

# Interview File Report

8/19/2015

John Gibson Curington

**Board Date** 08/19/2015  
**Intended Location** Fort Payne

**License#**

**MD**

**POB** Izmir Turkey  
**Original License** USMLE/CA

**Date**

08/21/1998

**PreMed Medical** Yale University  
University of California, Davis  
School Of Medicine

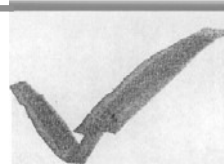
**BA 87**

09/92-06/7

**Residency** Santa Rosa Family Medicine  
Residency

07/97-06/

CURINGTON JOHN GIBSON



ALABAMA BOARD OF MEDICAL EXAMINERS  
MEDICAL LICENSURE COMMISSION OF ALABAMA  
DECLARATION OF CITIZENSHIP AND LAWFUL PRESENCE OF AN  
ALIEN FOR PUBLIC BENEFITS AND LICENSING/PERMITTING PROGRAMS

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, on-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive covered state or local public benefits.

With certain exceptions, Ala. Code §§ 31-13-1, *et seq.*, prohibits aliens unlawfully present in the U.S. from receiving state or local benefits. Every U.S. Citizen applying for a state or local public benefit must sign a declaration of Citizenship, and the lawful presence of an alien in the U.S. must be verified by the Federal Government.

Ala. Code §§ 31-13-1, *et seq.*, also requires every individual applying for or renewing a permit or license to demonstrate his/her U.S. citizenship or if the applicant is an alien, he/she must demonstrate his/her lawful presence in the United States.

Directions: This form must be completed and submitted by individuals applying for or renewing licenses or permits.

SECTION I -- APPLICANT INFORMATION

NAME: CURINGTON JOHN  
(Print or Type) (Last) (First) (M.I.)

DATE OF BIRTH: 02/14/1966

SECTION II -- U.S. CITIZENSHIP OR NATIONAL STATUS

Are you a citizen or national of the United States (check one)  Yes  No

If you answered YES: (1) Provide an original (only in person at agency office) or legible copy of document from attached List A or other document that demonstrates U.S. citizenship or nationality and (2) Complete Section

If you answered No: Complete Sections III and IV.

Name of document provided: \_\_\_\_\_

SECTION III - ALIEN STATUS

Are you an alien lawfully present in the United States?  Yes  No

If you answered Yes: (1) Provide an original (only in person at agency office) or legible copy of the front and back (if any) of a document from attached List B or other document that demonstrates lawful presence in the United States. (2) Complete Section IV. Information from the documentation provided will be used to verify lawful presence through the United States Government.

If you answered No: Complete Section IV.

Name of document provided: \_\_\_\_\_

SECTION IV - DECLARATION

I declare under penalty of perjury under the laws of the State of Alabama that the answers and evidence I provided are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

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DEPARTMENT OF STATE  
WASHINGTON, D.C.

**Certification of Birth Abroad**

**of a citizen of the United States of America**

*This is to certify that according to records on file in the Department of State*

-----JOHN GIBSON CURINGTON-----

Sex Male was born at London, England on June 16, 1966  
 Report of birth recorded on June 16, 1966

In witness whereof, I have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Secretary of State for Consular Affairs, [Signature]

By [Signature]

m

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**PRACTITIONER PROFILE**

Prepared for: Alabama State Board of Medical Examiners As of Date: 6/24/2015

**PRACTITIONER INFORMATION**

Name: John Gibson Curington  
 Medical School: University of California Davis, School of Medicine  
 Sacramento, California, UNITED STATES  
 Year of Grad: 1997  
 Degree Type: MD

**BOARD ACTIONS**

To date, there have been no actions reported to the FSMB

**LICENSE HISTORY**

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
CALIFORNIA	A-66341	8/21/1998	2/29/2016	6/16/2015
MASSACHUSETTS	225376	8/3/2005	2/14/2010	8/9/2013
NEW YORK	277732	11/17/2014	10/31/2016	6/11/2015

PRACTITIONER PROFILE

Prepared for: Alabama State Board of Medical Examiners As of Date: 6/24/2015

Practitioner Name: John Gibson Curinoton

**ABMS® CERTIFICATION HISTORY**

Certifying Board: American Board of Family Practice  
 Certificate: Family Practice  
 Certification Type: General  
 Certification Status: Certified  
 Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	07/27/2007	12/31/2017		Recertification	5/28/2015
Expired	Time Limited	07/14/2000	12/31/2007		Initial	5/28/2015

*The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and 1116 Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for data that is provided in 1116 directory that is not ABMS sourced information.*

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...

