150300 3 53

IMPORTANT NOTICE	RETURN APPLICATION TO:	FOR OFFICIAL USE ONLY
Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.	STATE OF ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION Attention: Medical Section 320 West Washington Street, 3rd Floor Springfield, Illinois 62	County Code Graduation Date License No. 65911 Certificate Issued 10-28-82 Certificate Mailed 3-8-83

RECEIVED
CASH SECTION
DEPARTMENT OF REGISTRATION AND EDUCATION

APPLICATION FOR LICENSURE UNDER THE MEDICAL PRACTICE ACT

IN THE BLOCK BELOW, CHECK TYPE OF LICENSURE FOR WHICH YOU ARE APPLYING AND THEN THE BASIS UNDER WHICH YOU ARE APPLYING.

Type of Licensure:	[ ] Physician-Surgeon	[✓] Osteopath	[ ] Doctor of Chiropractic
Basis of Licensure:	[ ] Flex Endorsement [ ] Flex Examination [✓] Reciprocity	[✓] National Board Endorsement [ ] LMCC Endorsement	[ ] Examination [ ] National Board Diplomate [ ] Reciprocity

All candidates for licensure must complete the following. False or misleading information may be cause for disciplinary action on the grounds of a lack of good moral character.

1. PRINT NAME AS IT SHOULD APPEAR ON CERTIFICATE (Limited to 20 characters first name, middle initial and 20 characters last name)	2. SOCIAL SECURITY NUMBER
ROBERT J. PEARL	[redacted] *Designation of number is not mandatory - used only to ensure identification, accessibility, and accuracy of the application.*

3. HOME STREET ADDRESS	4. CITY	5. COUNTY	6. STATE	7. ZIP CODE
[redacted]				

8. INTENDED STREET ADDRESS	9. CITY	10. COUNTY	11. STATE	12. ZIP CODE
SAME				

13. TELEPHONE NO. (Area Code)	14. PLACE OF BIRTH	15. DATE OF BIRTH (Month/Day/Year)	16. AGE
[redacted]			

EDUCATION – Official transcripts must be submitted with this application.

17. COLLEGE EDUCATION *(Do not include medical schooling.)*

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE	CREDIT HOURS
University of Kansas	Lawrence KS	From 8-72 To 6-76	[✓] 146 Semester [ ] Quarter
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE	DATE OF GRADUATION
St. Louis University	St. Louis, MO	From 8-72 To 8-77	8-77

18. MEDICAL COLLEGE OR UNIVERSITY – *Exact copy of diploma of said institution must be attached.*

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE
Kirksville College of Osteopathic Medicine	Kirksville, MO	From 8-77 To 6-81
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE
		From To
TYPE OF DEGREE GRANTED	NAME OF INSTITUTION GRANTING DEGREE	DATE DEGREE WAS GRANTED
D. O.	SAME	6-1-81

19. SPECIALTY/RESIDENCY TRAINING – *For applicants desiring licensure as a physician-surgeon.*

NAME OF INSTITUTION	LOCATION (City and State)	TYPE OF PROGRAM	DATES OF ATTENDANCE
Normandy Osteopathic Hospital	St. Louis, MO	OB/GYN	From 7-1-82 To 6-30-86

JUL 1 82

20 PERSONAL HISTORY — *If any of the following questions are answered "YES" a detailed explanation must be furnished on a separate sheet and attached.*	YES	NO
A Do you hold a license in any of the other healing arts?		✓
B Have you ever been denied a certificate, or the privilege of taking an examination, before any State Medical Board? *If yes, the State Medical Board must submit a certified statement of the charge and its disposition.*		✓
C Are you now, or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit forming drugs?		✓
D *If the answer is yes to either of the following, attach a statement from the treating psychiatrist and a copy of his board certification or, if he is not board certified, his curriculum vitae.*		
1 Have you ever been a patient (voluntarily or otherwise) in any institution for the treatment of mental or emotional illness, drug addiction, or inebriety?		✓
2 Have you ever been treated, but not hospitalized, for mental or emotional illness, drug addiction, or inebriety?		✓
E Have you ever been convicted of any criminal offense(s) in Illinois or in another state or in federal court (other than minor traffic violations)?		✓
F Have you ever been denied hospital staff privileges? *If yes, please attach an explanation from the hospital administrator.*		✓
G Do you have any physical impairment or disability that could interfere with your ability to practice your profession?		✓
H Have you ever applied for a certificate of registration as a physician-surgeon or chiropractor?		✓
I Have you ever written a licensure examination to practice medicine and surgery or chiropractic in Illinois or any other state? *If yes, complete the following:*	✓	

