



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 Mainstream Drive  
Nashville, TN 37243  
[tennessee.gov/health](http://tennessee.gov/health)

TENNESSEE BOARD OF MEDICAL EXAMINERS  
1-800-778-4123

September 23, 2014

ANGUS M.GREEN CROOK, MD  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

TO WHOM IT MAY CONCERN:

The Tennessee Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION: Medical Doctor  
NAME: ANGUS M.GREEN CROOK  
RANK: Medical Doctor  
LICENSE NUMBER: MD1862  
ISSUE DATE: 01/01/1953  
EXPIRATION DATE: 10/31/2015  
CURRENT STATUS: Licensed  
STATUS DATE: 01/01/1953

COMMENTS: There is no derogatory information in our files concerning this individual. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Board Administrator  
Tennessee Board of Medical Examiners

MD/LV1



To expedite the verification process, the above is the standard format used by the Medical Board of Tennessee.

# Tennessee State Board of Medical Examiners

No. 131

## APPLICATION FOR EXAMINATION

For a Certificate of License to Practice Medicine in the State of Tennessee

I, Angus McDonald Steven Cook of (Home Address) Memphis Tenn., June 18 1953  
City or Town Jackson  
County of Madison State of Tennessee

do hereby make application to the Board of Medical Examiners of the State of Tennessee for a Certificate of License to practice medicine in any or all of its branches in the State of Tennessee, as provided by 1932 official Code of Tennessee and all of the amendatory Acts thereto. I also pledge my solemn word of honor that I am not now, have never been, and will not become a traveling or advertising doctor; and I also agree that if I ever become a traveling or advertising doctor, that this Certificate of License, if granted, shall become null and void.

Place and date of birth: Jackson, Tenn  
October 10, 1927 I have attended Medical Lectures for 36 months,  
commencing September 1949, and ending 1953 at the University of Virginia Medical  
College, located in the City of Charlottesville, State of Virginia, and on the  
15th day of June 1953, graduated at the University of Virginia, a Medical  
College, located in the City of Charlottesville, State of Virginia, as evidenced by my  
diploma, which will be presented to the Secretary of the Board for verification. As to my standing and moral character, I  
would respectfully refer the members of the Board to Dr. Susan Bunnies of the City or  
Town of Jackson, State of Tennessee, and to Mr. Kath Short  
of the City or Town of Jackson State of Tennessee.

I hereby pay to the Secretary of the Board of Medical Examiners a fee of \$25.00 for examinations and for certification to the State Licensing Board for the Healing Arts.

Signed Angus M. S. Cook

## OBLIGATION

EACH CANDIDATE MUST SIGN THE FOLLOWING PLEDGE BEFORE COMMENCING EXAMINATION, VIZ:

"I hereby pledge my word of honor, without mental reservation or evasion in any manner, that during my examination before this Board, which I am now about to commence, I will neither give to a fellow candidate nor receive from him or from any other source whatever, any information relating to the subject under consideration. Furthermore, I will write the number given hereon upon all my examination papers as my official number."

Signed: Angus M. S. Cook, M.D.  
Mailing Address Henry Ford Hospital  
Detroit, Michigan



No. 131

## Tennessee Board Medical Examinations

SUBJECTS	WRITTEN	ORAL
ANATOMY	75	
PHYSIOLOGY	75	
CHEMISTRY	75	
PATHOLOGY	91	
BACTERIOLOGY	91	
SURGERY	94	
OBSTETRICS	98	
MATERIA MEDICA } & THERAPEUTICS }	87	
PRACTICE & } PHYSICAL } DIAGNOSIS }	86	
GYNECOLOGY	94	
HYGIENE	80	
<b>TOTAL</b>	<b>946</b>	
<b>GEN. AVERAGE</b>	<b>86</b>	

Jackson, Tenn.

Name Crook, Angus McDonald Green Age 10/10/27

College and date of graduation Univ. of Va. 6/15/53

Home Address Jackson, Tenn.  
 Mail: Henry Ford Hospital, Detroit, Mich.

