May 3, 2010

Dear Sir or Madam

Enclosed you will find a check or money order you mailed toPCS—Physician Certification Service, 2121 Natomas Crossing, Suite 200-389, Sacramento, CA 95834. The U. S. Postal Inspection Service is cooperating with the Colorado Department of Regulatory Agencies / Board of Medical Examiners and the Colorado Attorney General to alert you to this false billing regarding professional and licensing fees. This company's mailbox at this address has been closed and all mail arriving for delivery is being returned to sender.

Below you will find a copy of a warning posted on the Colorado Board of Medical Examiners web site at www.dora.state.co.us/medical.

**ALERT--medical license renewal scam**

Colorado physicians are receiving a notification from an entity representing themselves as "Colorado Physician Certification Services" with an address in Sacramento, California. **Please be advised that this notification is a scam.** This entity does not represent the Colorado Board of Medical Examiners, Colorado physician licenses are not currently being renewed and this notification should be disregarded. Please do not send any money to this entity!

The above warning on the web site includes a sample of the notification which is not included here. That sample is like the one you received. You are receiving this letter from this office of the U. S. Postal Inspection Service because the investigation of this multi-state false billing scheme is currently being coordinated from this office. Other professional licensees in Tennessee and Texas received similar notification letters.

Sincerely,

U. S. Postal Inspection Service

Enclosure
CREIGHTON UNIV.
Hs-maca
2500 California Plaza
Omaha, NE 68178

YOUR PROFESSIONAL CERTIFICATION RENEWAL IS CURRENTLY DUE AND REMITTANCE OF $412.00 IS NECESSARY FOR RENEWAL. TO AVOID YOUR CERTIFICATION BEING REVOKED, LATE FILING FEES, AND HAVING TO REAPPLY FOR CERTIFICATION, PLEASE PAY THIS AMOUNT DUE IMMEDIATELY. FAILURE TO PAY THE AMOUNT DUE BY THE DUE DATE WILL RESULT IN A $125.00 LATE FILING FEE IF YOU WISH TO CONTINUE YOUR CERTIFICATION. PLEASE MAKE YOUR CHECKS OR MONEY ORDERS PAYABLE TO PCS (PHYSICIAN CERTIFICATION SERVICE) AND USE THE ENCLOSED SELF-ADDRESSED ENVELOPE TO MAIL YOUR FORM AND CHECK OR MONEY ORDER TO:

PCS - PHYSICIAN CERTIFICATION SERVICE
2121 NOTOMAS CROSSING, 200-389
SACRAMENTO, CA 95834

ACCORDING TO THE STATE OF COLORADO MEDICAL PRACTICE ACT §(14) (a) IF IT APPEARS TO THE BOARD, BASED UPON CREDIBLE EVIDENCE AS PRESENTED IN A WRITTEN COMPLAINT BY ANY PERSON, THAT A LICENSEE IS ACTING IN A MANNER THAT IS AN IMMINENT THREAT TO THE HEALTH AND SAFETY OF THE PUBLIC OR A PERSON IS ACTING OR HAS ACTED WITHOUT THE REQUIRED LICENSE, THE BOARD MAY ISSUE AN ORDER TO CEASE AND DESIST SUCH ACTIVITY. THE ORDER SHALL SET FORTH THE STATUTES AND RULES ALLEGED TO HAVE BEEN VIOLATED, THE FACTS ALLEGED TO HAVE CONSTITUTE THE VIOLATION, AND THE REQUIREMENT THAT ALL UNLAWFUL ACTS OR UNLICENSED PRACTICES IMMEDIATELY CEASE. (b) WITHIN TEN DAYS AFTER SERVICE OF THE ORDER TO CEASE AND DESIST PURSUANT TO PARAGRAPH (a) (OF) THIS SUBSECTION (14), THE RESPONDENT MAY REQUEST A HEARING ON THE QUESTION OF WHETHER ACTS OR PRACTICES IN VIOLATION OF THIS PART 1 HAVE OCCURRED. SUCH HEARING SHALL BE CONDUCTED PURSUANT TO SECTIONS §244-4-104 AND §244-4-105, C.R.S. PHYSICIANS CERTIFICATION SERVICES IS NOT RECIPROCAL WITH THE STATE OF COLORADO BUT NECESSitates AND RELIES ON COLORADO LICENSING REQUIREMENTS AS A PRIMARY QUALIFICATION AND CRITERIA FOR CERTIFICATION. PCS IS AN INDUSTRY SELF-REGULATORY ORGANIZATION PROVIDING A MEDICAL PROFESSIONAL CREDENTIAL LICENSING AND CERTIFICATION CLEARINGHOUSE FOR PHYSICIANS AND OTHER MEDICAL PROFESSIONALS. IN ORDER TO MAINTAIN YOUR CERTIFICATION THE PLEASE PROMPTLY COMPLETE THIS FORM AND PAY ANY PAYMENTS DUE. ACCORDING TO §5:15 OF THE PHYSICIAN CERTIFICATION SERVICES BYLAWS, CERTIFICATION BY THE PCS NECESSitates ACTIVE STATE LICENSING AND INTERRUPTION OF ACTIVE STATE LICENSING CAN JEOPARDIZE YOUR PROFESSIONAL CERTIFICATION AND ABILITY TO PRACTICE MEDICINE OR PERFORM PROFESSIONAL SERVICES LEGALLY IN YOUR STATE.

PLEASE UPDATE ANY INFORMATION THAT HAS CHANGED OR IS OTHERWISE INCORRECT ON THE FORM BELOW. PLEASE SEND THE SIGNED AND CORRECTED FORM WITH YOUR PAYMENT.

1. FULL LEGAL NAME

CREIGHTON UNIV. HS-MACA 2500 CALIFORNIA PLAZA

OMAHA, NE 68178

2. CURRENT STREET ADDRESS

CREIGHTON UNIV. HS-MACA 2500 CALIFORNIA PLAZA

OMAHA, NE 68178

3. CURRENT CITY, STATE, AND ZIPCODE

OMAHA, NE 68178

4. EMAIL ADDRESS (OPTIONAL)

c@creighton.edu

5. □ PLEASE CHECK THIS BOX IF YOU MADE ANY CORRECTIONS TO BOXES 1 THROUGH 4.

I hereby make application to renew my certification to practice medicine. In so doing, I authorize all hospitals, institutions or organizations, and professional associations, and all government agencies (local, state, federal and foreign), which includes state medical licensing boards and the Federation of State Medical Boards, to access any information, files or records in connection with the processing of this renewal.

FOR OFFICE USE ONLY

A. PROCESSED BY (INITIALS)  B. PROCESSED ON  C. RETENTION NO.  D. REINSTATEMENT STATUS  E. APPROVAL ID NO

______ □/____/____ □ □ □