List state(s) in which you took examination	Type of Examination Taken	Date of Examination
Tennessee	State Board Written	2-80

J Have you ever been licensed as a physician-surgeon or chiropractor in Illinois or in another state? *If yes, complete the following and attach a certification of original licensure, with state seal affixed.*	✓	

List state(s) in which you have ever been licensed	License Number	Dates of Licensure From	Dates of Licensure To	Is license current?	Has license ever been revoked or otherwise disciplined?
Tennessee	20000505	6-1-80	7-1-82	[✓] YES [ ] NO	[ ] YES [✓] NO
Illinois	28574	9-28-81	7-1-82	[✓] YES [ ] NO	[ ] YES [✓] NO
				[ ] YES [ ] NO	[ ] YES [ ] NO

STATE OF Missouri)
COUNTY OF St. Charles)

I hereby certify that I personally completed this application and that the answers appearing hereon are true and correct to the best of my knowledge and belief.

[redacted]

Signature (In full-Use no initials)

Subscribed and sworn before me this 16th day of June, 1982. NOTARY SEAL

Phyllis Racer
Signature of Notary Public

PHYLLIS K. RACER
NOTARY PUBLIC — STATE OF MISSOURI
COUNTY OF ST. CHARLES
MY COMMISSION EXPIRES MAY 4, 1984

PEARL, Robert Jay [redacted]

Name — Student No.

[redacted] 1972

Date of Birth — Year of Graduation from H.S.

Parkway Central Chesterfield, Missouri

Name of High School — Town — State

Dept.	No.	Title	Hours	G.
FALL 1972		16 [redacted]		
CHEM	21	FOUNDATIONS CHEM I		
ENGL	1	COMPOSITION & LITR		
MATH	21	CALCULUS I		
POLS	1	INTROD AM POLITICS		
000.0	016.0	016.0 030.0 1.88		
SPRING 1973		16 [redacted]		
CHEM	22	FNDATNS CHEMSTY II		
ENGL	2	COMPOSITION & LITR		
HIST	8	HIS US SNC CIV WAR		
MATH	11	PROBLTY & MATRICES		
000.0	030.0	030.0 073.0 2.43		
FALL 1973		26 [redacted]		
BIOL	1	GENERAL BIOLOGY		
CHEM	162	ORGANIC CHEMISTY I		
CHEM	162L	ORGAN CHEM I LBRTY		
ENGL	3	COMPS&LITR-FANTASY		
PHIL	12	INTRODUCT TO LOGIC		
W C	1	W C PROG DISCUSS I		
000.0	047.0	047.0 123.0 2.62		
SPRING 1974		26 [redacted]		
BIOL	108	BIOL ORGANSMS, LEC		
BIOL	109	BIOL ORGANISMS, LB		
BIOL	424	UNDERGRADUATE RSCH		
C S	200	INTROD TO COMPUTNG		
MHSL	136	INTRO MUSIC HISTRY		
PHSX	111	INTRODUC PHYSICS I		
SOC	104	ELEMT OF SOCIOLOGY		
		HONOR ROLL		
000.0	067.0	067.0 191.0 2.85		
SPRING 1975		3A [redacted]		
BIOL	404	INTROD TO GENETICS		
BIOL	412	POPULATION BIOLOGY		
BIOL	416	CELL STRUCTUR&FUNC		
BIOL	424	UNDERGRADUATE RSCH		
HIST	639	HIST OF MODRN BIOL		
PHSX	114	COLLEGE PHYSICS I		
W C	105	WC READ-DISCUSS II		
W C	120	COMPR EXAM 03MAY75		
000.0	086.0	088.0 239.0 2.78		

University of Missouri-St. Louis, St. Lo

FALL 1974 [redacted]

MATH	Surv. Calculus
SOC	Sociology of Family
SPAN	Elem. Spanish I

+12

continued on page 2

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974: This information is released to you with the understanding that it will not be released to a third party without the student's written consent.