1925

License No. 1862 ✓

Issued 9-11-53

*End to NY 10-9-57*  
*End to Kansas 1-7-60*

STANDARD

To Be Filled in by Secretary

*Not these  
exam  
inc. in*

STATE OF TENNESSEE  
BOARD OF BASIC SCIENCE EXAMINERS

No. 3510

Name of applicant Angus McDonald Green Crook

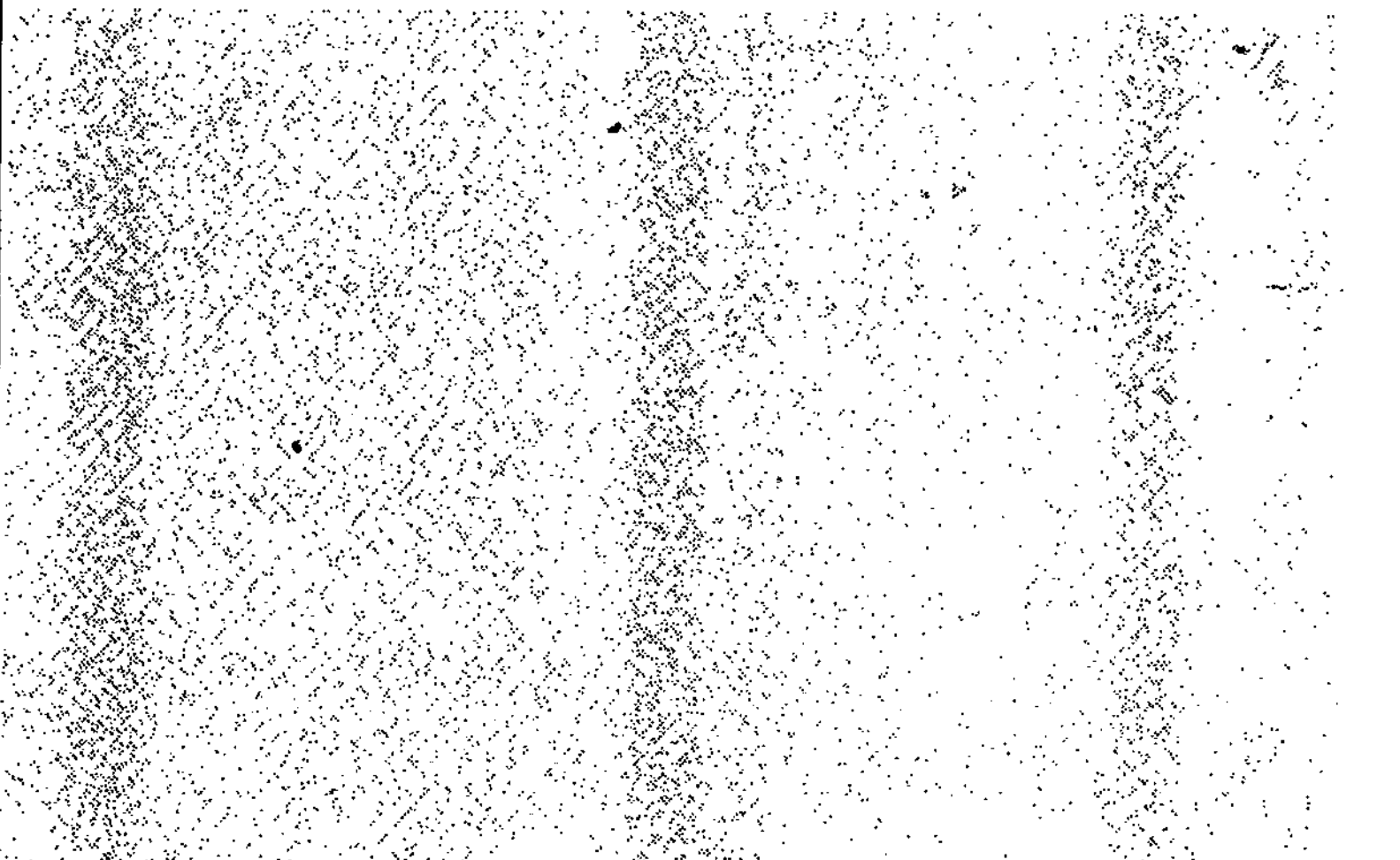
Address of applicant 1210 Highland Avenue, Jackson, Tennessee

The Tennessee Board of Basic Science Examiners waives the examination of \_\_\_\_\_  
Angus McDonald Green Crook

and certifies his comprehensive knowledge of the basic sciences on the basis of his successful exami-  
nation before the Board of Examiners in the Basic Sciences of the State of Virginia.

