

Kelly Peters, DO

Licensed Physician #DO2023-0501

Issue Date

04/18/2023

Expiration Date

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

Kelly Peters, DO

License Number: DO2023-0501

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: 04/18/2023 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~~



APPLICANT'S OATH

I, Kelly Jo Peters, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every governmental agency, court, association, institution or other person, including documents, information pertaining to me, to make copies of such documents, records regarding charges or formal, pending or closed, or any other pertinent data and to make copies of such documents, representatives to inspect and connection with this application.

I hereby release, discharge, and any person furnishing information and kind arising out of the furnishing or inspection of such information, or the investigation made by the Board. I authorize the Board to make copies of such documents, orders, or the like relating to me or to this application of New Mexico or the appropriate licensing agency of the United States or any agency of the United States government.

Went to QA
last term



Kelly Jo Peters
Applicant Signature

4-11-2023
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, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name Kelly Jo Peters Date 4-11-2023



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Physician Application



Applying for Telemedicine Licensure? ☐



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



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

****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: 2/14/2023

Application Fee: \$400.00

PayPal Confirmation: [REDACTED]

TOTAL: \$400.00

Name: Kelly Jo Peters

Kelly Jo Brunner, Kelly Jo Isbill

Title: DO

Other:

Maiden or Other Names Used

What are your NM practice plans?

I am employed by Planned Parenthood of the Rocky Mountains. I have a Colorado medical license and am applying for a New Mexico and a Nevada license as Planned Parenthood of the Rocky Mountains operates in these states as well.

Indorse?

Gender: Female

Citizenship: United States

Place of Birth: Santa Monica, CA

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

State Tax ID#: Weld

☐ Pending

Fed. Tax ID#:

☐ Pending

Medicare#: [REDACTED]

☐ Pending

Medicaid #:

☐ Pending

Unique Physician Identification Number (UPIN): [REDACTED]

☐ Pending

National Provider Identifier Number (NPI): [REDACTED]

☐ Pending

CLIA Number (if applicable):

Approval Level:

Expiration Date:

Home Address

Street Address: [REDACTED]

City, State/Province and Zipcode: Longmont, CO, 80501

Country: United States

Telephone Number: [REDACTED]

Pager Number:

Email: [REDACTED]

Fax:

Cell Phone Number:

Spouse's Name (Optional): William Peters

Credentials Correspondence Address

Department:

Street Address: 7155 E. 38th Ave

City, State/Province and Zipcode: Denver, CO, 80207

Country: United States

Email: credentialing@pprm.org

Telephone Number: 303-801-2501

Facsimile Number:

Military Service

Branch:

Type of Discharge:

Dates: From:

To:

☐ Current

Rank:

Immigration

Status:

Certification Number:

ECFMG (Educational Commission for Foreign Medical Graduates)

Number (if applicable):

Date Issued:

(Please attach a copy of your ECFMG certificate)



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Languages

Foreign Languages (spoken fluently by practitioner):

Certifications

ACLS CERTIFICATION

Certified? ☒ Yes ☐ No

Expires: 3/29/2024

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.

Dr. Kristina Tocce can admit on my behalf at University of New Mexico hospital (see attached letter)

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: Exempla Good Samaritan Hospital-CO

☐ Is this your primary admitting facility

Department: Medical Staff Affairs

Street Address: 3600 Campus Dr

City: Lafayette

State/Province: CO

Zip Code: 80226

Country: United States

Phone Number: 303-689-6700

Facsimile: 303-698-6703

Appointment Dates From: 05/2001

To: 06/2018

☐ Present

Type of Appointment: Active/Resigned

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.

Organization: Planned Parenthood of the Rocky Mountains

From: 12/2022

To:

☒ Present

Department:

Street Address: 7155 E. 38th Ave

City: Denver

State/Province: CO

Zip Code: 80207

Country: United States

Phone Number: 303-801-2501

Contact:

Fax Number:

Type of Practice: Medical Staff

Please provide written explanation for any gaps in work history of six (6) months or more.



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Organization: Boulder Valley Women's Health Center From: 12/2021 To: 08/2022 ☐ Present
Department:
Street Address: 2855 Valmont Rd
City: Boulder State/Province: CO Zip Code: 80301
Country: United States Phone Number: 303-440-9320
Contact: Fax Number: 303-440-8769
Type of Practice: Medical Director

Please provide written explanation for any gaps in work history of six (6) months or more.

Organization: Colorado Permanente Medical Group From: 05/2021 To: 11/2021 ☐ Present
Department:
Street Address: 10350 E Dakota Avenue
City: Denver State/Province: CO Zip Code: 80231
Country: United States Phone Number: 303-338-3362
Contact: Fax Number:
Type of Practice: Medical Staff

Please provide written explanation for any gaps in work history of six (6) months or more.

Work history gap explanations follow:

From: 6/1/2018 To:

Explanation: I voluntarily resigned my privileges at Exempla Good Samaritan hospital after I had a shoulder injury while performing a C-section. I stopped performing deliveries and major surgeries due to this but continued office care and minor procedures.

PRACTICE LOCATIONS

Group Name: Planned Parenthood of the Rocky Mountains Effective Date: 12/2022
Department:
Street Address: 7155 E. 38th Ave
City: Denver State/Province: CO Zip Code: 80207
Country: United States
Phone Number: 303-801-2501 Facsimile Number:
Email Address: kali.glenn@pprm.org Answering Service Number: 303-813-7721
Foreign Languages (spoken fluently at practice):
Office Manager or Contact Person: Kali Glenn Phone: 970-232-5857

Billing Address

Billing Information same as practice information

Practice Associates (if applicable):

Call Coverage (if applicable):



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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: Christina Ring MD

Specialty: Ob/Gyn

Department:

Street Address: 11714 Osceola St

City: Westminster

State/Province: CO

Zip Code: 80031

Country: United States

Email: christinaring@gmail.com

Phone Number: 303-810-3408

Facsimile Number:

Name and Title: Janet Shepherd MD

Specialty: Ob/Gyn

Department:

Street Address: 1513 Harvest Dr.