Office of the Registrar

THE UNIVERSITY OF KANSAS

Lawrence, Kansas

PERMANENT RECORD

Office of the Registrar

THE UNIVERSITY OF KANSAS

Lawrence, Kansas

PERMANENT RECORD

Page 2

Dept.	No.	Title	Semester Hours	G.
THE UNIVERSITY OF KANSAS				
FALL 1975		3A [redacted]	[redacted]	
BIOL	418	LAB IN-BIOCOMPTAIN		
BIOL	420	SEM-AQUARI ECOLOGY		
BIOL	590	PRIN OF EMBRYOLOGY		
BIOL	688	MOLECLR BIOL CANCR		
BIOL	688	CIS-ENROLLED 12/12		
PHIL	370	MEDICAL ETHICS		
012.0	096.0	098.0 265.0 2.76		
SPRING 1976		4A [redacted]		
BIOL	424	UNDERGRADUATE RSCH		
BIOL	440	INSECT BIOLOGY		
BIOL	444	URBAN BOTANY		
BIOL	600	INTRO BIOCHEM.LECT		
BIOL	701	TPC-COMP APPL BIOL		
HPER	108	BAS SKL INST TENNS		
		HONOR ROLL		
012.0	112.5	114.5 331.0 2.94		

Degrees Awarded	Major	Date
Bachelor of Science in Biology		May 24, 1976

JUN 22 1982

OFFICIAL ONLY IF EMBOSSED

[redacted]

KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE

KIRKSVILLE, MISSOURI

Transcript of Record

Name PEARL, ROBERT JAY

Date of Birth [redacted]

Home Address [redacted]

Matriculated 8-29-77 Graduated 6-1-81 Degree D.O.

Pre-Professional Credit from Washington University, University of Missouri, University of Kansas - B.S., Saint Louis University - M.S.

Subject	Hrs.	Gr.
FIRST YEAR		
8-29-77 to 11-22-77		
Biochemistry		
Osteo. Theory & Method		
Gross Anatomy		
Histology-Embrylogy		
11-28-77 to 3-3-78		
Biochemistry		
Osteo. Theory & Methods		
Gross Anatomy		
Histology-Embryology		
Neuro-Anatomy		
3-14-78 to 6-2-78		
Microbiology/Immunolog		
Physiology (including Neurophysiology)		
Osteo. Theory & Method		
College & Professional Orientation		

Subject	Hrs.	Gr.
SECOND YEAR		
8-28-78 to 11-21-78		
Pathology		
Osteo. Theory & Methods		
Microbiology-Immunology		
Physical Diagnosis		
Pharmacology		
College & Professional Orientation		
11-27-78 to 3-09-79		
Osteo. Theory & Methods		
Pathology		
Pharmacology		
Laboratory Medicine		
Neurology		
College & Professional Orientation		
3-12-79 to 6-15-79		
Orthopedic Surgery		
Rehabilitation		
Cardiovascular Diseases		
Hematology		
Respiratory Diseases		
Intro. to Surgery		
College & Professional Orientation		
Podiatry		
Surgery Lab		
Emergency Medicine		
Human Sexuality		
Clinical Training (Geriatrics)		

Subject	Hrs.	Gr.
THIRD YEAR		
8-27-79 to 11-16-79		
Ophthalmology		
Otorhinolaryngology		
Pediatrics		
Psychiatry (Inc Child Psychiatry)		
Radiology (Inc Nuclear Medicine)		
Public Health & Preventive Medicine		
Renal Diseases		
Osteo Theory & Methods		
College & Professional Orientation		
Dermatology		
11-26-79 to 2-29-80		
Endocrinology		
Proctology		
G.I.-Surgery		
Clinical Immunology		
Rheumatic Diseases		
Obstetrics-Gynecology		
Med. Jurisprudence		
Urology		
Anesthesiology		
Rehabilitation Lab		
Osteo. Theory & Methods (Cranial Elective)		
**10 hrs Cranial includ in the required OTM Cou		

Subject	Hrs.	Gr.
FOURTH YEAR		
3-9-80 to 6-1-81		
Clinical Training (General Hospitals)		
Clinical Training (General Practice)		
Electives		

Signature [redacted]

Date 6-18-82

Not Valid As Official Transcript Without Seal.

OFFICIAL TRANSCRIPT

SAINT LOUIS UNIVERSITY
OFFICE OF THE REGISTRAR
SAINT LOUIS, MISSOURI

RECORD OF: PEARL, ROBERT JAY NUMBER: [redacted]

HOME ADDRESS: [redacted]

DATE OF BIRTH: [redacted]

MATRICULATED IN: GRADUATE SCHOOL DATE OF ADMISSION: AUGUST, 1976

GRADUATED FROM:

DEGREES FROM OTHER INSTITUTIONS:

DEGREE	INSTITUTION	DATE
B.S.	Kansas University, Lawrence, Kansas	1976

Pursuant to Federal Law 93-380, this personal information is transferred only on the condition that you will not permit any other party to have access to such information without the written consent of the student. Saint Louis University

This official transcript must bear the signature and seal of the Registrar. Honorable dismissal is granted unless otherwise noted.

