

DOCUMENT CONVERSION SERVICES WORK ORDER (RM12)

SECRETARY OF STATE

RECORDS AND INFORMATION MANAGEMENT

PROGRAM CODE: 660263

Requestor's Name LaVelle Potter	Agency Name DLI	Division/Bureau/Program/County/City Medical
Contact Phone: 841-2362		Date: 2/9/16

SERVICE – FILMING/CAMERAS	CODE	QTY
MRD	102	
MRG	108	
AUTO EXPOSURE	107	
AR	110	

SERVICE – FILM/FICHE DUPLICATION	CODE	QTY
16MM 100' ROLL	601	
16MM 215' ROLL	602	
35MM 100' SILVER ROLL	609	
16MM 100' SILVER ROLL	608	
105MM FICHE (EACH)	604	
READER/PRINTER COPIES (EACH)	605	94

SERVICE – PROCESSING/INSPECTION	CODE	QTY
16MM 100' ROLL	401	
16MM 215' ROLL	402	
35MM 100' ROLL	404	
SPLICING (EACH)	405	
ROLL INSPECTION	406	
ROLL INSPECTION (215')	408	

SERVICE – IMAGING	CODE	QTY
SCANNING/IMAGING	150	

SERVICE – DOCUMENT PREPARATION	CODE	QTY
INDEXING AND PREP	700	25
POSTAGE/FREIGHT (ACTUAL CHARGE)	081	
PHOTO COPIES	083	

SERVICE – JACKET LOADING/TITLES	CODE	QTY
JACKETS (EACH)	501	
TITLING (EACH)	504	

SERVICES PROVIDED	CODE	QTY
RETRIEVE-EACH	031	1
RE-FILE - EACH	034	1
LARGE RETRIEVAL (MORE THAN 12) TIME	032	
LARGE RE-FILE (MORE THAN 12) TIME	032	
INCINERATE – DISPOSAL #	91	
RECORDS DISPOSAL TIME	61	

MISCELLANEOUS SUPPLIES- INCLUDE COST

SPECIAL INSTRUCTIONS/COMMENTS:

Paper copy of Dr. Braun's application for licensure. License number for Bennett Braun MD 10376

PROCESSED BY:

CS

PROCESSED DATE: 2/9/2016

BRAUN, BENNETT MD

10316

Doctor's Name : BENNETT BRAUN, M.D.

CITY: LOCUM TENENS

ADDITIONAL DOCUMENTS FOR F.M.G.

Red Flag

(☒) Copy of Medical School Diploma

(☒) Copy of Internship Diploma

(☒) Copy of Residency Diploma *1999-71*

(☒) Copy of Current state licenses *IL*

(☒) Copy of Current DEA certificate

(☒) Copy of Birth Certificate *Passport*

(☒) Copy of DD214, military discharge paper

(☒) Copies of any malpractice case documents

(☒) Copy of Specialty Board Certificate(s)

(☐) Proof of 3 yrs post-graduate training in the U.S. or Canada

(☐) Official Translation of any diplomas not in English

(☐) Copy of Fifth Pathway Certificate

(☐) Copy of E.C.F.M.G. Certificate

(☐) Copy of VISA with any restrictions

(☐) Certification from E.C.F.M.G.

AM Bd of Psychiatry & Neurology 11/89
Name of Board and Certification Date

(☒) Letter directly from your attorney or malpractice insurance carrier(s) concerning what malpractice case(s) involved and the outcome.

(☒) \$325.00 Application Fee

(☒) \$325.00 Temporary License Fee

(☒) DEA form *surrendered*

(☒) NPDB Self Query Results

(☐) Federation Clearance Results

(☒) Personal Character References *E. Bennett / Kluft*

(☒) Verification of licensure from other states *IL MO*

Montgomery

Emmett (sent 6-3-02)

(☒) Explanation to any yes answers to questions 17-27

(☒) Certification directly from Medical School.

UNIV. OF ILLINOIS
School

Chicago IL
City

6-7-68
Date Graduated

EXAM RESULTS:

(☐) USMLE

State	Grade	Date	Certification #
(STEP 1 /YEAR)	(STEP 2/YEAR)	(STEP 3/YEAR)	

(☒) National Boards (*7-1-69*) *079028*

Grade	Date	Certification #
<i>78.8 (6/1/66)</i> (STEP 1/YEAR)	<i>82 (4/23/68)</i> (STEP 2/YEAR)	<i>82 (3/12/64)</i> (STEP 3/YEAR)

(☐) PLEX

State	Weighted Average	Date	Certification #
-------	------------------	------	-----------------

(☐) LMCC

Grade	Date	Certification #
-------	------	-----------------

(☐) State Exam

State	Grade	Date	License #
-------	-------	------	-----------

MISCELLANEOUS:

(☒) Social Security Number

(☒) Date of Birth

(☒) US Citizen

(☒) All questions answered completely

(☐) Previously licensed in Montana

(☐) Derogatory Information

(☐) Needs to meet with the Board (☐) FMG (☐) Derogatory Info

*resume - states employed in PA license
sept 01 - present*

MONTANA BOARD OF MEDICAL EXAMINERS
(301 SOUTH PARK, 4TH FLOOR - Delivery Only)
P. O. Box 200513

Helena, Montana 59620-0513
(406) 841-2364 FAX (406) 841-2363
E-MAIL compolmed@state.mt.us
WEBSITE: www.state.mt.us/license/POL



Application for Licensure as:

- ☒ Medical Doctor
☐ Doctor of Osteopathy
☐ Doctor of Podiatric Medicine

RECEIVED

MAY 30 2002

CK 1037
325 PC

Allow 90-120 days from the date the Board has a complete application file for licensure.

PLEASE PRINT IN BLUE INK OR TYPE

1. FULL NAME BRAUN BENNETT George
Last First Middle
2. OTHER NAME(S) KNOWN BY None
3. BUSINESS NAME: None currently was - Associates in Behavioral Medicine
4. BUSINESS ADDRESS 9701 N. KNOX Ave - 103 Chicago, IL 60076
Street or PO Box # City and State Zip Country
5. HOME ADDRESS P.O. Box 601 Boulder, MT 59622-0601
Street or PO Box # City and State Zip Country
- PREFERRED MAILING ADDRESS: ☐ Business ☒ Home E-MAIL ADDRESS [REDACTED]
6. TELEPHONE [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] () same as home
Business Home Fax
7. SOCIAL SECURITY NUMBER [REDACTED] FOREIGN ID NUMBER None
8. DATE OF BIRTH [REDACTED] PLACE OF BIRTH Chicago, IL ☒ MALE ☐ FEMALE
City/State
9. LICENSE NAME Bennett G. Braun, M.D.
(State your name as it should appear on the license if granted.)

10. Which exam did you take for initial licensure?
☒ National Boards ☐ FLEX ☐ USMLE ☐ LMCC ☐ State Exam (indicate which state) _____
11. If you are a foreign medical graduate, have you satisfied the requirements of the Education Council for Foreign Medical Graduates (ECFMG)? ☐ Yes ☐ No
12. Do you intend to practice in the State of Montana? If yes, attach a brief explanation. ☒ Yes ☐ No
13. Have you ever previously applied for a license to practice in Montana? If yes, give date, and results. ☐ Yes ☒ No
14. Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach a detailed explanation. ☐ Yes ☒ No
15. Have you ever withdrawn an application for medical licensure? If yes, please give the State and reasons for withdrawal. ☐ Yes ☒ No

16. List all medical licenses you have ever held. Verification must be sent directly to Montana from each state board.

State/Province/Territory	License Number	Date Issued	Current	Exam Taken
ILLINOIS	036-042542	JUNE 1969	YES	National Boards
MARYLAND	D-15426	1971	Allowed to expire reciprocity etc	

17. Has a licensing agency ever taken adverse or disciplinary action against your medical license?
If yes, attach a detailed explanation, identifying the conduct for which discipline was imposed and the nature of the discipline (suspension, probation, etc.) ☒ Yes ☐ No
18. Have you ever voluntarily surrendered, cancelled or failed to renew a medical license during a disciplinary investigation of your medical practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☐ Yes ☒ No
19. Have you ever voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges or other medical staff privileges during a pending investigation, or in anticipation of an investigation or had such privileges denied, restricted, suspended, placed on probation, revoked or subjected to other disciplinary action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. ☒ Yes ☐ No
20. Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? If yes, attach a detailed explanation. ☐ Yes ☒ No
21. Has any legal or disciplinary action been filed against you which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. ☒ Yes ☐ No
22. Have you ever voluntarily or involuntarily surrendered the privilege to prescribe or dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary board, court or other entity? If yes, attach a detailed explanation. ☒ Yes ☐ No
23. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation. ☐ Yes ☒ No
24. Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during your professional career, or a crime, involving violence, use or sale of alcohol or drugs, fraud, deceit, or theft, whether or not an appeal is pending? You may omit: (1) traffic violations for which you paid a fine of \$100.00 or less and (2) charges or convictions prior to your 16th birthday. If yes, attach a detailed explanation. ☐ Yes ☒ No
25. Have you ever been charged with fraud, formally or informally, in any civil proceeding? If yes, attach a detailed explanation. ☐ Yes ☒ No
26. Have you any physical or mental condition which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. ☐ Yes ☒ No
27. Have you, within the last three years, used alcohol or any other mood-altering substance in a manner which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. ☐ Yes ☒ No

28. EDUCATION:

- a. University or College Education.
Name & Address of institution Tulane University
Dates attended 1958 → 1964 Degree Earned & Date BS (Psy) 1963 MS (Psy) 1964
- b. Medical Education.
Name & Address of Institution University of Illinois
Dates attended 1964 → 1968 Degree Earned & Date MD June 1968
Name & Address of Institution _____
Dates attended _____ Degree Earned & Date _____
- c. Internship Program & Address Michael Reese Medical Center
Dates attended 1968 → 1969 Rotating Internship (Medicine, Neurology & Psychiatry)
- d. Residency Program & Address University of Chicago Hospitals
Dates Attended July 1969 → Jan 1971
Residency Program & Address Rush-Presbyterian-St. Lukes Medical Center
Dates Attended 1982-1984
- e. Have you ever been certified by a Specialty Board? ☒ Yes ☐ No
Specialty Psychiatry Date Awarded, Recertified Nov. 1989 #31731
Name & Address of certifying agency American Board of Psychiatry & Neurology
- f. Have you ever been denied specialty certification or failed to pass a specialty certification examination or portion thereof? ☐ Yes ☒ No
By whom? _____
Reason for denial? _____ Number of times failed _____

28. PRACTICE HISTORY: List all activities after medical school (other than those already set forth above) in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, vacation, school, private employment, etc. (If medical practice, indicate nature of practice.) Account for all periods of time longer than 1 month. Indicate specific month and year for each activity. Use additional paper if necessary.

- ② Activity Research - Psychopharmacology Inclusive Dates July 1971 - June 1973
Place (name & address) U.S. Army Edgewood Arsenal, MD
Reason for leaving Discharged
- ① Activity Emergency Room Physician Inclusive Dates July 1969 - June 1971
Place (name & address) South Shore Hospital - Chicago, IL
125 S. Leland Ave
Reason for leaving Enter the Army
- ③ Activity Administrator & Psychiatrist Inclusive Dates July 1973 → Oct 1975
Place (name & address) Associated Psychotherapists of Chicago
111 N. Wabash, Ave Chicago, IL
Reason for leaving Partners decided to separate the practice
Please see Resume Attached

Periods of time not mentioned I was either recovering from surgery or unemployed.

29. PROFESSIONAL & CHARACTER REFERENCES.

Please type or print names and addresses of three references (must be MD or DO, or for Podiatry, DPM), who has known or associated with you for at least one year.

Name:	Jan Fawcett MD Rush Presbyterian St. Luke's Med. Ctr
Address:	1653 W. Congress Parkway, Chicago, IL 60612
Telephone Number:	312-942-5372

Name:	Richard Kluft, MD
Address:	111 Presidential Blvd.
Telephone Number:	Beth Cynwyd, PA 11904 phone 610-664-1883

Name:	Colin Cameron, MD
Address:	534 Bay St. Ottawa, Ontario, Canada, K1R6B5
Telephone Number:	613-243-7224

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Medical Examiners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Applicant

Dated

Subscribed and sworn to before me this 24th day of May, 2002 at

Billings Mt
City/State

Notary Public

SEAL

For the State of

My commission expires

5/5/2006

CERTIFICATE OF MEDICAL EDUCATION

RECEIVED
JUN 10 2002

(Applicant must forward this form to medical school for certification of applicants medical degree)

Do not make this endorsement unless applicant has affixed a PHOTOGRAPH and completed the AFFIDAVIT

Please complete and return form directly to: BOARD OF MEDICAL EXAMINERS, PO BOX 200513, HELENA MT 59620-0513

It is hereby certified that Bennett G. Braun, MD Formerly of Chicago, IL
of New Boulder, MT
Graduated from The University of Illinois College of Medicine Location Chicago, IL
Date Graduated June 7, 1968 and is to the best of our knowledge is of good moral character.

(SEAL OF SCHOOL)

President, Dean or Registrar Signature

Date Certified

LEAH A. CRAWFORD
DIRECTOR
RECORDS AND REGISTRATION

MAY 28 2002

RECORD-MIC



AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Medical Examiners.

Legal Signature of Applicant

Dated

Subscribed and sworn to by me this 24th day of May, 2002 at

Boulder, Mt
City/State

(Notary Public)

Montana

For the State of

SEAL

My commission expires 5/5/2006

Bennett G. Braun, MD, MS
PO Box 601
Boulder, MT 59632-0601
[REDACTED]

May 29, 2002

Montana Board of Medical Examiners
301 South Park Avenue, 4th Floor
Helena, MT 59620-0513

To Whom It May Concern:

Attached is my application for a Montana medical license and supporting documentation. The overall application is arranged in sections separated by dividers to make it easier to locate specific information. This is also an attempt to keep as much material in one location as possible.

Please see the Supplemental Answers section for the most recent information regarding entries in the National Practitioner's Data Bank (NPDB). It was only after starting the application process that I found out that there were comments in the NPDB that I strongly believe were inaccurate. I have attached copies of NPDB reports that were filed. Following the established process, my attorney has attempted to contact the organizations that filed the erroneous report to get them to correct it and I have filed my responses to these entries with the NPDB. These documents are also attached. I have done this to provide the most complete picture possible.

