

Application Summary

12/18/25 6:43 AM

Page 1 of 2

License Type: Osteopathic Physician and Surgeon 20A
License Number: 14488
File Number: 2001594
Application: Osteopathic Physician and Surgeon Renewal Application
Application Number: 14115843
Application Date: 12/18/2025 (mm/dd/yyyy)

Personal Detail

First Name: MARGAUX
Middle Name: HELENE
Last Name: LAZARIN
Birthdate: [REDACTED] (mm/dd/yyyy)
Gender: Female

Addresses

License Related Addresses Address of Record

Name: LAZARIN, MARGAUX HELENE
Address: [REDACTED]

Phone Number:

Extension:

E-mail Address:

Alternate Phone

Confidential Address

Address:

Phone Number:

E-mail Address:



Disclosure of Financial Interest

Do you have financial interests to declare? **No**

Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime? **No**

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? **No**

Questions

Select "Yes" if you are renewing your license as ACTIVE or select "No" if you are renewing your license as INACTIVE. If your DO license is inactive or renewed to inactive you cannot practice as an Osteopathic Physician and Surgeon. **Yes**

Steven M. Thompson Loan Repayment

I wish to voluntarily contribute an additional amount beyond my required contribution of \$25.00. **No**

Attachments

Fees

StephenM.ThompsonLRP	\$25.00
Active Renewal Fee	\$400.00
CURES Fund	\$30.00
Total Amount Due:	\$455.00

Applications are not considered submitted for processing until payment is received.

Attestation

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:





Department of Consumer Affairs

RECEIPT

40348505

Thank you for using the BreEZe System to submit your application.

Name: LAZARIN, MARGAUX HELENE
Transaction Date: 12/18/2025 06:43
Application Number: 14115843
Complaint Number:
License Type: 9001
License Number: 14488
Payment Description: Osteopathic Physician and Surgeon Renewal
Application Fees (US \$): 455.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named

* This is a non-refundable payment.

Illegal use or alteration of this receipt may result in criminal prosecution.



Department of Consumer Affairs

RECEIPT

40348505

Thank you for using the BreEZe System to submit your application.

Transaction Date:	12/18/2025 06:43
Total # Applications Paid:	1
Total # Complaints Paid:	0
* Credit Card Processing Fee	10.47
Total Fee (US\$):	465.47
Remaining Balance (US \$):	0.00

Please print and save this receipt for your records.

* This is a non-refundable payment.

Illegal use or alteration of this receipt may result in criminal prosecution.

Application Summary

12/18/23 11:07 AM

Page 1 of 2

License Type: **Osteopathic Physician and Surgeon 20A**
License Number: **14488**
File Number: **2001594**
Application: **Osteopathic Physician and Surgeon Renewal Application**
Application Number: **14093776**
Application Date: **12/18/2023 (mm/dd/yyyy)**

Personal Detail

First Name: **MARGAUX**
Middle Name: **HELENE**
Last Name: **LAZARIN**
Birthdate: ****/**/******
Gender: **Female**

Addresses

License Related Addresses

Address of Record

Warning: **In order to protect your privacy and identity, address will not be displayed.**

Confidential Address

Warning: **In order to protect your privacy and identity, address will not be displayed.**

Disclosure of Financial Interest

Do you have financial interests to declare? **No**

Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime? **No**

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? **No**

Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? **No**

Questions

Renew Active? **Yes**



Steven M. Thompson Loan Repayment

I wish to voluntarily contribute.

No

Attachments

2021 to 2023 CME MLazarin.pdf

AAFP transcript

OPSC 2022 CME.pdf

OPSC 2023 CME.pdf

Fees

StephenM.ThompsonLRP	\$25.00
Active Renewal Fee	\$400.00
CURES Fund	\$18.00
Total Amount Due:	\$443.00

Applications are not considered submitted for processing until payment is received.

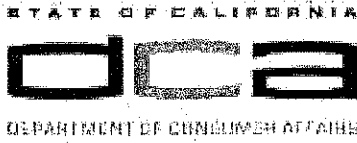
Attestation

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:





Department of Consumer Affairs

RECEIPT

34676194

Thank you for using the BreEze System to submit your application.

Name:	LAZARIN, MARGAUX HELENE
Transaction Date:	12/18/2023 11:07
Application Number:	14093776
Complaint Number:	
License Type:	9001
License Number:	14488
Payment Description:	Osteopathic Physician and Surgeon Renewal
Fee Paid: (US \$)	443.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named

Illegal use or alteration of this receipt may result in criminal prosecution.

Application Summary

2/14/22 4:00 PM

Page 1 of 3

License Type:	Osteopathic Physician and Surgeon 20A
License Number:	14488
File Number:	2001594
Application:	Osteopathic Physician and Surgeon Renewal Application
Application Number:	14072552
Application Date:	02/14/2022 (mm/dd/yyyy)

Personal Detail

First Name:	MARGAUX
Middle Name:	HELENE
Last Name:	LAZARIN
Birthdate:	**/**/****
Gender:	Female

Addresses

License Related Addresses

Address of Record

Warning: In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning: In order to protect your privacy and identity, address will not be displayed.

Disclosure of Financial Interest

Do you have financial interests to declare? No

Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime? No

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? No

Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? No

Questions

Renew Active?: Yes



SMTLRP Voluntary Fees

I wish to voluntarily contribute. **No**

Attachments

- OPSC CME 2020.pdf
- OPSC CME 2021.pdf
- OPSC CME 2021 Bonus.pdf
- AAFP CME 2020 to 2021.pdf

Physician Survey

Are you retired? **No**

Activities in Medicine **Administration - 30-39 Hours**
Other - None
Patient Care - 10-19 Hours
Research - None
Teaching - 1-9 Hours
Telemedicine - 10-19 Hours

Patient Care Practice Location **Zip: 94061 County: SAN MATEO**

Telemedicine Practice Location **Zip: 94061 County: SAN MATEO**

Patient Care Secondary Practice Location **Zip: County:**

Telemedicine Secondary Practice Location **Zip: County:**

Current Training Status **Not in Training**

Areas of Practice **Family Medicine - Primary**

Board Certifications **American Board of Family Medicine - Family Medicine**

Postgraduate Training Years **8 Years**

Cultural Background **White**

Foreign Language Proficiency **French**
German
Spanish

Web Site Profile **Cultural Background - No**
Foreign Language Proficiency - No
Gender - No

E-mail:



Fees

StephenM.ThompsonLRP **\$25.00**



Active Renewal Fee	\$400.00
CURES Fund	\$22.00
Total Amount Due:	\$447.00

Applications are not considered submitted for processing until payment is received.