DEPT.	COURSE NO.	DESCRIPTIVE TITLE	GRADE	HOURS	POINTS/INSTRUCTOR

STUDENT NAME: PEARL ROBERT JAY STUDENT NO.: [redacted] SEMESTER: 1ST SEM 1976-77

DEPT.	COURSE NO.	DESCRIPTIVE TITLE	GRADE	HOURS	POINTS/INSTRUCTOR
BL	502	COMPRTV VERTBRT REPRDCT	[redacted]		
BL	591	DEPARTMENTAL SEMINAR			
BL	504	PRBLMS EXPRMTL EMBRYLGY			
BL	498	COMPARATIVE MORPHOLOGY			
		WASHINGTON UNIVERSITY - St.			
		SS 1976			
BL		Vertebrate Physiology			
		WASHINGTON UNIVERSITY - St. Louis, Mo.			
		June 1977			
BL		Indep Work - Medical Botany			

DEPT.	COURSE NO.	DESCRIPTIVE TITLE	GRADE	HOURS	POINTS/INSTRUCTOR

JUN 18 2

STUDENT NAME: PEARL ROBERT J STUDENT NUMBER: [redacted] SCHOOL: 200 GRAD-A SEMESTER/YEAR: SPRING76-77

DEPARTMENT	COURSE NO.	DESCRIPTIVE TITLE	GRADE	CREDIT	POINTS	INSTRUCTOR
BL 120	424	IMMUNOLOGY	[redacted]			
BL 120	438	NEUROBIOLOGY				
BL 120	591	DEPARTMENTAL SEMINAR				
BL 120	597	RESEARCH TOPICS: REPTILIAN REPRODUCTION				
RM 200	410	QUANTV RSRCH MTHDS I				
		MASTER OF SCIENCE CONFERRED AUG 12, 1977				

REGISTRAR

SAINT LOUIS UNIVERSITY
OFFICE OF THE UNIVERSITY REGISTRAR
221 North Grand Boulevard
Saint Louis, Missouri 63103
Telephone: (314) 658-2269

COURSE NUMBERS:

Numbers	Effective through Summer, 1976	Effective Fall Semester, 1976-77
001-099	Lower-division undergraduate	Non-degree
100-199	Upper-division undergraduate/graduate with approval	Lower-division undergraduate
200-299	Graduate only	Lower-division undergraduate
300-399	(Not used)	Upper-division undergraduate; beginning graduate outside major
400-499	Professional Schools only	Upper-division undergraduate; beginning graduate
500-599	Professional Schools only	Graduate introductory/core courses
600-699	(Not used)	Advanced graduate
700-799	Continuing Education/non-credit	Professional Schools only
800-899	Metropolitan College	Metropolitan College
900-999	(Not used)	Continuing Education

HOURS OF CREDIT: Credit for courses are given in terms of semester hours.

GRADES:

COMPUTED IN GRADE POINT AVERAGE

Grade	Points	Interpretation
A	4.0	High achievement and intellectual initiative.
B+	3.5	Achievement above average, midway between a "B" and an "A" (Schools of Law and Social Service-Professional only).
B	3.0	Achievement above average.
C+	2.5	Achievement above average, midway between a "C" and a "B".
C	2.0	Average attainment.
D	1.0	Work of inferior, but passing, quality.
F	0	Failure.
WF	0	Withdrawal Failing: authorized withdrawal after the first seven weeks (or equivalent period) of a course in which the student is doing unsatisfactory work.
AF	0	Failure due to excessive absences or unauthorized withdrawal.

NOT COMPUTED IN GRADE POINT AVERAGE

- I ..... Incomplete: coursework not completed at the end of the session.
- X ..... Student failed to take the scheduled final examination in the course.
- P ..... Pass: indicates work which is clearly acceptable (Schools of Law and Social Service-Professional only).
- P ..... Pass: implies a letter grade of "A" through "C"; course counts toward graduation credit (Pass/No Pass option).
- NP ..... No Pass: implies a letter grade of "D" or "F"; course does not count toward graduation credit (Pass/No Pass option).
- NC ..... No Credit: work not acceptable toward graduation credit (Metropolitan College only).
- CR ..... Credit: work satisfactorily completed (Metropolitan College only).
- AT ..... Attended: attendance and/or registration in special courses carrying no credit or grade.
- W ..... Withdrawal: authorized withdrawal within the first seven weeks (or equivalent period) of a course.
- WP ..... Withdrawal Passing: authorized withdrawal after the first seven weeks (or equivalent period) of a course in which the student is doing satisfactory work.
- AU ..... Audit.
- S ..... Satisfactory: indicates scholarship and attendance which is clearly acceptable.
- S ..... Superior: high achievement (School of Social Service-Professional only).
- U ..... Unsatisfactory: indicates scholarship and attendance which are clearly unacceptable.
- HP ..... High Pass: outstanding achievement (School of Law only).