I will probably be in and out of town all summer as I expect to be working as a wild lands firefighter while this application is being processed. Please leave a message on my cell phone [REDACTED] and I will attempt to return your call if I am in an area with reception at a time that your office is open. I will also pick up messages from my home phone [REDACTED] when I return from each call out.

Thank you very much for your consideration and help in this matter.

Sincerely yours,

[REDACTED] *B.G.B.*
Bennett G. Braun, MD

RECEIVED
JUN 03 2002

Bennett G. Braun, MD, MS
PO Box 601
Boulder, MT 59632-0601
[REDACTED]

May 30, 2002

Ms. Evie Martin
Department of Commerce
Professional & Occupational Licensing Division
PO Box 200513
Helena, MT 59620-0513

Dear Ms. Martin;

I want to thank you for the time you spent with me yesterday checking the completeness of my application. Since speaking with you, I have repeatedly tried to contact Collin Cameron, MD, one of my references. He may be out of the country. I have contacted John S Montgomery, MD who said he would be pleased to send you a reference letter if you request it. This letter is to give you permission to contact him and/or any of the people listed on my reference list, attached to my resume. That list was constructed with the idea of someone being able to contact references from various aspects of the medical field who knew my work.

Please feel free to contact Dr. Montgomery at:
3073 W. Fawn Dr.
Park City, UT 84098
Phone: 435-649-5119, cellular: 801-209-7817

I have also enclosed copies of the forms that were again sent out to Illinois and Maryland with the appropriate checks.

Thank you again.

Sincerely yours.

[REDACTED] *BGB*
Bennett G. Braun, MD



By authority of the Board of Trustees of the
UNIVERSITY OF ILLINOIS

*and upon recommendation of the University Senate
at the Medical Center*

Bennett George Braun

has been admitted to the Degree of

Doctor of Medicine

and is entitled to all rights and honors thereto appertaining

*Witness the Seal of the University and the signatures of its Officers
this seventh day of June, nineteen hundred sixty-eight.*


President of the Board of Trustees


President of the University


Secretary of the Board of Trustees

Michael Reese Hospital
and
Medical Center

Chicago, Illinois

This Certifies That

Bennett George Braun, M.D.

has served a

Mixed Internship (Medicine)

for a period of 12 months ending June 30, 1969

Director of Education

[Redacted Signature] **M.D.**
Director of Medical Education

[Redacted Signature]
Registrar



THE UNIVERSITY OF CHICAGO
DEPARTMENT OF PSYCHIATRY

RECEIVED
JUL 02 2002

OFFICE OF EDUCATION
(773) 702-0529

5841 S. MARYLAND AVENUE, MC 3077
CHICAGO • ILLINOIS 60637-1470

19 June 2002

Evie Martin
Licensing Technician
State of Montana
Department of Commerce
Professional & Occupational Licensing Div
P.O. Box 200513
Helena, MT 59620-0513

Dear Ms. Martin:

This letter is written to verify that Bennett G. Braun, M.D. has satisfactorily completed 2 years of psychiatry training in the Psychiatry Residency Training Program at The University of Chicago Hospitals from July 1, 1969 until January 1, 1971.

If you have any questions or concerns, please feel free to contact me at (773) 702-0529.

Sincerely

Maria T. Caserta, M.D.
Director of Adult Residency
Associate Professor, Psychiatry

MTC/pms

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER
RUSH UNIVERSITY

1653 WEST CONGRESS PARKWAY, CHICAGO, ILLINOIS 60612-3864 • 312.942.5000



RECEIVED
APR 03 2002

March 28, 2002

Board of Medicine
P.O. Box 200513
301 South Park Avenue, 4th Floor
Helena, MT 59620-0513

RE: Bennett G. Braun, M.D.

Dear Sir/Madam:

This will certify that **Bennett G. Braun, M.D.** served as a Resident in the Department of Psychiatry from December 1, 1982 to November 30, 1984 at Rush Presbyterian-St. Luke's Medical Center.

Due to the length of time that has transpired since Dr. Braun was at this institution, we cannot adequately provide comments concerning her personal and professional qualifications.

This institution is approved to offer Graduate Programs in the Medical and Surgical Sciences by the Accreditation Council for Graduate Medical Education.

Sincerely,

Mykael L. Moss
Director
Graduate Medical Education

MLM:maa

RUSH-PRESBYTERIAN-ST. LUKE'S MEDICAL CENTER
RUSH UNIVERSITY

1725 WEST HARRISON STREET • SUITE 955, CHICAGO, IL 60612-3824 • 312.942.5372
RUSH INSTITUTE FOR MENTAL WELL-BEING FAX 312.942.2177



JAN FAWCETT, M.D.
STANLEY G. HARRIS, SR. PROFESSOR
AND CHAIRMAN OF PSYCHIATRY
GRAINGER DIRECTOR, RUSH INSTITUTE
FOR MENTAL WELL-BEING

June 11, 2002

Montana Board of Medical Examiners
Attention: Evie Martin
P.O. Box 200513
Helena, MT 59620-0513

RE: Bennett Braun, M.D.

Dear Sir or Madam:

This is in response to your request for information concerning Bennett Braun, M.D. in connection with his application for medical licensure in Montana. From 1982-84 Dr. Braun received one year credit for training in the Department of Psychiatry of Rush-Presbyterian-St. Luke's Medical Center in order to attain his eligibility for examination for certification by the American Board of Psychiatry and Neurology. Subsequent to this in 1985, he became an Adjunct Attending Physician in the Department of Psychiatry of Presbyterian St. Luke's Hospital and an Instructor in the Department of Psychiatry of Rush Medical College. He worked well with others and did not have deficiencies in his chart completions. Dr. Braun demonstrated clinical skill in the care of his patients and was not a subject of patient complaints over his 13 years of practice in the department. He was the subject of a large, highly publicized malpractice suit that was settled over his objections. He resigned his appointment in the hospital and department in 1998, citing his inability to meet the hospital's requirement for malpractice insurance minimum limits. I can recommend him as a skilled and reliable physician.

Sincerely,

Jan Fawcett, M.D.

American Board of Psychiatry and Neurology, Inc.

A Member Board — American Board
of Medical Specialties (ABMS)



Executive Committee — 2002

President
Pedro Ruiz, M.D.
Houston, Texas
Vice President
Nicholas A. Vick, M.D.
Evanston, Illinois
Secretary
Edgar J. Kerton, III, M.D.
Wynnewood, Pennsylvania
Treasurer
Glenn C. Davis, M.D.
East Lansing, Michigan
Member-at-Large
Elizabeth B. Weller, M.D.
Philadelphia, Pennsylvania

Directors For Psychiatry

Pedro Ruiz, M.D.
Chair, Psychiatry Council
Houston, Texas
Glenn C. Davis, M.D.
East Lansing, Michigan
Michael H. Ebert, M.D.
Nashville, Tennessee
Larry R. Faulkner, M.D.
Columbia, South Carolina
Burton V. Ratner, M.D., M.P.H.
Winston-Salem, North Carolina
James H. Scully, Jr., M.D.
Columbia, South Carolina
Elizabeth B. Weller, M.D.
Philadelphia, Pennsylvania
Daniel K. Winstead, M.D.
New Orleans, Louisiana

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Stony Brook, NY
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Baltimore, Maryland
H. Royden Jones, Jr., M.D.
Burlington, Massachusetts
Edgar J. Kerton, III, M.D.
Wynnewood, Pennsylvania
Robert M. Pascuzzi, M.D.
Indianapolis, Indiana
Alan K. Percy, M.D.
Birmingham, Alabama

Please Address
All Communications to
Executive Vice President
Stephen C. Scheiber, M.D.
500 Lake Cook Road
Suite 335
Deerfield, Illinois 60015-5249
(847) 945-7900
FAX (847) 945-1146

March 7, 2002

Bennett George Braun, M.D.
P.O. Box 601
Boulder, MT 59632-0601

Dear Dr. Braun:

This is to confirm that you are a Diplomate of the American Board of Psychiatry and Neurology, Inc., certified in the following specialties/subspecialties:

SPECIALTY	CERTIF #	MONTH	YEAR
Psychiatry	031731	November	1989

General certificates issued prior to October, 1994 are issued on a lifetime basis and are not subject to recertification. General certificates issued after October 1994 are valid until December 31, ten years from the year of issuance. Re-examination will be necessary to continue a valid certificate beyond ten years.

Subspecialty certificates are valid until December 31, ten years from the year of issuance. Re-examination will be necessary to continue a valid certificate beyond ten years.

Certification shall continue in force only so long as you have no limitations on any license, and possess an unrestricted license to practice medicine in a state, commonwealth, territory, or possession of the United States or province of Canada.

Sincerely,

Stephen C. Scheiber, M.D.
Executive Vice President

SCS/jmp

National Board of Medical Examiners
of the
United States of America

Bennett George Braun, M.D.

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

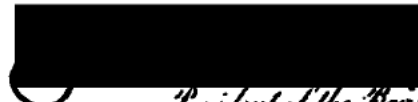
Diplomate of the National Board of Medical Examiners

Attest



Secretary of the Board

Philadelphia, Pa. July 1, 1969



President of the Board

Certificate No. 99028

JAA - 830608 #2

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME FIRST NAME MIDDLE NAME MAHONEY, ROBERT ORVILLE		2. SERVICE NUMBER 2A		3. SOCIAL SECURITY NUMBER [REDACTED]	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY USAR MC		5a. GRADE, RATE OR RANK MAJ		5b. PAY GRADE 04	
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Chicago, Illinois		9. DATE OF BIRTH DAY 1 MONTH JUL YEAR 71	
10a. SELECTIVE SERVICE NUMBER [REDACTED]		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 12 & 75, Chicago, Illinois		11. DATE INDUCTED DAY 30 MONTH JUN YEAR 73	
11a. TYPE OF TRANSFER OR DISCHARGE Believed from active duty		11b. STATION OR INSTALLATION AT WHICH EXPECTED Abandon Proving Ground, Maryland		12. REASON AND AUTHORITY Chapter 3, Section XIV, AR 635-100 (AR 611)	
13. LAST DUTY ASSIGNMENT AND MAJOR COMMAND (If any) Regt (45-200000-05) APO MD AMC		13a. CHARACTER OF SERVICE NONCOMBAT		13b. TYPE OF CERTIFICATE ISSUED None	
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVE TRANSFERRED DEAR CON OF (HTR) DEAR 9700 Sage Blvd, St Louis, MO 63132		15. TERMINAL DATE OF RESERVE DAY NA MONTH NA YEAR NA		16. DATE OF ENTRY DAY 1 MONTH JUL YEAR 71	
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED (Under Induction) <input type="checkbox"/> ENLISTED (Under Induction) <input type="checkbox"/> REENLISTED		18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC MAJ		19. PLACE OF ENTRY TO CURRENT ACTIVE SERVICE (City and State) Chicago, Illinois	
20. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, Apt, City, County, State and ZIP Code) 2128 Magna Lane Florence, Illinois 60422		21. SPECIALTY NUMBER & TITLE 3129 - 1000/71 Psychiatrist		22. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 070-100 Psychiatrist	
23. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal		24. EDUCATION AND TRAINING COMPLETED Civilian Education Level: 22 years APO, MD - 3 weeks - 1972 - Basic Officer Course APO, MD - 2 weeks - 1972 - Introduction to HRP Code of Conduct; Course A Military Justice Training; Geneva-Neuch Convention; Nuclear, Biological & Chemical Training		25. NON-PAY PERIODS TIME LOST (Including 300 days) None	
26. DAYS ACCRUED LEAVE PAID 67		27a. INSURANCE IN FORCE (MIL or USGL) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT NA	
28. VA CLAIM NUMBER None		29. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$50,000 <input checked="" type="checkbox"/> NONE		30. MONTH ALLOTMENT DISCONTINUED NA	
31. REMARKS Klood Group: A Reg 5a: Temp MAJ AMC Apts 13 Jul 71; Para CPT USAR Apts 25 May 70					
32. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, Apt, City, County, State and ZIP Code) 542 Forest Avenue Springfield, Illinois 62761		33. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED [REDACTED]			
34. TITLE, GRADE AND TITLE OF AUTHORIZING OFFICER R. E. PENFOLD CPT, USA Asst Adjutant		35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN [REDACTED]			

POOR COPY

Montana Board of Medical Examiners
PO Box 200513
(301 SOUTH PARK, 4TH FLOOR - Delivery Only)
Helena MT 59620-0513

TO THE APPLICANT

Please complete the identifying information and submit to:

Drug Enforcement Administration
115 Inverness Drive East
Englewood, CO 80112

For information regarding this
inquiry, please contact the
Freedom of Information Section
Drug Enforcement Administration
Washington D.C. 20537
(202) 307-7598

Date: 3-3-02

To Whom It May Concern:

I am applying for a license to practice medicine in the State of Montana. Please indicate on the lower portion of this form if there is any derogatory information on file against me. I hereby specifically authorize the release of any and all information concerning me, and agree to hold the DEA harmless from any liability for the disclosure of such information. Please send this form directly to the Montana Board of Medical Examiners. Thank you for your assistance.

Name: Bennett G. Brown, M.D.

Date of Birth: [REDACTED]

DEA Registration Number: AB9237264 (surrendered 2° to suspension by IL)

Address where DEA Number is registered: 9701 N. KNOX Ave
Suite 103
Skokie, IL 60076

[REDACTED] MD
Signature of Applicant

Bennett G. Brown, MD
Please Print Name

DEA RESPONSE:



Illinois Department of Professional Regulation

Leonard A. Sherman
Director

RECEIVED
JUL 03 2002

George H. Ryan
Governor


CERTIFICATION OF LICENSURE

MONTANA BOARD OF MEDICAL EXAMINERS
P.O. BOX 200513
HELENA, MT 59620-0513

Licensee:	BENNETT G BRAUN
License Number:	036-042542
Profession:	PHYSICIAN AND SURGEON
Date of Issuance:	07/01/1969
Expiration Date:	07/31/2002
License Status:	PROBATION
License Method:	EXAM - NATIONAL BOARD
Disciplinary History:	YES - SEE ATTACHED

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.




Program Executive
Licensing & Testing

07/01/02
Date

Refer to the Department's Web Site at www.dpr.state.il.us to verify professional licenses via License Look-Up.

