

6135 A Ridge Acres Dr.
Cincinnati, O. 45237

APPLICATION FOR ENDORSEMENT OF A MEDICAL LICENSE

BY

The State Medical Board, State of Ohio

FORM I.

I hereby make application for a license to practice Medicine and Surgery in the State of Ohio, and submit the following statement regarding my preliminary education.

1. Name Ronald Norman Yeomans
(Full Name)
2. Place and date of birth Dec. 8, 40, Chillicothe, Mo.
3. Present residence Wichita, Kansas
4. Intended residence Cincinnati Hamilton
(City) (County.)
5. PRELIMINARY EDUCATION.
Name and Location of Institution Attended and Degree Received. Period and Date of Study.
Central Meth. College, Fayette, Mo. Sept., 1959 - June, 1963

Received Ohio Certificate of Preliminary Education No. 39848, issued by State Med. Bd. 7/15/68
(Date)

6. I have made application to the following State Examining and Licensing Boards, and no others Kansas,
(Give names of States and dates
June, 1967-Examination.
of application—Reciprocity or Examination.)

and received a certificate from each except as follows: Kansas will receive at end of
(Give names of States and dates of application — Reciprocity or Examination.)
internship, June 30, 1968

7. MEDICAL EDUCATION.

Give the date and source of each medical credential, diploma, license or degree which you hold

M.D. University of Kansas Medical School, June 5, 1967

Attended 4 year full courses of medical lectures as follows, to-wit:

1st Course at University of Kansas from Sept., 1963 to June, 1964

2nd Course at " " " from Sept., 1964 to June, 1965

3rd Course at " " " from Sept., 1965 to June, 1966

4th Course at University of Kansas from July, 1966 to June, 1967

Was granted a diploma by University of Kansas located at
(Name of Medical College.)
Kansas City State of Kansas on the 5 day of June, 1967

8. Time of practice Wesley Hospital, Wichita, Kansas, July 1, 1967 - June 30, 1968 (Internship)
(Give places and dates)

9. I am not, and never have been an itinerant or advertising physician, and hereby pledge my solemn oath never to become such in any capacity if under this application a license is granted to me.

10. PHYSICAL DESCRIPTION OF APPLICANT.

Race Cau. Native of Missouri Complexion Light

Color of hair Brown Color of eyes Gray Height 5'11"

~~Short~~ Medium Weight 177 Marks None

(Cross out words not answering description.)

FORM II. *AFFIDAVIT.

STATE OF Kansas
COUNTY OF Sedgwick ss.:
On this 27th day of June, 1968, personally appeared before me,
Ronald Norman Yeomans within and for the County and State aforesaid,
who being duly sworn says that he is the person referred to in the foregoing application for license to practice medicine
in the State of Ohio; that the statements therein are strictly true in every respect, and that he has read and
understands this Affidavit.

Signed and sworn to before me, this 27th day of June, 1968

(Seal.)

Ronald Norman Yeomans
(Signature of Applicant.)
Pauline Brazier
(Official designation of officer administering oath.)
Notary

*Must be sworn to before an officer authorized to administer oaths in Ohio, or a Federal officer.

My commission expires 12-18-69

FORM III.
CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE.
(A verbatim copy to follow here, over Seal of State Licensing Board, certified to by the Secretary thereof.)

THE KANSAS STATE BOARD
OF
HEALING ARTS

No. 14015

Certifies that

RONALD NORMAN YEOMANS, M.D.

having fully complied with the laws of the State of Kansas relating to the practice of Medicine and Surgery, and having been found fully qualified, is hereby authorized and licensed to practice

Medicine and Surgery

within the State of Kansas.

IN WITNESS WHEREOF, The Kansas State Board of Healing Arts has caused this certificate to be executed under our hands, and attested by the seal of the Board this 1st day of July, 1968.

James E. Hill, M.D., President
Robert C. Craig, D.O., Vice-President
Dean L. Wise, D.C.
Cyril V. Black, M.D.
Richard Gibson, D.O.

W. M. Campion, M.D.
Raymond R. Wallace, D.O.
Rex A. Wright, D.C.
H. St. Clair O'Donnell, M.D.
James R. Anderson, D.C.

Attest: F. J. Nash, M.D., Secretary

SEAL

I hereby certify that the above is a verbatim copy of license No. 14015, issued to Dr. Ronald Norman Yeomans, M.D. by the Kansas State Board of Healing Arts the 1st day of July, 1968.

(Seal.)

F. J. Nash, M. D.
Secretary.

FORM IV.
CERTIFICATE AND RECOMMENDATION OF SECRETARY.

Acting in behalf of the KANSAS STATE BOARD OF HEALING ARTS

(Name of State Board.)