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
DIVISION OF PROFESSIONAL LICENSING SERVICES  
89 WASHINGTON AVENUE  
ALBANY, NEW YORK 12234

**RECEIVED**  
**EsMM 26 10\**  
**ME**

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, CURINGTON JOHN GIBSON was issued license/certificate number 277732 for the practice of MEDICINE on 11/17/14.

Our records also indicate the following information

School attended: U CAL DAVIS  
Date of graduation: 06/13/97  
Degree earned: MD

Program was acceptable in accordance with the S Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
12/97									OOOOP OOSCA
03/97						OOOOP			
06/95									OOOOP

EXMS TAKEN 03

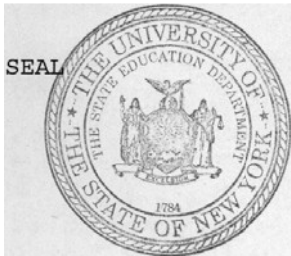
A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. Licensee must register periodically with this Department to practice in this state.

Currently Registered: YES  
Address: APT 42  
Reg period ends: 10/31/16  
454 W 152ND ST  
NEW YORK NY 10031-1821

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Cathy Hanczaryk, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.



*Cathy Hanczaryk* 05/18/15  
Principal Clerk



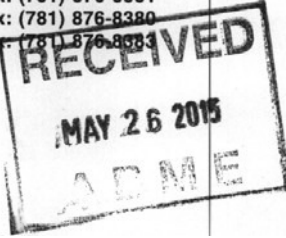
# Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330  
Wakefield, Massachusetts 01880  
(781) 876-8200

CANDACE LAPIDUS SLOANE, M.D.  
Chair, Physician Member  
KATHLEEN SULLIVAN MEYER, ESQ.  
Vice Chair, Public Member  
MICHAEL HENRY, M.D.  
Secretary, Physician Member  
JOSEPH CARROZZA, M.D.  
Physician Member  
PAUL DERENSIS, ESQ.  
Public Member  
R. MICHAEL SCOTT, M.D.  
Physician Member  
GEORGE ABRAHAM, M. D.  
Physician Member

**CHARLES D. BAKER**  
Governor  
**KARYN E. POLITO**  
Lieutenant Governor  
**MARYLOU SUDDERS**  
Secretary  
Health and Human Services  
**MONICA BHAREL, MD, MPH**  
Commissioner  
Department of Public Health

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)  
**Enforcement Division** Fax: (781) 876-8381  
**Legal Division** Fax: (781) 876-8380  
**Licensing Division** Fax: (781) 876-8683



5/20/2015

To Whom It May Concern:

This certifies that John G Curington, M.D., a 1997 graduate of University of California, Davis School of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 225376 was issued to Dr. Curington on 08/03/2005. The license status is: Lapsed. The lapsed date is 2/14/2010.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

### Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

### Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

[www.mass.gov/massmedboard](http://www.mass.gov/massmedboard)

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

Staff Member, Board of Registration in Medicine  
Robert Pacini

SEAL

RECEIVED  
MAY 29 2011  
ABIVE

APPENDIX A  
MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that JOHN GR. SON CRINGTON of Arkansas  
matriculated in MD program at UC Davis from 09/21/1992  
to 06/13/1997 and received a diploma from UC Davis, School of Medicine  
conferring the degree of Doctor of Medicine Osteopathy on 06/13/1997

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please circle the correct response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation.

Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation?

If yes, please attach a copy of the written notification to the individual. y **G)**

Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?  
notification to the individual of the disciplinary action

y **EY\***

Does this individual's official record reflect that there were any limitations or special requirements imposed on him/her because of questions of academic or clinical incompetence, disciplinary problems, or any other reason? If yes, please attach a copy of the written notification to the individual.

y

Date of 12/1/2011

Reh Miller  
President, Secretary or Dean Registrar, SOM  
UC Davis Health System

(SEAL)

*\* completed to the best of my knowledge*

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



ALABAMA BOARD OF MEDICAL EXAMINERS  
P.O. Box 916 - Montgomery, Alabama 36104  
848 Washington Avenue, Suite 3104

RECEIVED  
HAR 29 1999  
A.B.M.E.