DEPARTMENTAL SYMBOLS

AAM	AFRO-AMERICAN STUDIES
AC	ACCOUNTING
ADM	ADMINISTRATION
AG	APPLIED GERONTOLOGY
AMS	AEROSPACE STUDIES
AN	ANATOMY
ANT	ANTHROPOLOGY
AR	ARCHAEOLOGY
AS	AEROSPACE STUDIES
A & S	ARTS & SCIENCES
ASC	ASCETICAL THEOLOGY
ASM	ASTRONOMY
AST	AMERICAN STUDIES
AT	ART & ART HISTORY
BA	BUSINESS ADMINISTRATION
BCH	BIOCHEMISTRY
BIL	BIBLICAL LANGUAGES AND LITERATURE
BL	BIOLOGY
BLW	BUSINESS LAW
CC	COMMERCE
CD	COMMUNICATION DISORDERS
CE	CIVIL ENGINEERING
CH	CHEMISTRY
CJ	CRIMINAL JUSTICE
CLH	CLASSICAL HUMANITIES
CM	COMMUNITY MEDICINE
CMM	COMMUNICATION
CNL	CANON LAW
COM	COMMUNICATION SKILLS
CS	CONCEPTS OF SCIENCE
DG	DOGMATIC THEOLOGY
DS	DOGMATIC & SYSTEMATIC THEOLOGY
DT	DIETETICS
EC	ECONOMICS
ED	EDUCATION
EDA	EDUCATIONAL ADMINISTRATION
EDC	COUNSELOR EDUCATION
EDF	FOUNDATIONS OF EDUCATION
EDH	HIGHER EDUCATION
EDI	EDUCATIONAL INSTRUCTION
EDP	EDUCATIONAL PSYCHOLOGY
EDS	SPECIAL EDUCATION
EDU	EDUCATION
EE	ELECTRICAL ENGINEERING
EGS	ENGINEERING SCIENCE
EM	ENGINEERING MECHANICS
EN	ENGLISH
ES	ENVIRONMENTAL STUDIES
FA	FINE ARTS
FN	FINANCE
FR	FRENCH
GE	GEOLOGY
GG	GEOGRAPHY
GK	GREEK
GPH	GEOPHYSICS
GR	GERMAN
HA	HOSPITAL & HEALTH CARE ADMINISTRATION
HC	HUMAN CONDUCT
HD	HUMAN DEVELOPMENT
HE	HOME ECONOMICS EDUCATION
HR	HONORS PROGRAM
HS	HISTORY
HSC	HEALTH SCIENCES
HT	HISTORICAL THEOLOGY
HU	HUMAN RELATIONS
IAM	IBERO-AMERICAN STUDIES
IE	INDUSTRIAL ENGINEERING
IR	INDUSTRIAL RELATIONS
IT	ITALIAN
LE	LAW ENFORCEMENT
LG	LINGUISTICS
LIT	LITERATURE
LR	LITURGY
LT	LATIN
LW	LAW
MA	MATERIALS MANAGEMENT
MB	MICROBIOLOGY
MC	MODERN CULTURE
MDT	MEDICAL TECHNOLOGY
MET	METEOROLOGY
MIN	MINISTRY
MK	MARKETING
ML	MODERN LANGUAGES
MM	MANAGEMENT
MR	MORAL THEOLOGY
MRA	MEDICAL RECORD ADMINISTRATION
MRS	MEDICAL RECORD SCIENCE
MS	MUSIC
MSC	MANAGEMENT SCIENCES
MT	MATHEMATICS
MTS	MAN, TECHNOLOGY & SOCIETY
NAH	NURSING & ALLIED HEALTH PROFESSIONS
NR	NURSING
OD	ORTHODONTICS
ORN	ORIENTATION
PA	PHYSICIAN'S ASSISTANT PROGRAM
PE	PHYSICAL EDUCATION
PG	PORTUGUESE
PH	PHYSICS
PL	PHILOSOPHY
P & L	PHILOSOPHY & LETTERS
POL	POLITICAL SCIENCE
PR	PHARMACOLOGY
PS	PSYCHOLOGY
PSL	PASTORAL THEOLOGY
PT	PATHOLOGY
PTH	PHYSICAL THERAPY
PY	PHYSIOLOGY
RC	RELIGIOUS COMMUNICATIONS
RE	RELIGION AND EDUCATION
RM	RESEARCH METHODOLOGY
RS	RADIOLOGIC SCIENCES
RT	RADIOLOGIC TECHNOLOGY
RU	RUSSIAN
SC	SOCIOLOGY
SED	SPECIAL EDUCATION
SP	SPANISH
SPH	SPEECH
SPR	SPIRITUALITY
SS	EXEGESIS & BIBLICAL THEOLOGY
SW	SOCIAL WORK
TH	THEOLOGY/THEOLOGICAL STUDIES
THR	THEATRE ARTS
UA	URBAN AFFAIRS
UE	URBAN EDUCATION
WR	WORLD RELIGION

