



STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
RONALD E. STACKLER  
DIRECTOR

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312)341-9810

628 East Adams Street  
Springfield, Illinois  
62786  
(217)782-4624

IN REPLY REFER TO Medical Section  
Springfield Office

March 26, 1976

Carlos G. Baloceda, M.D.

[REDACTED]  
[REDACTED], IL [REDACTED]

Dear Doctor:

[REDACTED] You were successful in the recent Flex Examination. License Number [REDACTED] has been issued to you and will be mailed as soon as Office routine permits.

[REDACTED] You were unsuccessful in your recent examination before this Department for a license to practice medicine in Illinois, since you failed to receive a general average of 75 with no grade below 60 in the examination. The subject(s) in which you did not achieve a grade of 60 or more, are checked in red on the attached slip. All candidates will be required to repeat an entire section (one day) of the examination rather than just repeating individual subjects. To obtain a weighted passing average, a candidate must obtain the following minimum averages: Basic Science--72, Clinical Science--74, and Clinical Competence--77. Those section(s) in which you did not receive a minimum average are checked in red below:

BASIC SCIENCE AVERAGE  
CLINICAL SCIENCE AVERAGE  
Clinical Competence Average  
Weighted Average

It will be necessary that you retake [REDACTED] I. The next examination will be conducted in Chicago on June 15, 1976. The retake fee of \$50.00 must be submitted at least 30 days prior to the date of the examination you wish to take.

According to the Rules and Regulations Promulgated for the Administration of the Illinois Medical Practice Act, after the third failure an applicant must retake the entire examination. An applicant who fails the examination a total number of five (5) times is ineligible for further examinations until such time as such person presents evidence of completion of one (1) year of residency training in an approved hospital training program in the United States received subsequent to the applicant's fifth failure.

Very truly yours,

Supervisor  
Medical Section  
wpc



STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
RONALD E. STACKLER  
DIRECTOR

55 East Jackson Boulevard  
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(312)341-9810

628 East Adams Street  
Springfield, Illinois  
62786  
(217)782-4624

IN REPLY REFER TO: Medical Section  
Springfield Office

January 4, 1977

Carlos G. Baldoceda, M.D.  
c/o Cook County Hospital  
720 South Wolcott  
Chicago, Illinois 60612

Dear Doctor:

Before your application for a Temporary Certificate of Registration can be given further consideration, it will be necessary that you submit:

- ( ) A photocopy of your original M.D. Degree.
- ( ) A photocopy of your original license to practice medicine in another state or country.
- ( ) An official translation of your M.D. Degree, by an approved translating service; see attached list.
- ( ) An official translation of your license to practice medicine in another state or country, by an approved translating service; see attached list.
- ( ) The required fee of \$25.00.
- ( ) Top of page two must be signed and recent photograph attached.
- ( ) Proof of passing Parts I, II and III of the National Boards or Parts I, II and III of the Flex Examination.
- (XXX) Since you have already taken and failed the Flex examination three times, you are not eligible for renewal of your temporary certificate.

Very truly yours,

Beatrice Taylor, Supervisor  
Medical Section  
cc: Cook County Hospital  
BT:wpc

Chicago, February 8, 1977

Department of Registration and Education,  
Medical Section  
628 E. Adams St.  
Springfield, Illinois 62786

Dear Sir -

Enclosed you will find my check 227055  
75.00 for FLEX ENDORSEMENT. I took  
the FLEX in North Dakota, last December  
7-8-9, 1976. I already wrote to the Federa-  
tion of State Medical Boards in Texas; so you  
will be getting my scores pretty soon.  
I will appreciate very much your taking  
of this matter.  
Very truly yours,

  
C. BALDOCEPA, MD

RECEIVED

FEB 15 1977

MEDICAL SECTION

25410717

121-42-10000-10000

5017 32. 284

62786

~~227055~~

or the following reason(s)