APPENDIX D  
POST GRADUATE EDUCATION CERTIFICATE

THIS CERTIFICATE OF POSTGRADUATE EDUCATION IS GRANTED TO:

Jeff Haney, Administrator, Medical Education, QBO (University of Tennessee) certify that the records of this Program show that

John Gibson is currently enrolled in the Y of post graduate training OR has successfully completed 3 year/years of post graduate training\* in this program from 7/1/1997 to 6/30 2000

Unusual circumstances: The following questions apply to an individual that occurred during any part of individual's training. Please circle the correct response and provide a date and location. "Yes" responses to any of these questions, in a copy of the explanatory notes, written in blue ink.

Does the individual's record reflect any of the following conditions?  
If true, circle the appropriate response in the individual's record.

Does the individual's record reflect any of the following conditions?  
If true, circle the appropriate response in the individual's record.

Does the individual's record reflect any of the following conditions?  
If true, circle the appropriate response in the individual's record.

Y (N)  
Y (N)  
Y (N)

Date 5/20/15

(Signature Line)

Administrative of Hospital  
Medical Education Director  
Director of Residency Training  
Santa Rosa Family Medicine Residency

(Signature Line)

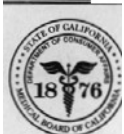
Candidate's name: John Gibson

\*This certificate is valid for the completion of the program.

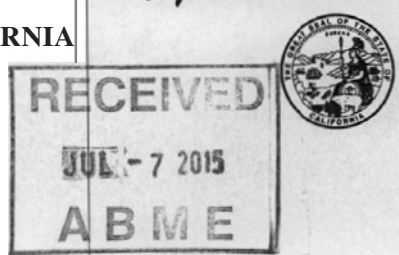
Note to applicant: This certificate is valid for the completion of the program.

INSURANCE INFORMATION: This certificate is valid for the completion of the program.

App C



MEDICAL BOARD OF CALIFORNIA  
Licensing Program



June 29, 2015

ALABAMA STATE BOARD OF MEDICAL EXAMINERS  
PO BOX 946  
MONTGOMERY AL 36101-0946

To Whom It May Concern:

This is to certify that on the date of this letter the records of the Medical Board of California (Board) indicate the following information:

Physician:	JOHN GIBSON CURINGTON
License Number:	A66341
Issued Date:	8/21/1998
Exam Type:	A written examination
Expiration Date:	2/29/2016
License Status:	CURRENT
Board:	No
Discipline:	

If Board Discipline is indicated, you may contact the Board's Enforcement Program, Central File Room by email at [fileroom@mbc.ca.gov](mailto:fileroom@mbc.ca.gov), by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Further public records pertaining to the above licensee, as well as information related to license status may be available from the Board's Web site at <http://www.mbc.ca.gov>.

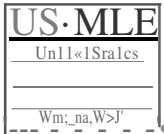
W -

Curtis J. Worden  
Chief of Licensing

SECTION 162 OF THE BUSINESS AND PROFESSIONS CODE:

The certificate of the officer in charge of the records of any board in the department that any person was or was not on a specified date, or during a specified period of time, licensed, certified or registered under the provisions of law administered by the Board, or that the license, certificate or registration of any person was revoked or under suspension, shall be admitted in any court as prima facie evidence of the facts therein recited.

CA Med Bd



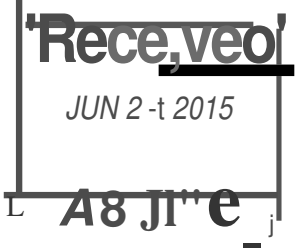
# United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76033-5656 - Telephone: (817) 868-4000

Recipient:

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Date: 06/22/2015



Examinee: Curington John Gibson

Examinee ID: 40552705

All Name(1):

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

### USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
6/14/1995	Pass	235	(176)	

### USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
3/4/1997	Pass	240	(170)	

### USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
12/2/1997	Pass	242	(177)	

NOTE: Search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) indicates no reported information on the above-named examinee.



