

The Federation of State Medical Boards

of the United States
INCORPORATED

2630 WEST FREEWAY, SUITE #138
FORT WORTH, TEXAS 76102-7199
(817) 335-1141

COPY

DALE G. BREADEN
ASSOCIATE EXECUTIVE VICE PRESIDENT

W. L. GALUSHA, M.D.
EXECUTIVE VICE PRESIDENT

December 07, 1988

David Hedrick
Executive Director
Maine State Board of Regist. in Medicine
State House Station 137
Augusta, ME
04333

Re: ROGER MARTIN MAMAY, MD
Date of Examination: /
State Board ID Number:
Federation ID Number (FIN): 011331004

To complete our records, we are attempting to obtain identifying information on the above referenced physician who took FLEX, is/was licensed or is applying for license in your state. Therefore, we request that you fill out the information below and return the form to our office. Thank you for your cooperation.

Date of Birth 5 / 21 / 42
Social Security Number 145- 32 -2539
Medical School University of Maryland School of Medicine, Baltimore, MD
Country of Med. School U.S.
Year Graduated 1972 Degree M.D. ECFMG Number N/A
Alternate Name No Record
Deceased ? No Record If deceased, date of death _____
Disciplined ? No If disciplined, date of last action _____
License Number (if applicable) 8971
Other information or comments Surrendered license voluntarily prior to hearing on complaint of criminal conviction. Effective date of surrender was 8/10/86.

Sincerely,

Teresa L. Hubbard
Specialist, Disciplinary Data Bank

/th

Box 00
W/D 133
Concord, MA 01742
August 10, 1986

Kenneth W. Lehman
Assistant Attorney General
State of Maine
Department of the Attorney General
State House Station 6
Augusta, Maine 04333

re: State of Maine Board of
Registration in Medicine v. Mamay

Dear Attorney Lehman:

I am in receipt of your letter of August 5, 1986 concerning the above matter.

I have not been kept informed as requested of Attorney DiFruscia concerning this matter and will inform you he does not represent me on any matters.

Presently I do stand convicted on charges in Massachusetts with both conviction and length of sentence on appeal.

It was my understanding some time in 1985 that Mr. DiFruscia had or was to have reached some agreement with Maine officials whereby I was stipulating that I was not going to seek any renewal of my Maine license until the matters for which I am incarcerated were cleared up. I gather this did not occur.

I am sorry your office had to become involved in expending effort. I have no intention of practicing nor seeking a renewal of my Maine license unless I am completely cleared of the matters for which I presently am incarcerated.

I will of course correspond directly with the Maine Board if you will kindly send me the address to which such a communication should be sent.

Again, I apologize for any unnecessary effort which your office or the Maine Board's office had to make. I truly believed this had been completely handled to the satisfaction of the Maine Board some time in 1985.

Very truly yours,

Roger Mamay
Roger Mamay

cc. file

**State of Maine
Board of Registration in Medicine
Re-registration Application**

Registration No.	Renewal Date	Fee
	July 1, 1986	\$100.00

To renew your license, return this form with the fee. Physicians 70 years or over on July 1, 1986, must complete and return the card but are not required to pay the fee.

If you do not wish to renew, check here: and return uncompleted forms to the Board.

ROGER M MAMAY MD
BOX 971

8971

WEST ACTON MA 01720
Corrections to Name _____
or Mailing Address: _____

For Office Use Only	No 2132
CME Verified _____	Date _____
Paid _____	Over 70 _____

Circle appropriate number or fill in information requested.

- | | | | | |
|--|--|--|--|--|
| 1. 1. Male 2. Female | 5. <u>AMERICAN</u> Board Certified 1. No 2. Yes
If yes, name: _____ | | | |
| 2. Date of Birth
<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"><tr><td style="width: 30px;"> </td><td style="width: 30px;"> </td><td style="width: 30px;"> </td></tr></table>
Mo. Day Yr. | | | | 6. Practicing Medicine:
(after July 1, 1986)
1. Full time
2. Part time
3. Retired
4. Not practicing
5. Other (specify) _____ |
| | | | | |
| 3. Social Security #
_____ | | | | |
| 4. Specialty:
1st _____
2nd _____
3rd _____ | | | | |

Please Complete Reverse Side And Sign Where Indicated.