Needs OK

**Retake Fee**

Amount altered

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 Delete

\_\_\_\_\_

FEB 15 1977

*Handwritten:* 100-  
JUN 10 19  
JUN 15 19  
*[Illegible handwritten notes]*





STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810

628 East Adams Street  
Springfield, Illinois  
62786  
(217) 782-4624

March 16, 1977

IN REPLY REFER TO: Medical Section  
Springfield Office

Carlos G. Baldoceda, M.D.  
[REDACTED]  
Chokio, IL 60076

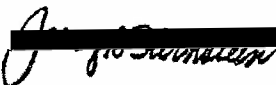
Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 80-01333.

You may use this as your authority to practice as a licensed physician and surgeon until such time as your certificate is issued and mailed.

The Illinois Controlled Substances Act (Illinois Revised Statutes 1975, Chapter 56½ - Section 1100 to 1603) requires that every person who manufactures, distributes, or dispenses any controlled substances within this State must annually obtain a registration issued by this Department. Enclosed please find a letter of explanation and an application for controlled substances registration.

Very truly yours,

  
Jerry D. Sternstein  
Deputy Director

wpc

SEAL

d1



STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
RONALD E. STACKLER  
DIRECTOR

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312)341-9810

628 East Adams Street  
Springfield, Illinois  
62786  
(217)782-4624

IN REPLY REFER TO Medical Section  
Springfield Office

AUG 26 1976

Carlos G. Baldoceda

██████████  
██████████, 1111 DIS 10070

Dear Doctor:

██████████ You were successful in the recent Flex Examination. License Number  
██████████ has been issued to you and will be mailed as soon as Office routine  
permits.

XXXXXXXX You were unsuccessful in your recent examination before this Department  
for a license to practice medicine in Illinois, since you failed to receive a gen-  
eral average of 75 with no grade below 60 in the examination. The subject(s) in  
which you did not achieve a grade of 60 or more, are checked in red on the attached  
slip. All candidates will be required to repeat an entire section (one day) of the  
examination rather than just repeating individual subjects. To obtain a weighted  
average, a candidate must obtain the following minimum averages: Basic

BALDOCEDA CARLOS G	ST.80.NC.02002	FLEX WEIGHTED AVERAGE	73.4
	TP.NC.44863		
	ANAT PHYS	PID PATH MICR PHAR	B.S.AVG
BASIC SCIENCE	██████████		
	MED SURG CB PH PED PSY	C.S.AVG	
CLINICAL SCIENCE	██████████		
		CLINICAL COMPETENCE AVERAGE	73.4

It will be necessary that you retake All Days. The next examination will be  
conducted in Chicago on Dec. 70809, 1976. The retake fee of \$50.00 must be  
submitted at least 30 days prior to the date of the examination you wish to take.

According to the Rules and Regulations Promulgated for the Administration of the  
Illinois Medical Practice Act, after the third failure an applicant must retake the  
entire examination. An applicant who fails the examination a total number of five  
(5) times is ineligible for further examinations until such time as such person  
presents evidence of completion of one (1) year of residency training in an approved  
hospital training program in the United States received subsequent to the applicant's  
fifth failure.

Very truly yours,

Supervisor  
Medical Section  
wpc

Chicago, April 27, 1976

Department of Registration and Education  
Medical Section

198363

Dear Sir:

Enclosed is a check for  
\$7.00 for retaking days **I** and **III**  
that I failed when I took the  
last FLEX examination; so I  
would appreciate very much if you send  
me the respective documents for  
days **I** and **III** for the next FLEX  
exam to be held in Chicago, June  
15 to the 17<sup>th</sup>.

Thank you very much.



RECEIVED  
REGISTRATION SECTION  
1976 APR 29 PM 3:05  
CASH SECTION



STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
RONALD E. STACKLER  
DIRECTOR

160 North LaSalle Street  
Chicago, Illinois  
60601  
(312) 793-3446

628 East Adams Street  
Springfield, Illinois  
62786  
(217) 782-4624

IN REPLY REFER TO: Medical Section

August 19, 1975

Carlos G. Baldodada, M.D.