City: Lafayette

State/Province: CO

Zip Code: 80026

Country: United States

Email: janshepmd@msn.com

Phone Number: 303-954-8598

Facsimile Number:

Name and Title: Melissa Dunn MD

Specialty: Ob/Gyn

Department:

Street Address: 509 HESSIE CT

City: Lafayette

State/Province: CO

Zip Code: 80026

Country: United States

Email: mdunnmd40@gmail.com

Phone Number: 303-818-4612

Facsimile Number:



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LICENSURE REGISTRATION INFORMATION

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

State Professional License/Certification Number: CDRH0037886

☐ Pending

State: Colorado

Issue Date: 8/10/2022

Expiration Date: 4/30/2023

State Professional License/Certification Number: Pending

☒ Pending

State: Nevada

Issue Date:

Expiration Date:

State Professional License/Certification Number: 61347902

☐ Pending

State: Washington

Issue Date: 8/12/2022

Expiration Date: 3/25/2023

LICENSING EXAM

Please check all that apply:

<input checked="" type="checkbox"/> State Board Exam (Prior to 1973)	Which State?	IL	Date(s) passed?	2/14/1995
<input type="checkbox"/> FLEX				
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed		
<input type="checkbox"/> LMCC				
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed		
<input type="checkbox"/> NBME (MD Only):				
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed		
<input checked="" type="checkbox"/> NBOE (DO Only):				
Part/Step 1 Date Passed 6/11/1992	Part/Step 2 Date Passed 3/17/1994	Part/Step 3 Date Passed 2/14/1995		
<input type="checkbox"/> COMPLEX (DO Only):				
Part/Step 1 Date Passed 6/11/1992	Part/Step 2 Date Passed	Part/Step 3 Date Passed		
<input type="checkbox"/> USMLE				
Part/Step 1 Date Passed	Part/Step 2 Date Passed	Part/Step 3 Date Passed		

DRUG CERTIFICATION INFORMATION

Federal Drug Enforcement Administration (DEA) Registration:

☐ N/A

DEA Number: [REDACTED]

Expiration Date: 3/31/2024

☐ Pending

State Controlled Substance Registration (CSR):

☒ N/A

EDUCATION

List all medical, osteopathic, dental or podiatric schools attended for graduate education and list all hospitals where you received



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Physician Application



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: University of Wisconsin

Department: Ob/Gyn

Street Address: 945 N. 12th St.

City: Milwaukee

Country: United States

Degree Earned: RES - Residency

If teaching appointment: Department/Position

Dates Attended:

From: 7/1995

To: 6/1999

State/Province: WI

Zip Code: 53201

Graduation Date: 1999

or Specialty: Obstetrics/Gynecology

Degree Level: Internship

Institution: Midwestern University

Department: Registrar's Office

Street Address: 555 31st St

City: Downers Grove

Country: United States

Degree Earned: INT - Internship

If teaching appointment: Department/Position

Dates Attended:

From: 7/1994

To: 6/1995

State/Province: IL

Zip Code: 60515

Graduation Date: 1995

or Specialty: General Medicine

Degree Level: Graduate

Institution: Midwestern University

Department: Registrar's Office

Street Address: 555 31st St

City: Downers Grove

Country: United States

Degree Earned: DO - Doctor of Osteopathic Medicine

If teaching appointment: Department/Position

Dates Attended:

From: 8/1990

To: 6/1994

State/Province: IL

Zip Code: 60515

Graduation Date: 1994

or Specialty: Osteopathic Medicine

Degree Level: Graduate

Institution: University of Colorado

Department: Office of the Registrar

Street Address: Regent Administrative Center, Room 101

City: Boulder

Country: United States

Degree Earned: BA - Bachelor of Arts

If teaching appointment: Department/Position

Dates Attended:

From: 8/1984

To: 6/1987

State/Province: CO

Zip Code: 80303

Graduation Date: 1987

or Specialty: Sociology



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Degree Level: Graduate

Institution: University of Oregon

Department:

Street Address: 1585 East 13th Street

City: Eugene

Country: United States

Degree Earned: W - Withdrew

If teaching appointment:

Department/Position

Dates Attended:

From: 8/1980

To: 6/1981

State/Province: OR

Zip Code: 97403

Graduation Date: 1981

or Specialty: General Studies

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

Specialty: Obstetrics and Gynecology

Date Certified: 12/09/2005

Date Last Recertified:

Expiration Date: 12/31/2023

☐ Lifetime

Certification Number:

9001650

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: Copic Insurance company

Limits: 1000000.00, 3000000.00

Department: Claims Department

Street Address: 7351 E Lowry Blvd

☐ Pending

City, State/Province and Zipcode: Denver, CO, 80230

Country: United States

Dates Insured: From: 12/03/2021

To: 07/30/2022

Policy Number: PCC0015061

Carrier: Kaiser Foundation Health Plan of Colorado

Limits: 1000000.00, 3000000.00

Department:

Street Address: 10350 E Dakota Ave

☐ Pending

City, State/Province and Zipcode: Denver, CO, 80247

Country: United States

Dates Insured: From: 05/01/1999

To: 11/29/2021

Policy Number:

Carrier: AFFILIATES INSURANCE RECIPROCAL

Limits: 1000000.00, 3000000.00

Department:

Street Address: 30 MAIN STREET

☐ Pending

City, State/Province and Zipcode: BURLINGTON, VT, 054010000

Country: United States

Dates Insured: From: 01/01/2023

To: 01/01/2024

Policy Number: 13677



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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)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 1.b. Is any license you now hold under investigation or being challenged? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Have you ever been denied membership or renewal, or been subject to investigation or discipline, by a professional organization? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Has a federal or state controlled substance registration issued to you ever been voluntarily or involuntarily restricted, limited, suspended, or revoked? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4.b. been placed on probation or remediation by a medical school or PGT program? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5.b. Have you ever agreed to limit or not to exercise your clinical privileges while under investigation? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 10. Have you ever been denied professional liability insurance coverage? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 11. Has your professional liability insurance carrier ever excluded any procedures from your coverage? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
|---|------------------------------|--|



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- 15.a. During 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.b. Are 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.c. Have 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. ☐ Yes ☒ No
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.



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Professional Practice Questions - Explanations

12.: Form completed and attached.

