


NELSON J LEHRER MD

036046486

2008


Electronic Renewal Record



License Number	036046486	Method	E	Credited:	<input type="checkbox"/>																																																
Pin	<div style="background-color: black; width: 100px; height: 20px;"></div>	User Responses <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>1</td><td>SSN</td><td>Y</td><td>9</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2</td><td>IA1</td><td>N</td><td>10</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>3</td><td>PH1</td><td>N</td><td>11</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4</td><td>PH2</td><td>N</td><td>12</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5</td><td>PH3</td><td>N</td><td>13</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>6</td><td>PH4</td><td>N</td><td>14</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7</td><td>CS1</td><td>N</td><td>15</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>8</td><td>CE1</td><td>Y</td><td></td><td></td><td></td></tr></table>				1	SSN	Y	9	<input type="checkbox"/>	<input type="checkbox"/>	2	IA1	N	10	<input type="checkbox"/>	<input type="checkbox"/>	3	PH1	N	11	<input type="checkbox"/>	<input type="checkbox"/>	4	PH2	N	12	<input type="checkbox"/>	<input type="checkbox"/>	5	PH3	N	13	<input type="checkbox"/>	<input type="checkbox"/>	6	PH4	N	14	<input type="checkbox"/>	<input type="checkbox"/>	7	CS1	N	15	<input type="checkbox"/>	<input type="checkbox"/>	8	CE1	Y			
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2011

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2014

Electronic Renewal Record



Exit Find Another

License Number 036046486

Pin [Redacted]

Phone [Redacted]

Authorization [Redacted]

SSN [Redacted]

Address Change (IVR only) Y

Perjury Disclaimer Y

Transaction Dt 4/18/2014

Renewal Fee \$690.00

Fee Type R

Service Fee \$10.00

Method I Credited: [Icon]

User Responses

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Memo

[Redacted Memo Content]

Print Record Next Record

336013013

2008

Electronic Renewal Record



Exit Find Another

License Number 336013013

Pin [Redacted]

Phone [Redacted]

Authorization [Redacted]

SSN [Redacted]

Address Change (IVR only) N

Perjury Disclaimer Y

Transaction Dt 6/4/2008

Renewal Fee \$15.00

Fee Type 1

Service Fee \$0.00

Method E Credited: [Icon]

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Memo

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2011


Electronic Renewal Record


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DO NOT WRITE ON THIS FOLD

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PERSONAL INFORMATION

46486

No. 46486

Application for Registration as
PHYSICIAN AND SURGEON

NELSON J. LEHRER, M.D.

EXAMINATION RECORD

SUBJECT	FIRST EXAMINATION	SECOND EXAMINATION	THIRD EXAMINATION
Biochemistry			
Physiology			
Anatomy			
Pharmacology			
Pathology			
Bacteriology			
Medicine			
Public Health and Prev. Medicine			
Obstetrics and Gynecology			
Surgery			
Maternity			
Psychiatry			
Total			
General Average			

Applicant Must Fill Following Blanks

Name Nelson J. Lehrer, M.D.

Postoffice address [REDACTED]

Is this your first application for a license in Illinois
No, I have applied before for my Temporary License.

Number years of medical study Seven

Terms of medical lectures attended _____

Name of College issuing diploma University of Chile Medical School.

Located at Santiago, Chile.

Date of Graduation May 20, 1969.

School of Practice U. of Chile Medical School

Total Years of Practice as follows: Three years.

State Chile Years 1969-70, part of 1971.

" Illinois " part of 1971 and 1972.

\$75.00 Application Fee received 19____
 Preliminary Education approved 19____
 Diploma verified 19____
 Diploma returned 19____
 By _____ Express
 Second Examination Fee (\$50) received 19____
 Third Examination Fee (\$50) received 19____
 Certificate issued SEP 18 1972 19____
 Certificate forwarded SEP 28 1972 19____
 Application declined 19____
 Decl. of Int. No. _____
 Cert. of Nat. _____
 Issued at _____
 on _____ day of _____ 19____
 Entered U. S. _____

Date of 1st examination 19____
 Date of 2nd examination 19____
 Date of 3rd examination 19____

(57107-3M-6-62)



STATE OF ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION SPRINGFIELD

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON 59039

I hereby make application for examination for Certificate to practice Medicine and Surgery in all their branches under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name NELSON JORGE LEHRER LAUB. (As given on Diploma)

Permanent address [Redacted]

Place of birth [Redacted] Date of birth [Redacted] Age [Redacted]

Are you a citizen of the United States? NO.