Respond to:

☒ 320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

www.dpr.state.il.us

☐ James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

**MARYLAND BOARD OF PHYSICIAN QUALITY
ASSURANCE**

P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095
(410) 764-4777
Fax (410) 358-2252
e-mail: bpqa@erols.com
June 10, 2002

RECEIVED

JUN 17 2002

Requested by: Montana State Medical Board

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

BRAUN, BENNETT G
230 N MICHIGAN #3200
CHICAGO, IL 60601

License Number: D0013426

Date Issued: December 16, 1971

Current Status: Non-renewed

Expiration Date: 9/30/1996

Medical School:

Licensed By:

Specialty:

Charges: 0

Disciplinary Actions: NONE

No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986.


Verification Clerk

06/10/2002

Date

This is a computer generated form which is acceptable by other states.
Licensing examination scores should be requested directly from the examining
authority.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of Inspector General

Washington, D.C. 20201

MAR 19 2002

RECEIVED
MAR 25 2002

Patricia England
Executive Secretary - Legal Counsel
MT Board of Medical Examiners
P.O. Box 200513
Helena, MT 59620-0513

Dear Ms. England:

Re: Bennett G. Braun
P.O. Box 601
Boulder, MT 59632-0601
License #: 036-042542
OI File No. 9-00-40137-9

M.D.
DOB: [REDACTED]
SSN: [REDACTED]
UPIN: Unknown

Effective with the date of this notice, the subject has been reinstated as a provider of services covered under the title XVIII (Medicare) program.

This reinstatement has no bearing on any action initiated by you independent of the Office of Inspector General.

If you have any questions about this reinstatement, please contact Veronica Brantley, Program Analyst, Health Care Administrative Sanctions, Office of Inspector General, Room N2-01-26, 7500 Security Boulevard, Baltimore, MD 21244-1850.

Sincerely,

[REDACTED]

M. Joanne Lanahan
Reviewing Official
Health Care Program Exclusions
Office of Counsel to the Inspector General



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Endorsement of Certification

RECEIVED

MAR 15 2002

This document was prepared by

National Board of Medical Examiners® (NBME®)

3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9592

Recipient: Montana Board of Medical Examiners
PO Box 200513
Helena, MT 59620-0513

Date: 03/08/2002

Examinee: Bennett G. Braun

Examinee ID:

Date of Birth:

NBME Certification Date: 07/01/1969

Certificate#: 099028

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date **Pass/Fail** **Score Scale**
06/21/1966 Pass Three-Digit
Two-Digit

Total Score **(Min.Pass)**
(75)

Individual Subject Scores

Anat **Phys** **Bioc** **Path** **Micr** **Phar**

NBME PART II

Test Date **Pass/Fail** **Score Scale**
04/23/1968 Pass Three-Digit
Two-Digit

Total Score **(Min.Pass)**
(75)

Individual Subject Scores

Med **Surg** **ObGyn** **Prev** **Peds** **Psych**

NBME PART III

Test Date **Pass/Fail** **Score Scale**
03/12/1969 Pass Three-Digit
Two-Digit

Total Score **(Min.Pass)**
(75)



Patent 5636874

TouchSafe®

Authenticity of NBME Endorsement of Certification

An original, certified NBME Endorsement of Certification is printed using black ink on burgundy safety paper and is produced only by the National Board of Medical Examiners. The TamperSafe® Hologram in the lower left corner certifies the authenticity of this document. Alteration or forgery of the NBME Endorsement of Certification may result in appropriate legal action or other action consistent with applicable policies, and/or a determination of irregular behavior, as described below.

To Test for Authenticity: Touch, rub or breathe on TouchSafe® Fingerprint and the word **VALID** will appear. When liquid bleach is applied to the face of this document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

The most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

The most recent total test score is reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3

If applicable, this document will include a complete score history and notations of any USMLE examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this document may result in one or more annotations listed next to the score. A description of each "Comment" is provided below:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this document, it may be obtained by contacting the NBME or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. **No score is reported.**

Irregular Behavior - The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this document, it may be obtained by contacting the NBME or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations - Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this document may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on this document by a "Note".

RECEIVED

AUG 26 2002

MONTANA BOARD OF MEDICAL EXAMINERS
301 SOUTH PARK AVENUE (FOR DELIVERIES ONLY)
P. O. BOX 200513
HELENA, MT 59620-0513

BRAUN BENNETT, M.D., applied for licensure in the state of Montana. This routine, confidential questionnaire from the State Board of Medical Examiners is for the purpose of evaluating the applicant. Your frank and candid opinion will be appreciated, and will help us expedite processing the application. Your answers will not be released to any person, including the applicant, without a specific court order. Reasonable accommodation will be made for persons with disabilities protected under the Americans With Disabilities Act.

1. How long have you known applicant? 8 year(s).
2. In what capacity? initially I completed a 2 year Fellowship with Dr. Braun in PTSD + Dissociative Disorders (1994-96); he was my supervisor
3. Has he/she any physical or mental condition which has in the past three years adversely affected his/her ability to practice medicine? No If so, please identify the nature of the condition, whether treatment was undertaken, and whether the applicant is still affected by the condition. Please use additional paper, as necessary.
4. Does he/she currently use alcohol or any other mood-altering substance in a manner which adversely affects his/her ability to practice medicine? No If so, please describe in full detail; use additional paper, as necessary.
5. Is his/her medical ability POOR? AVERAGE? ABOVE AVERAGE? (circle one)
6. Has he/she ever been subject to disciplinary action? yes When? 1999
Where? Illinois By Whom? Department of Professional Regulation
7. Have his/her hospital privileges ever been restricted in any degree, or surrendered? No
When? _____ Where? _____ By Whom? _____
8. Has his/her Drug Enforcement Administration registration ever been restricted or surrendered? No
When? _____ Where? _____ Reason? _____
9. Does he/she get along with colleagues? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
10. Does he/she abide by hospital rules and regulations? yes
11. Is he/she courteous and cooperative with nurses? yes
12. How does he/she get along with patients? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
13. Has he/she been subject to a claim or suit for malpractice? yes When? 1993-97
Where? Illinois + Texas By Whom? refer to Dr. Braun
14. Has he/she ever been subject to criminal proceedings, including DUI? No When? _____
Where? _____ Allegations? _____
15. Has he/she been adjudged incompetent or voluntarily or involuntarily committed to an institution?
No When? _____ Where? _____ By Whom? _____
16. Are his/her criteria for surgery CONSERVATIVE? AVERAGE? LIBERAL? (circle one) (OVER) not applicable
17. Do you know of any reason why he/she should not be granted a license to practice medicine? No

18. PLEASE COMMENT ON THE APPLICANTS PROFESSIONAL CHARACTER, MORALS AND ETHICS (ATTACH ADDITIONAL SHEET IF NEEDED).

Dr. Braun is a committed, bright and conscientious physician who has been a pioneer in the field of psychological trauma + dissociation. His theoretical ideas still form a large part of the foundation of this area of study today and are often quoted. Unfortunately, Dr. Braun's commitment saw him take on many extremely characterologically disturbed patients (who others would refuse to treat), and a couple sued him. This in no way takes away from the gains made by the overwhelming majority of patients I saw him work with. As the science + knowledge of the field advanced, so did Dr. Braun's practice. By his own account, he was practicing quite differently when I worked with him than in the early 1980s + 1990s. I do not hesitate to recommend him highly as a responsible + ethical physician.

SIGNATURE

Date

NAME & POSITION

MDCM, FRCPC

ADDRESS

(please print)
Clinical Director, Mood Disorders Program
Royal Ottawa Hospital

RECEIVED

AUG 26 2002



**ROYAL OTTAWA HEALTH CARE GROUP
SERVICES DE SANTÉ ROYAL OTTAWA**

The Rehabilitation Centre / Le Centre de réadaptation

Royal Ottawa Hospital / Hôpital Royal Ottawa

Montana Board of Medical Examiners
301 South Park Avenue
PO Box 200513
HELENA, Montana 59620-0513
USA

August 15, 2002

Dear Sir/Madam:

Re: Bennett Braun, MD

Dr. Braun was my clinical supervisor during a two-year posttraumatic stress disorders and dissociative disorders program fellowship at Rush University in Chicago (Skokie) between 1994 and 1996. During this time I worked very closely with Dr. Braun, including managing several patients jointly and sitting in on many sessions together. I do believe that this experience provided me a good background in providing this recommendation.

During my fellowship at Rush, I was most impressed by the energy and commitment that Dr. Braun brought to his work. He was particularly dedicated to his patients, and did his best to provide them with excellent care. He also was not one to give up on people, and would work with or continue working with patients that many others would refuse or wash their hands of. In spite of the very difficult population with which he worked, I was repeatedly impressed by the progress made by many of his patients.

Dr. Braun is also an academician who has numerous publications in his name. He has had a particular impact as a pioneer in the scientific study of posttraumatic stress disorder and dissociation, and many of his works are still frequently referred to. Some would even say his ideas form a large part of the foundation for many of the advances being seen in this field today.


As a pioneer, Dr. Braun would be the first to admit that some of his earlier thoughts and ideas may no longer apply. I noted him to be quite adaptable and to be open to revising his practices if presented evidence that other approaches might be better. He acknowledged to me that the kind of approach he was taking when I was at Rush was somewhat different than he had been taking in the 1980's or early 1990's.

Dr. Bennet Braun (cont'd)

Unfortunately, Dr. Braun's openness to work with severely characterologically disturbed patients put him at risk for having some complaints launched against him. This should in no way take away from the excellent work that he has done and the help he has provided to the overwhelming majority of his patients. It was my observation that the quality of the care he provided patients was well above average, and I do not have any particular concerns as to his ethics.

It is without hesitation that I recommend him to the state of Montana for medical licensure.

Yours sincerely,

A large black rectangular box redacting the signature of the sender.

MD CM FRCPC
Acting Clinical Director, Mood Disorders Program
Royal Ottawa Hospital
Assistant Professor of Psychiatry,
University of Ottawa



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)

Record of Scores

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street, Philadelphia, PA 19104-3190 - Telephone (215) 590-9592

Recipient: Braun, Bennett G
PO Box 601
Boulder, MT 59632

Date: 03/08/2002

Examinee: Braun, Bennett G

Examinee ID: [REDACTED]
Date of Birth: [REDACTED]

This record shows a complete Part history for this examinee.

NBME PART I

<u>Test Date</u>	<u>Pass/Fail</u>	<u>Score Scale</u>	<u>Total</u>	<u>Individual Subject Scores</u>						
			<u>Score</u>	<u>(Min. Pass)</u>	<u>Anat</u>	<u>Phys</u>	<u>Bioc</u>	<u>Path</u>	<u>Micr</u>	<u>Phar</u>
06/21/1966	Pass	Three-Digit Two-Digit		(75)						

NBME PART II

<u>Test Date</u>	<u>Pass/Fail</u>	<u>Score Scale</u>	<u>Total</u>	<u>Individual Subject Scores</u>							
			<u>Score</u>	<u>(Min.Pass)</u>	<u>Med</u>	<u>Surg</u>	<u>ObGyn</u>	<u>Prev</u>	<u>Peds</u>	<u>Psych</u>	
04/23/1968	Pass	Three-Digit									
		Two-Digit		(75)							

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	(Min.Pass)
			Score	
03/12/1969	Pass	Three-Digit Two-Digit	[REDACTED]	(75)



Authenticity of NBME Record of Scores

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Test for Authenticity: Touch, rub, or breathe on TouchSafe® Fingerprint and the words **WAS** will appear. When liquid bleach is applied to the face of the document, the paper will turn brown. Also, when photocopied, a security statement containing the words **UNOFFICIAL COPY, NOT AN ORIGINAL DOCUMENT**, will appear prominently across the face of the entire document.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test score is reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

MONTANA BOARD OF MEDICAL EXAMINERS
301 SOUTH PARK AVENUE (FOR DELIVERIES ONLY)
P. O. BOX 200513
HELENA, MT 59620-0513

JUN 11 1992
RECEIVED

JUL 01 2002

BRAUN BENNETT, M.D., applied for licensure in the state of Montana. This routine, confidential questionnaire from the State Board of Medical Examiners is for the purpose of evaluating the applicant. Your frank and candid opinion will be appreciated, and will help us expedite processing the application. Your answers will not be released to any person, including the applicant, without a specific court order. Reasonable accommodation will be made for persons with disabilities protected under the Americans With Disabilities Act.

1. How long have you known applicant? 19 year(s).
2. In what capacity? AS A RESIDENT IN ANATOMY AND AS ANATOMY IN DEPARTMENT OF RESEARCH
3. Has he/she any physical or mental condition which has in the past three years adversely affected his/her ability to practice medicine? NO If so, please identify the nature of the condition, whether treatment was undertaken, and whether the applicant is still affected by the condition. Please use additional paper, as necessary.
4. Does he/she currently use alcohol or any other mood-altering substance in a manner which adversely affects his/her ability to practice medicine? NO If so, please describe in full detail; use additional paper, as necessary.
5. Is his/her medical ability POOR? AVERAGE? ABOVE AVERAGE? (circle one)
6. Has he/she ever been subject to disciplinary action? NOT BY HOSPITAL When? _____
Where? _____ By Whom? _____
7. Have his/her hospital privileges ever been restricted in any degree, or surrendered? RESIGNED IN 1998 - INADEQUATE MALPRACTICE INSURANCE
When? _____ Where? _____ By Whom? _____
8. Has his/her Drug Enforcement Administration registration ever been restricted or surrendered? NO
When? _____ Where? _____ Reason? _____
9. Does he/she get along with colleagues? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
10. Does he/she abide by hospital rules and regulations? YES
11. Is he/she courteous and cooperative with nurses? YES
12. How does he/she get along with patients? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
13. Has he/she been subject to a claim or suit for malpractice? YES When? 1997
Where? CHICAGO By Whom? PARCIA BURGESS
14. Has he/she ever been subject to criminal proceedings, including DUI? NO When? _____
Where? _____ Allegations? _____
15. Has he/she been adjudged incompetent or voluntarily or involuntarily committed to an institution?
NO When? _____ Where? _____ By Whom? _____ (OVER)
16. Are his/her criteria for surgery CONSERVATIVE? AVERAGE? LIBERAL? (circle one)
17. Do you know of any reason why he/she should not be granted a license to practice medicine? NO

18. PLEASE COMMENT ON THE APPLICANTS PROFESSIONAL CHARACTER, MORALS AND ETHICS
(ATTACH ADDITIONAL SHEET IF NEEDED).

SEE ATTACHED

SIGNATURE

M.D.