CURRICULUM VITAE

Dr. Kelly Jo Peters

(former names used include Isbill and Brunner (birth name))

Longmont, CO 80504

WORK HISTORY:

12/2022-present Planned Parenthood of the Rocky Mountains
Clinical Provider Trainer and Staff Physician
7155 E.38th Ave
Denver, CO 80207

Train new advanced practice providers in reproductive health care, family planning

2/21/2023 and medical abortion services throughout various Planned Parenthood health centers of the Rocky Mountain region.

CVS Perform medical and procedural abortions throughout Planned Parenthood health centers.

12/2021- 7/2022 Boulder Valley Women's Health Center
Medical Director, Ob/Gyn Physician, Gender affirming Care, Abortion Provider
2855 Valmont Rd.
Boulder, CO 80301

Medical director of non-profit, community-based health care center focusing on reproductive health care, gender affirming care and abortion services. Supervised 4 advanced practice nurses and 2 registered nurses as well as 4 medical assistants. Oversaw patient care operations according to the rules and regulations of the Colorado Department of Public Health Family Planning Program, the World Professional Association for Transgender Health and the National Abortion Federation. Developed, reviewed and revised clinic policies and procedures. Trained and supervised clinical staff. Served as patient grievance officer. Led educational meetings, peer review meetings and discussions. Tracked provider performance. Developed and reviewed quality improvement systems in collaboration with CEO and board members. Served as head gyn provider performing reproductive health care, menopause, sexual health, gender affirming care and abortion services.

5/2001-11/2021 Colorado Permanente Medical Group
Ob/Gyn Physician
Kaiser Westminster office
11245 Huron St.
Westminster, CO 80234

Full-time OB/Gyn providing office services as well as vaginal and C-section deliveries, hysterectomies, and laparoscopic surgery. Specialized in menopause and sexual health as well as trauma informed care.

9/1999-4/2001 Vail Valley Medical Center
Ob/Gyn Physician
181 W. Meadow Dr.
Vail, CO 81657

Full-time OB/Gyn. Deliveries, surgeries and back-up provider for 11 Family Practice providers.

EDUCATION:

7/1995-6/1999	University of Wisconsin – Sinai Samaritan Campus Ob/Gyn Residency Program
7/1994-6/1995	Midwestern University – Chicago College of Osteopathic Medicine General Medicine Internship with Ob/Gyn Emphasis
8/1990-6/1994	Midwestern University – Chicago College of Osteopathic Medicine Doctor of Osteopathic Medicine
8/1984-6/1987	University of Colorado - Boulder, CO Bachelor of Arts in Sociology/Pre-medicine
8/1980-6/1981	University of Oregon - Eugene, OR General studies/Dance minor

HSC
2/21/2023
CVS

CERTIFICATIONS:

December 2005	Certified Diplomate of the American Board of Obstetrics and Gynecology #9001650
Feb 2018	AASECT (American Association of Sexuality Educators, Counselors and Therapists) Certified Sexuality Counselor
May 2019	ISSWSH (International Society for the Study of Women's Sexual Health) Fellow
June 2021	North American Menopause Society (NAMS) Certified Menopause Practitioner
June 2022	Basic Life Support Provider
March 2022	Advanced Cardiac Life Support Provider

LICENSING:

1999-present	Colorado Medical License #37886
2022-present	Interstate Medical Licensure Compact - Washington Medical License #61347902
1999-present	Colorado DEA license #BI5553880

ADDITIONAL SPECIALTY TRAINING:

Nov 2016	SEXMed – Sexual Medicine Counseling for the Health Care Professional Sexual Medicine Associates, LLC - Palm Beach, FL
June 2017	Sexual Medicine Preceptorship with Dr. Michael Krychman Southern California Center for Sexual Health and Survivorship
Oct 2017	Sexual Attitude Reassessment & Restructuring (SAR) with Dr. Patti Britton Culver City, CA

HSC
2/21/2023
CVS

PROFESSIONAL SOCIETY MEMBERSHIPS:

1995-present	American College of Obstetrics and Gynecology
2016-present	American Association of Sexuality Educators, Counselors and Therapists
2017-present	International Society for the Study of Women's Sexual Health
2018-present	Denver Sexual Medicine Alliance
2020-present	North American Menopause Society
2021-present	National Abortion Federation
2021-present	World Professional Association for Transgender Health

VOLUNTEER FACULTY:

HSC 2/21/2023 CVS	2018-present	University of Colorado School of Medicine Senior Clinical Instructor – Dept of Ob/Gyn, Family Practice and Nurse Practitioners
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PUBLICATIONS:

"What is Genitourinary Syndrome of Menopause and Why Should We Care?" The Permanente Journal 2021;25:20.248 Peters, K

"Thoughts on Sexual Health" The Permanente Journal 2018;22:17-188 Isbill, K

"Medical Management of Non-viable Early First Trimester Pregnancy" Int J Gynaecol Obstet 1999 Oct;67 (1):9-13
Autry A; Jacobson G; Sandu R; Isbill K

"Why I Want to be a Doctor (in 200 words or less)" Balance 1990 Sep/Oct; 36-38 Brunner, K (maiden name Brunner)

PERSONAL:

Spouse; Bill Peters

3 adult children; Jack, Grady and Alex

Interests include skiing, dance, paddle board, yoga, music, cooking, travel, Spanish language

**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.

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.

THIS RELEASE MUST BE SIGNED BY THE PRACTITIONER AND IS NOT VALID IF SIGNED ON THEIR BEHALF.

☒ By clicking here, I attest that I am the applicant named below:

DocuSigned by:

Kelly Jo Peters

9E7A61082F8B40D...

Applicant Signature

Kelly Jo Peters

Printed Name

2/14/2023

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.

CONKLIN CARDONE & RUTBERG, PC

ATTORNEYS AT LAW

John L. Conklin
Amy K. Cardone
Alyson Ray Rutberg
Carolyn Sprinthall Knaut
Deann S. Zenisek

September 21, 2017

**PROTECTED BY ATTORNEY-CLIENT
AND WORK PRODUCT PRIVILEGES**

Via email to:

Kelly Isbill, D.O.