Chicago, Illinois 60607

Dear Doctor

☐ We are pleased to advise you were successful in the recent Flex examination. License No. \_\_\_\_\_ has been issued to you and will be mailed as soon as office routine permits.

\*\*\*\*\*

☒ We regret you were unsuccessful in your recent examination before this Department for a license to practice medicine in Illinois since you failed to receive passing averages in the following sections checked in red:

BASIC SCIENCE AVERAGE  
CLINICAL SCIENCE AVERAGE  
CLINICAL COMPETENCE AVERAGE  
WEIGHTED AVERAGE

All candidates will be required to repeat an entire examination (one day) of the examination rather than just repeating individual subjects. To obtain a weighted passing average, a candidate must obtain the following minimum averages: Basic Science 72, Clinical Science 74, and Clinical Competence 77.

It will be necessary, therefore, that you retake Day I.

According to Department rules, after three failures, an applicant must retake the entire examination.

Please submit the required retake fee of \$50.00 at least 30 days prior to the time you wish to report. The next examination will be conducted in Chicago, December 2-4, 1975.

Please submit the required retake fee by October 17, 1975.

Very truly yours,

Jerry D. Sternstein  
Deputy Director for Licensing



STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
RONALD E. STACKLER  
DIRECTOR

160 North LaSalle Street  
Chicago, Illinois  
60601  
(312)793-3446

628 East Adams Street  
Springfield, Illinois  
62786  
(217)782-4624

IN REPLY REFER TO: Medical Section

Date: May 7, 1975

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON IN ILLINOIS

NAME Carlos G. Baldosada, M.D.

ADDRESS 903 S. Wabash Blvd., Apt. 312 Chicago, Illinois 60607

1. Your application on the basis of your National Board examination will be given further consideration upon receipt of a transcript of your National Board grades.
2. Your application will be given further consideration upon receipt of proof of your internship.
3. Your application will be given further consideration upon receipt of proof of your residency training.
4. Your application will be given further consideration upon receipt of proof that you have been accepted for residency training.
5. Your application will be given further consideration upon receipt of your original M.D. degree with official translation if not in the English language.
6. Your application will be given further consideration upon receipt of your original medical and premedical transcripts, together with official translation if not in the English language.
7. Your application will be given further consideration upon receipt of the enclosed recommendation forms signed by (2) physicians licensed to practice medicine in the United States.
8. Your application will be given further consideration upon receipt of your College Attendance form completed by the medical school and returned to this Department. (Form enclosed)
9. Your application will be given further consideration upon receipt of the enclosed photoslip completed and signed. Please return with photograph attached if you have not previously done so.
10. ~~xxxx~~ Your application has been placed on file for the examination-~~interview~~ to be held in Chicago June 10-12, 1975. A card of admission and further instructions will be mailed at a later date.
11. You will be scheduled for examination-interview upon receipt of your fee in the amount of \$150.00. Clinical test-interview will be held in Chicago.
12. You will be scheduled for ~~examination~~-interview upon receipt of your fee in the amount of \$75.00. Written examination-interview will be held in Chicago.
13. You will be scheduled for re-examination upon receipt of your fee in the amount of \$50.00. Written examination will be held in Chicago.
14. ~~XXXXX~~ The results of your examination will be withheld until we receive a notarized letter from the hospital stating you have COMPLETED your training on 7-1-75.



*Med*  
RECEIVED

DEPARTMENT OF REGISTRATION  
AND EDUCATION

Chicago, August 4, 1975.

Department of Registration and  
Education  
Springfield, Illinois

Dear Sirs,

As per your request, enclosed please find a certificate  
stating that I have completed the first year of residen-  
cy in the Department and Gynecology at Cook County Hospi-  
tal on June 30, 1975.

I took the examination on June, 1975.

