

Please Follow Directions
RETURN THIS APPLICATION TO SACRAMENTO, CALIFORNIA

This application, with CERTIFIED CHECK for \$50.00 and photograph of applicant to be no less than 7/8 inches by 10 inches and no larger than 8 1/4 inches by 13 inches, or other evidence of final, successful and complete completion of instruction and training required by a school approved by the Board, must be filed in the OFFICE OF THE BOARD, Sacramento, California, at least two weeks prior to the date of meeting of the Board as specified on the enclosed mimeographed list of dates.

The filing of this application does not grant any special privilege to open an office or to conduct any method of treating the sick or afflicted in the State of California. (See Sections 2141 to 2148 of the Business and Professions Code.)

NO temporary certificates or special permits to practice are granted.

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA
Application for a Written Examination for a Physician's and Surgeon's Certificate (Class A)

Application filed 27588
 Fee paid 27500
 Diploma filed _____
 Diploma verified 3805
 By _____

I, EDWARD STEVE LICHTENBERG herewith apply for a written examination for a physician's and surgeon's certificate in California and submit the following statements regarding my preliminary, premedical and medical educational qualifications in conformance with the requirements of the Business and Professions Code of the State of California and the rules adopted by the Board of Medical Examiners.

Name in full EDWARD STEVE LICHTENBERG P. O. address 396 A CAPP ST. SF CAL 94110

Date of birth _____
 Are you a citizen of the United States? YES Give particulars BORN IN CINCINNATI OHIO

Send certificate, if issued, to 396 A CAPP ST. S.F. CAL. 94110 via AIR MAIL-REGISTERED

I have received a diploma, evidencing PRELIMINARY EDUCATION, from WALNUT HILLS HIGH SCHOOL CINCINNATI OHIO on the 12th day of JUNE 1963 and this diploma was procured in the regular course of instruction, comprising a full four years' resident high school course, or its equivalent as prescribed by law, and in addition to said diploma I have successfully completed, prior to commencing the study of medicine, a two-year resident course of COLLEGE GRADE including the PREMEDICAL subjects of:

- A. Chemistry Yes College CORNELL UNIV. ITHACA NY. from 9/3 1963 to 12/20 1963
- B. Physics Yes College CORNELL UNIV. ITHACA NY. from 9/3 1963 to 12/20 1964
- C. Biology Yes College CORNELL UNIV. ITHACA NY. from 9/3 1963 to 12/20 1963

I hold the Collegiate (Academic) degree of AB granted by CORNELL UNIVERSITY on the 12th day of JUNE 1967.

MEDICAL EDUCATION. Applicant will give the name and location of each institution attended, specifying each such course of instruction, giving the date of beginning and ending of each. The law requires a RESIDENT course of at least 4 academic years.

- I entered the UNIVERSITY OF PENNSYLVANIA in the 1st year class on the 9/6 1967
- 1ST COURSE in UNIVERSITY OF PENNSYLVANIA 3rd + 4th SPRING PHILADELPHIA PENNA. From the 6th day of SEPTEMBER 1967 to the 30th day of MAY 1968
- 2D COURSE in UNIVERSITY OF PENNSYLVANIA 3rd + 4th SPRING PHILADELPHIA PENNA. From the 1st day of SEPTEMBER 1968 to the 30th day of MAY 1969
- 3D COURSE in UNIVERSITY OF PENNSYLVANIA 3rd + 4th SPRING PHILADELPHIA PENNA. From the 1st day of SEPTEMBER 1969 to the 30th day of MAY 1970
- 4TH COURSE in UNIVERSITY OF PENNSYLVANIA 3rd + 4th SPRING PHILADELPHIA PENNA. From the 1st day of SEPTEMBER 1970 to the 29th day of MAY 1971
- 5TH COURSE in NONE From the _____ day of _____ 19____ to the _____ day of _____ 19____
- 6TH COURSE in NONE From the _____ day of _____ 19____ to the _____ day of _____ 19____

I was granted the degree of DOCTOR OF MEDICINE by UNIVERSITY OF PENNSYLVANIA located at PHILADELPHIA State of PENNSYLVANIA on the 29th day of MAY 1971

I further state that I am the identical person to whom was granted the diploma or certificate of completion presented herewith, that the same was procured in the regular course of instruction without fraud or misrepresentation and that the diploma or certificate of completion presented is the genuine diploma or certificate of completion of said institution.