# United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the Federation of State Medical Boards of the United States, Inc.  
Federation Place, 400 Fuller Wiser Road, Suite 300, Eules, TX 76038-5858 - Telephone (817) 888-4000

**Examinee ID:** 40552705

**Examinee:** Curington, John Gibson

### INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is 190 on the front of this transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to pass is the recommended minimum passing level for each USMLE Step. Steps are reviewed periodically and are subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variability that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

### STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

### ANNOTATIONS APPEARING UNDER 'COMMENTS'

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

**Indeterminate:** Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Incomplete:** The examinee sat for some, but not all, of the scheduled examination. No score is reported.

**Irregular Behavior:** The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of their irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

**Score Not Available:** The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

### ANNOTATIONS APPEARING AS 'NOTE'

Circumstances in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

### PHYSICIAN DATA CENTER INFORMATION APPEARING AS 'NOTE'

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with the recognized authority to review physician credentials. Citations reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure Web site and accurately reflects the scores, information maintained by the FSMB.

ALABAMA BOARD OF MEDICAL EXAMINE

P.O. Box 946 - Montgomery, AL 36101
848 Washington Avenue - 36104
(334) 242-4116

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

To The Board of Medical Examiners or the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full: [Name] (Last, First, Middle Initial) (Printed Name) (Check One)

2. Address: \_\_\_\_\_

3. Place of Birth: [City, State] Date of Birth: [MM/DD/YYYY] Sex: [M/F]

4. Social Security #: [SSN] Pursuant to Ala. Code §30-3-194, it is mandatory that you provide your social security number (SSN) on this application. The uses of your SSN are limited to the purpose of administering the state child support program and the Agency for Identification purposes. If your SSN is not provided, your application is not complete and no license will be issued.

- 5. Have you ever been convicted of a felony? (If yes, please provide the name of the court of record or a copy of the record of conviction.)
6. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine? (If yes, please provide the name of the court of record or a copy of the record of conviction.)
7. Have you ever been convicted or any violation of a state or federal law relating to controlled substances? (If yes, please provide the name of the court of record or a copy of the record of conviction.)
8. Have you ever been denied a state or federal controlled substance certificate?
9. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?
10. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?
11. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?
12. Have you ever had a judgement rendered against you, or action settled relating to performance of your professional service?
13. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?
14. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?
15. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?
16. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or conviction as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?
17. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or for any sexual boundary violation?
18. Are you currently engaged in the illegal use of controlled dangerous substances?
19. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?
20. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?
21. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?
22. Have you ever been placed on academic or disciplinary probation by a medical school or postgraduate program?
23. Have you ever been disciplined for unprofessional conduct/behavior reasons by a medical school or postgraduate program?
24. Were you notified in writing that there were limitations or special requirements imposed on you because of questions of academic or clinical incompetence, disciplinary problems or any other reason during your medical education or postgraduate training?

YES NO
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The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST, PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC

25. Military Service, Branch C Oates- - - - -
26. Place of Intended Residence in Alabama fort York, Ala (V.I.P.) (Look at Map of Ala., to, it)

**I. PRELIMINARY AND PRE-MEDICAL EDUCATION**

List all schools attended, elementary through college and post-graduate work other than medical school.

Name of School	Dates Attended	Degree Conferred
1. <u>various elementary schools</u>		
2. <u>my father was a civil engineer</u>	<u>1971 - 1980</u>	<u>chemistry</u>
3. <u>an, [unclear] in Fort Payne Alabama.</u>		
4. <u>in Fort Payne Alabama.</u>		
5. <u>University of California</u>	<u>1980 - 1981</u>	<u>Pre-Medical Certificate</u>
6. <u>University of California</u>	<u>1981 - 1982</u>	<u>B.A. in Linguistics</u>
7. <u>University of California</u>	<u>1982 - 1983</u>	<u>Pre-Medical Post-Bac Certificate</u>

**II. MEDICAL EDUCATION**

List all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

Name of School	Address
1. From <u>1983</u> to <u>1987</u> <u>University of California at Davis School of Medicine</u>	<u>SG; A</u>
3. From _____ to _____	

**III. POST GRADUATE MEDICAL EDUCATION TRAINING**

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

Hospital/Institution	Address
1. From <u>1987</u> to <u>2000</u> <u>University of California</u>	<u>3509 R. 011. v1 &amp; a, 011, Cic. le</u>
3. From _____ to _____	
4. From _____ to _____	
5. From _____ to _____	
6. From _____ to _____	
7. From _____ to _____	
8. From _____ to _____	



**IV. ORIGINAL LICENSE  
(If Applicable)**

I was issued my original (first) license in the State of California on August 21, 1998,  
 license number A066341 based upon USMLE examination. I certify that this  
 license has not been the subject of any disciplinary action. If so please explain on attached sheet.