Very cordially yours,

*Carlos G. Baldoce, MD*  
Carlos G. Baldoce, MD

\* New address: 8828 Forestview Rd.  
Skokie, Illinois 60076

Dec. 28, 1979

State of Illinois  
Dept of. Registration and Education  
Joan G. Anderson, Director  
320 W. Washington  
Springfield, IL - 62786

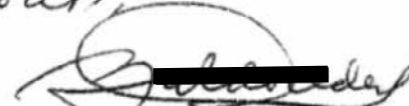
RECEIVED  
REGISTRATION & EDUCATION  
1979 DEC 31 PM 3:27  
CASH SECTION


Dear Sir:

I am applying for Arizona li-  
cense because I am planning to move  
to that state to practice medicine; so  
I would appreciate very much if you  
could furnish the Arizona Board of  
Medical Examiners all the information  
they are requesting.

Sincerely yours,

(Needler)

  
O. Batolcedo, MD,

  
Skokie, IL 60076

Illinois Lic. #36-54338

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810



320 West Washington  
Springfield, Illinois  
62786  
(217) 785-0800

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN G. ANDERSON  
DIRECTOR

IN REPLY REFER TO: Medical Section  
Springfield Office

January 3, 1980

Carlos G. Baldoceba, M.D.

[REDACTED]  
Skokie, IL. 60076

License No. 36-54338

Dear Doctor:

This is to acknowledge receipt of your letter requesting certification for the State of Arizona, and to inform you it will receive further consideration upon receipt of a \$15 certification fee as provided by the Illinois Medical Practice Act.

If certification is required on a special form, please submit the form to this Department. In the event the state requires more than one certification, a second fee is not required. **(Form received in Office.)**

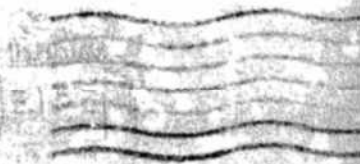
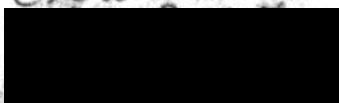
If you request a certification for more than one State Board, a \$15 fee is required for each state.

Very truly yours,

[REDACTED]  
Eddie Jean Tennant  
Unit Supervisor

WPC:1mb

C. Baldoceda, MD, JC



State of Illinois  
Department of Registration & Education  
320 West Washington  
Springfield, IL. 62786  
Attn: Medical Section,  
Springfield Office

00015 065746

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810



RECEIVED  
REGISTRATION & EDUCATION

1980 JAN 10 AM 9:06

320 West Washington  
Springfield, Illinois  
62786  
(217) 785-0800

STATE OF ILLINOIS CASH SECTION  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN G. ANDERSON  
DIRECTOR

IN REPLY REFER TO: Medical Section  
Springfield Office

January 3, 1980

Carlos G. Baldoceda, M.D.  
[REDACTED]

License No. 36-54338

Dear Doctor:

This is to acknowledge receipt of your letter requesting certification for the State of Arizona, and to inform you it will receive further consideration upon receipt of a \$15 certification fee as provided by the Illinois Medical Practice Act.

If certification is required on a special form, please submit the form to this Department. In the event the state requires more than one certification, a second fee is not required. (Form received in Office.)

If you request a certification for more than one State Board, a \$15 fee is required for each state.

Very truly yours,  
[REDACTED]

Effie Jean Tennant  
Unit Supervisor

WPC:lmb

RECEIVED

JAN 11 1980

MEDICAL SECTION

(MD 85)



Dear Sir:

In applying for a license to practice medicine in the State of Arizona, the Medical Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 810 WEST BETHANY HOME ROAD, PHOENIX, ARIZONA 85013. Your early response is appreciated.