Attestation

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:





Department of Consumer Affairs

RECEIPT

30094185

Thank you for using the BreEZe System to submit your application.

Name:	LAZARIN, MARGAUX HELENE
Transaction Date:	02/14/2022 16:00
Application Number:	14072552
Complaint Number:	
License Type:	9001
License Number:	14488
Payment Description:	Osteopathic Physician and Surgeon Renewal
Fee Paid: (US \$)	447.00
Remaining Balance: (US \$)	0.00

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Application Summary

12/18/19 3:46 PM

Page 1 of 3

License Type: Osteopathic Physician and Surgeon 20A
License Number: 14488
File Number: 2001594
Application: Osteopathic Physician and Surgeon Renewal Application
Application Number: 14055657
Application Date: 12/18/2019 (mm/dd/yyyy)

Personal Detail

First Name: MARGAUX
Middle Name: HELENE
Last Name: LAZARIN
Birthdate: **/**/****
Gender: Female

Addresses

License Related Addresses Address of Record

Warning: In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning: In order to protect your privacy and identity, address will not be displayed.

Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime? No

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? No

Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? No

Questions

Renew Active?: Yes

SMTLRP Voluntary Fees

I wish to voluntarily contribute. No



Attachments

Lazarin FC18 Certificate (1).pdf	Pain/End of Life CME 2018
Lazarin FC19 Certificate.pdf	Pain/End of Life CME 2019
CME Certification Transcript.pdf	Osteopathic CME
AAFP CME Transcript.pdf	AAFP CME Transcript

Physician Survey

Are you retired?	No
Activities in Medicine	Administration - 1-9 Hours Other - None Patient Care - 30-39 Hours Research - None Teaching - None Telemedicine - None
Patient Care Practice Location	Zip: 94061 County: SAN MATEO
Telemedicine Practice Location	Zip: County:
Patient Care Secondary Practice Location	Zip: County:
Telemedicine Secondary Practice Location	Zip: County:
Current Training Status	Not in Training
Areas of Practice	Family Medicine - Primary
Board Certifications	American Board of Family Medicine - Family Medicine
Postgraduate Training Years	3 Years
Cultural Background	White
Foreign Language Proficiency	French German Spanish
Web Site Profile	Cultural Background - No Foreign Language Proficiency - Yes Gender - No

Fees

StephenM.ThompsonLRP	\$25.00
Active Renewal Fee	\$400.00
CURES Fund	\$12.00



Total Amount Due:

\$437.00

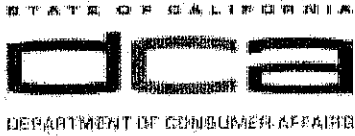
Applications are not considered submitted for processing until payment is received.

Attestation

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:



Department of Consumer Affairs

RECEIPT

25226642

Thank you for using the BreEZe System to submit your application.

Name:	LAZARIN, MARGAUX HELENE
Transaction Date:	12/18/2019 15:46
Application Number:	14055657
Complaint Number:	
License Type:	9001
License Number:	14488
Payment Description:	Osteopathic Physician and Surgeon Renewal Application
Fee Paid: (US \$)	437.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

The Osteopathic Physicians & Surgeons of California

Hereby certifies that

Margaux Lazarin, DO

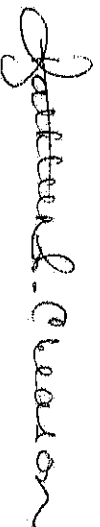
Attended OPSC's 29th Annual Fall Conference
September 7-9, 2018

Earning 20 Category 1A Credits

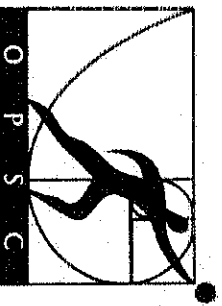
(As Approved by the AOA)

Under California's Requirements
8 hours qualify for Pain/End-of-Life Care

Issued by the Osteopathic Physicians and Surgeons of California
2015 H Street
Sacramento, CA 95811



Kathleen S. Creason, Executive Director



The Osteopathic Physicians & Surgeons of California

Hereby certifies that

Margaux Lazarin, DO

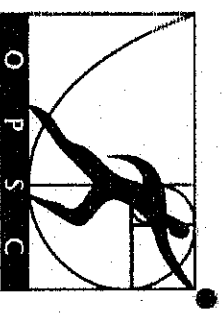
Attended OPSC's 30th Annual Fall Conference
September 20-22, 2019

Earning 20 Category 1A Credits

(As Approved by the AOA)

Under California's Requirements
5 hours qualify for Pain/End-of-Life Care

Issued by the Osteopathic Physicians and Surgeons of California
2015 H Street, Sacramento, CA 95811