Revised 4/06/77 TDR

IMPORTANT NOTICE Completion of this form is required for applicant to be considered for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.	DEPARTMENT OF REGISTRATION AND EDUCATION **CERTIFICATION OF CLINICAL TRAINING**

NAME OF APPLICANT	ILLINOIS TEMPORARY CERTIFICATE NUMBER (If applicable)
Robert J. Pearl	

This is to certify that the above-named applicant has satisfactorily completed 12 months in a program of Intern specialty/residency training from 7-1-81 to 6-30-82 at the following hospital.

NAME OF HOSPITAL	SEAL OF HOSPITAL
Normandy Osteopathic Hospitals	
NUMBER AND STREET [redacted]	

DATE	SIGNATURE OF MEDICAL DIRECTOR
6-21-82	[redacted]

IL 486-0265 7/81 (MD)

IMPORTANT NOTICE	STATE OF ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION Attention: Medical Section 320 West Washington Street, 3rd Floor Springfield, Illinois 62786
Completion of this form is required for applicant to be considered for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.	

RECEIVED
DEPT OF EDUCATION
1982 JUL 12 AM 10:45
CASH SECTION

CERTIFICATION OF LICENSURE

APPLICANT

APPLICANT: Complete the top of this page and forward it to the state in which you hold a license.

NAME (Last, First, Middle) PEARL, ROBERT J. | MAIDEN NAME —

ADDRESS (Street, City, State, and ZIP Code) [redacted]

ORIGINAL LICENSE NUMBER | TYPE OF REGISTRATION [✓] Physician-Surgeon [ ] Osteopath [ ] Chiropractor | DATE ISSUED

I hereby authorize the STATE BOARD OF REGISTRATION for HEALING ART of MISSOURI (Name of State Medical Board or State Agency to Which Form is Being Sent) to furnish to the Illinois Department of Registration and Education the information requested below.

Date 6-10-82 Signature [redacted]

LICENSING AGENCY ONLY

This is to certify that the above-named individual was issued license number R8B74

to practice: medicine & surgery Date of issuance: September 28, 1981

Licensed by:
[ ] Oral Examination
[ ] Written Examination
[ ] Endorsement
[ ] Exemption
[X] Reciprocity -Tennessee

Current licensure status:
[ ] Active
[ ] Inactive
[ ] Lapsed

Date license expires: _____

Dr. Pearl is not currently registered due to nonpayment of renewal fees.

Is there any disciplinary action now pending concerning this license or has this license ever been revoked, suspended, surrendered, restricted, limited, or placed on probation? [ ] Yes [X] No If yes, explain on reverse side.

Does your state grant the same privilege of reciprocal registration to Illinois registrants? [X] Yes [ ] No

Gary R. Clark - Exec. Sec.

Signature [redacted]

SEAL

Title Vicki L. Templeton Secretary

State Missouri

Date July 9, 1982

TO THE BOARD: Return this form directly to the applicant named above or, if agency policy prohibits you from following this procedure, it may be forwarded to the Department of Registration and Education at the above address.

IL 486-0280 7/81 (MD)

Kirksville College of Osteopathic Medicine

By the authority of the Board of Trustees of the Kirksville College of Osteopathic Medicine and upon recommendation of the faculty

Robert Jay Pearl

has been admitted to the degree of

Doctor of Osteopathy

and is entitled to all rights, honors and privileges pertaining thereto
witness the seal of the college and the signatures of its officers at
Kirksville, Missouri this first day of June, 1981

[redacted]

STATE OF ILLINOIS

Department of Registration and Education

Attention: Medical Section
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

(Use typewriter or print with pressure)

Enter all applicable information.