Date

6/11/02

NAME & POSITION

M.D. CHAIRMAN DEPARTMENT OF PSYCHIATRY
RUSH MEDICAL CENTER

ADDRESS

MONTANA BOARD OF MEDICAL EXAMINERS
301 SOUTH PARK AVENUE (FOR DELIVERIES ONLY)
P. O. BOX 200513
HELENA, MT 59620-0513

RECEIVED

JUN 17 2002

BRAUN BENNETT, M.D., applied for licensure in the state of Montana. This routine, confidential questionnaire from the State Board of Medical Examiners is for the purpose of evaluating the applicant. Your frank and candid opinion will be appreciated, and will help us expedite processing the application. Your answers will not be released to any person, including the applicant, without a specific court order. Reasonable accommodation will be made for persons with disabilities protected under the Americans With Disabilities Act.

1. How long have you known applicant? 16 year(s).
2. In what capacity? Met Dr. Braun by phone in 1985 or 1986 when I was a medical director at Helina Life & Casualty - I reviewed his treatment case - of a pt. named Burgess
3. Has he/she any physical or mental condition which has in the past three years adversely affected his/her ability to practice medicine? No If so, please identify the nature of the condition, whether treatment was undertaken, and whether the applicant is still affected by the condition. Please use additional paper, as necessary.
4. Does he/she currently use alcohol or any other mood-altering substance in a manner which adversely affects his/her ability to practice medicine? No If so, please describe in full detail; use additional paper, as necessary.
5. Is his/her medical ability POOR? AVERAGE? ABOVE AVERAGE? (circle one)
6. Has he/she ever been subject to disciplinary action? Yes When? October 1999
Where? Chicago area ByWhom? IL Dept of Prof Regulation
7. Have his/her hospital privileges ever been restricted in any degree, or surrendered? Yes
When? Jan 1999 Where? IL Chicago ByWhom? Rush Presbyterian St Lukes Hosp
South North Shore Med Ctr
8. Has his/her Drug Enforcement Administration registration ever been restricted or surrendered? Yes
When? Jan 1999 Where? Chicago, IL Reason? Voluntarily surrendered since med license surrendered.
9. Does he/she get along with colleagues? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
10. Does he/she abide by hospital rules and regulations? Absolutely!
11. Is he/she courteous and cooperative with nurses? At all times - Good working rela-
tionships
12. How does he/she get along with patients? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
(see comment section)
13. Has he/she been subject to a claim or suit for malpractice? Yes When? 1993-1998
Where? IL ByWhom? False Memory Syndrome Foundation in names of several patients
(see comment section)
14. Has he/she ever been subject to criminal proceedings, including DUI? No When? Never
Where? N/A Allegations? None
15. Has he/she been adjudged incompetent or voluntarily or involuntarily committed to an institution?
No When? — Where? — ByWhom? — (OVER)
16. Are his/her criteria for surgery CONSERVATIVE? AVERAGE? LIBERAL? (circle one)
N/A since he performs no surgical procedures.
17. Do you know of any reason why he/she should not be granted a license to practice medicine? None at all.
(see comments)

18. PLEASE COMMENT ON THE APPLICANTS PROFESSIONAL CHARACTER, MORALS AND ETHICS
(ATTACH ADDITIONAL SHEET IF NEEDED).

#12 This physician has consistently worked well with patients and colleagues - after the legal confrontations by patients under guidance from the False Memory Syndrome Finder, many pt's began to develop adverse relationships w/ Dr. Braun from 1993-98
#13 Multiple legal suits were developed with help from lawyers working with the False Memory Syndrome Foundation based on alleged harm from his treatment of their severe mental conditions.

#17 He should be granted licensure based upon his exceptional skills in both the art and science of medicine and psychiatry. Dr. Braun's level of functioning in professional and personal areas is above reproach. The years of licensure sanction should be brought to a close in order to allow Dr. Braun's full and unrestricted return to the practice of medicine and psychiatry. The fact that

SIGNATURE

Date

6/14/02

NAME & POSITION

MD, Psychiatry

ADDRESS

* The voluntarily surrendered his license in IL and his "DEA" certificate speaks for itself. He was not "suspended" from practice, the law suits were too massive for his liability insurance carrier to battle so they "settled" - That is the reason for his hospital and DEA sanctions. It must be remembered that Rush Med Ctr. would have kept him on staff if he had increased his malpractice coverage - but, of course, no liability carrier would risk that in the face of the False Memory Syndrome Foundation's mounting legal battle and the potential for continued pursuit.

* See Attached Curriculum Vitae

MONTANA BOARD OF MEDICAL EXAMINERS
301 SOUTH PARK AVENUE (FOR DELIVERIES ONLY)
P. O. BOX 200513
HELENA, MT 59620-0513

BRAUN BENNETT, M.D., applied for licensure in the state of Montana. This routine, confidential questionnaire from the State Board of Medical Examiners is for the purpose of evaluating the applicant. Your frank and candid opinion will be appreciated, and will help us expedite processing the application. Your answers will not be released to any person, including the applicant, without a specific court order. Reasonable accommodation will be made for persons with disabilities protected under the Americans With Disabilities Act.

1. How long have you known applicant? 23 year(s).
2. In what capacity? Colleague, Friend, Scientific Collaborator
3. Has he/she any physical or mental condition which has in the past three years adversely affected his/her ability to practice medicine? NO If so, please identify the nature of the condition, whether treatment was undertaken, and whether the applicant is still affected by the condition. Please use additional paper, as necessary.
4. Does he/she currently use alcohol or any other mood-altering substance in a manner which adversely affects his/her ability to practice medicine? NO If so, please describe in full detail; use additional paper, as necessary.
5. Is his/her medical ability POOR? AVERAGE? ABOVE AVERAGE? (circle one)
6. Has he/she ever been subject to disciplinary action? Yes When? OCTOBER, 1999
Where? ILLINOIS By Whom? ILLINOIS DEPT. OF PROFESSIONAL REGULATION
7. Have his/her hospital privileges ever been restricted in any degree, or surrendered? NO
When? _____ Where? _____ By Whom? _____
8. Has his/her Drug Enforcement Administration registration ever been restricted or surrendered? Yes
When? 1999 Where? ILLINOIS Reason? Surrendered License for 2 years
9. Does he/she get along with colleagues? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
10. Does he/she abide by hospital rules and regulations? Yes
11. Is he/she courteous and cooperative with nurses? Yes
12. How does he/she get along with patients? POOR? AVERAGE? ABOVE AVERAGE? (circle one)
13. Has he/she been subject to a claim or suit for malpractice? Yes When? Several - Late 1990's
Where? Chicago, Illinois By Whom? Several
14. Has he/she ever been subject to criminal proceedings, including DUI? NO When? _____
Where? _____ Allegations? _____
15. Has he/she been adjudged incompetent or voluntarily or involuntarily committed to an institution? NO
When? _____ Where? _____ By Whom? _____
16. Are his/her criteria for surgery CONSERVATIVE? AVERAGE? LIBERAL? (circle one) NOT applicable (OVER)
17. Do you know of any reason why he/she should not be granted a license to practice medicine? NO

18. PLEASE COMMENT ON THE APPLICANTS PROFESSIONAL CHARACTER, MORALS AND ETHICS
(ATTACH ADDITIONAL SHEET IF NEEDED).

See ATTACHED SHEET / Letterhead

SIGNATURE _____

Date 7/8/02

NAME & POSITION _____

(please print)

M.D., Clinical Professor of Psychiatry
TEMPLE UNIVERSITY School of Medicine

ADDRESS _____

Bennett G. Braun, MD, MS
PO Box 601
Boulder, MT 59632-0601

May 27, 2002

Supplemental Answers to questions from the Montana medical license application.

12. I intend to practice in Montana if I am awarded a Montana medical license. I currently live in Boulder, MT and I do not want to live in a populous area again. I have fallen love with Montana and have, in addition to medicine, learned to enjoy other pursuits, including, hunting, hiking, skiing, etc. I am a member of Elkhorn Search and Rescue as a way of supporting my community.
17. I accepted a two-year suspension of my Illinois medical license with an automatic reinstatement. The Illinois Department of Professional Regulation became involved because my insurance companies, against my direction and without my consent, settled the Burgus case. My original attorney, Deborah Davy, JD, was very experienced and believed that we would win the case. Against my wishes, the lead insurance company changed my defense to a less experienced attorney who later settled the case against my wishes. (Please see the 2nd Amended Complaint, attached.) I admitted no guilt and only settled because I had exhausted my finances and was physically (post surgery) and emotionally exhausted.
19. Due to the insurance companies' illegal agreement to settle in the Burgus case I could no longer get what my hospitals felt was sufficient malpractice insurance and I was, therefore, forced to resign my appointments.
21. See number 17. above) Despite the extremely difficult cases that made up the significant majority of the cases I had treated for my whole career, until the Burgus case I had not had a malpractice suit filed against me in 25 years of medical practice. Without exception in all of the malpractice cases filed against me, either or both the plaintiff and/or the plaintiff's attorney had a relationship with the False Memory Syndrome Foundation. It is interesting to note, prior to that organization's coining the term False Memory Syndrome (probably for media recognition), no such term existed in the psychiatric literature.

Below is a list of the malpractice cases that have been filed against me. Those that were settled were settled against my wishes. Either the Illinois Supreme Court or an Illinois Appellate Court vacated the cases marked with the asterisks. This occurred after I filed suit against the insurance companies. They finally got a new attorney and decided to fight for me.

1. Burgus v. Braun, et al. - Filed in 1993 but combined with a previous case 91 L8493 - Burgus v. Rush-Presbyterian-St. Luke's Medical Center - Settled resulting in an action against my malpractice carriers.
2. Allison Roome v. Memorial City General Hospital - 93-11879 - Settled for nuisance value, very small amount.
3. Shanley v. Peterson, et al. - 95 CH 6589 - Settled for significantly less than the cost of litigation total for all parties.

4. Schwidersky v. Peterson, et al. - Settled while I was recovering from surgery for less than the cost of litigation.
5. Benoit v. Associated Mental Health Services, et al. - 95 L 16127 I was dropped from the case.
6. Higgins v. Rush-Presbyterian-St. Luke's Medical Center - 96 L 07630 - Settled by the hospital. My part was small.
7. Becker v. Rush North Shore Medical Center Settled I do not know what the final result was nor was I consulted.
8. Bloom v. Braun, et al. - 98 L 9935 - Dismissed with prejudice and affirmed by Illinois Supreme Court
9. Kreger v. Braun, et al. - 9C 8291 - Dismissed with prejudice and affirmed by Illinois Appellate Court
10. Gail v. Braun, et al. - 98 L 7555 - Motions to dismiss are pending.
11. Doe v. Robins, et al. - 98 L 4828 - Settled, I was released from the case.

Unfortunately this is all of the information that I have in my possession at this time. I just received it today. If more information is needed I will attempt to locate it. Also see-attached sheets provided my Mr. Kanofsky, my most recent and current malpractice attorney.

22. After I was forced to accept a temporary suspension of my medical license from Illinois, the DEA, as was logical and appropriate, requested that I surrender my DEA License. There have never been any complaints or problems in relationship to my prescribing controlled substances.



Illinois Department of Professional Regulation

Nikki M. Zoller
Director

Jim Edgar
Governor

MEMORANDUM

TO: PEGGY HORSTMAN, ADMINISTRATOR
MEDICAL PRACTICE ACT

FROM: ROBERT J. SCHAFER, M.D.
DEPUTY MEDICAL COORDINATOR

DATE: MARCH 3, 1998

RE: BENNETT G. BRAUN
MR# 98-005

This case is generated by a 10.6 million dollar total settlement by all defendants, 3 million dollars of which was by the respondent physician, Dr. Braun, for his care and treatment of an Iowa family in the City of Chicago.

The three disability reports, all from the same insurance carrier, "alleged that Dr. Braun's improper treatment led to emotional injuries and monetary damages" to the mother and two minor sons. Again, these totalled \$3,150,000.00. A fourth case should be considered with this (MR-070) since it involves the same claimants.

The respondent's reply, via his attorney, is strictly a denial of any wrong doing. He denied any improper treatment to the claimants, states he never entered into any settlement in the court case which "has been dismissed with no findings against Dr. Braun".

This is a huge payment for no wrong doing! I feel in order to properly assess the medical facts in this case, we should seek more information to ascertain possible violation of the Medical Practice Act since the four cases represent hospital treatment totaling 3 years. However, I would not request all medical records. I think it would be more prudent and economical to begin our investigation with a respondent interview or by procuring the court case documents.

The opinion of the Board is certainly welcome, especially Dr. Sarma.

RJS/db

Respond to:

☐ 350 West Washington
2nd Floor

<http://www.state.il.us/dpr>

☐ James
100 W.
Suite

AR12
PLAINTIFF'S
EXHIBIT

HOWARD T. BRINTON

ATTORNEY AT LAW

Suite 411
77 West Washington Street
Chicago, Illinois 60602
(312) 578-8303
Fax (312) 578-8310

February 22, 2002

Re: Dr. Bennett G. Braun

To whom it may concern:

I represent Dr. Braun as his attorney in all matters concerning an illegal settlement perpetrated by his insurers in 1997.

Prior to being harmed by the settlement, Dr. Braun was a world renowned expert in Dissociative Disorders and Posttraumatic Stress Disorder, who had a thriving private practice, hospital staff appointments with his own research unit, taught at one of the four teaching hospitals in Chicago and enjoyed an active professional life. All of that ended in October 1997.

In addition, Dr. Braun was an outspoken supporter of all persons who had suffered abuse sufficient to create psychiatric disorders.

To aid you in understanding this situation, I enclose a copy of the Second Amended Complaint presently pending in the Circuit Court of Cook County, Illinois; however, I will also briefly outline the facts of this tragedy.

From 1985 until he was unable to get sufficient malpractice insurance, Dr. Braun was issued insurance through the APA program and other insurers who offered as an incentive, a "Consent to Settle" clause in their member's policies. From 1986 to 1993, Dr. Braun was insured by a series of insurers which all issued policies with written consent from the doctor required before settlement. The last exhibit to the Complaint shows the APA advertised the "Right to Consent" clause because of suits by patients, some mentally ill, especially against people like Dr. Braun who treated severely ill persons, who often required hospitalization.