Nicholas Birtcil, Executive Director

Issued: 9/9/2019



2019

Date	Title	P Credits	E Credits
1/17/2019	Teaching: Community preceptor	90.00	0.00
5/6/2019	NAF's 43rd Annual Meeting National Abortion Federation	13.50	0.00
9/21/2019	ABFM Depression Clinical Self-Assessment (CSA) American Board of Family Medicine ABFM – Self-Assessment (Part II)	4.00	0.00
9/21/2019	ABFM Diabetes Clinical Self-Assessment (CSA) American Board of Family Medicine ABFM – Self-Assessment (Part II)	4.00	0.00
9/21/2019	ABFM Asthma Clinical Self-Assessment (CSA) American Board of Family Medicine ABFM – Self-Assessment (Part II)	4.00	0.00
9/24/2019	2019 Family Medicine Experience (FMX) : Musculoskeletal Injections: Joint and Soft Tissue Injections American Academy of Family Physicians	3.00	0.00
9/25/2019	2019 Family Medicine Experience (FMX) : Nail Disorders/Abnormalities: The Good, the Bad, and the Ugly American Academy of Family Physicians	1.00	0.00
9/25/2019	2019 Family Medicine Experience (FMX) : Hepatitis C Treatment Update: for the PCP American Academy of Family Physicians	1.00	0.00
9/25/2019	2019 Family Medicine Experience (FMX) : Gastroesophageal Reflux Disease: Evidence-Based Approach American Academy of Family Physicians	1.00	0.00
9/25/2019	2019 Family Medicine Experience (FMX) : Insomnia Treatment: One More Thing - I Can't Sleep American Academy of Family Physicians	1.00	0.00
9/25/2019	2019 Family Medicine Experience (FMX) : Practice Changers: Top 20 POEMs of 2018 American Academy of Family Physicians	1.00	0.00
9/26/2019	2019 Family Medicine Experience (FMX) : Diabetes Treatment Update: After Metformin American Academy of Family Physicians	1.00	0.00
9/26/2019	2019 Family Medicine Experience (FMX) : Adult	1.00	0.00

	Obesity Management: Weight Loss Counseling Made Easy American Academy of Family Physicians			
9/26/2019	2019 Family Medicine Experience (FMX) : Anxiety Disorders Management: Effectively Treating the Anxious Patient American Academy of Family Physicians	1.00	0.00	
9/27/2019	2019 Family Medicine Experience (FMX) : Main Stage: Top 10: EBM Updates American Academy of Family Physicians	1.00	0.00	
11/14/2019	Behavioral Health PI Activity American Board of Family Medicine ABFM – Performance Improvement (Part IV)	20.00	0.00	
		Prescribed	Elective	Total P&E
	Live Credits:	115.50	0.00	115.50
	Total Credits:	147.50	0.00	147.50

2018

Date	Title	P Credits	E Credits
1/11/2018	Teaching: Community Preceptor	52.00	0.00
3/1/2018	Formal Live Activity - AMA/AOA Approved: ATSU Primary Care Update AT Still University * Required by Osteopathic Medical Board of California	0.00	20.00
3/13/2018	American Family Physician : AFP CME Quiz Vol. 97/#05 (03/01/18) American Academy of Family Physicians	6.00	0.00
4/12/2018	Teaching: Community Preceptor	34.00	0.00
4/13/2018	CAFP's Family Medicine Clinical Forum California AFP	19.75	0.00
4/21/2018	Formal Live Activity - AMA/AOA Approved: NAF Establishing Trans Health Services Workshop NAF	0.00	3.75
4/23/2018	NAF's 42nd Annual Meeting National Abortion Federation	10.25	0.00
9/9/2018	ABFM Childhood Illness Clinical Self-Assessment (CSA) American Board of Family Medicine ABFM – Self-Assessment (Part II)	4.00	0.00
9/9/2018	ABFM Health Behavior Knowledge Self-Assessment (KSA) American Board of Family Medicine ABFM – Self-Assessment (Part II)	8.00	0.00

10/9/2018	2018 Family Medicine Experience (FMX) : Hemorrhoids and Anal Fissure: Anorectal Disease - Diagnosis and Treatment American Academy of Family Physicians	1.00	0.00		
10/9/2018	2018 Family Medicine Experience (FMX) : Adult Obesity Management: Mindful Eating for Patients with Obesity American Academy of Family Physicians	1.00	0.00		
10/9/2018	2018 Family Medicine Experience (FMX) : What's New With Zika Virus American Academy of Family Physicians	1.00	0.00		
10/9/2018	2018 Family Medicine Experience (FMX) : Liver Function Tests: Is Something Wrong With My Liver? American Academy of Family Physicians	1.00	0.00		
10/10/2018	2018 Family Medicine Experience (FMX) : Strategic Lifestyle Interventions for Patients with Type 2 Diabetes American Academy of Family Physicians	1.00	0.00		
10/10/2018	2018 Family Medicine Experience (FMX) : Pediatric Obesity American Academy of Family Physicians	1.00	0.00		
10/11/2018	2018 Family Medicine Experience (FMX) : Adult and Elderly Hypertension American Academy of Family Physicians	1.00	0.00		
10/11/2018	2018 Family Medicine Experience (FMX) : Main Stage: Responding to the Opioid Crisis: Perspectives from Family Physicians American Academy of Family Physicians	1.00	0.00		
10/12/2018	2018 Family Medicine Experience (FMX) : Main Stage: Top 10: EBM Updates American Academy of Family Physicians	1.00	0.00		
10/12/2018	2018 Family Medicine Experience (FMX) : Adult Depressive Disorder Updates: Improving Treatment in Primary Care American Academy of Family Physicians	1.00	0.00		
10/12/2018	2018 Family Medicine Experience (FMX) : Anticoagulation Management Update American Academy of Family Physicians	1.00	0.00		
10/13/2018	2018 Family Medicine Experience (FMX) : Urinary Incontinence and Urinary Frequency American Academy of Family Physicians	1.00	0.00		
10/13/2018	2018 Family Medicine Experience (FMX) : Pelvic Pain American Academy of Family Physicians	1.00	0.00		
		Prescribed	Elective	Total P&E	
	Live Credits:	129.00	23.75	152.75	
	Total Credits:	147.00	23.75	170.75	

