, inquiries, documents, and status requests to nmbme@state.nm.us so that documents are reviewed and updated depending upon availability c staff. Failure to send inquiries or documents to nmbme@state.nm.us may result in a delay of processing any documents or requests.

Status requests may be remailed once a week to nmbme@state.nm.us

Please allow at least 3 business days for a response.

Thank you for your application for licensure with the New Mexico Medical Board. The Board office has reviewed y application and determined the following documentation is still outstanding:

- Need exam passed dates for NBME-this was not provided on the application when received
- Copy of DD214

Once we receive all the required documentation your application will go through a final review process. The final revi process takes approximately 3-4 weeks, and if all documents are satisfactory a license will be issued directly after the fi review.

Sincerely,

New Mexico Medical Board

Natasha Barela | Licensing Coordinator
New Mexico Medical Board
2055 S. Pacheco Street, Bldg. 400 | Santa Fe, NM 87505
Natasha.Barela@state.nm.us | www.nmmb.state.nm.us
(505) 476-7220 | Fax: (505) 476-7233

From: Alan Braid <[redacted]>
Sent: Tuesday, June 21, 2022 6:25 AM
To: Medical Board, NM, NMMB <nm.medicalboard@state.nm.us>
Subject: [EXTERNAL] medical license

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Can you advise me on the status of my New Mexico physicians license application?
Thank you
Alan Braid, MD

4/2

Barela, Natasha, NMMB

From: Alan Braid <[redacted]>
Sent: Tuesday, June 21, 2022 6:25 AM
To: Medical Board, NM, NMMB
Subject: [EXTERNAL] medical license

CAUTION: This email originated outside of our organization. Exercise caution prior to clicking on links or opening attachments.

Can you advise me on the status of my New Mexico physicians license application?
Thank you
Alan Braid, MD

Barela, Natasha, NMMB

From: Barela, Natasha, NMMB
Sent: Monday, June 6, 2022 12:03 PM
To: [redacted]
Subject: NMMB Application Status for HSC profile received

Good Day,

To ensure that information does not get lost please be sure not to include, reply, or carbon copy (C to this email and to send all correspondences, inquiries, documents, and status requests to nmbme@state.nm.us so that documents are reviewed and updated depending upon availability c staff. Failure to send inquiries or documents to nmbme@state.nm.us may result in a delay of processing any documents or requests.

Status requests may be remailed once a week to nmbme@state.nm.us

Please allow at least 3 business days for a response.

Thank you for your application for licensure with the New Mexico Medical Board. The Board office has reviewed yc application and determined the following documentation is still outstanding:

- Confirmation of Background check- Fingerprint instruction packet was mailed: 5/17/2022
- Updated CV/Resume (please email to nmbme@state.nm.us)
- Work Verification Form from the following facilities: (past 3 years) Please reach out to HSC for assistan regarding this category, an email has been sent notifying them of additional information that is needec credentialing@nmhsc.com
  - Alamo Womens Reproductive Center 06/08-present (received verification from Alamo City Surgery Cnter 06/15-present)
- Exam Passed Dates (Month/Year) NBME (please email to nmbme@state.nm.us)
- Copy of DD214 for discharge dates (please email to nmbme@state.nm.us)

Once we receive all the required documentation your application will go through a final review process. The final revie process takes approximately 3-4 weeks, and if all documents are satisfactory a license will be issued directly after the fir review.

Please email completed forms to nmbme@state.nm.us.

Sincerely,

New Mexico Medical Board

HOSPITAL SERVICES CORPORATION
CREDENTIALS VERIFICATION SERVICE
STANDARD AUTHORIZATION, ATTESTATION AND RELEASE

Authority to Release: I consent to complete disclosure by the recipient of this release to Hospital Services Corporation's Credentials Verification Service ("HSC") of all relevant information pertaining to my professional qualifications, moral character, physical and mental health (hereinafter "qualifications") on behalf of those organizations and their authorized representatives (hereafter "Health Care Entity") to which I have applied as a health care provider and which have designated HSC as their agent. I authorize the recipient to make available and/or disclose to HSC all such information in its files from any university, professional school, licensing authority, accreditation board, hospital, physician, dentist, professional society, insurance carrier, law enforcement agency, military service, or any other person or entity deemed necessary or appropriate in the investigation and processing of my application.