E.C.F.M.G. No. _____
Visa Type and No. _____
DBI No. _____
Full name before marriage _____
Social Security No. [redacted]

NOTE: Designation of your Social Security Number is not mandatory — used ONLY to ensure identification, accessibility and accuracy of your application.

NAME: PEARL (Family name), ROBERT JAY (All other names (spell out completely))

Street Add: [redacted]
City:
Countr
City — Province — Country

DATE OF BIRTH: Date [redacted]
CITIZENSHIP: At birth:
MEDICAL DEGREE: Title of degree (M.D., M.B.-B.S., D.O., other) DO Date conferred 6-1-81

MEDICAL SCHOOL:	(School(s) attended)	(Location)	(Dates)	(No. of school yrs.)
(Precise name)	KIRKSVILLE COLLEGE OF OSTEOPATHIC MEDICINE	KIRKSVILLE MO.	8-77 to 6-81	4

SECONDARY SCHOOL, COLLEGE, UNIVERSITY ST. LOUIS UNIVERSITY; UNIVERSITY OF KANSAS

HOSPITAL TRAINING:	Hospital(s)	Location	Position(s)	Dates
	NORMANDY OSTEOPATHIC HOSPITALS	ST. LOUIS, MO	INTERN	7-1-81 to 6-30-82

Are you a Diplomate of the National Board of Medical Examiners? Yes ___ No ✓
Are you certified by an American Specialty Board? Yes ___ No ✓
Board(s) with date(s): _____
Licensure: Name the state or states in which you have received an unrestricted license to practice medicine and state whether by examination or endorsement. (Give License No(s).)
TENNESSEE D0000593 - EXAM; MISSOURI 16574 - ENDORSEMENT
Have you **ever** taken an E.C.F.M.G. examination? Yes ___ No ✓ Date(s) _____ ☐ Passed ☐ Failed
Have you **ever** taken a FLEX examination? Yes ___ No ✓ Date(s) _____ ☐ Passed ☐ Failed
Have you **ever** been refused admission to a recognized medical or osteopathic organization, or has any disciplinary action been taken against you by such an organization or by any licensing or registering authority?
Yes ___ No ✓ (If answer is "Yes," explain fully on a separate sheet of paper.)

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the State of Illinois or its licensing or registering authority to transmit to any person, governmental authority or legal entity information contained in this application or information which otherwise may become known or available to any State Board of Medical Examiners, any Medical Examining Committee appointed or otherwise constituted pursuant to statute and the Federation of State Medical Boards of the United States, Inc., or any of them, when written request is made to such State or such authority for such information and such writing states that such information is to be used exclusively in connection with licensure to practice medicine or any problem (describing it) related thereto.

I, Phyllis RACER, a Notary Public, DO HEREBY CERTIFY, that Robert Jay PEARL appeared before me this day in person and acknowledged that he signed the above instrument as a free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 16th day of June AD 1982

[redacted]
Notary Public

NOTE: Accompanying this preliminary application must be two photographs taken within the past six months. They should be at least passport size (2½ x 2½) and be signed on the reverse by the applicant.

[redacted]
Signature of Applicant

Date 6-16-82

PHYLLIS K. RACER
NOTARY PUBLIC — STATE OF MISSOURI
COUNTY OF ST. CHARLES
MY COMMISSION EXPIRES MAY 4, 1984

PLEASE RETURN ALL COPIES OF THIS PRELIMINARY APPLICATION UPON COMPLETION. CHECK (X) TYPE OF FORMAL APPLICATION DESIRED.
FLEX EXAM ( ) NAT'L BD ENDORSEMENT ( ) FLEX ENDORSEMENT ( ) RECIPROCITY (X)

IL 480-0740

SERIAL No.
7236

State of Tennessee

Licensing Board for the Healing Arts and Board of Osteopathic Examination

This Certifies that ROBERT J PEARL

whose credentials have been approved by the:

STATE BOARD OF OSTEOPATHIC EXAMINATION

and whose license number is 00000593, *has registered as required by Sections 63:101-63:128 and 63:901-63:912 of the Tennessee Code Annotated, and is licensed to practice*

OSTEOPATHY

in the State of Tennessee through December 31, 1981

[redacted]

Secretary, Board of Osteopathic Examination

HB 05 418

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS OF MISSOURI

July 1, 1981 to June 30, 1982

Certifies That

LICENSE NUMBER	DATE ISSUED
R8B74	9/28/81

PEARL, ROBERT JAY, D.O.