I further state that, as a resident student, I have completed the courses, and subjects as set forth on page 3 of this application and as evidenced by any other documents I submit and that I have been licensed in no State except as follows:

State _____ Date _____ State _____ Date _____ State _____ Date _____
 that no application either for admission to an examination or for a certificate to practice medicine has been denied me except as follows:

State _____ Date _____ State _____ Date _____ State _____ Date _____
 and that no certificate to practice medicine and surgery, issued to me by any State or Territory of the U. S., or by the licensing authority of a foreign country, has been revoked or suspended except as follows:

State _____ Date _____ Reason of _____
 and that I have not been charged with a violation of a United States statute or a State statute or the law of any foreign country except as follows:

* Applicant matriculating in a medical school after January 1, 1974 must show the completion of a three year resident course of college grade including the subjects of Chemistry, Physics and Biology.
 The term "course" refers to each year of medical study in Freshman, Sophomore, Junior and Senior years. Make entry accordingly, otherwise not acceptable.
 Foreign medical school graduates who have attended a number of medical schools (as is customary in Germany) may attach a poster if space hereon is inadequate. Follow the same OUTLINE of courses, etc.

I further depose and state that I have taken postgraduate instruction in the following institutions:

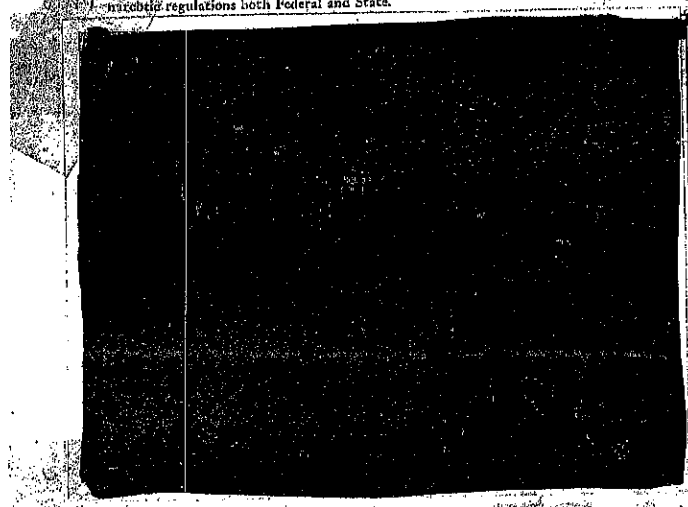
a. NONE from 19... to 19...

b. ST. LUKE'S HOSPITAL Location 1500 VALLENCIA ST. SAN FRANCISCO from JUNE 1971 to JUNE 1972

SECTION 2192 OF THE B & P CODE PROVIDES THAT, BEFORE A PHYSICIAN'S AND SURGEON'S CERTIFICATE MAY BE ISSUED, SATISFACTORY EVIDENCE OF THE COMPLETION OF A YEAR'S INTERNSHIP IN A HOSPITAL APPROVED BY THE BOARD MUST BE FILED.

I further depose and state that prior to the date of this application I have not filed an application to practice any system of healing the sick and/or afflicted under the laws of California, and that I have not practiced as an itinerant physician, nor have I been connected directly or indirectly with any medical concern, company, institute, advertising specialty or advertising specialist except as follows:

and furthermore I agree, should a certificate be granted me by the Board of Medical Examiners of the State of California, that I will not become an itinerant doctor nor become connected either directly or indirectly with any medical concern, company, institute, or advertising specialty or advertising specialist, and that I will familiarize myself with all the provisions of the California laws relating to the treatment or care of the sick and afflicted and with the regulations both Federal and State.