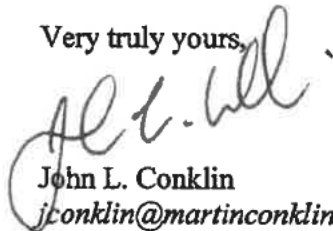
Longmont, CO 80504-5532

Re: *Norman v Isbill*

Dear Dr. Isbill:

Attached for your file is a copy of the Order dismissing this case. Also attached is a "to whom it may concern" letter to assist you with recredentialing. Please let me know if you have any questions. It was our pleasure to represent you. Please accept my sincere wishes for your future personal and professional happiness.

Very truly yours,


John L. Conklin
jconklin@martinconklin.com

JLC/kj
Attachments

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CONKLIN CARDONE & RUTBERG, PC

ATTORNEYS AT LAW

John L. Conklin
Amy K. Cardone
Alyson Ray Rutberg
Carolyn Sprinthall Knaut
Deann S. Zenisek

September 21, 2017

To Whom It May Concern:

Re: Pamela Norman v. Kelly Isbill, D.O.

Dear Madam/Sir:

I am writing this letter on behalf of Kelly Isbill, D.O., one of three physicians named in a lawsuit by a patient by the name of Pamela Norman. Plaintiff voluntarily dismissed the case against Dr. Isbill prior to trial, with no money paid by her or on her behalf. In preparation of our defense of Dr. Isbill, we had her care of the patient reviewed by a well-credentialed, highly respected OB/GYN expert who opined that Dr. Isbill's care adhered to the standard of care at all times and that she caused no harm to the patient.

Very truly yours,



John L. Conklin

jconklin@martinconklin.com

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DISTRICT COURT, BOULDER COUNTY, COLORADO Boulder County Combined Court 1777 6th St., Boulder, CO 80302 Mailing: PO Box 4249 Boulder, CO 80306		DATE FILED: September 5, 2017 CASE NUMBER: 2015CV31486 FILED: September 1, 2017 4:09 PM
Plaintiff(s): PAMELA NORMAN, v. Defendant(s): KELLY J. ISBILL, D.O., MARCI PERALTO, M.D., BRUCE FEIGELSON, M.D.		▲ COURT USE ONLY ▲ Case No. 2015CV31486 Div. 2 Courtroom
ORDER TO DISMISS WITH PREJUDICE		

This matter having come before the Court on the Parties' Joint Motion for Dismissal with Prejudice and the Court having considered the Motion, HEREBY ORDERS:

This case is dismissed with prejudice as of this 5th day of September, 2017. Each individual party, i.e., Pamela Norman, Plaintiff, Kelly Isbill, D.O., Defendant, Marci Peralto, M.D., Defendant, and Bruce Feigelson, M.D., Defendant, shall pay their own costs, expenses and legal fees.

So ORDERED this 5th day of September, 2017.

BY THE COURT:


 District Court Judge

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AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

KELLY JO BRUNNER
KAISER PERMANENTE
OB/GYN
[REDACTED]
WHEAT RIDGE, CO 80033-1902

Primary Office Address

KAISER PERMANENTE
OB/GYN
11245 HURON ST
WESTMINSTER, CO 80234-2806

Phone

[REDACTED]

Birth date

[REDACTED]

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
1871620807	02/27/2007	NOT RPTD	NOT RPTD	NOT RPTD	02/17/2023

Current and/or historical medical school

AMA files checked
02/20/2023 10:54:48

AMA Physician Profile for Kelly Jo Brunner, DO
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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: MIDWESTERN UNIVERSITY-CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE

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Degree Awarded: YES
Enrollment Date: NOT REPORTED

Degree Type: DO
Degree Date: 01/1994

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: AURORA HEALTH CARE
Sponsoring State: WISCONSIN
Specialty: OBSTETRICS & GYNECOLOGY
Dates: 07/01/1995 - 06/30/1999
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.

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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
TIME LIMITED	Active	12/31/2022	12/31/2023		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2021	12/31/2022		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2020	12/31/2021		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2019	12/31/2020		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2018	12/31/2019		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2017	12/31/2018		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2016	12/31/2017		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2015	12/31/2016		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2014	12/31/2015		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2013	12/31/2014		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/15/2012	12/31/2013		RE-CERT	02/14/2023	Y
TIME LIMITED	Expired	12/31/2011	12/31/2012		RE-CERT	02/14/2023	Y



Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
TIME LIMITED	Expired	12/09/2005	12/31/2011		INITIAL	02/14/2023	Y

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.

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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
37886	DO	CO	06/24/1999	04/30/2023	05/01/2021	INA	UNL	08/03/2022	Kelly Jo Peters
37863	DO	WI	07/12/1996	10/31/1999	10/31/1999	INA	UNL	02/02/2022	Isbill, Kelly, J
125.032088	DO	IL	06/30/1994	06/28/1995		INA	RES	12/31/2021	KELLY BRUNNER

Abbreviation key: ACT = Active, 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
-----880	C-0	22N 33N 4 5	Active	03/31/2024	Paid	02/07/2023	Kaiser Permanente Ob/Gyn 4803 Ward Rd



DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
Wheat Ridge, CO 80033-1902							

* Only the last three characters of DEA numbers are displayed

† Business Activity key: C-0 = Practitioner, C-2 = Practitioner–Military, C-7 = Practitioner–Department of Defense Contractor, C-Q = Practitioner–Federal

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.

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ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. 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.