Dr. Braun was sued in 1993 by a former patient who has been hospitalized at Presbyterian St. Luke's for Dissociative Disorder. Her history included self-destructive acts as well as harmful acts against others, including her children. Her hospitalization was paid for by her insurance carrier, which recognized the disorder. The disorder is also recognized by the APA and the Federal Government.

Re: Dr. Bennett G. Braun

Page 2

After Ms. Burgus was released from the hospital, Dr. Braun helped her recover her children from the Department of Children and Family Services in Illinois. After treating her for two more years without fee, as she had declared bankruptcy, Dr. Braun found himself sued by Ms. Burgus. It is apparent from the facts that Ms. Burgus had been approached by the False Memory Syndrome Foundation (FMSF), a group organized in 1991 in Philadelphia Pennsylvania, by persons accused of having abused their child.

One of the tenets of the FMSF is that most repressed memories are planted in the patients' mind by the caregiver for various reasons. To this date, there is no recognized disorder called "False Memory Syndrome" (FMS). Nevertheless, lawyers associated with FMSF participated in the lawsuit against Dr. Braun and the bulk of the expert witnesses had connections with the Foundation.

The group has encouraged many lawsuits throughout the United States against prominent and outspoken psychologists and psychiatrists who treat patients having Dissociative Disorders.

Dr. Braun's original lawyer appointed by the insurance companies opined that Dr. Braun was not guilty of any negligence and the suit was defensible. She was very experienced in this type of case and had successfully defended many such cases at trial.

The insurance companies replaced his lawyer with inexperienced counsel who had never prepared or tried a case of this type. Dr. Braun made it clear to new counsel, as he had to the original lawyer, that he would not settle the case under any circumstances and demanded a trial.

Besides being innocent of any negligence, Dr. Braun realized that the APA was correct in its ads that a settlement could result in loss of staff privileges and state discipline. He also knew that the vast majority of these cases are won by defendant psychiatrists because of the background of plaintiffs and lack of proof of implanted memories. In the event of a not guilty, the verdict would not be reportable to the State Agency.

He was especially sure of a favorable outcome in his case as there was no sexual component involved or alleged..

As discovery progressed, Dr. Braun and his counsel requested that an investigation be performed into Burgus' background. This request was refused. It would have revealed the memories he was accused of implanting preceded Burgus' first contact with Dr. Braun.

In Illinois, an attorney must follow his client's wishes and, if he finds he cannot do so, he must withdraw in favor of another. In this case, Dr. Braun's attorney participated in the settlement process over Dr. Braun's repeated objection.

We do not know why the insurance companies began settlement decisions with the

Re: Dr. Bennett G. Braun

Page 3

plaintiff over Dr. Braun's objections and refusal to settle. However, initial discovery has shown us that maybe as much as 90% of the settlement money paid on behalf of Dr. Braun was reinsured. If that is true, then the insurance companies only paid out \$475,000 of a \$4.75 million settlement. At that time, the attorneys fees charged for defense exceeded \$500,000. The insurance companies settled for approximately 50% of available coverage to Dr. Braun. They may have used Dr. Braun's coverage to help Dr. Poznanski's settlement as she only had \$2 million available. Finally, they could have been misled or were just plain wrong.

Motivation aside, the fact is they paid for Dr. Braun's share of the settlement over his written objection. This was a clear violation of the "written consent" terms of all the policies.

To add insult to injury, the lead insurance representative then reported the settlement to the Department of Professional Responsibility of the State of Illinois, as required by law. When the report was reviewed by the Stage Agency, a member of that agency wrote this astounding memorandum attached as Exhibit A which contained this sentence, "This is a huge payment for no wrong doing!" The importance of this memo is that if there was a low settlement, a dismissal, or not guilty verdict by a jury, the doctor was not put into the system.

In rapid succession, after the illegal settlement, Dr. Braun:

1. Lost his ability to get sufficient malpractice insurance;
2. Lost his teaching position;
3. Lost his staff appointments;
4. Had to shut down his private practice;
5. Suffered intense emotional distress and humiliation.
6. Required back surgery.

The final nail in the coffin was a suspension for two (2) years by the Department and five (5) years probation thereafter.

The reason for his settlement with the State Agency, in which he made no admission of guilt, is clearly laid out in the agreement with the State. He was ill and had completely exhausted his funds.

It is a supreme irony that the events predicted in the advertisement sent out by the APA came true in Dr. Braun's case. He lost everything after the illegal settlement.

Dr. Braun is on probation at this time. He received his Illinois license back on October 7, 2001. Although, by his agreement with the State of Illinois, he cannot directly supervise others, he can treat patients with any appropriate modality and participate with others in their treatment as part of the team.

Re: Dr. Bennett G. Braun
Page 4

Being on probation should not mean an inability to find work in his chosen profession for such a distinguished psychiatrist as Dr. Braun.

Very Truly Yours,



Howard T. Brinton

Enclosures
Braun.e

LAW OFFICES

MERLO, KANOFSKY & BRINKMEIER, Ltd.288 South LaSalle Street
Suite 950

Chicago, Illinois 60604

Telephone (312) 553-5500

Facsimile (312) 553-1586

Martin A. Kanofsky
Direct No.: 312.683.7100Michael J. Merlo
Martin A. Kanofsky
Alexander Brinkmeier
Michael R. Gregg
Linda J. Schneider
Donald G. Marchewski
John D. DillonMichael J. Gilman
Ross D. Hallett
Mark H. Shanberg
Molly A. Herrington
Craig M. Sandberg
Donald E. Elder

February 26, 2002

Please refer to our file no.:
0116.11004Bennett Braun, M.D.
107 South Flaherty
Boulder, Montana 59632

Re: Gale v. Braun, et al.

Dear Dr. Braun:

Pursuant to your request, the following is a list of cases in which I have represented you:

Case Name	Court Number	Outcome
Shanley v. Bennett Braun, M.D. et al	95 CH 6589	settled
Benoit v Bennett Braun, M.D. et al	95 L 16127	settled
Higgins v. Bennett Braun, M.D.	96 L 07630	settled
Bloom v Bennett Braun, M.D.	98 L 9935	dismissed with prejudice and affirmed by the appellate court
Kreger v Bennett Braun, M.D.	98 L 8291	dismissed with prejudice and affirmed on appeal
Doe v Bennett Braun, M.D. et al	98 L 4828	settled
Gale v Bennett Braun, M.D.	98 L 7555	pending

Yours very truly,

MERLO, KANOFSKY & BRINKMEIER, Ltd.


Martin A. KanofskyMAK/rmo
Enclosures

Attending staff (admitting privileges)
Resigned.

- (2) Rush North Shore Medical Center, Skokie, IL
August 1989 to December 1998
Medical Director, Dissociative Disorders Program & Inpatient Unit
Attending staff (admitting privileges)
Resigned.
- (3) University of Illinois at Chicago
Clinical Associate, Dept. of Psychology
Adjunctive Associate Professor.
Privileges never denied, revoked, curtailed, limited or suspended.
- (4) Charter Barclay Hospital, Chicago
1978 - 1989
Attending staff.
Privileges never denied, revoked, curtailed, limited or suspended.
- (5) Marianjoy Rehabilitation Hospital, Wheaton
1978 - 1991
Psychiatric consultant.
Privileges never denied, revoked, curtailed, limited or suspended.
- (6) Rush Medical College
Assistant Professor

9. State whether any other claim for malpractice has ever been made against you, if so, please state with respect to each such lawsuit:

- a. the name and address of each claimant;
- b. the case number;
- c. the name of the county and court in which the complaining action was filed;
- d. the status of each such case;
- e. in each such case, please state if a settlement was reached prior to trial and the conditions regarding the settlement;
- f. the name and address of the attorney representing the plaintiff and the name and address of the attorney representing you;
- g. in the event any case was a wrongful death suit, please list name and address of the person bringing the action on behalf of the deceased and the attorney representing such party;
- h. list the name and address of any experts designated to possibly or probably testify on your behalf in each such case and if said expert provided a deposition;
- i. for each such case, please state if you provided a deposition.

ANSWER:

Alison Roome v. Memorial City General Hospital Corp., et al.

No. 93-11879 (District Court of Harris County, Texas)
Disposition: settlement (amount confidential)

Attorney for plaintiff: Bill Robins, III, Fisher, Gallagher & Lewis, 1000 Louisiana,
Suite 7000, Houston, Texas 77002

Counsel for Dr. Braun: Shessy Thomas Davis, Hudgins, Hudgins & Warrick
24 Greenway Plaza, Suite 1007, Houston, Texas 77046

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s) of any experts designated to possibly or probably testify on his behalf pursuant to the work product privilege. Dr. Braun was deposed.

Burgus v. Rush-Presbyterian-St. Luke's Medical Center, et al.

91 L 8493 (Circuit Court of Cook County, Illinois)

Objection to providing additional information about this lawsuit because Plaintiff's counsel in the present case represented the Burgus plaintiff and is in possession of the information requested.

Benoit v. Rush-Presbyterian-St. Luke's Medical Center, et al.

95 L 16127 (Circuit Court of Cook County, Illinois)

Disposition: Dr. Braun was dismissed from the case. A confidential settlement was entered into between the plaintiff and Associated Mental Health Services.

Plaintiff's counsel: Keith Schneider, 1633 N. North Park Avenue, Chicago, IL 60614

Counsel for Dr. Braun: Martin A. Kanofsky, Merlo, Kanofsky & Brinkmeier, Ltd.,
208 S. LaSalle Street, Suite 950, Chicago, Illinois 60604

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s) of any experts designated to possibly or probably testify on his behalf pursuant to the work product privilege. Dr. Braun was not deposed.

Higgins v. Rush-Presbyterian-St. Luke's Medical Center, et al.

96 L 07630 (Circuit Court of Cook County, Illinois)

Disposition: A confidential settlement was entered into between the plaintiff and Dr. Braun and Associated Mental Health Services.

Plaintiff's counsel: Keith Schneider, 1633 N. North Park Avenue, Chicago, Illinois 60614

Counsel for Dr. Braun: Martin A. Kanofsky, Merlo, Kanofsky & Brinkmeier, Ltd., 208 S. LaSalle Street, Suite 950, Chicago, Illinois 60604

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s) of any experts designated to possibly or probably testify on his behalf pursuant to the work product privilege. Dr. Braun was not deposed.

Shanley v. Braun, et al.

95 C 6589 (U.S. District Court for the Northern District of Illinois, Eastern Division)

H94 4162 (United States District Court Southern District of Texas, Houston Division)

Disposition: A confidential settlement was entered into between the plaintiff and Dr. Braun and Associated Mental Health Services.

Counsel for the plaintiff:

Zachary M. Bravos
600 W. Roosevelt Road
Wheaton, IL 60187

Searcy L. Simpson
2828 Woodside Street
Dallas, TX 75204-2524

Counsel for Dr. Braun: Martin A. Kanofsky, Merlo, Kanofsky & Brinkmeier, Ltd., 208 S. LaSalle Street, Suite 950, Chicago, Illinois 60604

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s) of any experts designated to possibly or probably testify on his behalf pursuant to the work product privilege. Dr. Braun gave a limited deposition in Texas.

Schwiderski v. Peterson, Ph.D., et al.

Harris County, District Court, Texas

Disposition: confidential settlement

Counsel for Dr. Braun: Shessy Thomas Davis, Hudgins, Hudgins & Warrick
24 Greenway Plaza, Suite 1007, Houston, Texas 77046

Bloom v. Braun, M.D., et al.

98 L 9935 (Circuit Court of Cook County, Illinois)

Disposition: Dr. Braun, Rush North Shore Medical Center and Associated Mental Health Services were dismissed with prejudice.

Plaintiff's counsel: Keith Schneider, 1633 N. North Park Avenue, Chicago, Illinois 60614

Counsel for Dr. Braun: Martin A. Kanofsky, Merlo, Kanofsky & Brinkmeier, Ltd.,
208 S. LaSalle Street, Suite 950, Chicago, Illinois 60604

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s)
of any experts designated to possibly or probably testify on his behalf pursuant to the work
product privilege. Dr. Braun was not deposed.

Kreger v. Rush-Presbyterian-St. Luke's Medical Center, et al.

98 L 8291 (Circuit Court of Cook County, Illinois)

Disposition: Dr. Braun was dismissed with prejudice.

Plaintiff's counsel: Keith Schneider, 1633 N. North Park Avenue, Chicago, Illinois
60614

Counsel for Dr. Braun: Martin A. Kanofsky, Merlo, Kanofsky & Brinkmeier, Ltd.,
208 S. LaSalle Street, Suite 950, Chicago, Illinois 60604

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s)
of any experts designated to possibly or probably testify on his behalf pursuant to the work
product privilege. Dr. Braun was not deposed.

Doe v. Robins, Ph.D., et al.

98 L 4828 (Circuit Court of Cook County, Illinois)

Disposition: confidential settlement

Plaintiff's counsel: Craig B. Hammond, 77 W. Washington Street, Suite 1805,
Chicago, Illinois 60602

Counsel for Dr. Braun: Martin A. Kanofsky, Merlo, Kanofsky & Brinkmeier, Ltd.,
208 S. LaSalle Street, Suite 950, Chicago, Illinois 60604

An expert was not disclosed on Dr. Braun's behalf; objection to providing the name(s)
of any experts designated to possibly or probably testify on his behalf pursuant to the work
product privilege. Dr. Braun was not deposed.