I hereby declare that the photograph myself, attached hereto, was taken on or about the _____ day of _____, 19____, my age then being _____ years, and my physical description then being as follows:

native of _____ Complexion; color of hair _____, color of eyes _____

height _____ weight _____ lbs.

marks _____

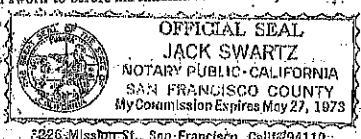
Fingerprint Classification _____

STATE OF California } ss.
 COUNTY OF San Francisco

EDWARD STEVE LICHTENBERG being duly sworn, says he is the person referred to in the foregoing application for a physician's and surgeon's certificate in California and that he has carefully read, and thoroughly understands all the requirements therein and that the statements made herein are strictly true in every respect and that he is not suffering from any ailment transmissible to others and that he has never been and is not now addicted to the use of narcotic drugs.

Edward Steve Lichtenberg MD
 Signature of applicant IN FULL (Do not USE INITIALS ONLY)

Signed and sworn to before me this 31st day of December 1971



Jack Swartz
 Notary Public
 Address 3226 Mission St. S.F.

My commission expires May 27 1973

CERTIFICATES OF MORAL CHARACTER

PREFERABLY REGISTERED PHYSICIANS AND SURGEONS LICENSED BY THE CALIFORNIA BOARD OF MEDICAL EXAMINERS
WHO HAVE KNOWN APPLICANT FOR AT LEAST ONE YEAR

THIS CERTIFIES that I have been personally acquainted with Stephen Lichtenberg M.D.,
for 1 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a physician and surgeon in the State of California.

Name Michael B. Abramson MD Address 1648 Valencia St SF CA
Graduated from University of Minnesota date June 9th 1962 Licensed in California No. C25583
State

THIS CERTIFIES that I have been personally acquainted with Edward Steve Lichtenberg M.D.,
for 1 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a physician and surgeon in the State of California.

Name Wm. Bruce Anderson MD Address 3555 Army Street, San Francisco, Calif.
Graduated from Geo. Washington University date 1957 Licensed in Calif. No. G5152
State

CERTIFICATE OF MEDICAL EDUCATION

The following certificate must be filled out, signed and sealed by the President, Dean or Secretary of each medical school wherein the applicant pursued his professional course and granted the medical diploma or certificate of completion to this applicant. Courses pursued in medical schools other than the one which granted the applicant his medical diploma must be submitted each on a supplemental copy of this form (duly certified) by the officers of said school or schools. One certificate of medical education to be completed by EACH medical school wherein the applicant studied.

THIS CERTIFIES That EDWARD STEVE LICHTENBERG of 249 S. 45th ST. PHILADELPHIA PENNA 19104
Name Address when matriculated
matriculated in UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE
Name of medical school or college Location
on 1st day of SEPTEMBER 1967, and was granted the following credits on matriculation:

matriculated September 6, 1967 as a freshman

Specify whether entered Freshman or with advanced credits

based upon the following credentials: Cornell University - Ithaca, New York 9/63 to 6/12/67 A.B. de
Give a transcript of premedical education and advanced credit if any

The undersigned further certifies that the records of this institution show that PRIOR TO COMMENCING THE STUDY OF MEDICINE the applicant herein referred to has completed _____ course of College grade including the subjects of PHYSICS, CHEMISTRY and BIOLOGY, and that _____ he has attended in this institution _____ 4 _____ terms of courses* of lectures of _____ 8 1/2 _____ weeks* each, completing the following schedule totaling at least 4000 hours in the subjects required by the Business and Professions Code of California as set forth hereunder, and that _____ he was granted the degree of BACHELOR OF DOCTOR OF Medicine ‡ on the 24 day of May 1971
Specify which degree

- | | |
|--|---|
| <p>ANATOMY</p> <ul style="list-style-type: none"> Embryology Histology Neuroanatomy <p>PHYSIOLOGY</p> <p>PSYCHOBIOLOGY</p> <p>MEDICINE</p> <ul style="list-style-type: none"> Pediatrics Psychiatry Neurology Dermatology Physical Medicine Therapeutics Tropical Medicine | <p>BIOCHEMISTRY</p> <p>PATHOLOGY, BACTERIOLOGY AND IMMUNOLOGY</p> <p>PHARMACOLOGY</p> <p>PREVENTIVE MEDICINE</p> <p>Hygiene and Sanitation</p> <p>SURGERY, including Orthopedic Surgery</p> <ul style="list-style-type: none"> Urology Ophthalmology Anesthesia Otolaryngology Obstetrics and Gynecology <p>RADIOLOGY, including Roentgenologic Technique and Radiation Safety</p> |
|--|---|

Signed and the college seal affixed this 13 day of December 1971.