This the eighth day of June 1953

*O. L. S. Human*  
Secretary-Treasurer



THE TENNESSEE BOARD  
OF  
BASIC SCIENCE EXAMINERS  
MEMPHIS, TENN.

OFFICE OF THE SECRETARY-TREASURER

July 13, 1953

Dr. H. W. Qualls  
1635 Exchange Building  
Memphis, Tennessee

Dear Doctor Qualls:

Dr. Angus McDonald Green Crook was issued Tennessee Basic Science Certificate No. 3510 on June 8, 1953, on the basis of grades he made before the State Board of Medical Examiners of Virginia. His grades were as follows:

Anatomy	75
Bacteriology	91
Chemistry	75
Pathology	91
Physiology	75

Very truly yours,

*C. W. Hyman*

Secretary-Treasurer

OWH:FMB

Angus M. G. Crook, M.D.  
Obstetrics and Gynecology  
Suite 204  
2201 Murphy Avenue  
Nashville, Tennessee 37203

RECEIVED

SEP 23 2003

Medical Board

9/22/03

Enclosed is copy of renewal application  
for license # M.D. 1862 Angus M.G. Crook.  
Please send duplicate since original you  
sent is lost. Thanks

*Angus M. G. Crook*

ANGUS M. G. CROOK, M.D.

9.22.03

DATE

Witness: *Jacene Luster*  
9/22/03

Notary *Barbara J. Pool*

TENNESSEE DEPARTMENT OF HEALTH  
BOARD OF MEDICAL EXAMINERS  
MEDICAL DOCTORS  
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM  
DO NOT SEPARATE ANY PART OF THIS FORM

Lic./Cert. No: MD0000001862 Lic./Cert. Status: ACTIVE

Expiration Date: 10/31/2001

File ID: 00001190

NPI/UPIN#: B59522

Transaction No: 000078967

ANGUS M G CROOK MD  
2201 MURPHY AVE SUITE 209  
NASHVILLE TN 37203-1955



Social Sec. No:

[Redacted Social Security Number]

Birth Date: 10/10/1927

[Redacted Birth Date]

Home Phone: ( ) 352-3846

[Redacted Home Phone]

Work Phone: (615) 342-7395

[Redacted Work Phone]

Name and/or Mailing Address Change

[Redacted Name and/or Mailing Address Change]

E-mail:

[Redacted E-mail]

Specialty:

[Redacted Specialty]

Activity Status: FULL TIME

- 1 Full Time     3 Not Working  
 2 Part Time

Work Address:

NASHVILLE TN 37203

Work Address Change

[Redacted Work Address Change]

STATE REGULATORY FEE \$ 10.00

RENEWAL 150.00  
TOTAL \$ 160.00

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

SIGNATURE

*Angus M G Crook*

9/4/01  
DATE

## CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

- |  |     |
|--|-----|
| I have been convicted of a crime and I have not previously notified the Board in writing of that action.                 | YES |
| My license has been disciplined in another state and I have not previously notified the Board in writing of that action. | YES |
| I am currently in poor physical and / or mental health.  | YES |

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two years, list those states. \_\_\_\_\_

### INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.

If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.

4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change. For the purpose of the Board proving it has sent you your renewal application or license, it is sufficient to send said documentation to the address found in your licensure file.



**Duplicate**  
Return form in its entirety

06 -002 \$ 225  
-008 \$ 10  
235

06

TENNESSEE DEPARTMENT OF HEALTH  
MEDICAL BOARD UNIT RENEWAL APPLICATION  
Online Renewal is now available at [www.tennesseeanytime.org/hlrs](http://www.tennesseeanytime.org/hlrs)  
PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON THIS FORM

You Must Check One:

<input checked="" type="checkbox"/> Medical Doctor (1608)	<input type="checkbox"/> Orthopedic Physician Assistant (3828)
<input type="checkbox"/> Osteopathic Physician (1907)	<input type="checkbox"/> Medical Office X-Ray Operator (1637) Limited
<input type="checkbox"/> Athletic Trainer (3527)	<input type="checkbox"/> Medical Office X-Ray Operator (1637) Full
<input type="checkbox"/> Physician Assistant (3828)	<input type="checkbox"/> Osteopathic Medical Office X-Ray Operator (1944) Limited
	<input type="checkbox"/> Osteopathic Medical Office X-Ray Operator (1944) Full

Lic./Cert. No. MD 1862

Expiration Date: 10-31-03

Social Sec. No. 62 0931630

Name and Mailing Address

Birth Date: Mo/Date/Yr

ANGUS M.G. CROOK, M.D.  
2201 MURPHY AVE., STE 204  
NASHVILLE, TN 37203

10 / 10 / 77

Home Phone: 615 352 3346

Work Phone: 615 342 7395

615 943 2414

Work Address:

Is this a change in your mailing address?  
Yes  No

Suite 204 2201 Murphy Ave  
Nashville TN 37203

suite only 204 FROM 209  
CHANGE

**CAREFULLY READ ALL QUESTIONS**

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action. **YES**

My license has been disciplined in another state and I have not previously notified the Board in writing of that action. **YES**

I am currently in poor physical and/or mental health. **YES**

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two (2) years, list those states. \_\_\_\_\_

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regarding the practice of my profession.



MAIL TO:  
Medical Board Unit  
First Floor, Cordell Hull Building  
438 Fifth Avenue North  
Nashville, TN 37247-1010

[Signature]  
SIGNATURE

9-20-03  
DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF HEALTH  
DO NOT SEND CASH

Total Paid: \$ 235.00

MA96019278/BME

PH-3650  
(Rev. 01/02)

RDA 3638-

TENNESSEE DEPARTMENT OF HEALTH  
BOARD OF MEDICAL EXAMINERS  
MEDICAL DOCTORS  
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM  
Online Renewal Now Available At [www.tennessee.gov/health](http://www.tennessee.gov/health)  
DO NOT SEPARATE ANY PART OF THIS FORM  
PLEASE ALLOW 10-14 BUSINESS DAYS FOR YOUR LICENSE TO BE RENEWED

Lic./Cert. No: MD0000001862 Lic./Cert. Status: ACTIVE

Expiration Date: 10/31/2009

File ID: 00001190

NPI/UPIN#: B59522

Transaction No: 000170823

ANGUS M G CROOK MD  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

Birth Date: 10/10/1927

Name and/or Mailing Address Change  
[Redacted]

Home Phone: (615) 329-4001

E-mail:  
[Redacted]

Work Phone: (615) 329-4001

Specialty:  
GENEROLOGY

Activity Status: FULL TIME

- 1 Full Time     2 Part Time     3 Not Working

Work Address:  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

Work Address Change  
[Redacted]

STATE REG FEE \$ 10.00

RENEWAL \$ 225.00  
TOTAL \$ 235.00

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

SIGNATURE

*[Handwritten Signature]*

DATE

9/9/09

## CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

- I have been convicted of a crime and I have not previously notified the Board in writing of that action. .... YES
- My license has been disciplined in another state and I have not previously notified the Board in writing of that action. .... YES
- My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry). .... YES
- I am currently in poor physical and / or mental health. .... YES
- Have you ever been denied a license to practice your profession in another jurisdiction. .... YES
- I currently do Level II Office Based Surgery Which is integral to a planned treatment regimen and not performed on an urgent or emergent basis. .... YES

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two years, list those states. \_\_\_\_\_

Emergency Phone: 6153294001

Emergency Fax: 615 329 3858

### INSTRUCTIONS

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at <http://health.state.tn.us/Boards/index.htm>. Please check this website periodically for updates.

Read all instructions before completing this renewal application. You can also renew your license online at <https://www.tennesseeanytime.org/hlrs/begin.jsp> up to 120 days prior to your expiration date.

- Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided. Name changes require a copy of the relevant official document (i.e. marriage certificate, divorce decree, etc.) be attached to this application. Some professions also require an additional fee for name changes. Failure to submit the required document and additional fee, if required, will result in the renewal certificate being issued in the previous name. Name changes cannot be submitted online.
- Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
- Sign and date the application and return it to the Board office at the address on the front of the form. If you do not sign and date the application, it WILL be returned to you. DO NOT SEPARATE any part of this form. Failure to sign and date the application or separating the form will delay your renewal being processed and can result in your license falling into a failed to renew status.
- Make your check or money order payable to the Department of Health. DO NOT SEND CASH.