I do hereby certify that Dr. Ronald Norman Yeomans was on the 1st day of July, 1968, granted a license to practice Medicine, Surgery and Obstetrics in the State of Kansas on the basis of written examination (State board examination or medical diploma of graduation.) in the following subjects: General Med., Internal Med., Medical Jurisprudence & Psychiatry, 79; Obstetrics & Gynecology, 92; Preventive Med., Pediatrics & Public Health, 87; and General Surgery and Sub-specialties, 79. *(See below for Basic Science subjects.)

on which he received an average of 84.3 per cent, and from evidence on file in this office, I do hereby certify to the good moral and professional standing of Dr. Ronald Norman Yeomans, M.D., of Wichita, (Now of Cincinnati, Ohio) State of Kansas, and recommend him to The State Medical Board of Ohio, as a proper person for medical licensure.

The applicant must satisfy the Board of Kansas on the question of standing and moral character before seal of said Board is affixed.

The State Board of Kansas hereby agrees to reciprocate this action of The State Medical Board of Ohio.

(Seal.)

F. J. Nash, M. D.
Secretary.

*(Subjects of Anatomy, 89; Bacteriology, 88; Chemistry, 79; Pathology, 89; and Physiology, 85; were taken before the Kansas State Board of Basic Science Examiners and certified to this Board under Kansas Basic Science Certificate No. 1659, dated June 30, 1965.)

FORM V.

AFFIDAVIT OF PHYSICIANS.

STATE OF Kansas }
Sedgwick COUNTY } ss:

Before me, personally appeared W.C. Goodpasture M. D.
 known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he
 has known Ronald Norman Yeomans M. D., well for 1 years and knows him
 to be of good moral and professional character, that he is a graduate of Univ. of Kansas Medical
College in the year 1967, that he has been in the practice of Medicine for the last twelve months at
Wesley Hospital, Wichita, Kansas and recommended him as worthy of professional
 recognition and that the foregoing physical description is correct.

Address Wesley Medical Center, Wichita, KS Graduate of Univ. of Kansas Medical College Certificate No. 9626
 Subscribed and sworn to this 27 day of June, 1968

(Seal.)
 My commission expires 12-18-69
 STATE OF Kansas }
Sedgwick COUNTY } ss:

Before me, personally appeared Harry A. Treibert M. D.
 known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he
 has known Ronald Norman Yeomans M. D., well for 1 years and knows him
 to be of good moral and professional character, that he is a graduate of Univ. of Kansas Medical
College in the year 1967, that he has been in the practice of Medicine for the last twelve months at
Wesley Hospital, Wichita, Kansas and recommended him as worthy of professional
 recognition and that the foregoing physical description is correct.

Address 3333 E. Central Graduate of Kansas Certificate No. 5427
(Wichita, Kans.)
 Subscribed and sworn to this 27 day of June, 1968

(Seal.)
 My commission expires 12-18-69

FORM VI.

CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT OR SECRETARY OF
 COUNTY, DISTRICT OR STATE MEDICAL SOCIETY:

P. O. Address _____ Date _____, 19____

I certify that Dr. _____, of _____
 is a member in good standing of the _____
 and that he is an ethical practitioner of good moral character.

Doctors in the state of Kansas do not become
members of the above medical societies.
R. Yeomans President or Secretary. M. D.

SECTION 4731.29. GENERAL CODE OF OHIO.

When a physician or surgeon licensed by the licensing department of another state, a territory or the District of
 Columbia or a diplomate of the National Board of Medical Examiners wishes to remove to this state to practice his
 profession, the State Medical Board may, in its discretion, issue to him a certificate to practice medicine and surgery
 in Ohio without requiring the applicant to submit to examination, provided he meets the requirements for entrance as
 set forth in Section 4731.09 and Section 4731.12. The fee for registration in this manner shall be one hundred dollars.
 Application shall be made on a form prescribed by the board.

FOR USE OF SECRETARY ONLY.

State Certificate No.

311999

Issued

9-9-68

Application for Endorsement of a
Medical License by State Medical
Board, State of Ohio

YEOMANS, Ronald Norman, M. D.

Filed

July 31, 1968

Fee

\$100.00

Presented to Board

Approved
Rejected
Withdrawn

CMA OK

RECEIVED

JUL 30 1968

STATE MEDICAL BOARD

QUALIFICATION I.

A certificate of registration showing that an examination has been made by the proper board of any state in which an average grade of not less than 75 per cent. was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not yet been covered.

QUALIFICATION II.

A certificate of registration, or license issued by the proper board of any state, may be accepted as evidence of qualification for reciprocal registration in any other state. Provided, the holder of such certificate has been engaged in the reputable practice of medicine in such state at least one year, and also provided that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the state in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the examination test in the State of Ohio, July 1, 1900.

TO WHOM APPLIED

The provisions of Qualification No. 1, as above outlined, apply only to such applicants as have obtained their medical diploma and state license in conformity with the statutes of Ohio and the rules of the Board. *All such applicants who were not matriculated in a medical college prior to January 1, 1900, must file with their application an Ohio certificate of preliminary education.*

The provisions of Qualification No. 2, as outlined, apply only to such applicants as at the time of said registration were legal possessors of diplomas issued by medical colleges in good standing in this state, and the dates of such diplomas and certificates must be prior to the legal requirement of the examination test in this state, July 1, 1900.