(signature) M.D.  
(signature)  
Name: Carlos G. Baldoceda, M.D.  
Address: [REDACTED]  
License number is: 36-54338

----- (DO NOT DETACH) -----  
State of: Illinois  
Full Name of Licensee: Carlos G. Baldoceda, M.D.  
Graduate of: National University of Trujillo Medical School -Peru, South America  
License No.: 36-54338 Issue date: March 14, 1977  
By: Endorsement/Reciprocity with Flex Endorsement  
By: Your State Board's Written Examination \_\_\_\_\_  
License is current? Yes If NO, Why Not? \_\_\_\_\_  
Has license been suspended or revoked? No If YES, Why? \_\_\_\_\_  
Has licentiate ever been on probation? No If YES, Why? \_\_\_\_\_  
Has licentiate ever been requested to appear before your Board? No  
If YES, Why? \_\_\_\_\_  
Derogatory information, if any None  
Comments, if any \_\_\_\_\_

Signed [REDACTED]

DIRECTOR

Title: Director

State Board: Il. State Dept. Registration & Education

Date: January 18, 1980

BOARD SEAL

by: [REDACTED]

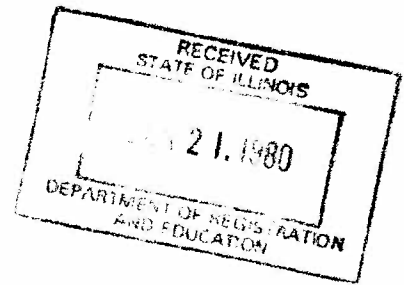
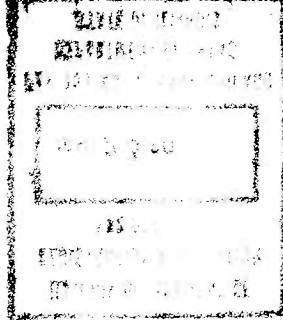
RECEIVED

JAN 2 1980

MEDICAL SECTION

(PLEASE USE REVERSE SIDE FOR COMMENTS)

015000267071



Certification Fee

Carlos G. Baldoceda M.D.

Cert. form for Az. to board.

RECEIVED  
JAN 23 1980  
MEDICAL SECTION

2/4/77

7.7.5 no given

---

Carlos Buidoceda

8 [REDACTED]

SK [REDACTED] 60076

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~~[REDACTED] app.~~

Feb. grades - 1110  
the endowment

Question Code	Question	Response/Direction
	This is the default perjury question for all licensees and is not coded. If the information you will be asked to give is not truthful, disciplinary action may be taken against your license. Do you affirm that the information you are about to give or answer is true and correct?	If yes, then Processing continues. If no, then processing stops and Person must contact department.
CE1	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. Processing continues. If no then person must contact the department.
CE2	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked and processing continues. If no then question CE4 should be asked.
CE4	Are you exempt from the continuing education requirement?	If yes, continue to CE6. If no then person must contact the department.
CE6	Are you at least 62 years of age?	If yes, no other CE question should be asked and processing continues. If no then question CE7 should be asked.
CE7	Have you been licensed as a cosmetologist, cosmetology teacher or cosmetology clinic teacher for at least 25 years?	If yes, no other CE question should be asked and processing continues. If no then person must contact the department.
CE1C	Have you fully complied with the continuing education requirement for the renewal of your license?	If yes, no other CE question should be asked. If no then CE5 question should be asked.
CE5	Are you exempt from the continuing education because you have actively been licensed for 40 years?	If yes, processing continues. If no then person must contact department.
CS1	Are you more than 30 days delinquent in complying with a child support order? (note: if you are not subject to a child support order answer no.)	Must respond if asked. If no process continues. If yes then person must contact the department.
IA1	Would you like to place your license on inactive status?	If yes, and expiration date has not passed, then note and end phone. If after expiration date, then person must pay late renewal fee amount. No other questions should be asked. If no, continue to next question.
IA3	Would you like to place your license on inactive status?	If yes, and expiration date has not passed, <b>inactive fee is required</b> and no other questions should be asked. If after expiration date then person must pay late renewal fee amount plus inactive fee amount. If no, continue to next question.