2017

Date	Title	P Credits	E Credits	
6/22/2017	Formal Live Activity - AMA/AOA Approved: Annual Nuka Conference Northern Arizona Hlth Ed Ctr and Southcentral Foundation	0.00	12.75	
9/12/2017	American Family Physician : AFP CME Quiz Vol. 96/#5 (09/01/2017) American Academy of Family Physicians	7.00	0.00	
9/12/2017	Family Practice Management : FPM Quiz Vol 24#4 (July/August 2017) American Academy of Family Physicians	5.00	0.00	
9/19/2017	AAFP CME Bulletin: Quality Payment Program: Appropriate Coding and Documentation of Chronic Conditions : AAFP CME Bulletin: QPP and Diabetes American Academy of Family Physicians	2.00	0.00	
9/20/2017	Formal Activity - AMA/AOA Approved: Decreasing the Burden of Type 2 Diabetes Mellitus University of Arkansas for Medical Sciences	0.00	1.00	
10/4/2017	American Family Physician : AFP CME Quiz Vol. 96/#6 (09/15/2017) American Academy of Family Physicians	5.00	0.00	
11/14/2017	American Family Physician : AFP CME Quiz Vol. 96/#7 (10/01/2017) American Academy of Family Physicians	7.00	0.00	
		Prescribed	Elective	Total P&E
	Live Credits:	0.00	12.75	12.75
	Total Credits:	26.00	13.75	39.75

CME Credits for 2017 - 2019

Total Prescribed Credits: 320.50

Total Elective Credits: 37.50

Total Live Credits: 281.00

Total Credits: 358.00

Provided to AAFP members
on a complimentary basis
as a membership service.

Douglas Henley, M.D., F.A.A.F.P.
Executive Vice President
American Academy of Family Physicians

Moran, David@DCA

From: Moran, David@DCA
Sent: Tuesday, January 23, 2018 10:45 AM
To: 'Margaux Lazarin'
Subject: RE: Your 2018-2020 CA osteopathic medical license renewal

Dr. Lazarin:

Your license is now renewed with an expiration date of 2/29/2020.

As a reminder, the 6 hours of AOA 1A and 14 hours of AOA 1B credit from 2018 used to cover the shortage in your 2016-2017 CME cycle cannot be used again for the 2018-2019 CME cycle.

David Moran
Licensing Analyst
Osteopathic Medical Board of California

From: [REDACTED] On Behalf Of Margaux Lazarin
Sent: Tuesday, January 23, 2018 9:42 AM
To: Moran, David@DCA <David.Moran@dca.ca.gov>
Subject: Re: Your 2018-2020 CA osteopathic medical license renewal

Dear Mr. Moran,

Thank you for your email. Attached is a pdf with proof of my CME, including my Activity Summary from AOA. Please let me know if there is anything else I need to submit at this time.

Sincerely,
Margaux Lazarin, DO, MPH

On Fri, Jan 19, 2018 at 3:56 PM, Moran, David@DCA <David.Moran@dca.ca.gov> wrote:

Dr. Lazarin:

We received your renewal on 1/9, but you did not attach any CME.

The rules for CME have changed as of 1/1/2018. The new rules require 100 hours of CME, with at least 40 of those hours in AOA category 1A or 1B, for the two years prior to your renewal.

We will waive 50 hours based on your license being issued in 2016, but you will still need to report a total of 50 hours of CME, with at least 20 of those hours in AOA category 1A or 1B.

You may send proof of this CME by fax to (916) 928-8392 or as an email attachment (in Adobe Acrobat .pdf format only). Your license will not be renewed until this requirement has been met.

David Moran

Licensing Analyst

Osteopathic Medical Board of California

Application Summary

1/9/18 3:57 PM

Page 1 of 3

License Type: Osteopathic Physician and Surgeon 20A
License Number: 14488
File Number: 2001594
Application: Osteopathic Physician and Surgeon Renewal Application
Application Number: 14039365
Application Date: 01/09/2018 (mm/dd/yyyy)

Personal Detail

First Name: MARGAUX
Middle Name: HELENE
Last Name: LAZARIN
Birthdate: **/**/****
Gender: Female

Addresses

License Related Addresses

Address of Record

Warning: In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning: In order to protect your privacy and identity, address will not be displayed.

Conviction Disclosure

Since your last renewal, have you been convicted or plead guilty to any crime? No

Disciplinary Disclosure

Since your last renewal, has any governmental entity taken any disciplinary action against any of your health care related licenses? No

Personal Impairments

Do you have any physical, mental, emotional or behavioral disorder that would impair your ability to practice medicine safely? No

Questions

Renew Active?: Yes

SMLRP Voluntary Fees

I wish to voluntarily contribute. Yes



1515542226953

Amount of contribution: **25**

Attachments

Physician Survey

Are you retired? **No**

Activities in Medicine **Administration - 1-9 Hours**
Other - None
Patient Care - 20-29 Hours
Research - None
Teaching - None
Telemedicine - None

Patient Care Practice Location **Zip: 94061 County: SAN MATEO**

Telemedicine Practice Location **Zip: County:**

Patient Care Secondary Practice Location **Zip: 94080 County: SAN MATEO**

Telemedicine Secondary Practice Location **Zip: County:**

Current Training Status **Not in Training**

Areas of Practice **Family Medicine - Primary**


Board Certifications **American Board of Family Medicine - Family Medicine**

Postgraduate Training Years **3 Years**

Cultural Background **White**

Foreign Language Proficiency **French**
German
Spanish

Web Site Profile **Cultural Background - No**
Foreign Language Proficiency - Yes
Gender - Yes

E-mail: 

Fees

StephenM.ThompsonLRP	\$25.00
LRPFunds	\$25.00
Active Renewal Fee	\$400.00
CURES Fund	\$12.00
Total Amount Due:	\$462.00

Applications are not considered submitted for processing until payment is received.

Attestation

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:

Date:

ACLS Provider Course



Certificate of Completion

Is hereby presented to:

Margaux Lazarin

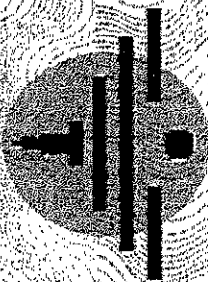
Completion Date: 11-29-2016 Expiration Date: 11-29-2018 Verification #: 937866732

In recognition of successful completion of the ACLS Provider Course as administered through United Medical Education. This provider has shown adequate proficiency in methods of ACLS as outlined by our curriculum based on current international guidelines and standards.