10. State whether you were covered either as a named insured, or as a person
entitled to coverage, under any policy or policies of medical liability insurance, including
every primary, excess, umbrella or other form of coverage, at the time of the incident
complained of in the plaintiff's Complaint at Law and if so, state the following:

- a. The name and address of each insurer;
- b. The maximum liability limits of each policy, for each person and each
occurrence;
- c. The policy number;
- d. The effective dates of each policy;

UNIVERSITY OF CHICAGO HOSPITALS AND HEALTH SYSTEM

**OFFICE OF LEGAL AFFAIRS
5841 SOUTH MARYLAND AVENUE, MC 1132
CHICAGO, ILLINOIS 60637-1470
773-702-1057 Phone
773-702-9310 Fax**

RECEIVED

JUL 22 2002

June 20, 2002

**Bennett Braun, M.D.
Department of Psychiatry
July 1, 1969 to January 1, 1971**

**THE UNIVERSITY OF CHICAGO AND THE UNIVERSITY OF
CHICAGO HOSPITALS PROFESSIONAL LIABILITY
INDEMNIFICATION PLAN**

(SUMMARY)

It is the policy of the University of Chicago and the University of Chicago Hospitals to defend and indemnify health care providers who are employees of the University of Chicago and the Hospitals, such as Attending Physicians, Fellows, Residents, Nurses, Therapists, Social Workers, Technicians and others with respect to claims of negligence or malpractice arising out of professional services rendered at the Hospitals within the scope of the practitioner's duties and responsibilities. With respect to professional services rendered at facilities other than the Hospitals, the University and the Hospital will indemnify if prior written approval of such activities has been obtained by the practitioner in accordance with procedures established by the Office of Medical Legal Affairs and the University of Chicago Health System. Coverage is concurrent with the practitioner's employment with either the Hospitals or the University. Limitations for indemnification for off site activities is \$1,000,000 per occurrence and \$3,000,000 in the aggregate. Indemnification is provided through the University of Chicago and the University of Chicago Hospitals' Professional Liability Indemnification Plan.

The University of Chicago and the University of Chicago Hospitals provide indemnification for claims of malpractice and professional negligence through a program of "self-insurance." The self-insurance program is administered through a trust. The program provides coverage for costs of defense, settlements or verdicts.

The self-insurance trust provides coverage in differing amounts each year. Beyond the level of self-insurance, the program has, for several years, purchased excess commercial insurance for malpractice claims. Coverage under the self-insured retention is extended for all claims made concerning incidents which occurred during employment regardless of when the claim is made. Coverage under the excess policy is extended on a claims made basis.

The complete terms of indemnification and the claims handling and administration process may be obtained from the Office of Medical Legal Affairs of the University of Chicago Hospitals, 5841 S. Maryland Avenue, MC1132, Chicago, Illinois 60637 - Telephone: 773-702-1057, Fax: 773-702-9310.



Illinois Department of Professional Regulation

Leonard A. Sherman
Director


George H. Ryan
Governor

CERTIFICATION

I, Jim Covert, do hereby certify that I am designated by the Director as keeper of the records and seal of the Department of Professional Regulation, a department of the State of Illinois. Such document(s) attached hereto are certified copies of the records maintained by this Department.

IN WITNESS WHEREOF, I have set my hand and Seal of the said Department of Professional Regulation at Springfield, Sangamon County, Illinois this 1st day of July 2002.




Jim Covert
Division Manager
Licensing and Testing

Respond to:

☐ 320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

www.dpr.state.il.us

☐ James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

FROM : HOWARD BRINTON

FAK NO. : 17734771849

May. 01 2002 12:43PM P12

National Practitioner Data Bank

Healthcare Integrity and Protection Data Bank

P.O. Box 10832

Chantilly, VA 20153-0832

www.npdb-hipdb.com

DCN: 5800000011957763

Process Date: 12/23/1998

Page: 2 of 2

For authorized use by:

SELF-QUERIER

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

HOWARD T. BRINTON

ATTORNEY AT LAW

Suite 411
77 West Washington Street
Chicago, Illinois 60602
(312) 578-4303
Fax (312) 876-8510

May 7, 2002

Rush North Shore Medical Center
9600 Gross Point Road
Skokie, IL 60076

Re: Dr. Bennett Braun
DCN: 5500000011957743

Ladies and Gentlemen:

I enclose a report sent to the National Practitioner Data Bank (NPDB) by your hospital regarding Bennett Braun, M.D.

We enclose our reply to the Adverse Report.

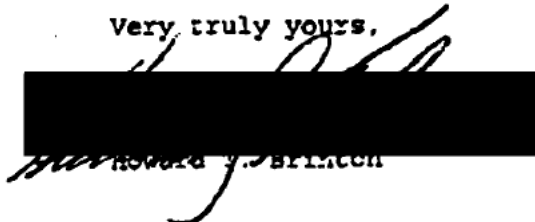
We ask you to correct the information submitted by your organization as it is incorrect.

Your hospital never had a hearing or a fact finding investigation in which Dr. Braun participated so it is impossible for you to come to any reportable conclusions.

Where you got the information that these actions involved other acts or omissions is totally incorrect and a libel upon Dr. Braun.

Please correct the records with the NPDB.

Very truly yours,


Howard T. Brinton

Enclosure
HCB20037 1st

National Practitioner Data Bank Healthcare Integrity and Protection Data Bank

PO Box 10832, Chantilly, Virginia 20153-0832 • www.npdb-hipdb.com

SUBJECT STATEMENT AND DISPUTE INITIATION

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Report Number: DCN: 5500000011957743

Name: Bennett G. Braun, M.D.

Address: P.O. Box 601

City, State, ZIP Code: Boulder, Montana 59632-0601

Signature (in ink): 
Bennett G. Braun, M.D.

Date: 5-6-02

SUBJECT STATEMENT: Type or print legibly in ink a statement concerning the report on the next page. The statement is limited to 2,000 characters, including punctuation and spaces. Your statement will not be edited by the NPDB-HIPDB. However, if it exceeds the character limit, it will be truncated. Your statement will be attached to the report and it will appear in all capital letters. The text will be arranged in block format. Therefore, paragraph breaks you include on your statement will not appear on the copy attached to your report. The Data Banks will not edit your statement for typographical errors.

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POOR COPY

DCN: 5500000011957743

The term, "conduct with a former patient", is so vague and ambiguous as to mean nothing. My letter of resignation was requested as I could no longer get sufficient Malpractice Insurance after the illegal settlement.

There was never any hearing or investigation in which I participated so there can be no findings upon which to base a report.



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Chantilly, VA 20153-0832

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DCN: 5500000015412398

Process Date: 11/23/1999

Page: 2 of 2

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END OF REPORT

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Report Number: DCN: 5500000015412398

Name: Bennett G. Braun, M.D.

Address: P.O. Box 601

City, State, ZIP Code: Boulder, Montana 59632-0601

Signature (in ink):

Date: Bennett G. Braun, M.D.

5-6-02

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DCN: 5500000015412398

The following was written by my attorney, Howard T. Brinton, Chicago, Illinois:

Dr. Bennett Braun would never have been reported to the NPDB for any activity if it were not for the breach of contract and negligence of his insurers. Before his brief suspension by the State of Illinois, Dr. Braun was a world-renown psychiatrist specializing in treating Dissociative Disorders at a teaching hospital in Chicago. Because of the severely ill patients he treated in his practice and because settlements are reported to various entities, Dr. Braun purchased and paid a greater premium for policies of professional insurance which would require his written consent to settle. With the filing of the Burgus suit, Dr. Braun, being advised that the suit was 100% defensible, instructed his attorneys to prepare the case for trial and not settle for any reason. The insurance companies, without his permission and over his written objection, settled the case anyway - creating a reportable event. Their motivation was financial as the vast bulk of the money paid was reinsured - they lost nothing or next to nothing. The settlement for \$4.75 million, paid over Dr. Braun's vehement objections, became a reportable event and cost him his private practice, hospital affiliations, acceptable malpractice coverage, his license, his health and destroyed his medical career. Because of his physical condition and total lack of funds, Dr. Braun entered into a consent agreement with the State of Illinois Department of Professional Regulation admitting no wrongdoing and stating he had no physical ability or funds to continue to fight the charges. This was a settlement and there has never been a finding of negligence, any boundary violation, sexual misconduct or financial misconduct filed against him. The only wrongdoing was that of the insurance companies placing their well-being over the interests of their insured. A suit is pending to Illinois brought by Dr. Braun against those companies to try to rectify the wrong.

/s/

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Healthcare Integrity and Protection Data Bank
P.O. Box 10832
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DCN: 5500000016857885
Process Date: 04/11/2000
Page: 2 of 3
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**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, the unedited statement appears in this section.

**E. REPORT
STATUS**

An "X" indicates that the information in this report has been:

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FROM : HOWARD BRINTON

FAX NO. : 17734771849

May. 09 2002 07:48PM P4

HOWARD T. BRINTON

ATTORNEY AT LAW

Suite 411
77 West Washington Street
Chicago, Illinois 60602
(312) 579-8303
Fax (312) 579-8010

May 6, 2002

Medical Director
American Psychiatric Association
1400 K Street NW
Washington, DC 20005

Re: Dr. Bennett Braun
DCN: 5500000016857885

Ladies and Gentlemen:

I enclose a report sent to the National Practitioner Data Bank (NPDB) by your Association regarding Bennett Braun, M.D.

We enclose our reply to the Adverse Report.

We ask you to correct the information submitted by your organization as it is incorrect.

The Burgus lawsuit and the Department of Professional Regulation matter were settled so there were no findings of fact and the only allegations were negligence.

Where you got the information that these actions involved other acts or omissions is totally incorrect and a libel upon Dr. Braun.

Please correct the records with the NPDB.

Very truly yours,



Howard T. Brinton

Enclosure
hcb20035.1.ec

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SUBJECT STATEMENT AND DISPUTE INITIATION

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Report Number: DCN: 5500000016857885

Name: Bennett G. Braun, M.D.

Address: P.O. Box 601

City, State, ZIP Code: Boulder, Montana 59632-0601

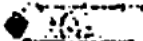
Signature (in ink):

Date: 5-6-02

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10/18/01

1 of 2

nh0117-04

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Report Number: DCN: 5500000016857885

Name: Bennett G. Braun, M.D.

Address: P.O. Box 601

City, State, ZIP Code: Boulder, Montana 59632-0601

Signature (in ink):

Date: 5-6-02

Bennett G. Braun, M.D.

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DCN: 5500000016857885

In the "information reported" section of the report (Section C) these terms are used, "Boundary violations, including inappropriate sexual behavior" and "serious breaches of patient's confidentiality to the media".

There were no allegations and no proof as to any boundary violations by this physician. Nowhere in pleadings, complaints, discovery or hearings was any inappropriate sexual behavior by me brought up or even alluded to by anyone in this matter.

Finally, no-where in this matter was any allegation made of breaches of patient's confidentiality to the media.

The above statements can be proved by reading the transcript of the hearing.

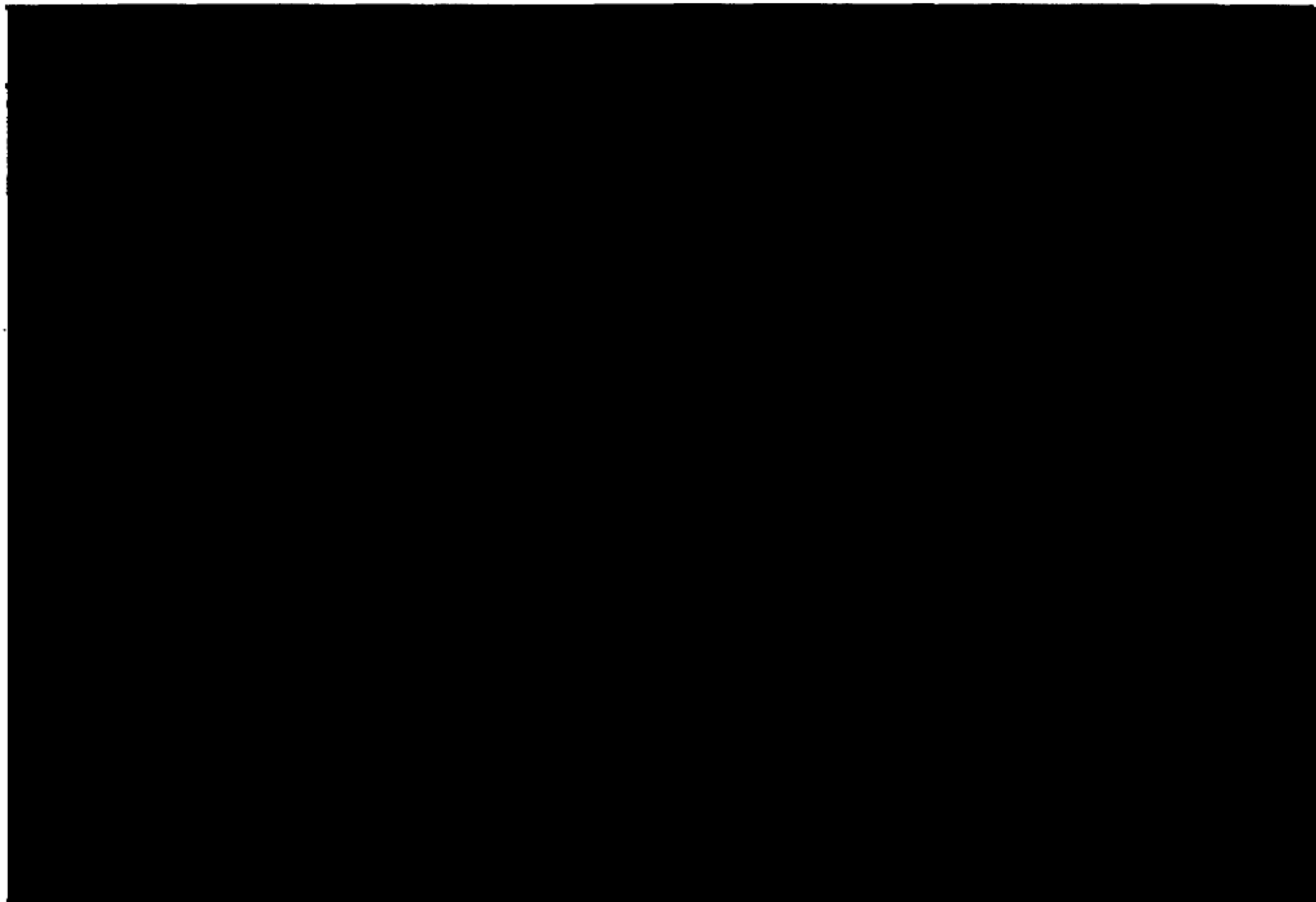
The following was written by my attorney, Howard T. Brinton, Chicago, Illinois:

Dr. Bennett Braun would never have been reported to the NPDB for any activity if it were not for the breach of contract and negligence of his insurers. Before his brief suspension by the State of Illinois, Dr. Braun was a world-renown psychiatrist specializing in treating Dissociative Disorders at a teaching hospital in Chicago. Because of the severely ill patients he treated in his practice and because settlements are reported to various entities, Dr. Braun purchased and paid a greater premium for policies of professional insurance which would require his written consent to settle. With the filing of the Burgus suit, Dr. Braun, being advised that the suit was 100% defensible, instructed his attorneys to prepare the case for trial and not settle for any reason. The insurance companies, without his permission and over his written objection, settled the case anyway - creating a reportable event. Their motivation was financial as the vast bulk of the money paid was reinsured - they lost nothing or next to nothing. The settlement for \$4.75 million, paid over Dr. Braun's vehement objections, became a reportable event and cost him his private practice, hospital affiliations, acceptable malpractice coverage, his license, his health and destroyed his medical career. Because of his physical condition and total lack of funds, Dr. Braun entered into a consent agreement with the State of Illinois Department of Professional Regulation admitting no wrongdoing and stating he had no physical ability or funds to continue to fight the charges. This was a settlement and there has never been a finding of negligence, any boundary violation, sexual misconduct or financial misconduct filed against him. The only wrongdoing was that of the insurance companies placing their well-being over the interests of their insured. A suit is pending to Illinois brought by Dr. Braun against those companies to try to rectify the wrong.