NOTE: Naturalized citizens of the United States must submit Certificates of Naturalization, and aliens Declarations of Intention or receipts showing petitions for Naturalization have been filed.

HIGH SCHOOL EDUCATION

Name and location of school attended National Institute, Santiago, Chile. Period of attendance 1st year March 1, 1959 to Jan. 31, 1960 2d year NATIONAL INSTITUTE March 1, 1960 to Jan. 31, 1961 3d year NATIONAL INSTITUTE March 1, 1961 to Jan. 31, 1962 4th year [Redacted] I was graduated from the [Redacted] High school on the [Redacted] day of [Redacted] 19[Redacted]

&& COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended University of Chile Medical School, Santiago, Chile. Period of attendance 1st year March 1, 1962 to Dec. 31, 1963 2d year Idem. March 1, 1963 to Dec. 31, 1963 3d year Idem. March 1, 1964 to Dec. 31, 1964 4th year [Redacted] I have credit for [Redacted] of college work. I received the degree of [Redacted] from [Redacted] on the [Redacted] day of [Redacted] 19[Redacted]

MEDICAL EDUCATION

I attended seven full courses of medical lectures as follows: At University of Chile Medical School, Santiago, Chile. from the 1st day of March 1965 to the 31st day of December 1965 At University of Chile Medical School, Santiago, Chile. from the 1st day of March 1966 to the 31st day of December 1966 At University of Chile Medical School, Santiago, Chile. from the 1st day of March 1967 to the 31st day of December 1967 At University of Chile Medical School (Rotating O Internship) from the 1st day of March 1968 to the 28th day of February 1969.

I was granted the degree of Doctor of Medicine by University of Chile Medical School. located at Santiago, Chile State of [Redacted], on the twentieth day of May 1969, and the Diploma presented with this application is the genuine Diploma of said institution.

##) High School education in Chile was equivalent to the last three years of Secondary Education. &&) Medical studies in Chile consist of a program of seven years which includes undergraduate and graduate education. This is done at the Medical College.

5-20-69 [Signature]

I have served rotating internship at Edgewater Hospital, 5700 N. Ashland Ave., Chicago, Ill. 60660

from the 1st day of July, 1971 to the 30th day of June, 1972.

Residency training at University of Illinois Hospital, 840 S. Wood St, Chic, Ill. 60612.

from the 1st day of July, 1972 to the _____ day of _____, 19____.

in the specialty of Obstetrics and Gynecology.

State of Illinois
County of Cook

ss. Nelson J. Lehrer, being
duly sworn, says that he is the person referred to in this application and
that the statements therein contained are true.

(Signature of Applicant)

Subscribed and sworn to before me this 19th day of

August, 1972

(Notary Public)

EXTRACTS FROM THE MEDICAL PRACTICE ACT

"SECTION 16. The Department may revoke or suspend the license or certificate of any person issued under this Act, or issued under any other Act in this State, to practice medicine, or to practice the treatment of human ailments in any manner * * *. 7. Employment of fraud, deception or any unlawful means in applying for or securing a license or certificate to practice the treatment of human ailments in any manner, or to practice midwifery, or in passing an examination therefor, or wilful and fraudulent violation of the rules and regulations of the Department governing examinations."

"SECTION 33. Any person who shall employ fraud or deception in applying for or securing a license under this Act, or in passing any examination therefor, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than one hundred dollars nor more than five hundred dollars, or by confinement in the county jail not more than one year, or by both such fine and imprisonment, in the discretion of the court."

RULES GOVERNING EXAMINATIONS

1. No applicant will be admitted to an examination without a card of admission issued by the Department of Registration and Education after his application and credentials have been approved. Applications must be filed at least 15 days prior to the examination date.

2. With his card of admission the applicant must present a recent, unmounted photograph, passport size, which is a duplicate of the photograph filed with his application. The signature of the applicant, attested by the physicians who signed his recommendations, must appear on the reverse side of the photographs, and a form for that purpose accompanies the application blank.

3. The examination consists of twelve written subjects which are listed on the outer fold of this application. The examination requires four days to complete. To be successful, the applicant must make a general average of 75% or more. In case of failure in the first and second examination, credit will be allowed on the following examination for grades of 75% or more, but in case of failure in the third examination, all subjects must be repeated at all subsequent examinations. An applicant who has failed in five examinations is required to furnish proof of further formal professional study in an accredited institution before admission to subsequent examination.