INSTRUCTIONS.

1. The State Medical Board of Ohio holds regular meetings on the first Tuesday of January, April, July and October at Columbus.
2. Applications for Endorsement of a medical license must be filed thirty days prior to the meeting of the Board.
3. If an Ohio certificate of preliminary education is required (see italics "To whom applied") the applicant should first forward credentials of preliminary education to the office of the State Medical Board of Ohio in order that they may be submitted to the Entrance Examiner for review. If they are satisfactory and the fee of three dollars has been received, a certificate will be issued.
4. Fill out Form I and make the necessary affidavit to Form II. Then obtain the affidavit required by Form V. This must be signed by two reputable physicians, residing in the applicant's home state or Ohio; then obtain certification of Form VI.
5. Forward to the Secretary of the Medical Board of the State in which the applicant is licensed, or the National Board of Medical Examiners, if a Diplomate. They will fill out Form III and IV, if justified in doing so, and return the blank to applicant.
6. The application should then be forwarded to the Secretary of the State Medical Board of Ohio.
7. Address all communications including postage, to the Secretary of The State Medical Board, Wyandotte Building, Columbus 15, Ohio.
8. Applicants must be 21 years of age and citizens of the United States.



1 Ronald Norman Yeomans
Signature of Applicant

2 Ronald Norman Yeomans
Signature of Applicant

I hereby certify that the photograph
on the reverse side to which this slip
is pasted is a genuine likeness of

Ronald Norman Yeomans

who was recommended by me to the
State Medical Board for a license to
practice in Ohio.

27 June 1968
Date

W C Goodpart (M)
Signature of First Endorser.

27 June 1968 2
Date

H A Dittus, MD
Signature of Second Endorser.

BIOGRAPHICAL DATA ON PHYSICIANS

from the Biographical - Historical files of
American Medical Association535 N. Dearborn St.
Chicago, Illinois 60610

RECEIVED

RECEIVED

MAY 7 1968

PHYSICIANS'
RECORDS SECT.MAY 9 1968
Department of
INVESTIGATION

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state, hospital staff privileges or faculty positions. Please enter on this form data you wish verified and mail to the Circulation and Records Department of the AMA.

Full name of M.D. YEOMANS, Ronald N., M.D.Place of birth Chellicothe ^{Missouri} Mo Date of birth 12-8-40Professional Mailing Address 514 N. Holyoke, Wichita, Kansas 67208

Medical Education:

School Name Univ. of Kansas School of Medicine M.D. Degree 1967
(Year)

Internships:

| Hospital | Location | Dates |
|------------------------------|------------------------|---------------------|
| <u>Wesley Medical Center</u> | <u>Wichita, Kansas</u> | <u>7-67 to 6-68</u> |
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |

Residencies and Fellowships:

| Hospital | Location | Dates |
|----------|----------|----------------|
| _____ | _____ | _____ to _____ |
| _____ | _____ | _____ to _____ |

M.D. Licensed to Practice Medicine in the Following States:

State Kansas Year _____; State _____ Year _____; State _____ Year _____Inquiry Submitted by W. T. Washam, M.D. Title Executive Secretary
(Your Name Here)Ohio State Medical Board, 21 West Broad St. City-State Columbus, Ohio 43215
(Affiliation - Licensing Board, Hospital or Medical School)AMA Department of Investigation 20428

MEMBER OF AMA

..... YES
..... NO

- ☒ Our records do not reveal any derogatory information.
☐ See attached memo for comments regarding applicant.

A check mark (✓) indicates that the data given corresponds to that listed in the AMA Master File of Physicians. Any discrepancies are as noted.

Date 5-10-68Robert A. EnlowRobert A. Enlow, Director
Circulation and Records Department

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov/

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board Of Ohio contain the following information for the indicated licensee as of **5/26/2004**:

Identification Information

| | |
|-----------------------|------------------------------------------------|
| Name: | RONALD NORMAN YEOMANS |
| Mailing Address: | 6135A RIDGE ACRES DR, CINCINNATI, OH 45237 |
| Date of Birth: | 12/08/1940 |
| Place of Birth: | CHILLICOTHE, MO |
| School of Graduation: | 017010-University of Kansas School of Medicine |
| Date of Graduation: | 06/05/67 |

License Information

| | |
|--------------------------|--------------------|
| Type of License: | Doctor of Medicine |
| License Number: | 35 - 031199 |
| How Issued: | End State Exam |
| Original Licensure Date: | 09/09/1968 |
| Expiration Date: | 12/31/1970 |
| Status: | INACTIVE |

Formal Disciplinary Action: No
(If Formal Action is YES, see attached documents)



Debra L. Jones
CME and Renewal Officer