[redacted]

[redacted]

EXECUTIVE SECRETARY

is duly registered to practice as a Physician and Surgeon

THE LAW REQUIRES THIS CERTIFICATE TO BE CONSPICUOUSLY DISPLAYED

IMPORTANT NOTICE	DEPARTMENT OF	ATTACH RECENT PHOTOGRAPH HERE.
Completion of this form is required for applicant to be considered for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.	REGISTRATION AND EDUCATION	DO NOT STAPLE
	STATEMENTS OF IDENTITY *TO BE COMPLETED FOR APPLICANTS APPLYING FOR REGISTRATION AS A PHYSICIAN-SURGEON ONLY.*	USE TRANSPARENT TAPE TOP AND BOTTOM ONLY.

INSTRUCTIONS TO APPLICANT: Please attach a photograph in the space provided on this form. This form must be completed by two licensed physicians who can attest to your identity and submitted with your application.

FIRST STATEMENT

This is to certify that I, Ronnie L Keith MD (Print name), am personally acquainted with Robert T Power D[illegible], who is applying for licensure as a physician-surgeon in the State of Illinois, and I hereby attest that the attached photograph is a true likeness of him/her.

[redacted] (Signature of Physician) 7-14-82 (Date)

[redacted] (State of Licensure) (License Number)

SECOND STATEMENT

This is to certify that I, Byron D. Smith (Print name), am personally acquainted with Robert T Power D[illegible], who is applying for licensure as a physician-surgeon in the State of Illinois, and I hereby attest that the attached photograph is a true likeness of him/her.

[redacted] (Signature of Physician) 7-16-82 (Date)

[redacted] (State of Licensure) (License Number)

IL 486–0267 7/81 (MD)

HB 03703

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS OF MISSOURI

July 1, 1982 to January 31, 1983

Certifies That

LICENSE NUMBER	DATE ISSUED
DO R3B74	09 28 81

PEARL ROBERT JAY

[redacted]

is duly registered to practice as a Physician and Surgeon

THE LAW REQUIRES THIS CERTIFICATE TO BE CONSPICUOUSLY DISPLAYED

WORK EXPERIENCE

July 1 - June 30, 1982
Internship at Normandy Osteopathic Hospitals
St. Louis, Missouri (rotating)

Months:

2-Internal Medicine - General
1-Internal Medicine - Cardiology
2-Obstetrics-Gynecology
2-Surgery - General
1-Orthopedic Surgery
1-Pediatrics
½-Anesthesiology
½-Otorhinolaryngology
1-General Practice
1-Emergency Room

July 1, 1982 to present:
Residency in Obstetrics-Gynecology at
Normandy Osteopathic Hospitals
St. Louis, Missouri

Robert J. Pearl 10694

The National Board of Examiners

FOR

Osteopathic Physicians and Surgeons, Inc.

22 South Washington Street
Park Ridge, Illinois 60068
(312) 825-4938

RECEIVED
STATE OF ILLINOIS
DEC - 6 1982
DEPARTMENT OF REGISTRATION AND EDUCATION

TRANSCRIPT OF GRADES

PART I Apr. 26, 1979 **Taken at** Kirksville College of Osteopathic Medicine
Kirksville, Missouri

Anatomy .....
Physiology .....
Physiological Chemistry .....
Pharmacology .....
Pathology .....
Microbiology .....
Osteopathic Principles .....

AVERAGE [redacted]

PART II Oct. 23, 1980 **Taken at** Kirksville College of Osteopathic M
Kirksville, Missouri

Surgery .....
Obstetrics & Gynecology .....
Neurology & Psychiatry .....
Public Health .....
Pediatrics .....
Medicine, including Therapeutics .....
Medical Jurisprudence .....
Osteopathic Principles .....

AVERAGE [redacted]

PART III Aug. 30, 1982 **Internship** Normandy Osteopathic Hospital
St. Louis, Missouri

Three major areas: Medicine .....
Surgery .....
Obstetrics & Gynecology .....

AVERAGE [redacted]

[redacted] OVERALL AVERAGE OF PARTS I, II, AND III

I, Carl W. Cohoon, Executive Director of the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., do hereby certify the above to be a true report of the record of:

Robert Jay Pearl, D.O.

He was awarded a Diplomate's Certificate No. 8738 on November 17, 1982

[redacted]

CARL W. COHOON
Executive Director

National Board of Examiners
for
Osteopathic Physicians and Surgeons
of the
United States of America

Robert Jay Pearl, D. O.

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

Diplomate of the National Board of Examiners

For Osteopathic Physicians and Surgeons

Date November 17, 1952

Certificate No. 8758

[redacted]