I request and authorize the recipient to release the requested information and I expressly waive any claim of privilege or privacy with respect to the released information bearing on my admission to, retention or termination of medical staff appointment or clinical privileges. I release and discharge HSC, the Health Care Entity and the medical, dental, podiatry and ancillary staffs or panels, credentials committees, administrators, review and approval boards or committees, governing boards, whether or not designated by these titles, and their agents, servants or employees authorized by representatives and all other persons or entities supplying information to them from liability or claims of any kind or character in any way arising out of inquiries concerning me or disclosures made in good faith in connection with my application for appointment to the Health Care Entity's Medical Staff or Provider Panel.

HSC
4/26/2022
CVS

This authorization is limited to the acquisition and disclosure of information required by state or federal law, and information which is acquired or disclosed pursuant to activities protected by the state's Review Organizational Immunity Act and the Health Care Quality Improvement Act of 1986.

Attestation: I certify that the information I have provided and the statements I have made on this application are correct, true, and complete to the best of my knowledge. I will abide by the applicable bylaws, rules and regulations, and policies and procedures of the designated health care entity. I acknowledge that I have received and reviewed a copy of the bylaws, if applicable, of the designated health care entity. I further agree that, in the event there should arise an adverse ruling with respect to my status and/or clinical privileges, I will exhaust the administrative remedies afforded by the entity's bylaws before resorting to litigation.

Signature stamps and date stamps are not acceptable.

Alan Braid, M.D
Applicant Signature

ALAN BRAID, M.D
Printed Name

04/26/2022
Date

Please fax, upload or e-mail this completed form to:

Hospital Services Corporation
Credentials Verification Services
Toll Free: (866) 908-0070 x2006
Facsimile: (505) 346-0287
Email: Credentialing@nmhsc.com

For additional information about disclosures and definitions used in this document, please refer to our website at https://ecreds.nmhsc.com in our Practitioner Documents section.

HSC
4/26/2022
CVS

NATIONAL PERSONNEL RECORDS CENTER
ARCHIVES DRIVE ST. LOUIS, MO 63138-1002
www.archives.gov

NATIONAL ARCHIVES

June 14, 2022

ALAN BRAID
[redacted]

RE: **Veteran's Name: BRAID, Alan R.**
SSN/SN: [redacted]
Request Numbers: [redacted]

Dear Recipient:

Thank you for contacting the National Personnel Records Center.

A copy of the requested DD Form 214 separation document is enclosed. Separation documents may include the following information: the type and character of discharge, authority and narrative reason for separation, reenlistment eligibility code, and separation program designator/number.

This response was delivered electronically. A watermark of the NARA emblem has been digitally applied in lieu of a raised seal, and may serve any official purpose. This watermark has been affixed to the separation document to attest to its authenticity.

Please note that this response was delayed due to the COVID-19 pandemic.

If you have questions or comments regarding this response, you may contact us at 314-801-0800 or by mail at the address shown in the letterhead above. If you contact us, please reference the Request Number listed above. If you are a veteran, or a deceased veteran's next of kin, please consider submitting your future requests online by visiting us at http://vetrecs.archives.gov.

Sincerely,

DAVID SCHNETTLER
Archives Technician (AFN-MC1A)

Enclosure(s)

We Value Our Veterans' Privacy
Let us know if we have failed to protect it.

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

New Search | Search Results | Email For Feedback | Save Physician | Print Profile

To become Board Certified, a physician must achieve expertise in a medical specialty or subspecialty that meets the profession-driven standards and requirements of one (or more) of the 24 ABMS certifying boards. To maintain Board Certification, the certifying boards may require physicians, depending on their date of initial certification, to participate in on-going programs of continuing learning and assessment (Maintenance of Certification) designed to help them remain current in an increasingly complex practice environment.

Alan Richard Braid (ABMSUID - [redacted] Viewed:5/13/2022 8:15:45 PM UTC

DOB: [redacted]

Education: 1972 MD (Doctor of Medicine)

Address: [redacted]

Individual NPI [1] : [redacted]

Show Active Medical License(s) [2] :

American Board of Medical Specialties

Higher standards. Better care.®

Board Certification(s):

ABOG

American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General

Status: Certified

Status	Duration	Occurrence	Start Date - End Date	
Active	Lifetime	Initial Certification	11/10/1978 -	Participating in MOC Not Required ?

Learn more about Obstetrics & Gynecology MOC program

[1] NPI: Not for Primary Source Verification (PSV).

[2] State of Licensure provided by Federation of State Medical Boards (FSMB): Not for Primary Source Verification (PSV).

Notice: It is up to the user to determine if the physician record obtained from this service is that of the physician being sought.

With the exception of our Medical Specialists Online (MSO) product, all information as presented by ABMS Solutions products are approved for business use and are considered Primary Source Verified (PSV) and meet the primary source verification requirements as set by The Joint Commission, NCQA, URAC and other key accrediting agencies.

