

## LICENSES:

2006 – Medical License - Alaska # 5778 - Active

State of Alaska

Department of Commerce, Community, and Economic Development

Division of Occupational Licensing

P.O. Box 110806

Juneau, AK 99811-0806

(907) 465-2534

1994 - Medical License – Illinois # 036-087965- Inactive

State of Illinois

Department of Professional Regulations

320 W. Washington Avenue

Springfield, IL 62701

Phone (217) 785-0800

1992 - Medical License – Tennessee # 023924 – 2005 Active - Renewal No 689016

State of Tennessee

Board of Medical Examiners

287 Plus Park Blvd.

Nashville, TN 37217

Phone (615) 367-6231

---

1988 – Medical License – Virginia # 0101-042768 – Active

Commonwealth of VA.

Department of Health Professions

6606 W. Broad Street

Richmond, VA 23230

Phone (804) 828-9469

1983 – Medical License – Louisiana # 015289 – Active

LA. State Board of Medical Examiners

830 Union Street, Suite 100

New Orleans, LA 70112

Phone (504) 524-6763

2008 – Medical License – Missouri # 2008025535-Active

Division of Professional Registration

P.O. Box 4

Jefferson City, MO 65102

Phone (573) 751-0098

2009 – Medical License – Utah #7222868-1205 – Active

Division of Occupational And Professional Licensing

160 East 300 South

P.O. Box 146741

Salt lake City, Utah 84114-6741

No. 5778

Effective: 12/05/2008

Expires: 12/31/2010

# STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

## STATE MEDICAL BOARD

Certifies that

# PETER MICHAEL KLARA

IS A LICENSED

## PHYSICIAN

Commissioner: Emil Notti

### Wallet Card

No. 5778

State Of Alaska

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**PETER MICHAEL KLARA**

IS A LICENSED  
PHYSICIAN

Effective	Expiration	Date of Birth
12/05/2008	12/31/2010	06/12/1948

Signature \_\_\_\_\_

IT IS YOUR RESPONSIBILITY TO BE AWARE OF CONTINUING EDUCATION REQUIREMENTS FOR RENEWAL.

WALL CERTIFICATES SUITABLE FOR FRAMING ARE AVAILABLE FOR A FEE OF \$20.

THE FEE FOR VERIFICATIONS OF LICENSURE OR LETTERS OF GOOD STANDING IS \$20.

PER 12 AAC 02.900 YOU MUST NOTIFY US IN WRITING IF YOU CHANGE YOUR MAILING ADDRESS. YOU MAY FAX YOUR ADDRESS CHANGE TO (907) 465-2974.

Division Website: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ)

MED

PETER MICHAEL KLARA  
122 Princeton Lane  
TULLAHOMA TN 37388



EXPIRATION DATE 06/30/2010 LICENSE NO. MD0000023924 RENEWAL NO. 722907

THIS IS TO CERTIFY THAT:  
PETER M KLARA MD  
IS A DULY LICENSED  
MEDICAL DOCTOR  
IN THE STATE OF TENNESSEE AS REQUIRED BY THE  
TENNESSEE CODE ANNOTATED.

*Craig A. Ah*  
ASSISTANT COMMISSIONER  
BUREAU OF HEALTH LICENSURE & REGULATION  
SIGNATURE

PETER M KLARA MD  
122 PRINCETON LANE  
TULLAHOMA TN 37388-4691  
|||||

Renewal No.  
722907

State of Tennessee  
Division Of Health Related Boards

License No. 3918563  
MD0000023924

*This Certifies that*

**PETER M KLARA, MD**  
*whose credentials have been approved by the:*

**BOARD OF MEDICAL EXAMINERS**  
*has fulfilled all requirements for renewal and registration as  
required by the Tennessee Code Annotated and is a duly  
authorized: MEDICAL DOCTOR  
in the State of Tennessee through*

**JUNE 30, 2010**



*Craig A. Ah*  
ASSISTANT COMMISSIONER  
BUREAU OF HEALTH LICENSURE & REGULATION

**Current Active - Medicine & Surgery**

Number: **0101042768**

Issued: **08/01/1988**

Expires: **06/30/2010**

Peter M. Klara, MD  
122 Princeton Lane  
Tullahoma TN 37388

Written Notification of Change of  
Address Required Within 30 Days of  
Change

\*Name Change Request Must be  
Accompanied by a Photocopy of  
Marriage License or Court Order

MAR 21 2008

For Name\*/Address Changes, Mail to:

Department of Health Professions  
c/o Board of Medicine  
9960 Mayland Drive, Suite 300  
Richmond, VA 23233-1463

FOLD, CREASE AND TEAR ALONG PERFORATION

My New Name\* is:

My New Address is:

City, State

Zip Code

Signature (0101042768)

**COMMONWEALTH OF VIRGINIA**

DEPARTMENT OF HEALTH PROFESSIONS

*Sandra Whitley Ryals, Director*

William L. Harp, M.D.  
Executive Director  
(804) 367-4600

**BOARD OF MEDICINE**

9960 Mayland Drive, Suite 300  
Richmond, VA 23233-1463  
[www.dhp.virginia.gov/medicine](http://www.dhp.virginia.gov/medicine)

**License to Practice  
Medicine & Surgery**

**Peter M. Klara, MD**

**Issued  
08/01/1988**

**Expires  
06/30/2010**

**Number  
0101042768**

**To Provide Information or File a  
Complaint About a Licensee, Call: 1-800-533-1560**

---

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS  
RENEWAL CARD**

SIGN CARD IN SPACE PROVIDED. LICENSEES SHOULD KEEP THIS CARD WITH THEM.

**LOUISIANA STATE BOARD OF MEDICAL EXAMINERS**  
P.O. Box 30250, New Orleans, LA 70190-0250

Discipline: **Physician**

\*Credentialing Entity: For verifications go to: [www.lsbme.la.gov](http://www.lsbme.la.gov)

Expiration Date: **06/30/2010**

License #: **MD.015289**

**PETER MICHAEL KLARA , MD  
122 PRINCETON LN  
TULLAHOMA, TN 37388**

For information,  
forms and  
verifications visit  
the LSBME  
website at  
[www.lsbme.la.gov](http://www.lsbme.la.gov)

*Notify the LSBME of  
Address Changes!*

---

SIGNATURE OF LICENSEE  
CARD MUST BE SIGNED TO BE VALID

*State of Missouri*

*Division of Professional Registration*  
**Physician and Surgeon**

**VALID THROUGH JANUARY 31, 2010**  
**ORIGINAL CERTIFICATE/LICENSE NO. 2008025535**  
**PETER M KLARA, MD**  
**114 FAIRWAYS BLVD N**  
**TULLAHOMA TN 37388**  
**US**

**PETER M KLARA, MD**  
**114 FAIRWAYS BLVD N**  
**TULLAHOMA TN 37388**  
**US**

*State of Missouri*

**Department of Insurance, Financial Institutions and Professional Registration**  
**Division of Professional Registration**  
**Missouri State Board of Registration for the Healing Arts**  
**Physician and Surgeon**

**VALID THROUGH JANUARY 31, 2010**  
**ORIGINAL CERTIFICATE/LICENSE NO. 2008025535**

**PETER M KLARA, MD**  
**114 FAIRWAYS BLVD N**  
**TULLAHOMA TN 37388**  
**US**

*Tina M. Steinman*

**EXECUTIVE DIRECTOR**

*David J. Broeker*

**DIVISION DIRECTOR**