Type: Recertification CEU/CME: 4

Approved by 2120 Program Director

BLS Provider Course



Certificate of Completion

Is hereby presented to:

Margaux Lazarin

Completion Date: 11-29-2016 Expiration Date: 11-29-2018 Verification #: 498771799

In recognition of successful completion of the BLS Provider Course as administered through United Medical Education. This provider has shown adequate proficiency in methods of BLS as outlined by our curriculum based on current international guidelines and standards.

Type: Recertification CEU/CME: 2

Approved by MDE Program Director



**MICHIGAN STATE UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE**

Margaux Lazarin, DO

Has successfully completed the following CME On Line course.

CME On Line: Axis Reference Systems-PMAR-N200.(22)

This course is accredited for 2 hours of AOA Category 1-B continuing medical education credits by the Michigan State University College of Osteopathic Medicine.

Richard Hallgren, Ph.D.

01/20/2018

Date



**MICHIGAN STATE UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE**

Margaux Lazarin, DO

Has successfully completed the following CME On Line course.

CME On Line: Barrier Concepts PMAR-N200.(21)

This course is accredited for 2 hours of AOA Category 1-B continuing medical education credits by the Michigan State University College of Osteopathic Medicine.

Richard Hallgren, Ph.D.

01/20/2018

Date



**MICHIGAN STATE UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE**

Margaux Lazarin, DO

Has successfully completed the following CME On Line course.

CME On Line: Basic Concepts of Osteopathic Medicine-PMAR-N200.(28)

This course is accredited for 10 hours of AOA Category 1-B continuing medical education credits by the Michigan State University College of Osteopathic Medicine.

Richard Hallgren, Ph.D.

01/20/2018

Date



AMERICAN
OSTEOPATHIC ASSOCIATION
142 E. Ontario St., Chicago, IL 60611-2864

Continuing Medical Education Program

CME Activity Summary

Margaux Lazarin, DO | 172611

Member Status: Paid through 5/31/2018

CME Status: Exempt

2016 - 2018 CME Cycle

CME

Show your commitment to patient care by reporting your CME. The AOA encourages all members to earn 120 credits over a three year cycle, of which 10 CME credits should be recorded in AOA Category 1-A. The remaining credits may be accumulated in any category: 1-A, 1-B, 2-A or 2-B. This amount should satisfy most state licensing and AOA Specialty Board requirements.

AOA Recommendation: 120.00 CME Credits from 1/1/2016 to 12/31/2018

	Credits Recommended	Credits Submitted	Credits Applied	Credits Needed	Recommendation Fulfilled
Total Credits (1A, 1B, 2A, 2B combined)	120.00	102.50	102.50	17.50	Exempt
At least 10 of your credits should be in Category 1A Category 1A	10.00	0	0	10.00	Exempt

CME Details

Completion Date	Activity Name and CME Sponsor/Provider	Credit Type	Credits Submitted	CREDITS APPLIED		
				1A	1B	2A/B
12/23/2016	American Academy of Family Physicians 4th Quarter 2016 American Academy of Family Physicians CME Rule(s): Medical Journal / Home Study Course	2B	63.75			63.75
06/23/2017	Annual Nuka Conference Southcentral Foundation CME Rule(s): AMA/AAFP	2A	12.75			12.75
11/14/2017	AFP CME Quiz 4th Quarter 2017 American Academy of Family Physicians CME Rule(s): Medical Journal / Home Study Course	2B	26.00			26.00
TOTALS			102.50	0.00	0.00	102.50



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
 1300 National Drive, Suite #150
 SACRAMENTO, CA 95834-1991
 TELEPHONE: (916) 928-8390
 FAX (916) 928-8392



ADDRESS CHANGE NOTIFICATION FORM

California Code of Regulations, Title 16, Division 16, Article 1, Section 1604. Filing of Addresses by Licensees: requires all licensees to immediately report all changes of address. Please complete this form to report your address changes. IF A PUBLIC ADDRESS IS NOT GIVEN, YOUR CONFIDENTIAL MAILING ADDRESS WILL BE POSTED ON OUR WEBSITE.

<p>Old Public Address</p> <p>Margaux Helene Lazarin, D.O. Name</p> <p>Facility Name (if any) [REDACTED]</p> <p>Street Address [REDACTED]</p> <p>City State Zip</p> <p>(Telephone Number – Optional)</p>	<p>New Public Address</p> <p>Margaux H Lazarin, DO, MPH Name</p> <p>Planned Parenthood Mar Monte Facility Name (if any)</p> <p>[REDACTED]</p> <p>Street Address [REDACTED]</p> <p>City State Zip</p> <p>[REDACTED]</p> <p>(Telephone Number – Optional)</p>
<p>Old Mailing Address <i>(confidential – for Board use only)</i></p> <p>(same) Name</p> <p>Facility Name (if any)</p> <p>Street Address</p> <p>City State Zip</p> <p>Telephone Number <i>(confidential- for Board use only)</i></p> <p>Fax Number</p>	<p>New Mailing Address <i>(confidential – for Board use only)</i></p> <p>Margaux Lazarin Name</p> <p>Facility Name (if any) [REDACTED]</p> <p>Street Address [REDACTED]</p> <p>City State Zip</p> <p>Telephone Number <i>(confidential for Board use only)</i></p> <p>Fax Number [REDACTED]</p> <p>E-mail address</p>

2016 NOV 14 AM 24
 OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

[REDACTED Signature]

20A14488
 License Number

11/8/16
 Date



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834-1901
P (916) 928-8390 F (916) 928-8392 www.ombc.ca.gov

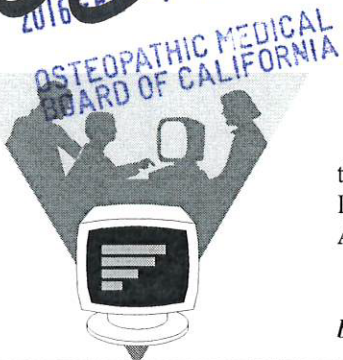


JANUARY 8, 2016
MARGAUX LAZARIN D O



The OMBC is required to make license information available on the Internet. To prevent a Residence Address from being Published on the Internet. Please provide your PUBLIC ADDRESS. (The PUBLIC ADDRESS below will be printed on your wallet license).