[SEAL]

By Kathryn M. Long
Registrar INSTITUTION'S SIGNATURE

* The California law requires completion of no less than four resident courses of professional instruction, each of not less than 32 weeks (Section 2192).
‡ If a degree was granted, please give definite information. If no degree or diploma was granted "strike out" the entire line.

INFORMATION

Forward all applications, diplomas, fees, communications, etc., to the Board of Medical Examiners, 1020 N Street, Sacramento, California. Incomplete or mutilated applications not acceptable. FOLLOW DIRECTIONS EXPLICITLY.

Meetings. The Board is required by statute to hold at least one annual meeting in the city of Sacramento commencing on the third Monday in October. At said meeting the Board adopts dates of meetings for the following year. Two other meetings must be held annually—one in San Francisco, and the other in Los Angeles.

Application fee for Class A (written examination) \$50 of which \$40 is returned if credentials are insufficient or applicant does not desire to take the examination. Mutilated or partially completed applications not accepted.

Fees, as well as the fully completed application, must be deposited in the office of the Board at least two weeks before the date of examination. Fee must be in any form other than a personal check. All checks, etc., must be made payable to the Board of Medical Examiners.

Refund of fees. If the applicant does not report for the written examination he is entitled to a refund of \$40 (B. & P. Code, Sec. 2457). Applicants desirous of refund should notify the Secretary. Refunds are made through the Department of Consumer Affairs Accounting Department, by direction of the Board of Medical Examiners.

Subjects of examination. After you have filed a satisfactory application in our Sacramento office you must pass a written examination in the following subjects:

1. Anatomy—gross, microscopic and surgical.
2. Physiology.
3. Bacteriology and Pathology.
4. Biochemistry.
5. Obstetrics and Gynecology.
6. General Medicine and Therapeutics.
7. General Surgery and Therapeutics of Surgery, including roentgenologic technique and radiation safety.
8. Public Health and Preventive Medicine.
9. Pediatrics.

Permit to take examination will be mailed to all applicants for examination whose credentials are acceptable. This PERMIT must be presented at the door of the examining room in order to gain admission when applicant's name is called at the place, hour and date mentioned therein.

EXAMINATION—General rules for.

The applicant will furnish his own pencil and the Board will furnish examination booklets and answer sheets.

Applicants will be CHECKED INTO the examining room in alphabetical order, will quietly seat themselves and will not be permitted to leave the room within an interval of thirty (30) minutes after the distribution of questions.

The applicant will be given an "Identification Envelope" on his admission to the examining room. On the slips enclosed therein he will write his name and the address where mail may reach him within six weeks after the date of the examination. The applicant will then return these slips to the envelope, seal the same and hand it to a watcher.

The applicant will keep in mind the number appearing upon his "identification envelope" and shall write said number on the outside of each examination tablet, together with the name of the examiner, subject of examination and the date. No identification marks shall be made on the outside or inside of any examination tablet. Doing so will invalidate your ENTIRE examination.

The applicant will not write his name on any examination tablet. DISCLOSURE OF EXAMINATION NUMBER WILL DISQUALIFY THE APPLICANT.

The questions of examination will be distributed after identification envelopes have been collected.

No smoking will be permitted in the examination room.

All books, parcels, etc., must be deposited at the door of the examining room and no paper or object, other than the examination questions, answer sheet, pencil, eraser, and watch will be permitted on the applicant's table.