PRACTITIONER PROFILE

Prepared for:

New Mexico Medical Board

As of Date:2/20/2023

PRACTITIONER INFORMATION

Name: Peters, Kelly Jo
 Alternate Name(s): Isbill, Kelly Jo
 DOB: [REDACTED]
 Medical School: Chicago College of Osteopathic Medicine
 Downers Grove, Illinois, UNITED STATES
 Year of Grad: 1994
 Degree Type: DO
 NPI: [REDACTED]

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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			12/20/2022

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 2/20/2023
Practitioner Name: Peters, Kelly Jo

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
COLORADO	DR.0037886	06/24/1999	08/10/2022	02/13/2023
		FSMB License Status: N/A		
COLORADO	0037886	08/10/2022	04/30/2023	02/13/2023
		FSMB License Status: Active		
WASHINGTON OSTEO	OP61347902	08/12/2022	03/25/2023	01/31/2023
		FSMB License Status: Active		
WISCONSIN	37863-21	07/12/1996	10/31/1999	02/01/2023
		FSMB License Status: Expired		

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PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 2/20/2023
Practitioner Name: Peters, Kelly Jo

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

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Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2022	12/31/2023		Recertification	02/01/2023
Expired	Time Limited	12/31/2021	12/31/2022		Recertification	02/01/2023
Expired	Time Limited	12/31/2020	12/31/2021		Recertification	02/01/2023
Expired	Time Limited	12/31/2019	12/31/2020		Recertification	02/01/2023
Expired	Time Limited	12/31/2018	12/31/2019		Recertification	02/01/2023
Expired	Time Limited	12/31/2017	12/31/2018		Recertification	02/01/2023
Expired	Time Limited	12/31/2016	12/31/2017		Recertification	02/01/2023
Expired	Time Limited	12/31/2015	12/31/2016		Recertification	02/01/2023
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	02/01/2023
Expired	Time Limited	12/31/2013	12/31/2014		Recertification	02/01/2023
Expired	Time Limited	12/15/2012	12/31/2013		Recertification	02/01/2023
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	02/01/2023
Expired	Time Limited	12/09/2005	12/31/2011		Initial	02/01/2023

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

Disclaimer: The licensure and disciplinary information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation of State Medical Boards provides this primary source information as a Credentials Verification Organization (CVO) in accordance with standards set by NCQA and the Joint Commission. Any questions regarding the above data should be directed to the reporting board or reporting agency.



142 E. Ontario Street Chicago, Illinois 60611-2864

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OFFICIAL PHYSICIAN PROFILE REPORT
Report Valid Only For NM - New Mexico Board of Osteo Medical Exam

ELECTRONIC MAIL: credentials@AOAprofiles.org

Physician Name: Kelly J. Isbill, DO
Address: [REDACTED]
Lafayette, CO 80026-3370
Self-Designated Major Practice Focus: Obstetrics & Gynecology
AOA Membership Status: Non-Member

Work Phone: (720) 536-7816

Birth Date: [REDACTED]

Self-Designated Minor Practice Focus:

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education: Midwestern University Chicago College of Osteopathic Medicine
Downers Grove IL Year of Graduation: 1994
Postdoctoral Education: (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training programs that have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is required, contact the program director.)
Internship: MWU/OPTI/Franciscan Health Olympia Fields - Internship Training
Olympia Fields IL Dates Attended: 07/01/1994 - 06/30/1995
(Formerly: Chicago College of Osteopathic Medicine-Internship Training) Verified
Program Closed: Sep 04, 2019
Residency: Dates Attended:

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been verified with the primary source are listed below. Check with the program director if residency does not appear.

Residency: Aurora Sinai Medical Center Allopathic - Obstetrics & Gynecology Residency
Milwaukee WI Dates Attended: 07/01/1995 - 06/30/1999

Licenses:	State	Date Granted	Expiration Date	Status	Date Last Reported to the AOA	** Contact Board for More Information
	CO	06/24/1999	04/30/2023	Active	04/26/2022	
	WI	07/12/1996	10/31/1999	Inactive	12/13/2022	

AOA Database Report For: Kelly J. Isbill, DO

02/20/2023

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142 E. Ontario Street Chicago, Illinois 60611-2864

OFFICIAL PHYSICIAN PROFILE REPORT
Report Valid Only For NM - New Mexico Board of Osteo Medical Exam

ELECTRONIC MAIL: credentials@AOAprofiles.org

** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is historical and never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.

Certification by member
board(s) of the American
Board of Medical
Specialties ® (ABMS):

(The AOiA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data on the organization's behalf.)

	Date Granted	Expiration Date	Date Last Reported to the AOA
ABMS Member Board:			
Primary Certification:	12/2005	12/2023	02/02/2023
ABMS Maintenance of Certification:			

The above certifying board(s) has/have implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Please Note: For more information on MOC, please goto www.abms.org

Federal Drug Enforcement Administration: As of 02/15/2022 Federal DEA registration is valid.
Please note: Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not maintain this information.

Former Name(s):

Please Note:

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate use of this instrument in combination with your organization's documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Program (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; DNV GL; and the National Association of Insurance Commissioners (NAIC). The National Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOiA credentials@AOAprofiles.org. Thank you.

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AOA Database Report For: Kelly J. Isbill, DO

02/20/2023

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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

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: Kelly Jo Peters DO
Date of Birth: [REDACTED]

Reference: Janet Shepherd MD

Lafayette, CO 80026

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2/27/2023

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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 ASSISTANT → COLLEAGUE
From: (month/year) 1989 To: (month/year) PRESENT at (location) BOULDER, COLORADO

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

Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Recommend highly and without reservation	<input checked="" type="checkbox"/>
Recommend as qualified and competent	<input type="checkbox"/>
Recommend with some reservation (explain)	<input type="checkbox"/>
Concerns (explain)	<input type="checkbox"/>

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: I WORKED WITH DR. PETERS FIRST AS A MEDICAL ASSISTANT, THEN AS A MENTEE THROUGH MEDICAL SCHOOL + RESIDENCY, & FINALLY AS A COLLEAGUE. SHE HAS ALWAYS BEEN HIGHLY INTELLIGENT, SHOWN EXCELLENT CLINICAL JUDGEMENT, & BEEN EXTREMELY COMMITTED TO HER CAREER + HER PATIENTS. SHE RELATES TO PATIENTS EXCEPTIONALLY WELL.