RECEIVED
2016 FEB 11 AM 9:04



the Internet.
Internet.
ADDRESS

If the "Public Address" is left blank, your "Mailing Address" below will be

below will be

PUBLIC ADDRESS	Planned Parenthood			
	Facility Name (if any)			
	[Redacted]			
	No. Street	City	State	Zip+4
PUBLIC PHONE (Optional)				FAX

listed on our website.

Please verify your Mailing Address to be used ONLY by the OMBC. **THIS WILL NOT BE PUBLIC** unless the above Public Address box is left blank (see instruction above). Your Mailing Address will be used to mail your License Certificate and Renewal Notices. Wall Certificates may take up to 3 months.

MAILING ADDRESS	[Redacted]			
	No. Street			
	[Redacted]		[Redacted]	
	City	State	Zip+4	
PHONE	[Redacted]			
E-MAIL ADDRESS	[Redacted]			

SIGNATURE [Redacted] D.O DATE 1/10/16

Margaux Lazarin

PRINTED NAME
FILE # 2001594
425/02/29/2018

PLEASE RETURN THIS FORM ALONG WITH PAYMENT IMMEDIATELY FOR PROCESSING

Entity Number:	3630596
File Number:	2-1594
Receipt Number:	1-3890
Amount Paid:	425



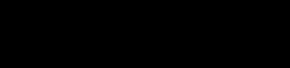
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834-1991
P (916) 928-8390 F (916) 928-8392 / www.ombc.ca.gov



JANUARY 8, 2016

Re: California Osteopathic Physician and Surgeon Certificate

MARGAUX LAZARIN D O



Dear DR LAZARIN D O

You have met all qualifications for licensure in California and your application file for osteopathic physician and surgeon certificate is now complete.

The license fee is \$400 every two years, renewable in your birth month. In order to place you in the appropriate billing cycle, we have prorated your initial licensing fee.

Effective January 1, 2010, pursuant to Business and Professions Code section 2455.1(a), the Board is required to collect an additional \$25 for the Steven M. Thompson Physicians Corps Loan Repayment Program (PCLRP).

Upon receipt of a check in the amount listed below and completed address form, your license number will be issued. Please allow two to three weeks to process.

LICENSE FEE:	<u>\$400</u>
PCLRP FEE:	<u>\$25</u>
PLEASE REMIT TOTAL	<u>\$425</u>

Your license expiration date will FEBRUARY 29, 2018.
If you have any questions, please feel free to contact me.

Sincerely,

Sabrina Rowell
Licensing Specialist
Osteopathic Medical Board of California

enclosure

FILE # 2001594/425

Rowell, Sabrina@DCA

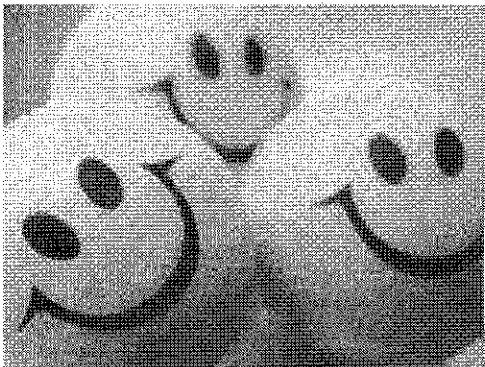
From: Rowell, Sabrina@DCA
Sent: Friday, January 08, 2016 11:18 AM
To: [REDACTED]
Subject: CORRECTION TO FINAL LICENSURE DOCUMENTS
Attachments: 2001594 BILLING DOX C.docx; 2001594 WEB LETTER C.docx

DR. LAZARIN

PLEASE USE THESE DOCUMENTS ATTACHED RATHER THAN THE PREVIOUS ONES SENT...
THESE ARE THE CORRECTED FORMS...

MY APOLOGIES...

THANK YOU.



SABRINA ROWELL

LICENSING SPECIALIST/PROGRAM TECHNICIAN II
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 NATIONAL DRIVE SUITE #150
SACRAMENTO CA. 95834
WWW.OMBC.CA.GOV

LIFE NEVER GETS EASIER...BUT WE CAN DECIDE THAT IT'S JUST GETTING :MORE INTERESTING.: ☺
ENJOY THE LITTLE THINGS IN LIFE, BECAUSE ONE DAY YOU WILL
LOOK BACK AND REALIZE THAT THEY WERE THE BIG THINGS...



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. SNOW JR.
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 1300 National Drive, Suite 150, Sacramento, CA 95834-1991
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JANUARY 8, 2016

Re: California Osteopathic Physician and Surgeon Certificate

MARGAUX LAZARIN D O
 [REDACTED]

Dear DR LAZARIN D O

You have met all qualifications for licensure in California and your application file for osteopathic physician and surgeon certificate is now complete.

The license fee is \$400 every two years, renewable in your birth month. In order to place you in the appropriate billing cycle, we have prorated your initial licensing fee.

Effective January 1, 2010, pursuant to Business and Professions Code section 2455.1(a), the Board is required to collect an additional \$25 for the Steven M. Thompson Physicians Corps Loan Repayment Program (PCLRP).

Upon receipt of a check in the amount listed below and completed address form, your license number will be issued. Please allow two to three weeks to process.

LICENSE FEE:	<u>\$50</u>
PCLRP FEE:	<u>\$25</u>
PLEASE REMIT TOTAL	<u>\$75</u>

Your license expiration date will APRIL 30, 2016.
 If you have any questions, please feel free to contact me.

Sincerely,

Sabrina Rowell
 Licensing Specialist
 Osteopathic Medical Board of California

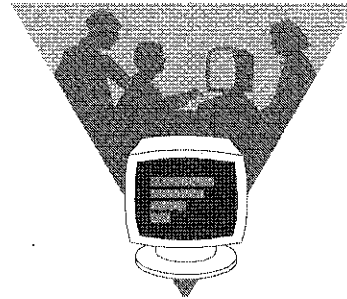
enclosure

FILE # 2001594/75



JANUARY 8, 2016
MARGAUX LAZARIN D O

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If the "Public Address" is left blank, your "Mailing Address"

PUBLIC ADDRESS	_____				
	Facility Name (if any)				

	No.	Street	City	State	Zip+4
PUBLIC PHONE (Optional)	_____			FAX	_____

below will be listed on our website.