TENNESSEE DEPARTMENT OF HEALTH

BOARD OF MEDICAL EXAMINERS

MEDICAL DOCTORS  
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM

Online Renewal Now Available At <https://apps.tn.gov/hlrs/>

DO NOT SEPARATE ANY PART OF THIS FORM

PLEASE ALLOW 10-14 BUSINESS DAYS FOR YOUR LICENSE TO BE RENEWED

Lic./Cert. No: MD0000001862 Lic./Cert. Status: ACTIVE

Expiration Date: 10/31/2011

File ID: 00001190

NPI/UPIN#: B59522

Transaction No: 000195752

ANGUS M G CROOK MD  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

Birth Date: 10/10/1927

Name and/or Mailing Address Change

Home Phone: (615) 352-3846

E-mail:

Work Phone: (615) 329-4001

Specialty:

Activity Status: FULL TIME

- 1 Full Time     3 Not Working  
 2 Part Time

Work Address:  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

Work Address Change

STATE REG FEE \$ 10.00

RENEWAL 225.00  
TOTAL \$ 235.00

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

SIGNATURE *Angus M G Crook MD*

DATE 9/11/11

**CAREFULLY READ ALL QUESTIONS**

Circle YES if the following applies to you:

- I have been convicted of a crime and I have not previously notified the Board in writing of that action. .... YES
- My license has been disciplined in another state and I have not previously notified the Board in writing of that action. .... YES
- My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry)..... YES
- I am currently in poor physical and / or mental health. .... YES
- Have you ever been denied a license to practice your profession in another jurisdiction. .... YES
- I currently do Level II Office Based Surgery Which is integral to a planned treatment regimen and not performed on an urgent or emergent basis. .... YES

**IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.**

If you have been licensed in other states in the past two years, list those states. \_\_\_\_\_

Emergency Phone: 6153294001

Emergency Fax: 6153293858

**INSTRUCTIONS**

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4. Make your check or money order payable to the Department of Health. DO NOT SEND CASH.

SEP 16 2011

TENNESSEE DEPARTMENT OF HEALTH  
BOARD OF MEDICAL EXAMINERS  
MEDICAL DOCTORS  
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM  
Online Renewal Now Available At <https://apps.tn.gov/hlrs/>  
DO NOT SEPARATE ANY PART OF THIS FORM  
PLEASE ALLOW 10-14 BUSINESS DAYS FOR YOUR LICENSE TO BE RENEWED

Lic./Cert. No: MD0000001862 Lic./Cert. Status: LICENSED  
File ID: 00001190 NPI/UPIN#: B59522

Expiration Date: 10/31/2013  
Transaction No: 000221839

ANGUS M. GREEN CROOK MD  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

Birth Date: 10/10/1927

Home Phone: (615) 352-3846

Work Phone: (615) 329-4001

Name and/or Mailing Address Change

E-mail:

Specialty:

Activity Status: FULL TIME

- 1 Full Time
- 2 Part Time
- 3 Not Working

Work Address:  
210 23RD AVE N  
SUITE 302  
NASHVILLE TN 37203

Work Address Change

STATE REGULATORY FEE \$ 10.00

RENEWAL TOTAL \$ 225.00  
TOTAL \$ 235.00

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

*Angus M. Green Crook* 9/9/13  
SIGNATURE DATE

# CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

- I have been convicted of a crime and I have not previously notified the Board in writing of that action. .... YES
- My license has been disciplined in another state and I have not previously notified the Board in writing of that action. .... YES
- My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry). .... YES
- I am currently in poor physical and / or mental health. .... YES
- Have you ever been denied a license to practice your profession in another jurisdiction. .... YES
- I currently do Level II Office Based Surgery Which is integral to a planned treatment regimen and not performed on an urgent or emergent basis. .... YES

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Emergency Fax: 6153293858

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- Make your check or money order payable to the Department of Health. DO NOT SEND CASH.