**V. ACTM TIES FOLLOWING MEDICAL SCHOOL AND TRAINING**

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete address. Use separate sheet if necessary.

	Place	Address
1. From <u>1998</u> to <u>present</u>	<u>UCSD</u>	<u>489 5th Avenue, 3rd floor New York New York 10017</u>
2. From <u>1998</u> to <u>1999</u>	<u>UCSD</u>	<u>4 Skyline Drive Hawthorne NY 10532</u>
3. From <u>1999</u> to <u>2001</u>	<u>UCSD</u>	<u>2500 Gilman Drive (mail code 0602) La Jolla, California 92039-0602</u>
4. From <u>2001</u> to <u>2002</u>	<u>UCSD</u>	<u>Orange, California 92666</u>
5. From <u>2002</u> to <u>2003</u>	<u>UCSD</u>	<u>2017 First Ave, Suite 100 San Francisco, CA 94115</u>
6. From <u>2003</u> to <u>2004</u>	<u>UCSD</u>	<u>2500 Gilman Drive, mail code 0602 La Jolla, California 92039-0602</u>
7. From <u>2004</u> to <u>2005</u>	<u>UCSD</u>	<u>75 Mount Auburn Street Cambridge, Massachusetts 02138</u>
8. From <u>2005</u> to <u>present</u>	<u>UCSD</u>	<u>San Francisco, CA 94115 Merfield Road</u>
9. From <u>2006</u> to <u>present</u>	<u>UCSD</u>	<u>San Francisco, CA 94115</u>

**VI. HOSPITAL PRIVILEGES**

List all hospitals where you have held Staff privileges of any type. Attach sheet if necessary.

	Hospital	Address
1. From <u>1998</u> to <u>present</u>	<u>UCSD</u>	<u>3325 Chanate Road Santa Rosa, California 95404 (707) 576-4000</u>
2. From <u>1998</u> to <u>1999</u>	<u>UCSD</u>	<u>2449 Summerfield Road Santa Rosa, California 95405 (707) 523-7101</u>
3. From <u>1999</u> to <u>2001</u>	<u>UCSD</u>	
4. From <u>2001</u> to <u>2002</u>	<u>UCSD</u>	
5. From <u>2002</u> to <u>2003</u>	<u>UCSD</u>	
6. From <u>2003</u> to <u>2004</u>	<u>UCSD</u>	
7. From <u>2004</u> to <u>2005</u>	<u>UCSD</u>	
8. From <u>2005</u> to <u>2006</u>	<u>UCSD</u>	
9. From <u>2006</u> to <u>present</u>	<u>UCSD</u>	
10. From <u>2007</u> to <u>present</u>	<u>UCSD</u>	
11. From <u>2008</u> to <u>present</u>	<u>UCSD</u>	
12. From <u>2009</u> to <u>present</u>	<u>UCSD</u>	
13. From <u>2010</u> to <u>present</u>	<u>UCSD</u>	
14. From <u>2011</u> to <u>present</u>	<u>UCSD</u>	



VU. STATE LICENSURE  
(If Applicable)

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

Glitter, r.. - Aoc; \$1f-f  
Y. ev y uK.. 277732  
Massachusetts 225376

8/21/1998 - current  
 11/17/2014 - current  
 08/03/2005 - 2/14/2010  
 I let my Massachusetts  
 license expire since  
 I moved back to  
 California.

VIII. SPECIALTY BOARD CERTIFICATION

Are you currently certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? @ NO AVW1c» "&.. n/ "1 Fo, v, dy YV\ .c.1 t:

(If your answer is YES you must have your Specialty Board send verification directly to this office.)

IX. SPEX

1. Have you successfully completed a written licensing examination within the last ten years? YES --
2. Have you been certified or re-certified by one of the specialty boards approved by the American Board of Medical Specialties or the American Osteopathic Association? @ L NO A&H/Cfft+i ./::r, ly lit, CQ  
A&FM Re- Ger-N; ..ly 7,:2CCr

X. AFFIDAVIT AND RELEASE

I, JOHN CURTIS, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from all liability for the release of this information.