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

Close personal observation	<input checked="" type="checkbox"/>
General impression	<input type="checkbox"/>
A composite of evaluations	<input type="checkbox"/>
Other	<input type="checkbox"/>

Name (Please Print): JANET SHEPHERD MD

Date: 2/27/2023

Signature: Janet Shepherd MD

License#: CO 29152 Title: MEDICAL DIRECTOR

Please return this information to the attention of:

Phone: 303-954-8598

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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Phone (505) 346-0222
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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: Kelly Jo Peters DO
Date of Birth: [REDACTED]

Reference: Melissa Dunn MD
[REDACTED]
Lafayette, CO 80026

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 a colleague Ob/Gyn physician
From: (month/year) 11/04 To: (month/year) 2/20 at (location) Kaiser-Boulder/Lafayette, CO

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

	Poor	Fair	Good	Superior
Professional knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Relationship with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethical/professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Recommend highly and without reservation	<input checked="" type="checkbox"/>
Recommend as qualified and competent	<input type="checkbox"/>
Recommend with some reservation (explain)	<input type="checkbox"/>
Concerns (explain)	<input type="checkbox"/>

Explanation: I would trust Dr. Peters to take care of my sister, my mom, or my daughter, without hesitation.

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: Dr. Peters was a wonderful partner @ Kaiser. We frequently shared patients in a large department. Her patients loved her, and her clinical acumen was top notch - always thorough, always did the right thing even if it wasn't the easiest thing. She is the kindest, most inclusive, most respectful and sharpest doctors I've ever worked with.

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

Close personal observation	<input checked="" type="checkbox"/>
General impression	<input type="checkbox"/>
A composite of evaluations	<input type="checkbox"/>
Other	<input type="checkbox"/>

Name (Please Print): MELISSA S. DUNN, MD

Date: Feb 23, 2023

Signature: Melissa S. Dunn, MD

License#: CO40565

Title: Dr.

Please return this information to the attention of:

Phone: 303-818-4612

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



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

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: Kelly Jo Peters DO
Date of Birth: [REDACTED]

Reference: Christina Ring MD
[REDACTED]
Westminster, CO 80031

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) 9/2009 To (month/year) 12/2021 at (location) Kaiser Permanente Colorado
2. Please evaluate: (Please indicate with a check mark)
- | | Poor | Fair | Good | Superior |
|------------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|
| Professional knowledge | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clinical judgement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Relationship with patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ethical/professional conduct | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ability to communicate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Clinical skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
3. Recommendation: (Please indicate with a check mark)
- | | |
|---|-------------------------------------|
| Recommend highly and without reservation | <input checked="" type="checkbox"/> |
| Recommend as qualified and competent | <input type="checkbox"/> |
| Recommend with some reservation (explain) | <input type="checkbox"/> |
| Concerns (explain) | <input type="checkbox"/> |
- Explanation: Dr. Peters has an excellent bedside manner, clinical skills and judgement. She is passionate about providing care.
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: As noted above - Dr. Peters has sought out advanced training in sexual health and menopause care. She is passionate about allowing access to care for all women.
5. The above report is based on: (Please indicate with a check mark)
- | | |
|----------------------------|-------------------------------------|
| Close personal observation | <input checked="" type="checkbox"/> |
| General impression | <input type="checkbox"/> |
| A composite of evaluations | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Name (Please Print): Christina Ring MD

Date: 2/23/23 ^{cmr} 2/22/23

Signature: [Signature]

License#: DR.0047530 Title: MD

Please return this information to the attention of:

Phone: 303-810-3406

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



Lookup Detail View

Licensee Information

This serves as primary source verification of the license.*

**Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by HSC 24-34-102 C.R.S.*

4/7/2023
CVS

Name	Public Address
Kelly Jo Peters	<div></div> Denver, CO 80207

License Information

Some Physician Licensees have converted their Active Physician license to an Active Compact Physician License. This is noted below by the status label: Transferred to Compact Physician. If this status is present, then you may verify the license by searching for the license using the prefix "CDRH" and the Licensees Name on our Online Services page (<https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx>).

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
DR.0037886	Original	Physician	Transferred to Compact Physician	06/24/1999	05/01/2021	08/10/2022

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 4/7/2023 1:32:59 PM

Tanya Fulton

Lookup Detail View

Licensee Information

This serves as primary source verification* of the license.

*Primary source verification: License information provided by the Colorado Division of Professions and Occupations, established by

HSC 24-34-102 C.R.S.

2/27/2023

CVS

Name	Public Address
Kelly Jo Peters	<div>██████████</div> Boulder, CO 80301-1309

Credential Information

License Number	License Method	License Type	License Status	Original Issue Date	Effective Date	Expiration Date
CDRH.0037886	Original	Compact Physician Home	Active	08/10/2022	08/10/2022	04/30/2023

Board/Program Actions

Discipline
There is no Discipline or Board Actions on file for this credential.

Generated on: 2/27/2023 2:06:14 PM

Tanya Fulton



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

3/28/2023

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Osteopathic Physician and Surgeon License Interstate Medical Licensure Compact for Peters, Kelly J.

This site is a Primary Source for Verification of Credentials.

Credential Number:	OP61347902
Credential Type:	Osteopathic Physician and Surgeon License Interstate Medical Licensure Compact
First Credential Date:	08/12/2022
Last Renewal Date:	08/12/2022
Credential Status:	EXPIRED
Current Expiration Date:	03/25/2023
Enforcement Action:	No

The Washington Department of Health presents this information as a service to the public.

The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified.

This site provides disciplinary actions taken and credentials denied for failure to meet qualifications. If the Enforcement Action is listed as a No, there has been no disciplinary action. It allows viewing and downloading of related legal documents since July 1998. Contact our [Public Records Office](#) for information on actions before July 1998. This information comes directly from our database. It is updated daily.





(<http://dsps.wi.gov/>)

Tanya Fulton

Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 37863

Name: ISBILL, KELLY J

Profession: MEDICINE AND SURGERY (21)

Credential/License Number: 37863-21

Location: EDWARDS CO

Credential/License Type: regular

Status: License is not current (Expired)

Eligible To Practice: Not Eligible to Practice

Credential/License current through: 10/31/1999

Granted date: 7/12/1996

Multi-state: N

Orders: NONE

Specialties: OBSTETRICS AND GYNECOLOGY

Other Names: Kelly J Brunner

ATTENTION: If a renewal application including payment is received by the renew by date (or Credential/License current through date), the credential holder is eligible to practice while the credential renewal is being processed. The credential holder must respond to any requests for information during the renewal process. See Wis. Stat. § 227.51(2).