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Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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DCN: 5500000016931436
Process Date: 04/17/2000
Page: 2 of 3
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**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, the unedited statement appears in this section.

*I can find no record of this case #.
I will continue to search.*

—

FROM : HOWARD BRINTON

FAX NO. : 17734771849

May. 01 2002 12:41PM P10

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

www.npdb-hipdb.com

DCN: 5500000010132193

Process Date: 08/01/2000

Page: 2 of 3

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FROM : HOWARD BRINTON

FAX NO. : 17734771849

May. 09 2002 07:39PM P3

HOWARD T. BRINTON

ATTORNEY AT LAW

Suite 411
77 West Washington Street
Chicago, Illinois 60602
(312) 578-8303
Fax (312) 578-8310

May 6, 2002

Health Care Admin Sanctions Staff
HHS Office of Inspector General
7500 Security Boulevard
Baltimore, MD 21244

Re: Dr. Bennett Braun
DCN: 5500000018132193

Ladies and Gentlemen:

I enclose a report sent to the National Practitioner Data Bank (NPDB) by your Agency regarding Bennett Braun, M.D.

We enclose our reply to the Adverse Report.

We ask you to correct the information submitted by your organization as it is incorrect.

The Burgus lawsuit and the Department of Professional Regulation matter were settled so there were no findings of fact and the only allegations were negligence.

Where you got the information that these actions involved other acts or omissions is totally incorrect and a libel upon Dr. Braun.

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Very truly yours,



Enclosure
hcb20256.1ec

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Report Number: DCN: 5500000018132193

Name: Bennett G. Braun, M.D.

Address: P.O. Box 601

City, State, ZIP Code: Boulder, Montana 59600-0601

Signature (in ink): [Redacted Signature]

Date: Bennett G. Braun, M.D.

5-6-02

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POOR COPY

DCN: 5500000018132193

The information reported on Section C under Narrative Description of Act(s) or Omission(s) or other reasons for action taken contain the phrase "FINANCIAL INTEGRITY" as a reason for suspension.

Nowhere in any of the actions taken against me was there an allegation related to a lack of "financial integrity".

The following was written by my attorney, Howard T. Brinton, Chicago, Illinois:

Dr. Bennett Braun would never have been reported to the NPDB for any activity if it were not for the breach of contract and negligence of his insurers. Before his brief suspension by the State of Illinois, Dr. Braun was a world-renown psychiatrist specializing in treating Dissociative Disorders at a teaching hospital in Chicago. Because of the severely ill patients he treated in his practice and because settlements are reported to various entities, Dr. Braun purchased and paid a greater premium for policies of professional insurance which would require his written consent to settle. With the filing of the Burgus suit, Dr. Braun, being advised that the suit was 100% defensible, instructed his attorneys to prepare the case for trial and not settle for any reason. The insurance companies, without his permission and over his written objection, settled the case anyway - creating a reportable event. Their motivation was financial as the vast bulk of the money paid was reinsured - they lost nothing or next to nothing. The settlement for \$4.75 million, paid over Dr. Braun's vehement objections, became a reportable event and cost him his private practice, hospital affiliations, acceptable malpractice coverage, his license, his health and destroyed his medical career. Because of his physical condition and total lack of funds, Dr. Braun entered into a consent agreement with the State of Illinois Department of Professional Regulation admitting no wrongdoing and stating he had no physical ability or funds to continue to fight the charges. This was a settlement and there has never been a finding of negligence, any boundary violation, sexual misconduct or financial misconduct filed against him. The only wrongdoing was that of the insurance companies placing their well-being over the interests of their insured. A suit is pending to Illinois brought by Dr. Braun against those companies to try to rectify the wrong.

STATE OF ILLINOIS)
) ss:
COUNTY OF COOK)

The undersigned, being duly sworn on oath, states that on the date hereafter set out, I mailed copies of the foregoing NOTICE and COMPLAINT, by depositing them in the United States mailbox located at 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601, and by mailing them by certified mail at 100 West Randolph Street, Chicago, Illinois 60601, to all parties at the addresses listed above.


AFFIANT

Subscribed and sworn to before me this
28th day of July 1999


NOTARY PUBLIC



STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION)	
of the State of Illinois,)	
)	
v.)	No. 199810343-1
BENNETT G. BRAUN, M.D.)	
License No. 36-042542,)	
)	
Respondent)	

STIPULATION AND RECOMMENDATION FOR SETTLEMENT

The Department, by John M. Goldberg, its attorney, and Bennett G. Braun, M.D., Respondent, by his attorney, Harvey L. Harris, submit the following Stipulation and Recommendation for Settlement to the Medical Disciplinary Board for its approval and favorable recommendation to the Director.

STIPULATION OF FACTS

1. THAT on August 12, 1998, the Department filed a Complaint against Respondent, alleging various violations of the Medical Practice Act, including, but not limited to, gross negligence in the Respondent's treatment of patients diagnosed with Dissociative Identity Disorders, also known as Multiple Personality Disorder, while he was Director of Dissociative Disorders Program at Rush Presbyterian St. Luke's Hospital.
2. Respondent has been advised that he has the right to be represented by counsel and has retained Harvey L. Harris as his attorney. Respondent has fully discussed the allegations made in the Complaint with his counsel.

Respondent has been advised that he has a right to a formal evidentiary hearing and waives such right to a hearing if this Recommendation is approved.

3. Respondent admits that at all times pertinent to the Complaint, he was a licensed Physician and Surgeon practicing in the State of Illinois.
4. Respondent admits that the Department could produce evidence of the facts alleged in the Department's Complaint.
5. The Respondent has been licensed to practice medicine in the State of Illinois since 1969 and has no previous discipline. The Respondent could produce evidence refuting the Department's charges but due to the Respondent's current plans and circumstances, including physical and financial considerations, the Respondent is seeking to resolve these matters without protracted litigation.
6. Respondent is fully aware that this Recommendation must be approved by the Medical Disciplinary Board. By submission of this Recommendation for approval, Respondent expressly waives any objection based upon prejudice should the Medical Disciplinary Board refuse to accept this Recommendation.
7. For purposes of settlement only, Respondent acknowledges that a violation of the Medical Practice Act may be found by the Medical Disciplinary Board following review of the

Stipulation and the documents submitted herewith as Exhibits A and B.

8. The parties stipulate that these admissions are made for purposes of this Recommendation only. In the event that this Recommendation is not approved by the Medical Disciplinary Board, these admissions shall not be admissible in any proceeding. If not approved by the Medical Disciplinary Board the matter will be set for an evidentiary hearing as if this Recommendation had not been submitted. In addition, upon approval of this Recommendation, these admissions except to enforce this Agreement may not be utilized in any other proceeding, specifically including the pending action in the Circuit Court of Cook County Illinois titled Bennett G. Braun, M.D., Plaintiff v. Bollinger Ruberry and Garvey, et al. Case No. 99L06876.
9. Respondent has been advised that he has the right to file for a rehearing of the matter within 20 days of the Medical Disciplinary Board's action in this case. Respondent hereby waives such a right to a rehearing if this Recommendation is approved.
10. Respondent has been advised that he has a right to Administrative Review of the Order entered by the Director in this case. Respondent hereby waives such right to review if this Recommendation is approved.

RECOMMENDATION FOR SETTLEMENT

11. This Recommendation shall be considered to be an

integrated package such that approval of this Recommendation without change is necessary.

12. Upon notification that the Recommendation has been approved and that the Director has entered an Order adopting the Recommendation of the Medical Disciplinary Board, Respondent agrees:

- A. Respondent's license to practice medicine as a Physician and Surgeon shall be Suspended for two (2) years beginning on the date the Director enters an Order adopting this Recommendation.
- B. Respondent's license to practice medicine as a Physician and Surgeon shall be placed on Probation for a minimum period of five (5) years beginning at the end of the period of suspension with the following conditions of Probation:
 - 1. Respondent will not knowingly treat patients diagnosed with the illness known as Multiple Personality Disorder/Dissociative Identity Disorder;
 - 2. Respondent will provide quarterly reports to the Department's Probation Unit as to the nature and locations of his practice of medicine; and shall also provide quarterly reports of what he is treating patients for, (i.e. Respondent shall list the patient by number together with the illness the patient is being treated for. The name of the patient

shall remain confidential.)

3. Respondent shall not act as a supervisor of other psychiatrists or health professionals during the term of this probation.
 4. Respondent will provide a copy of this Stipulation and Recommendation and the Order adopting it to any employer and any hospital granting the Respondent privileges.
 5. Respondent will obtain twenty (20) additional hours of continuing medical education during each year of probation in diagnosis and treatment of psychiatric disorders. This shall be above and beyond such hours as are required for continuing education for physicians.
 6. Respondent shall pay a fine of \$5,000.00 payable during his period of probation.
- C. It is intended by the parties that this Stipulation and Recommendation resolves all allegations of all negligence (simple and gross) and all other allegations similar in time and nature to those in the pending Complaint (Exhibit A) pertaining to the treatment of Multiple Personality Disorder (also known as Dissociative Identity Disorder) and associated treatments and related diagnosis, specifically including those cases which are now pending before the Illinois Department of

Professional Regulation and/or in the Circuit Court of Cook County, Illinois, or in any other court as of the date of this Stipulation and Recommendation, and which may result in mandatory reporting, including but not limited to the following cases: Shanley v. Peterson, Braun, et al.; (2) Schwidersky v. Peterson, Braun, et al.; (3) Benoit v. Associated Mental Health Services, et al.; (4) Higgins v. Rush Presbyterian St. Luke's Medical Center, et al.; (5) Becker v. Rush North Shore Medical Center, et al.; (6) Bloom v. Braun, et al.; (7) Gale v. Braun, et al.; (7) Kreger v. Braun, et al.; (8) Doe v. Robins, et al.; (9) Department v. Braun (Complaining witness, Titus); whether such allegations are pending or are brought before the Department in the future resulting from Respondent's practice of medicine up to the time that this order becomes effective.

I have read this Stipulation and Recommendation for Settlement and have fully discussed it with my attorney. I agree to be bound by its terms.

10/4/99

DATE

[REDACTED] *AD*
Bennett G. Braun, M.D.
Respondent

10/4/99

DATE

[REDACTED]
Harvey L. Harris
Attorney for Respondent

10/5/99

DATE

[REDACTED]
John M. Goldberg
Attorney for the Department

The foregoing Stipulation and Recommendation for Settlement is approved by the Medical Disciplinary Board as its decision this 10th day of October, 1999. The Medical Disciplinary Board concludes that Respondent has violated the Medical Practice Act and hereby recommends that the Director approve the Recommendation set forth herein by issuing an appropriate Order.

10/6/99
DATE

[Redacted] MD
CHAIRMAN OF THE MEDICAL
DISCIPLINARY BOARD

DATE

[Redacted]
Member

DATE

[Redacted] M.D.
Member

DATE

[Redacted] [Signature]
Member

DATE

[Redacted]
Member

DATE

Member

Bennett G. Braun
Case No. 199810343-1
License No. 36-042542

/rue

BRAUN, BENNETT, M.D. - Dr. Bennett Braun entered the meeting. Dr. Alvarez recused himself from this agenda item. Dr. Williams introduced Dr. Braun, a psychiatrist, who has applied for a medical license and agreed to meet with the Board. Dr. Braun's license in Illinois was suspended for a two-year period.

Dr. Braun explained he specialized in treating Dissociative Disorders at a teaching hospital in Chicago. Dr. Braun paid a greater insurance premium, which would require his written consent to settle cases. The insurance company, without Dr. Braun's permission and over his written objection, settled a malpractice case for \$4.75 million. This became a reportable event and cost him his private practice, hospital affiliations, acceptable malpractice coverage, his license, his health and destroyed his medical career. He further explained he has changed his lifestyle and is now doing volunteer work with the Elkhorn Search and Rescue. He has interviewed for some physician positions in Montana.

It was clarified that Dr. Braun stopped practicing medicine in September 1999. Rule 24.156.603 (3) requires "An applicant who has not engaged in the active practice of medicine for the two or more years preceding his requirements for licensure, pass the special purpose examination (SPEX) given by the federation of state medical boards, or its successor."

MOTION #3 The Board moved to grant Dr. Braun a permanent unrestricted license upon condition of passing the SPEX exam and effective the date the Board office is notified of passing the SPEX exam. The motion was moved by Dr. McEvoy and seconded by Ms McRae. The motion carried unanimously.

Dr. Braun exited the meeting.

9-20-02



SPECIAL PURPOSE EXAMINATION (SPEX)

Federation of State Medical Boards of the U.S., Inc.

P.O. Box 619850, Dallas, TX 75261-9850

Telephone: (817) 868-4041

RECEIVED

JUL 14 2003

To: Sandra Holtet
Administrative Assistant
Montana Bd of Med'l Examiners
PO Box 200513
Helena, MT 59620-0513

Date: 07/03/2003

SPEX Candidates

Braun, Bennett G

ID Number

[REDACTED]

Date of SPEX

05/27/2003

Enclosed are copies of the examination results for the above-named candidates who recently took SPEX for your jurisdiction. These Medical Board File Copies are for your records only. In accordance with your arrangements with the Federation of State Medical Boards (FSMB), we have mailed score reports directly to your candidates.