Applicants will not be permitted to hold communication, verbal or otherwise, while the examination is in progress, and will leave the room immediately on completion of the examination, depositing the examination tablets and answer sheets in a deposit box, which he will find located at the exit of the examining room.

No applicant will be permitted to leave the room during the progress of the examination, unless accompanied by a watcher, and not more than two examinees shall be permitted to leave the room at any one time, unless such individuals have completed the examination.

Each applicant for written examination must obtain not less than a general average of 75 percent and not less than 60 percent in any two subjects.

Section 2293. If an applicant for any form of certificate issuable under this chapter twice fails to pass the examination required for the type of certificate for which he has applied, he shall not be eligible to be examined a third time until at least one year has elapsed from the date of the second examination; and if he fails the third examination, he shall not be eligible to take the examination a fourth time until two years has elapsed from the date of the third examination. Thereafter, he may not take the examination more frequently than once in two years.

Section 2141 to 2148 of the Business and Professions Code, relating to the practice of medicine (Chapter 414, Statutes 1937), provide that any person who shall practice or attempt to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick or afflicted in this State, or who shall diagnose, treat, operate for, or prescribe for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition of any person, without having at the time of so doing a valid unrevoked certificate as provided in this act, or who shall in any sign or in any advertisement use the word "Doctor," the letters or prefix "Dr.," the letters "M.D.," or any other term or letters indicating or implying that he is a doctor, physician and surgeon, surgeon or practitioner, under the terms of this or any other act, or that he is entitled to practice hereunder, or under any other law, or who shall in any sign or any advertisement use the word "Chiropodist," "foot specialist," or any other terms or letters indicating or implying that he is a chiropodist or that he practices or holds himself out as practicing chiropody or foot correction as defined in Section 2139, without having at the time of so doing a valid unrevoked certificate as provided for in this act, shall be GUILTY OF A MISDEMEANOR and upon conviction thereof shall be punished as designated in this code; provided, that nothing contained in this section shall be construed to prohibit the manufacture, the recommendation or sale of either corrective shoes or appliances for human feet.

NO TEMPORARY OR SPECIAL PERMITS TO PRACTICE ARE ISSUED.

Responding to your
request dated

**STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT**

From Date: 12/02/2012

To Date: 12/02/2012

ATRISUPPINF

13-JUN-16 08:07:11

Person Id : Name : Lichtenberg,Edward

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	FAMILY PLANNING ASSOCIATES MEDICAL GROUP, LTD. 659 W. WASHINGTON BLVD. CHICAGO, IL 60661
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?	NO

Total Questions Asked For Person :

8

Medical Board of California -- Physician's and Surgeon's Initial Renewal

LICENSEE NAME

LICENSE NO.

EXPIRATION DATE

AMOUNT DUE NOW

AMOUNT DUE IF POSTMARKED AFTER MARCH 30, 2015

LICHTENBERG, EDWARD S

A24879

02/28/15

\$820.00

\$898.00

LICENSEE MUST CHECK CORRECT BOXES	
"H" <input checked="" type="checkbox"/>	Completed Continuing Education
"E" <input type="checkbox"/>	Change of Address (fill in reverse side)
"I" <input type="checkbox"/>	Conviction Disclosure - Yes
"J" <input checked="" type="checkbox"/>	Conviction Disclosure - No
"F" <input type="checkbox"/>	Family Physician Training Program (\$25)
"G" <input checked="" type="checkbox"/>	Financial Interest Statement

"D" SIGNATURE REQUIRED

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

Signature Edward S. Lichtenberg MD Date 11/24/2014

ENTER YOUR PHONE NUMBER FOR REFERENCE:

63010100000100002000248799010228150008200000089800

CHANGE OF MAILING ADDRESS

LICHTENBERG, EDWARD S

A24879

11262014 20000981 00010010

Street Address (this address is public information except when a PO Box is used for the public address of record; this address then becomes confidential)

City

--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip

--	--	--	--	--	--	--	--

PO Box (if used, must provide a confidential physical street address, above)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--	--	--	--	--	--	--	--	--	--	--

State

--	--

Zip

--	--	--	--	--	--	--	--