Requirement Code Description (<https://dsps.wi.gov/Documents/LicenseRequirementAcronyms.pdf>)

Return to Search Results (</IndividualLicense/SearchResults>)

Consistent with The Joint Commission and NCQA standards for primary source verification. Data on this page is refreshed hourly.

Send questions or comments to dsps@wisconsin.gov (<mailto:dsps@wisconsin.gov>).

*Tanya Fulton*Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
KELLY J BRUNNER	CHICAGO, IL 60615	

License

License Information

License Number	Description	Status	First Issuance Date	Effective Date	Expiration Date	Program	Program Start Date	Ever Disciplined
125032088	TEMPORARY MEDICAL PERMIT	EXPIRED	06/29/1994	06/30/1994	06/28/1995		06/29/1994	N

Generated on: 2/23/2023 4:39:12 PM

Licensee Information

Nevada State - Board of Osteopathic Medicine Verification as of February, 23 2023

Licensee Information

Name: Kelly Jo Peters
Address: [REDACTED]
Boulder, CO 80301
Phone: [REDACTED]
Fax: [REDACTED]
School: Midwestern University, Downers Grove
Residency: University of Wisconsin - Sinai Samaritan
(Residency) (null to 1999-06-30)
Specialty: ABMS - Obstetrics/Gynecology

License Details

License Type: Compact License - D.O.
License Number: CL0278
License Status: Active
Effective: 02/22/2023
Expires: 12/31/2023

License History

License	License Number	License Date	Status
Compact License - D.O.	CL0278	02/22/2023 to 12/31/2023	Active

Disciplinary Action

Licensee has no Disciplinary Actions

Other State Disciplinary Actions

Licensee has no Disciplinary Actions Outside of Nevada

Malpractice Claims

Licensee has no Malpractice Claims on File

This is a Primary Source Verification.

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred.

For further questions regarding discipline or malpractice information, please contact us at: 702-732-2147

DISCLAIMER: The Nevada State Board of Osteopathic Medicine presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct. Based thereon, the Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the public. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

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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

WORK HISTORY / AFFILIATION VERIFICATION

Re: Kelly Jo Peters DO
From: Planned Parenthood of the Rocky Mountains
7155 E. 38th Ave
Denver, CO 80207

SSN: [REDACTED] Year of birth: [REDACTED]
Fax: [REDACTED]
67645

1. Evaluation based on: ☐ Observation of Applicant ☒ Review of Credentialing/Personnel File
2. Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Clinical Provider Trainer
3. Specialty or Department: Medical Services
4. Status: (Temporary, Permanent, Provisional) Permanent
5. Dates of Membership/Employment as Reported by Practitioner: From: 12/1/2022 *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:

Marissa Herrera

Signature

02/27/2023

Date

Marissa Herrera

Print Name

Credentialing Manager

Title

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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2/27/2023
CVS



Department of Obstetrics & Gynecology

February 13, 2023

HSC
2/14/2023
CVS

Re: Planned Parenthood of the Rocky Mountains
PSA 13-31

To whom it may concern,

This letter serves to confirm that all physicians who provide services at the Planned Parenthood of Rocky Mountains, Albuquerque, New Mexico location, under the above referenced contract, are employed by the University of New Mexico Health Science Center. Further, each physician is also credentialed by the University of New Mexico Health Sciences Center before being permitted to provide any patient service at Planned Parenthood. Please do not hesitate to contact me with any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Eve Espey".

Eve Espey, MD, MPH
Professor and Chair
Department of Obstetrics and Gynecology



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

WORK HISTORY / AFFILIATION VERIFICATION

Re: Kelly Jo Peters DO
From: Boulder Valley Women's Health Center
2855 Valmont Rd
Boulder, CO 80301

SSN: [REDACTED] Year of birth: [REDACTED]
Fax: 67645

- Evaluation based on: ☐ Observation of Applicant ☒ Review of Credentialing/Personnel File
- Category/Position Held: (Active, Associate, Consulting, Ancillary, etc.) Medical Director
- Specialty or Department: Medical
- Status: (Temporary, Permanent, Provisional) Permanent
- Dates of Membership/Employment as Reported by Practitioner: From: 12/1/2021 *To: 8/1/2022
*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: 12/1/2021 To: 7/29/2022
- Termination: ☒ Voluntary ☐ Involuntary If involuntary, provide details on a separate sheet.
- 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.
- 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.
- Has your Executive Committee for any reason ever disciplined this practitioner? No ☒ Yes ☐ Please provide details on a separate attached sheet.
- 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: Gave a four day notice

Jana Welsh
Signature

3/16/23
Date

Jana Welsh
Print Name

Senior Accountant
Title

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

HSC
3/16/2023
CVS

HSC
3/16/2023
CVS

Kelly J Peters

COLORADO PERMANENTE MEDICAL GROUP | Verification of
Employment Report



DU® Reference Number
97772661-7f3d-4e59-aca0-
a188c7bf6a49 *

Request Detail

Requester	Christina Tyson - Hospital Services Corporation
Date of Request	April 07, 2023
Verification Type	Employment Only
Permissible Purpose	Employment purposes
Current as of	April 07, 2023

Employee

Full Name	Kelly J Peters
Employer	COLORADO PERMANENTE MEDICAL GROUP
Employer Address	10350 E DAKOTA AVE, DENVER, 80247-1309
Last 4 of SSN	[REDACTED]

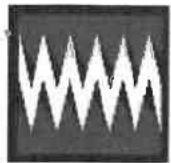
Employment Information

Dates of Employment	May 29, 2001 - Current
Total Length of Employment	21 years 10 months 9 days
Status	Currently Employed
Job Title	Physician Obstetrics/Gynecology
Employment Type	Part Time

Additional Information

N/A

*Truework is integrated with Day 1 Certainty® services from Fannie Mae. This report may be eligible for Day 1 Certainty® if submitted through Fannie Mae's Desktop Underwriter® (DU) validation service.