Please verify your Mailing Address to be used ONLY by the OMBC. **THIS WILL NOT BE PUBLIC** unless the above Public Address box is left blank (see instruction above). Your Mailing Address will be used to mail your License Certificate and Renewal Notices. Mail Certificates may take up to 3 months.

MAILING ADDRESS	_____			
	No. Street			

	City		State	Zip+4
PHONE	_____			
E-MAIL ADDRESS	_____			

SIGNATURE _____ D.O DATE _____

PRINTED NAME _____

FILE # 2001594

75/04/30/2016

PLEASE RETURN THIS FORM ALONG WITH PAYMENT IMMEDIATELY FOR PROCESSING

Rowell, Sabrina@DCA

From: Rowell, Sabrina@DCA
Sent: Friday, January 08, 2016 11:12 AM
To: [REDACTED]
Subject: FINAL LICENSURE DOCUMENTS
Attachments: 2001594 BILLING DOX.docx; 2001594 WEB LETTER.docx

DR. LAZARIN

Congratulations, you have been approved for a California license. Attached are the final licensure document for a California license.

Please print out the form and complete it, and return it along with the amount as specified on the billing letter.

Please do not confuse this licensure fee with the application fees that were paid previously. The licensure fee is NOT part of the fees that you paid already.

Please be sure to return the form with the payment, as we cannot process without both. Please be sure to read documents completely, and follow instructions for licensure.

Once we receive the form and payment, we will process the payment and issue your license. **Please allow up to three weeks from receipt of your payment and form.**

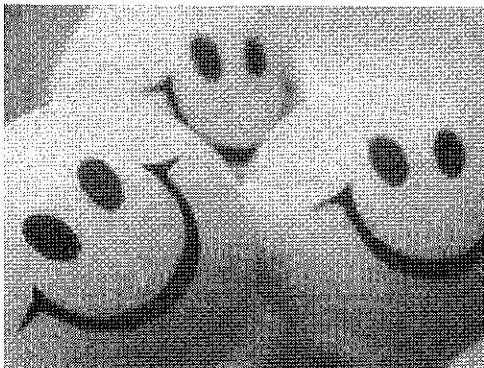
Please note we CANNOT accept credit cards or take payments over the phone.

Please make payment out to: "OMBC" or to "OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA".

Please send one check for the TOTAL AMOUNT AS SPECIFIED.

Please send check, cashier's check, or money order.

Thank you.



SABRINA ROWELL

LICENSING SPECIALIST/PROGRAM TECHNICIAN II
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 NATIONAL DRIVE SUITE #150

Entity Number: 36305
 File Number: 20015
 OCT 23 2015
 Receipt Number: 1-1934
 Amount Paid: 249.00

Department of Consumer Affairs
 Osteopathic Medical Board of California
 1300 National Drive, Suite 150
 Sacramento, CA 95834
 (916) 928-8390 Fax (916) 928-8392
 www.ombc.ca.gov

RECEIVED
 2015 OCT 19 PM 2:
 OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA



APPLICATION FOR OSTEOPATHIC PHYSICIAN'S AND SURGEON'S CERTIFICATE

Please read all instructions prior to completing this application. All questions on this application must be answered. In addition to this form, other essential application requirements must be completed.

FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

Please type or print legibly. If space provided is insufficient, attach additional sheets.

1. NAME: Last: LAZARIN		First: MARGAUX	Middle: HÉLÈNE
OTHER NAMES USED: [REDACTED]		2. SOCIAL SECURITY NO. OR INDIVIDUAL TAXPAYER ID NO.: [REDACTED]	
3. DATE OF BIRTH: [REDACTED]	4. PLACE OF BIRTH: California		5. SEX: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
6. ADDRESS: [REDACTED]			
MAILING ADDRESS if different:			
7. CONTACT INFORMATION FOR APPLICATION PROCESS:		8. Are you a US citizen? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Daytime Phone Number: [REDACTED]		E-Mail address: [REDACTED]	
9. PRE-OSTEOPATHIC COLLEGE(S)		ADDRESS	DATES OF ATTENDANCE
Stanford University		450 Serra Mall, Stanford, CA 94305	9/1998 - 6/2002
UT School of Public Health		7000 Fannin St, Houston, TX 77030	8/2004 - 6/2006
10. OSTEOPATHIC COLLEGE(S)		ADDRESS	DATES OF ATTENDANCE:
Midwestern - AZCOM		1955 N 59th Ave, Glendale, AZ 85308	8/2006 - 6/2010
			DATE OF DEGREE: 6/4/2010
11. POSTGRADUATE TRAINING INTERNSHIP (AOA)	Hospital Name	Address	Type of Service Dates of Attendance
			Family 7/2010 - 6/2013
RESIDENCY/FELLOWSHIP: Beth Israel Medical Center 1st Ave at 16th St NY NY 10003 7/2010 - 6/2013			
12. BOARD CERTIFIED: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		DATE CERTIFIED: April 2013	NAME OF CERTIFYING BOARD: ABFM
13. LIST ALL WRITTEN EXAMINATIONS TAKEN e.g. NBOME, State Written Boards, USMLE, FLEX etc.			
STATE WHICH EXAMINATIONS AND WHERE TAKEN		DATE COMPLETED	
USMLE Step 1		June 2008	
COMLEX Step 1		June 2008	
COMLEX 2, CE PE, CE		June 18, 2009, June 29, 2009	
ABFM		April 2013	
14. LIST ALL STATES IN WHICH YOU ARE NOW LICENSED OR HAVE EVER BEEN LICENSED TO PRACTICE OSTEOPATHIC MEDICINE			
*Written examination, reciprocity, National Boards, etc.			
STATE	DATE LICENSED	* HOW LICENSED	LICENSE NUMBER
NY	2013, renewed 6/1/15	National Boards	270506
15. Have you ever applied for but did not take the California Osteopathic Medical Board Examination? If Yes, when?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
16. Are you Active or Retired Military?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