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, NELSON J. LEHRER

being first duly sworn on oath depose and say I do hereby declare that I will become a citizen within 5 years of the issuance of a license under the Medical Practice Act. I realize that if I fail to perfect citizenship within 5 years of the date of issuance of a license the Department shall revoke or refuse to renew the license until final citizenship has been attained.



Subscribed and sworn to,

before me this 15th

day of August A.D.,

1972

[Signature]
Notary Public

Dept. of Registration and Education.
Medical Section.
Springfield, Illinois 62701.

ML

Nelson J. Lehrer, M.D.
5815 N. Sheridan Rd.
Apt. 1013.
Chicago, Illinois 60660.

RECEIVED

July 6, 1972.

10 1972

Dear Sirs:

DEPARTMENT OF REGISTRATION
AND EDUCATION
STATE OF ILLINOIS

I would greatly appreciate it ^{if} you could inform me about my possibilities of getting a License to practice in the State of Illinois.

California

I have approved the ECFMG examination and taken a 1 year Rotating O Internship at Edgewater Hospital, Chicago. I have also passed the FLEX examination, which I took in December 1971.

I am actually an Exchange Visitor, but I intend to settle down in the U.S., so I will apply for the Immigrant Visa in the course of the next year.

I remain in close expectancy of your answer,

Sincerely yours

Nelson J. Lehrer
[Redacted Signature]
Nelson J. Lehrer, M.D.

STATE OF ILLINOIS
RICHARD B. OGILVIE, Governor
DEPARTMENT OF
REGISTRATION AND EDUCATION

WILLIAM H. ROBINSON
DIRECTOR

SPRINGFIELD

July 13, 1972

ALLEN B. ANDREASEN
DEPUTY DIRECTOR

RE: REPLY REFER TO: Medical Section

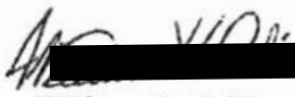
M. H. Crabb, M.D., Secretary
Federation of State Medical Boards
112 Summit Avenue, Suite 304
Fort Worth, Texas 76102

RE: Nelson J. Lehrer, M.D.

Dear Dr. Crabb:

Please forward a transcript of the grades Dr. Lehrer
received in the California 1971 Flex examination.

Very truly yours,


William H. Robinson
Director

ad

In the New Illinois, we accommodate!

RECOMMENDATION

I have personally acquainted with

Date August 17 1972.

RON J. LEHRER, M.D.

that I know him to be of good moral and professional character and entirely worthy of confidence.
I hereby recommend him to the Department of Registration and Education to be licensed to practice
Medicine
in the State of Illinois.

*Respectfully,
[Redacted]*

Professor of Medicine of New York University School of Med in the year 1954
(Former of Professional Schools)

Illinois License No. 36-41881

Date issued Aug. 17, 1972

RECOMMENDATION

I hereby certify that I am personally acquainted with _____
Date August 17 1972.

WILLIAM J. LEHRER, M.D.

I hereby recommend him to the Department of Registration and Education to be licensed to practice
Medicine

in the State of Illinois.

[Signature]

Address: _____
Name of Professional School: Marquette College of Arts
License No. 35-42176
Date issued: Aug 17 1972
in the year 1967

STATE OF ILLINOIS
RICHARD B. OGILVIE, Governor
DEPARTMENT OF
REGISTRATION AND EDUCATION


WILLIAM H. ROBINSON
DIRECTOR

SPRINGFIELD

ALLEN M. ANDREASEN
ASSISTANT DIRECTOR

IN FULLY REFER TO: Medical Section

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)? Yes _____ No NO . If yes, attach explanation stating the date and place of conviction(s) and the nature of such offense(s).



(Signature of Applicant)

being duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.

Subscribed and sworn to before this 19th day of August, 19 72



(NOTARY PUBLIC)

In the New Illinois, we accommodate!

Medical
Section

July 31, 1972

Ernest J. Lehrer, M. D.
5815 N. Sheridan Road
Apartment 1013
Chicago, Illinois 60650

Dear Dr. Lehrer:

We have received a transcript of your scores in the December, 1971 California Flex examination. These scores meet our minimum grade requirements for licensure via interview.

Upon receipt of the completed application and required documents, you will be notified to report for interview. The next scheduled interviews will be conducted in Chicago during the week of September 13.

Very truly yours,

William H. Robinson
Director

ng

IDFPR

Credit Card Renewal Question Codes, Definitions and Response/Direction (updated 01/26/2014)

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, inactive fee is required 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.
Contact The Department	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.