**HSC**efficient[™]**Credentials Verification Services****Provider Profile****New Mexico Medical Board****Endorsement**

DocCode: 67645

Kelly Jo Peters DO

Page 1

SSN: [REDACTED]

DOB: [REDACTED]

Application Received Date: 02/14/2023

Start Date: 02/21/2023

Release Signature Date: 02/14/2023

Shipped Date: 04/07/2023

Attestation Signature Date: 02/14/2023

Next Appt:

Home Address:[REDACTED]
Longmont, CO 80501**Mailing Address:**Planned Parenthood of the Rocky
Mountains

NPI: [REDACTED]

UPIN: [REDACTED]

Phone: [REDACTED]

7155 E. 38th Ave,

Medicaid: ck11224

Languages spoken by practitioner:

Denver, CO 80207

Medicare: ck11224

State Tax ID: Weld

Fed Tax ID:

*** PRACTICE LOCATIONS**Planned Parenthood of the Rocky Mountains
7155 E. 38th Ave
Denver, CO 80207
Languages used at practice:

Phone: 3038012501

Fax: No Number

Email: kali.glenn@pprm.org

Contact: Kali Glenn

*** WORK HISTORY**Planned Parenthood of the Rocky Mountains
Type: PermanentFrom: 12/2022 To: Present
Verification Received: 02/27/2023Boulder Valley Women's Health Center
Type:From: 12/2021 To: 8/2022
Verification Received: 03/17/2023Colorado Permanente Medical Group
Type: EmployedFrom: 5/2001 To: Present
Verification Received: 04/07/2023*** BOARD CERTIFICATION**

Obstetrics and Gynecology

Certified: Yes

Expiration: 12/31/2023

Verification Received: 02/23/2023

*** LICENSES**State: CO License#: CDRH.00378
86

Issue Date: 08/10/2022

Expiration: 04/30/2023

Status: Current and in good standing

Lic Type: Medicine

Verification Received: 03/01/2023

State: CO License#: DR.0037886

Issue Date: 06/24/1999

Expiration: 08/10/2022

Status: Superseded

Lic Type: Osteopathy

Verification Received: 04/07/2023

State: IL License#: 125.032088

Issue Date: 06/29/1994

Expiration: 06/28/1995

Status: Expired

Lic Type: Osteopathy

Verification Received: 02/23/2023

State: NV License#: CL0278

Issue Date: 02/22/2023

Expiration: 12/31/2023

Status: Current and in good standing

Lic Type: Osteopathy

Verification Received: 02/23/2023

State: WA License#: OP61347902

Issue Date: 08/12/2022

Expiration: 03/25/2023

Status: Expired

Lic Type: Medicine

Verification Received: 03/28/2023

State: WI License#: 37863-21

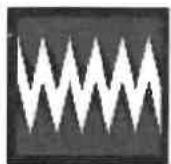
Issue Date: 07/12/1996

Expiration: 10/31/1999

Status: Expired

Lic Type: Medicine

Verification Received: 02/22/2023



HSC

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**Credentials Verification Services
Provider Profile**



New Mexico Medical Board
Endorsement

DocCode: 67645

Kelly Jo Peters DO

Page 2

*** REFERENCES**

Melissa Dunn MD

Lafayette, CO

Verification Received: 02/23/2023

Christina Ring MD

Westminster, CO

Verification Received: 02/22/2023

Janet Shepherd MD

Lafayette, CO

Verification Received: 02/27/2023

*** PROFESSIONAL PRACTICE QUESTIONS**

See Application: Yes

HSC Use Only

Reviewed by: Martin Caller

Date: 04/07/2023

Comments:

Tanya Fulton

ABMS® Board Certification Credentials Profile

A service provided by the American Board of Medical Specialties

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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.

Kelly Jo Peters (ABMSUID - 828696)

Viewed:2/23/2023 4:08:19 PM UTC

DOB: [REDACTED]

Education: 1994 DO (Doctor of Osteopathy)

Address: Longmont, CO 80504 (United States)

Individual NPI ¹: [REDACTED]

Individual NPI ¹: [REDACTED]

Show Active Medical License(s) ²:



**American Board
of Medical Specialties**

Board Certification(s):

Higher standards. Better care.®



American Board of Obstetrics & Gynecology

Obstetrics & Gynecology - General

Status: Certified

Status	Duration	Occurrence	Start Date - End Date	Participating in MOC
Active	Time-Limited	Recertification	12/31/2022 - 12/31/2023	Yes
Expired	Time-Limited	Recertification	12/31/2021 - 12/31/2022	
Expired	Time-Limited	Recertification	12/31/2020 - 12/31/2021	
Expired	Time-Limited	Recertification	12/31/2019 - 12/31/2020	
Expired	Time-Limited	Recertification	12/31/2018 - 12/31/2019	
Expired	Time-Limited	Recertification	12/31/2017 - 12/31/2018	
Expired	Time-Limited	Recertification	12/31/2016 - 12/31/2017	
Expired	Time-Limited	Recertification	12/31/2015 - 12/31/2016	
Expired	Time-Limited	Recertification	12/31/2014 - 12/31/2015	
Expired	Time-Limited	Recertification	12/31/2013 - 12/31/2014	
Expired	Time-Limited	Recertification	12/15/2012 - 12/31/2013	
Expired	Time-Limited	Recertification	12/31/2011 - 12/31/2012	
Expired	Time-Limited	Initial Certification	12/09/2005 - 12/31/2011	

[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).



ETHICS · HONOR · SKILL

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Fw: NMMB Application pending items

Medical Board, NM, NMMB <nm.medicalboard@nmmb.nm.gov>

Tue 4/11/2023 8:03 AM

To: [REDACTED]

Cc: credentialing@pprm.org <credentialing@pprm.org>

 1 attachments (195 KB)

Applicants Oath.pdf;

Tue 4/11/2023 6:47 AM

Good Day,

To ensure that information does not get lost please be sure to send all correspondences, inquiries, documents, and status requests to nm.medicalboard@nmmb.nm.gov so that documents are reviewed and updated depending upon availability of staff. Failure to send inquiries or documents to nm.medicalboard@nmmb.nm.gov may result in a delay of processing any documents or requests.

Status requests may be emailed once a week to nm.medicalboard@nmmb.nm.gov

Please allow at least 5 business days for a response.

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

- Applicant Oath with passport quality photo in color, emailed to nm.medicalboard@nmmb.nm.gov

The New Mexico Medical Board

2055 S Pacheco Bldg. 400

Santa Fe, NM 87505

505-476-7220

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