17. Have you ever withdrawn from, or been suspended, dismissed or expelled from a medical school or postgraduate training? If Yes, attach explanation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
18. Has a claim or action for damages ever been filed against you in the course of the practice of medicine or any other healing art which resulted in a malpractice settlement, judgment or arbitration award of over \$30,000.00?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
19. Has there ever been any peer group or professional association inquiry or action involving your practice or relationship with patients alleging unprofessional conduct, wrongdoing or negligence?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
20. Have you ever withdrawn an application from any hospital, public entity or licensing agency? If Yes, When?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
21. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked or not renewed for medical disciplinary cause, or resigned from a medical staff in lieu of disciplinary or administrative action, or is any such action pending?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
22. Have you ever had a medical or any healing art license restricted, suspended, revoked, disciplined or denied in any state?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
23. Have you ever been denied permission to practice medicine or any healing art in any state?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
24. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety, including but not limited to, any of the following? IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW: <input type="checkbox"/> A condition which required admission to an inpatient psychiatric treatment facility <input type="checkbox"/> Alcohol or chemical substance dependency or addiction <input type="checkbox"/> Emotional, mental or behavioral disorder <input type="checkbox"/> Other (explain) _____ FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OFFICIAL INPATIENT TREATMENT RECORDS, EVIDENCE OF ONGOING REHABILITATION TREATMENT, AND A PERSONAL WRITTEN EXPLANATION.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
25. Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357 (b), (c), (d), (e), OR section 11360 (b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, or 1204.41 of the California Penal Code or equivalent non-California law MUST be disclosed. Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
26. Is any criminal action related to the above now pending?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
27. Do you have a Drug Enforcement Administration (DEA) number?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
28. If yes, what is the DEA number and in what state was it issued? <u>FL3966477 NY</u>		
29. Has any DEA number ever been restricted, suspended or revoked?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, <u>ATTACH DETAILED EXPLANATION AND SUPPORTING DOCUMENTS.</u></p> <p>CERTIFICATION</p> <p>I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT.</p>		
<div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> _____ Signature of Applicant	<u>10/4/15</u> Date	

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

MA Osteo

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, LAZARIN MARGAUX HELENE was issued license/certificate number 270506 for the practice of MEDICINE on 06/03/13.

Our records also indicate the following information:

Date of birth: [REDACTED]
School attended: MIDWESTERN UNIVERSITY
Date of graduation: 06/04/10
Degree earned: DO

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
11/11							0000P		OSTEO
06/09				0000P					
06/08		0000P							

2015 OCT 23 AM 11:20
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OSCEOLA PATHOLOGICAL
BOARD OF CALIFORNIA

EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 01/31/17
Address: [REDACTED]

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

Cathy Hanczaryk



Principal Clerk 10/16/15

PRACTITIONER PROFILE

Prepared for: Osteopathic Medical Board of California As of Date:12/17/2015

PRACTITIONER INFORMATION

Name: Margaux Helene Lazarin
Alternate Name(s): Margaux Lazarin
DOB: [REDACTED]
Medical School: Midwestern University, Arizona Campus
Glendale, Arizona, UNITED STATES
Year of Grad: 2010
Degree Type: DO

BOARD ACTIONS

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

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEW YORK	270506	6/3/2013	1/31/2017	12/16/2015

PRACTITIONER PROFILE

Prepared for: Osteopathic Medical Board of California As of Date:12/17/2015
Practitioner Name: Margaux Helene Lazarin

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
Certificate: Family Practice
Certification Type: General
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2013		02/15/2016	Initial	11/30/2015

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Midwestern University



Arizona College of Osteopathic Medicine

*In the recommendation of the Faculty, the Board of Trustees of
Midwestern University has conferred upon*

Margaux H. Mazarin

the Degree of

Doctor of Osteopathic Medicine

*and has granted this Diploma as evidence that the requirements
prescribed by the College have been fulfilled for this Degree.*

*Conferred in the City of Glendale in the State of Arizona on the
4th day of June, 2010.*

William A. Matthews
Chairman of the Board of Trustees

Secretary / Treasurer of the Board of Trustees



Karl W. H. Berginger, Ph.D.
President and Chief Executive Officer

Don D. Hays, Esq.
Dean



OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 F (916) 928-8392 | www.ombc.ca.gov

RECEIVED
OCT 16 PM 3:50
OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
OCT 19 PM 2:22
RECEIVED

CERTIFICATION OF COMPLETION OF ACGME POSTGRADUATE TRAINING OR AOA ROTATING INTERNSHIP

To be completed by the facility for all osteopathic medical school graduates commencing their first year postgraduate training on or after July 1, 1990. DO NOT COMPLETE IF PHOTOGRAPH OF APPLICANT IS NOT ATTACHED. Please type or print.

This is to certify Margaux H. Lazarin
Name of Applicant

a graduate of Midwestern University AZCOM
Osteopathic Medical School

Formally commenced an accredited postgraduate training program at MT. SINAI BETH ISRAEL (FORMERLY BETH ISRAEL MEDICAL CENTER)
FIRST AVENUE AT 16TH STREET, NEW YORK, NY 10003
Name and Address of Facility

in family practice on July 1, 2010
Specialty

and satisfactorily completed such training on June 30, 2013.

This training consisted of 36 months of actual clinical instruction and is approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).

List rotations completed. If service was not rotating, indicate type of straight training performed.

NOTE –Effective July 1, 1990, all applicants will be required to complete at least four months of postgraduate training in general medicine as part of the one year requirement. This general medicine requirement may be satisfied by actual clinical practice, where the applicant has direct patient care responsibilities in any particular specialty or sub-specialty area for at least four months. If general medicine requirement is satisfied by training in a specialty area other than family practice, internal medicine, surgery, pediatrics or obstetrics and gynecology, the Program Director must submit a description of the type of training in sufficient detail to allow the Board to determine if it is acceptable.

ROTATION	LENGTH OF ROTATION