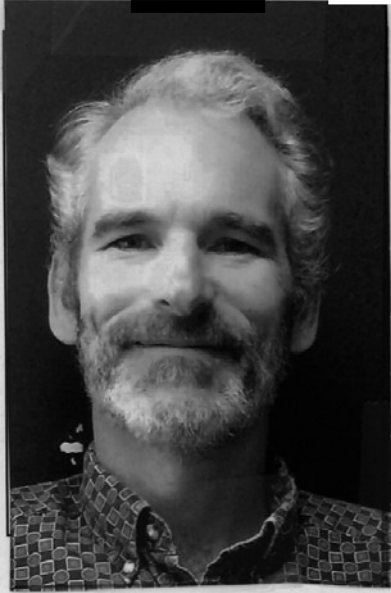
Date 11-15-2015

[Signature]  
Applicant's Signature

County of IL

State of IL

SWORN to and subscribed before me this day of 7 JK 2015



[Signature]  
Notary Public  
My Commission Expires: April 15, 2017

WILSON MONCION  
 NOTARY PUBLIC - STATE OF NEW YORK  
 No. 01 r.106280029  
 Qualified In Wentworth county  
 My commission expires April 15, 2017

THE ALBME WILL ENFORCE THE BOARD'S RULES AND OPTIONS FOR THE ISSUANCE OF NON-DISCIPLINARY CITATION AND ADMINISTRATIVE CHARGE WHEN AN APPLICANT FALSIFIES AN APPLICATION.

C URINGTON

ALABAMA STATE BOARD OF MEDICAL EXAMINERS  
JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O BOX 946  
MONTGOMERY, ALABAMA 36101-0946  
848 WASHINGTON AVE  
MONTGOMERY, ALABAMA 36104

TELEPHONE (334)833-0165  
FAX (334) 240-3388  
E MAIL jboslun@albme.org

June 24, 2015

John Gibson Curington, M.D.  
454 W 152nd Street, Apt. 42  
New York, NY 10031

Dear Dr. Curington:

This will acknowledge receipt of your Application for Certificate to Practice Endorsement. You may check the status of your application On Line by following these steps:

1. Log onto [www.albme.org](http://www.albme.org)
2. Click on the **CHECK PENDING APPLICATION** heading
3. Enter your last name and the last 4 digits of your social security number
4. Check Status

If you are using a credentialing service to help you with your application you must provide them with this information so they will also be able to check the status of your application. Due to the large number of applicants, this office will no longer accept phone calls to check the status of an application. The website is updated daily.

The Board of Medical Examiners meets once monthly. Your application must be completed (all supporting documents received) by the fourth Wednesday of the month to be considered by the Board at the next month's meeting. Once your application is complete, you will be notified by mail of the meeting date.

If you have any questions or have any problems accessing this site, please contact me.

Sincerely,

Jackie Baskin

*rtMd{*

*C \_*

/jb



**ALABAMA STATE BOARD OF MEDICAL EXAMINERS**  
ANDI SILBERMAN ASSISTANT DIRECTOR OF LICENSURE

P.O. BOX 946  
MONTGOMERY, ALABAMA 36101-0946  
848 WASHINGTON AVE  
MONTGOMERY, ALABAMA 36101

Telephone: (334) 956-0306  
FAX: (334) 261-1188  
EMAIL: [oisilberman@albmex.org](mailto:oisilberman@albmex.org)

July 27, 2015

John Gibson Curington, M.D.  
454 W 152<sup>nd</sup> Street, Apt. 42  
New York, New York 10031

Dear Dr. Curington:

This will acknowledge receipt of your completed application for endorsement. Your application **will be considered** by the **Board** of Medical Examiners at its meeting on **August 11, 2015**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this **state**. Enclosed please find an application for licensing by the Commission. **In order to expedite your application please complete the enclosed form, and return to the Commission's office with the required fee of \$75. This form and fee must be received prior to issuance of a license number. The Commission will meet on August 31, 2015.**

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Complete the application, include your full name and correct address and return it with the required fee of \$150 payable to the Alabama State Board of Medical Examiners. In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. If you have any questions, or if this office can be of further assistance to you please contact us.

Sincerely,  
Alabama Board of Medical Examiners

Andi Silberman  
Assistant Director of Licensure

Enclosure

ANS:em