The ABMS physician specialty certification data provided by ABMS Solutions/CertiFACTS Online is proprietary and copyrighted by the American Board of Medical Specialties (ABMS®) and subject to the intellectual property laws of the United States.

National Board of Medical Examiners

of the

United States of America

Alan Richard Braid, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a

Diplomate of the National Board of Medical Examiners

Attest

J. M. Myers
Chairman of the Board

John A. Hubbard
President of the Board

Philadelphia, Pa.
July 2, 1975

Brittany Ruiz

From: Alan Braid <[redacted]
Sent: Thursday, May 12, 2022 8:24 AM
To: Brittany Ruiz
Subject: Re: NMMB License Application

Ms. Ruiz:
I served in the Air Force as a Major at Dover AFB, Delaware as a member of the Ob-Gyn staff at Dover AFB Hospital from July 1976-June 1978. I have requested my DD214 discharge form and will forward it to the board.
Thank You
Alan Braid, M.D.

On Thu, May 12, 2022 at 8:30 AM Brittany Ruiz <bruiz@nmhsc.com> wrote:

HSC
5/12/2022
CVS

Good Morning Dr. Braid,

We have received your application, release, and payment to begin processing your New Mexico Medical Board License Application. We will be processing your application by endorsement, as instructed by the Board.

Upon further review of your application, it appears there is a gap identified from 06/1976 – 07/1978. Please submit a copy of your current CV or written explanation to us via email or fax to 505-346-0287.

Please be advised, you will be responsible for any additional fees incurred in the process of obtaining verifications of licensure, education, work history/affiliations, or board certifications, in addition to the processing fee of $350.00. Any additional fees must be collected prior to shipping your completed application and verifications to the Board.

If you have any questions, please contact our Customer Service Desk at credentialing@nmhsc.com, 505-346-0222 or 866-908-0070.

Sincerely,

Brittany Ruiz

Credentials Analyst

Hospital Services Corporation

credentialing@nmhsc.com

www.nmhsc.com

www.healthxnet.com

HealthXnet
HSC

HSC
5/12/2022
CVS

Follow

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5/12/2022
CVS

HSC
5/12/2022
CVS

American Board of Obstetrics and Gynecology

DIPLOMATE

COMPOSED OF MEMBERS NOMINATED BY THE
AMERICAN GYNECOLOGICAL SOCIETY
AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS
SECTION ON OBSTETRICS AND GYNECOLOGY, AMERICAN MEDICAL ASSOCIATION
AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS
ASSOCIATION OF PROFESSORS OF GYNECOLOGY-OBSTETRICS
CERTIFIES THAT

ALAN RICHARD BRAID

HAVING PURSUED AN ACCEPTED COURSE OF GRADUATE STUDY AND CLINICAL WORK, HAS MET THE STANDARDS AND QUALIFICATIONS AND PASSED THE EXAMINATIONS REQUIRED BY THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC. HE HAS THEREBY DEMONSTRATED TO THE SATISFACTION OF THIS BOARD THAT HE IS POSSESSED OF SPECIAL KNOWLEDGE, AND BY THE AWARD OF THIS DIPLOMA HIS PROFICIENCY IN THE SPECIALTY OF OBSTETRICS AND GYNECOLOGY IS RECOGNIZED AND HE IS AN ACKNOWLEDGED DIPLOMATE OF THIS BOARD

NOVEMBER 10, 1978

PRESIDENT OF THE BOARD

SECRETARY AND TREASURER

Credentials Verification Services
Provider Profile

HSC efficient^n

New Mexico Medical Board
Endorsement

LA Credentials

DocCode: [redacted] **Alan Richard Braid MD**

SSN: [redacted] DOB: [redacted]

Application Received Date: 04/25/2022 Start Date: 05/12/2022
Release Signature Date: 04/26/2022 Shipped Date: 06/01/2022
Attestation Signature Date: 04/26/2022 Next Appt:

Home Address:

[redacted]

Languages spoken by practitioner:
English

Mailing Address:

[redacted]

NPI: [redacted]
UPIN:
Medicaid:
Medicare:
State Tax ID:
Fed Tax ID:

* PRACTICE LOCATIONS

Alamo Women's Reproductive Center
7402 John Smith Drive
Suite 101
San Antonio, TX 78229
Languages used at practice:

Phone: 2106144742 Fax: No Number
Email: lisaparticle808@gmail.com

Contact: Kristina Hernandez

* AFFILIATIONS

Alamo City Surgery Center
Type: Active
From: 6/2015 To: Present
Verification Received: 05/24/2022