Before using these scores, member boards should be reminded that the purpose of the SPEX program is to provide states with a cognitive examination to assist in their assessment of current clinical competence requisite for general undifferentiated medical practice by physicians who hold or have held a valid, unrestricted license in a United States or Canadian jurisdiction. This examination, then, is intended to be used as part of member boards' larger, overall program of assessment and should not be used as the sole determinant of a physician's qualification for licensure.

The scores for SPEX are reported in a scale on which a 75 is the minimum pass point recommended by the FSMB. Although many other examination programs use a two-digit score scale that is similar to SPEX (e.g., FLEX, USMLE Step 1, 2, and 3), the design and intended purpose of these other examinations are different and scores for these examinations should not be considered comparable. Any attempt to make such comparisons is inappropriate and potentially misleading.

Enclosure



SPECIAL PURPOSE EXAMINATION (SPEX)

Federation of State Medical Boards of the U.S., Inc.
P.O. Box 619850, Dallas, TX 75261-9850
Telephone: (817) 868-4041

MEDICAL BOARD FILE COPY - DUPLICATE

Braun, Bennett G, MD
PO Box 601
Boulder, MT 59632-0601

ID Number
Sponsoring State Board
Date of Examination

Montana Bd of Med'l Examiners
05/27/2003

SPEX Score

The Federation of State Medical Boards (FSMB) Special Purpose Examination is designed for reexamination of specific physicians for whom a licensing board determines the need for a demonstration of current medical knowledge. The purpose of SPEX is to provide a high-quality, objective and standardized cognitive examination as a tool in the assessment of current knowledge requisite for general, undifferentiated medical practice by physicians who hold or who have held a valid unrestricted license in a United States or Canadian jurisdiction.

This report provides information from your SPEX administration, including your final score. Passing requirements on this examination are established by the individual licensing boards, with recommendations from the FSMB. A score of 75 is the minimum score recommended for passing SPEX. Please contact your sponsoring state board to determine the passing requirement established in that jurisdiction. A report of your score has been provided to the state board. Refer to your SPEX Information Bulletin for addresses and telephone numbers of FSMB member boards.

SPEX Medical File Copy Printed 07/03/2003 for Licensing Authority Records only.

PLEASE MICROFICHE THIS PAGE

NOTE TO BOME-PULL ORIGINAL FILE TO SEE LEGAL DOCUMENTATION

INFORMATION PROVIDED FOR EXAMINEE USE ONLY

The Performance Profile below, which is intended solely for use by the examinee, provides general feedback on relative strengths and weaknesses across several of the content areas that are sampled by SPEX. This feedback is not designed to assist other score users in determining the adequacy of the examinee's knowledge in these areas. Although the numbers of items represented in these content areas are sufficient for purposes of self-assessment, they are not sufficient for high-stakes decisions about the breadth or depth of the examinee's knowledge of these topics.

SPEX PERFORMANCE PROFILE

	Lower Performance	Borderline Performance	Higher Performance
<i>Clinical Encounter Categories</i>			
Well-care/Preventive Medicine			
Acute, Circumscribed Problems			
Ill-defined Presentations or Problems			
Chronic or Progressive Illness			
Emergency Conditions, Critical Care			
Behavioral/Emotional Problems			
<i>Physician Tasks</i>			
Data Gathering			
Diagnostic Assessment			
Managing Therapy			
Applying Scientific Concepts			
<i>System Classifications</i>			
Cardiovascular/Hematologic			
Gastrointestinal			
Neurologic			
Psychologic/Interpersonal			
Reproductive			
Respiratory			
Musculoskeletal/Dermatologic			
Endocrine/Metabolic/Renal/Systemic			

The above Performance Profile is provided to aid in self-assessment. The shaded area defines a borderline level of performance for each content area; borderline performance is comparable to a HIGH FAIL/LOW PASS on the total test.

Performance bands indicate areas of relative strength and weakness. Some bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. The band width for a given content area is the same for all examinees who took the same form of SPEX. An asterisk indicates that your performance band extends beyond the displayed portion of the scale. Additional information concerning the topics covered in each content area can be found in the *SPEX Guidelines, Strategies and Sample Examination Items* book.

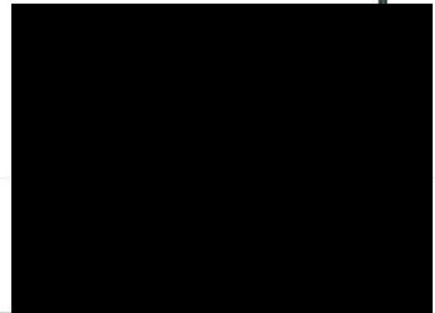


State of Montana
Business Standards Division
Board of Medical Examiners

This certificate verifies licensure as:
MEDICAL DOCTOR

License #: **MED-PHYS-LIC-10376**
Status: **Active**
Expiration Date: **03/31/2020**

BENNETT GEORGE BRAUN MD
114 ROCKY MTN LANE
BUTTE, MT 59701



Renew online at <https://ebiz.mt.gov/pol> by signing in with your username and password.

The renewal cycle for your board opens 60 days prior to the expiration date on your current license.

Renew your license prior to your expiration date to avoid being charged a late fee(s).

Remember to maintain your online account information with a password, security question and a valid email address. You can update your account information by accessing the 'Account Management' link when logged in.

Bowers, Brad

From: Bennett Braun [mbscuba59@yahoo.com]
Sent: Sunday, January 31, 2010 1:58 PM
To: DLI BSD Medical Examiners
Subject: address change

My Montana Medical License is 10376.

My old address is PO Box 601 ; Boulder, MT 59632
My new address is PO Box 3206; Butte, MT 59702

Thank you for making this change.

Bennett G. Braun, MD

RENEWAL APPLICATION

Board of Medical Examiners

301 South Park
PO Box 200513
Helena, MT 59620-0513

(406) 841-2364
(406) 841-2361

BENNETT GEORGE BRAUN MD
PO BOX 3206
BUTTE MT 59702

RECEIVED

Dept. of Labor & Industry
Business Standards Division

MAR 09 2012

Check / MO# 84102
Amount \$ 400 of \$

OFFICE USE ONLY

License No.: 10376
Renew Date: 03/31/2012
Status: Active
171807

10376

Active Fee \$400.00 ~~Inactive Fee \$200~~ ~~Retired Fee \$65.00~~

Your Montana Medical Doctor license will expire on March 31.

In order to renew your Medical Doctor license:

TO RENEW ONLINE GO TO: LicenseRenewal.mt.gov
OR

- 1) Complete the renewal application.
- 2) Answer all the disciplinary questions at the bottom of the form and on the back of the Renewal.
- 3) Submit a check or money order for the appropriate amount as indicated above. Make payable to the Board of Medical Examiners. Do not send cash. Canadian and Foreign Residents pay in U.S. funds only.
- 4) Renewal with a U.S. Postal Service postmark after March 31 will be assessed a penalty fee by state law of 100% of the original renewal fee for the license status indicated above. NO WAIVER OF PENALTY FEE!
- 5) Renewal application and fees must be returned to the Board office postmarked no later than March 31.
- 6) You may not practice or prescribe medications while on inactive or retired status.
- 7) If you wish to activate an inactive license, please contact the Board office.
- 8) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.
- 9) Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the board office completed and postmarked by March 31.

Work Phone Home Phone DEA No. 068374617

YOU MUST COMPLETE QUESTIONS ON REVERSE SIDE

A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE AFTER THE DEADLINE BY PAYING THE RENEWAL FEE AND THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE MARCH 31 DEADLINE, MAY HAVE A COMPLAINT FILE OPENED AND THE POSSIBILITY OF UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARD THROUGH THEIR DISCIPLINARY PROCESS. IN ORDER TO AVOID BEING REFERRED TO THE DISCIPLINARY PROCESS, LICENSEES WHO DO NOT WISH TO PRACTICE MAY REQUEST THAT THEIR LICENSE BE LISTED AS EXPIRED.

Yes ☐ No ☒ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: Bennett Braun, MD Date: 3-8-12

DO NOT SEND CASH

Do Report:

1. A criminal action arising out of your medical practice. Attach a copy of the "Indictment," "Information," or other initiating documents.
2. A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the "Judgement," "Verdict," "Order," or "Final Order."
3. A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the "Final Order" or other concluding document.
4. Medicaid/Medicare sanctions taken against you by the DPHHS. Attach a copy of the pertinent document(s).

Do Not Report:

1. A claim filed with your insurance carrier.
2. A claim or proceeding before the Medical-Legal Panel.

*** YOU MUST ANSWER ALL QUESTIONS BELOW BY CIRCLING EITHER YES OR NO ***

*** IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE EXPLAIN IN DETAIL ***

ON A SEPARATE PIECE OF PAPER

- Yes ☒ No - Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your medical practice?
- Yes ☒ No - Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistance Program)?
- Yes ☒ No - Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?
- Yes ☒ No - Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied any prescribing privileges?
- Yes ☒ No - Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?

Bennett Brown MD 3-8-12

Board of Medical Examiners
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

PHYSICIAN RENEWAL APPLICATION
[License Status: **ACTIVE**]
RECEIVED
Dept. of Labor & Industry

MAR 05 2018 License No 10376

Name Bennett Braun
Address 114 Rocky Mtn. Ln. Check # 8634 of \$ 500
City Butte State MT Zip Code 59701
E-mail: [REDACTED] Check if a New Address ☒
Work Phone [REDACTED] Home Phone Same DEA No. N/A

Renewal Fee: \$500 Please Note: A late fee of an additional \$500, for a total of \$1000, is due if the completed renewal application (including fee) has a U.S. Postal Service postmark after March 31 of your license's expiration year. NO WAIVER OF PENALTY FEE!

MPDR FEE STATEMENT: \$60 for two years

All Montana licensees who are authorized to prescribe or dispense controlled substances in Schedules II-V are required to pay a \$30 annual fee for establishing and maintaining the Montana Prescription Drug Registry (MPDR); see Montana Code Ann. Sec. 37-7-1511(1), effective July 1, 2015, as amended by the Montana Legislature. The MPDR Fee is collected as a separate fee at the time of initial license application or as a part of license renewal. The fee is \$60 for licensees who have a two year renewal. Payment is required whether or not the licensee is physically located in Montana or uses the MPDR online program. Licensees are not required to pay this fee if they are not authorized to prescribe or dispense controlled substances in Schedules II-V. If the fee does not apply to you, then check the attestation statement. ☒

I attest that the MPDR Fee does not apply to me: ☒

If you wish to change your license status to Inactive or Retired, you must contact the Board office first. Changing to Inactive or Retired can have a significant impact on your ability to return to Active practice.

Your Montana Physician license will expire on March 31. A licensee has 45 days to renew his/her license after the March 31 deadline by paying the renewal fee and the late fee. Anyone renewing 46 days or more after the March deadline may have a complaint file opened and the possibility of unlicensed practice may be addressed by the Board through their disciplinary process. In order to avoid being referred to the disciplinary process, licensees who do not wish to practice may request before the 45th day that their license be listed as expired.

In order to renew your Physician license:

- 1) Complete the renewal application, including answering all of the disciplinary questions below and on the reverse side of this Renewal Application. Be certain to sign where indicated.
- 2) Submit a check or money order for the appropriate amount as indicated above. Make payable to the Board of Medical Examiners. Do not send cash. Canadian and Foreign Residents pay in U.S. funds only.
- 3) Incomplete renewal applications will be returned and may be subject to a penalty fee if not received in the board office completed and postmarked by March 31.
- 4) If you wish to activate an inactive license, please contact the Board office at (406) 841-2360.
- 5) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.

Have any legal or disciplinary actions been instituted against you or any of your professional licenses since either your initial licensure in Montana or since you renewed your license, whichever occurred latest?

☐ Yes If so, please attach copies of the document that initiated each action and all final orders. Montana Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

☒ No
Your signature: Bennett B Braun, MD

Date: 3-2-18

More required questions on reverse side.

Do Report:

1. A criminal action arising out of your medical practice. Attach a copy of the "Indictment," "Information," or other initiating documents.
2. A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the "Judgment," "Verdict," "Order," or "Final Order."
3. A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the "Final Order" or other concluding document.
4. Medicaid/Medicare sanctions taken against you by the DPHHS. Attach a copy of the pertinent document(s).

Do Not Report:

1. A claim filed with your insurance carrier.
2. A claim or proceeding before the Medical-Legal Panel.

***** YOU MUST ANSWER ALL QUESTIONS BELOW BY CHECKING EITHER YES OR NO *****
IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE SUBMIT YOUR DETAILED
WRITTEN EXPLANATION TO THE BOARD OFFICE.

- ☐ Yes ☒ No Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your medical practice?
- ☐ Yes ☒ No Have you, during the last renewal period, engaged in habitual Intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistance Program)?
- ☐ Yes ☒ No Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?
- ☒ Yes ☐ No Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied any prescribing privileges? *see below*
- ☐ Yes ☒ No Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?

I voluntarily gave up my Narcotics license, No wrong doing was admitted. I am 77 years old & did not feel like fighting with the feds. I do not need a Narcotics license to do my type of practice.
3-2-18
Bennett's Braun 100

Send Result Report

MFP

TASKalfa 6501i

Firmware Version 2N7_2000.005.105 2016.06.27



03/02/2018 16:07
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Total Time: 0°00'52"

Page: 002

Complete

Document: doc01422420180302160533

Board of Medical Examiners
301 South Park
PO Box 200513
Helena MT 59620-0513
(406) 444-6880

PHYSICIAN RENEWAL APPLICATION [License Status: ACTIVE]

License No. _____

Name Bennitt Brauer

Address _____

City _____

State _____

Zip Code _____

E-mail: _____

Check if a New Address ☐

Work Phone _____

Home Phone _____

DEA No. _____

Renewal Fee: \$500 Please Note: A late fee of an additional \$500, for a total of \$1000, is due if the completed renewal application (including fee) has a U.S. Postal Service postmark after March 31 of your license's expiration year. NO WAIVER OF PENALTY FEE!

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I attest that the MPDR Fee does not apply to me! ☐

No.	Date and Time	Destination	Times	Type	Result	Resolution/ECM
001	03/02/18 16:06	814062992237-1132824	0°00'52"	FAX	OK	200x100 Normal/On