Question Code	Question	Response/Direction
PH1	Since MMDDYYYY, have you been convicted of any criminal offense in any state or federal court other than minor traffic violations?	If no, continue to next question. If yes then person must contact the department.
PH2	Since MMDDYYYY, have you had or do you now have any disease or condition that impairs or impaired your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community?	If no, continue to next question. If yes then person must contact the department.
PH3	Since MMDDYYYY, have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere?	If no, continue to next question. If yes then person must contact the department.
PH4	Since MMDDYYYY, have your clinical, hospital or practice privileges relating to patient care been involuntarily restricted, suspended or revoked other than for noncompletion of medical records?	If no, continue to next question. If yes then person must contact the department.
PH5	Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act?	If no, continue to next question. If yes then person must contact the department.
PH6	Are you currently charged with or have you been convicted of a criminal battery against any patient in the course of patient care or treatment, including any offense based on sexual conduct or sexual penetration?	If no, continue to next question. If yes then person must contact the department.
PH7	Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act?	If no, continue to next question. If yes then person must contact the department.
PH8	Are you currently charged with or have you been convicted of a forcible felony?	If no, continue to next question. If yes then person must contact the department.
PR1	Are you subject to a Peer Review?	If Yes, continue to next question. If No skip question PR2.
PR2	If you are subject to a Peer Review has it satisfactorily been completed?	If Yes, continue to next question. If No then person must contact the department.



Question Code	Question	Response/Direction
SP1	Do you have a current Basic Life Support certificate?	If yes, continue to next question. If no then person must contact department.
SP2	Is the barber school for which you are renewing actually providing instruction and maintaining the equipment required by the Barber, Cosmetology, Esthetics and Nail Technology Act of 1985?	If yes, continue to next question. If no then person must contact department.
SP3	Have you fully complied with the seismic education requirements?	If yes, continue to next question. If no then person must contact department.
SP4	Is the Supervising Physician of Record correct?	If yes, continue to next question. If no then person must contact department.
SP5	Do you have current public liability and property damage insurance with the minimum of \$100,000 per occurrence of property damage and \$300,000 per occurrence of personal injury or bodily harm?	If yes, continue to next question. If no then person must contact department.
SP6	Do you have a current Surety Bond with a \$5,000 minimum?	If yes, continue to next question. If no then person must contact department.
SP7	Are you currently Certified as a Pharmacy Technician?	Record Answer and proceed to next question
SP8	Are you currently a Student enrolled in an ACPE Approved PharmD Program?	Record Answer and proceed to next question
SP9	Have you attended a class or seminar within the past 5 years that teaches techniques or guidelines, or both, for humane animal euthanasia?	Record Answer and proceed to next question
SPA	Have you maintained current national certification (CNM, CRNA, etc.) used to qualify for licensure as an APN?	Record Answer and proceed to next question
SSN	Please Enter your Social Security Number	Please enter your Social Security Number. Nine Digits must be entered.
ISAC	Are you more than 30 days in arrears on a student loan acquired through the Illinois Student Assistance Commission?	If no continue to next question. If yes then person must contact department.
CMP1	Are you in compliance with the Home Inspector License Act, Administrative Section 1410.110?	If yes, continue to next question. If no then person must contact department.
AC1	Has your address changed from the one shown on your renewal notice?	If yes, then Address change phone recording will be made at end of renewing.
AC2	Has your address changed from the one shown on your renewal notice?	If yes, then ask question AC2A. If no, do not ask question AC2A and use the fees identified in first renewal fee areas.
AC2A	Is your new address in Illinois?	If yes, the use fees identified in Illinois fee area. If no then use fees identified in non-Illinois fee areas.
<b>Contact The Department</b>	We are unable to renew your license based on the information provided. For additional information contact the department at ###-###-####	Use the Support Phone Field in the Renewal Record. Please enunciate phone # slowly and repeat phone # if possible.