Southwest Texas Methodist Hospital
Type: Courtesy
From: 7/2002 To: Present
Verification Received: 06/01/2022

* BOARD CERTIFICATION

Obstetrics and Gynecology — Certified: Yes — Expiration: Lifetime
Verification Received: 05/13/2022

* LICENSES

State: OK License#: 34045 — Issue Date: 07/16/2018 — Expiration: 07/01/2022
Status: Current and in good standing — Lic Type: Medicine — Verification Received: 05/18/2022

State: TX License#: E3654 — Issue Date: 01/18/1975 — Expiration: 08/31/2022
Status: Current and in good standing — Lic Type: Medicine — Verification Received: 05/13/2022

* REFERENCES

Robert Friedman MD — Houston, TX — Verification Received: 05/31/2022
Vinita Goyal MD — San Antonio, TX — Verification Received: 05/17/2022

* PROFESSIONAL PRACTICE QUESTIONS

See Application: Yes

HSC Use Only

Reviewed by: Brittany Ruiz

Date: 06/01/2022

Comments:

IdentoGO

Status as of 05/30/2022

Service Complete

Thank you for your business. Our records indicate this service is complete.

Service Details:

Date:	**05/30/2022**
UE ID:	**UZZY-454NTJ**
Service:	**1111G2 - Print and Go**
Services:	
1111G2 - Retail Services Print and Go	**$20.00**
Fees:	
Sales Tax	**$1.65**
Total Due:	**$21.65**
Payments:	
Card [redacted]	**$21.65**
Auth Number:	[redacted]
Amount Paid as of (6/1/2022):	**$21.65**

HSC
efficient

PO Box 92200
Albuquerque, NM 87199-2200
7471 Pan American Freeway NE 87109
Phone: (505) 346-0222
Toll free: (866) 908-0070
www.nmhsc.com

June 7, 2022

Alamo Women's Reproductive Center
7402 John Smith Drive Suite 101
San Antonio, TX 78229

Re: Affiliation/Work History Request (NMMB) for HSC Doc Code: [redacted]
Alan Richard Braid MD

Dear Sir or Madam:

The referenced practitioner is applying for a license to practice medicine in New Mexico and the Medical Board requires the enclosed form be completed to verify the applicant's work history. Please complete the enclosed form and return it as soon as possible. We have enclosed a signed release form authorizing us to obtain this information.

Return this form to the attention of:

Hospital Services Corporation
Credentials Verification Services
P.O. Box 92200
Albuquerque, NM 87199-2200
Facsimile: (505) 346-0287
Email: credentialing@nmhsc.com

Thank you for your cooperation. We appreciate your prompt attention to this matter so that the Board can proceed with licensure on behalf of this practitioner. Please contact our Customer Service Desk at (505) 346-0222 or (866) 908-0070 x2006 if you have any questions or require any additional information.

If you have submitted the requested information within the past 7 days from a prior request, please disregard this letter.

Sincerely,

Hospital Services Corporation
Credentials Verification Services

Enclosures

eVetRecs

Veteran Records

Check request status

Status

Awaiting processing

Thank you for contacting the National Personnel Records Center. We've received your request, and it is awaiting processing.

Request number: [redacted]

Received	Processed	Sent
Once requests are received, we verify that we have all the necessary information before processing begins.		Once a request has been processed, please allow up to 5 days for delivery.

Resumption of Onsite Operations at the National Personnel Records Center (NPRC) in St. Louis

Local health conditions in the St. Louis area have improved and the NPRC will resume normal operations beginning March 7, 2022.

National Board of Medi

of the

United States of Am

Alan Richard Braid,

having satisfied all the requirements as
passed the examinations is her
Diplomate of the National Board of M

Attest

J. M. Myers
Chairman of the Board

Philadelphia Pa.
July 2, 1978

National Board of Medical Examiners

of the

United States of America

Alan Richard Braid, M.D.

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Attest

J. M. Myers
Chairman of the Board

John P. Hubbard
President of the Board

Philadelphia, Pa.
July 2, 1978

No. 15776

Success!!!

Service Request has been created successfully.
Your Service Request Number: [redacted]

Be sure to monitor your spam and junk folders for emails from **@nara.gov**.

Return to Home Page

Resumption of Onsite Operations at the National Personnel Records Center (NPRC) in St. Louis

Local health conditions in the St. Louis area have improved and the NPRC will resume normal operations beginning March 7, 2022.

National Board of Medical Examiners

of the

United States of America

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Attest

Chairman of the Board

President of the Board

Philadelphia, Pa.
July 2, 1973

Certificate No. [illegible]