MEDICAL BOARD OF CALIFORNIA
Executive Office

June 29, 2011

[redacted]

RE: Christopher Dotson, M.D.

To Whom It May Concern:

The Medical Board of California is in receipt of your Public Records Act request, dated June 18, 2011,

Enclosed please find a copy of Dr. Dotson's physician profile, public records relating to disciplinary action taken by the Medical Board, a copy of his application for licensure, and renewal documents from 2005 through 2011, which is as far back as our records go.

The Medical Board does not maintain records of a physician's hospital admitting privileges.

I trust this is responsive to your request.

Sincerely,

Christine Valine

Christine Valine
Public Information Analyst

Enclosures

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2389 Fax: (916) 263-2387 www.mbc.ca.gov

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING A REGULAR WRITTEN EXAMINATION.

Return Application to 1020 N Street, Sacramento, California, and NOT to San Francisco

NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

READ CAREFULLY—ALL CONDITIONS ON THIS BLANK MUST BE COMPLIED WITH IN FULL

This application with $10.00 (foreign exchange additional) in any form other than a personal check and photographic copy of diploma or its equivalent, [illegible] issued by [illegible] in inches.

The filing of this application does not entitle any person, [illegible] to open an office or to conduct any practice of medicine [illegible] in the State of California. (See last page for information on fees page.)

All foreign documents must be translated into English over the seal and signature of the Consul of the country [illegible] issued. (See last page for additional information for graduates of foreign schools.)

The English translation must be attached to each foreign document.

Board of Medical Examiners
SACRAMENTO OFFICE

RECEIVED

Application filed 7-3-57
Fee paid 7-3-57
Reference filed [illegible]
Letter sent [illegible]
Letter received [illegible]
Letter sent [illegible]
Letter received [illegible]
Letter sent [illegible]
Letter received

Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended?

[redacted]

Have you ever been or are you now addicted to narcotic drugs? [redacted]

[redacted]

Have you ever been convicted of a felony?

Have you ever been convicted before a court [redacted]

STATE STATUTE?

[redacted]

[redacted]

Do you hereby agree, should a certificate be granted entitling you to practice as a physician and surgeon in the State of California, not to become connected directly or indirectly with any medical [redacted] advertising specialty

[redacted]

Will the photo attached to this application's likeness taken within sixty days next preceding the date of the affidavit annexed hereto? Yes

Answer yes or no

Have you answered the above questions from your own knowledge or upon information or from your best recollection? Own knowledge

Reciprocity not granted if the following certificate was issued on Reciprocity.

☞ APPLICANT WILL LEGIBLY COPY, or insert a photostatic copy in the space immediately below, the entire original STATE CERTIFICATE or LICENSE on which this application is based. Do not enter a COUNTY CLERK'S CERTIFICATE OF REGISTRATION or a receipt for ANNUAL REGISTRATION.

STATE OF Germany

COUNTY OF Germany

Captain Christopher Columbus Dixon Jr. being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice as a Physician and Surgeon in the State of California; that he has read the foregoing application and knows the contents thereof to be true.

Christopher Columbus Dixon, Jr.

Signature of applicant in full—no initials

Subscribed and sworn to before me this 27th day of June 1957.

[SEAL]

Notary Public in and for the County of [illegible]

My commission expires

(NOTE—This affidavit and the endorsement [illegible] of the applicant.)

Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application

[DO NOT MAKE THIS ENDORSEMENT unless the applicant has affixed his PHOTOGRAPH on the preceding page and made the required AFFIDAVIT]

I, Frank K. Morris, M.D., Secretary of the Board of Medical Examiners of Maryland (Enter name of Board or Department)

certify that the foregoing certificate No. numbered _____ to practice as a Physician and Surgeon was issued to:

Christopher Columbus Dotson, Jr. on the 26th day of July 1955

based on* Written Examination (State whether after written or oral examination, or on credentials); that (1) said applicant was then the actual possessor of a diploma as evidence of his completion of his medical course; (2) that said applicant BEFORE ADMISSION TO SAID EXAMINATION presented to this Board a † diploma issued by Howard University, District of Columbia (Name of Medical School)

on the 3rd (Specify day) day of June (Month) 1955 (Year); that no charge against Dr. Christopher Columbus Dotson, Jr. has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION (If it has, "DUPLICATE" [illegible])

(NOTE.—If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certification, otherwise write ACROSS the page below this line the words: ISSUED ON CREDENTIALS.)

I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.

I further certify that the aforesaid Dr. Christopher Columbus Dotson, Jr. passed the REGULAR WRITTEN EXAMINATION given by this Board on June 21-24 (Month, Day or days) 1955 (Year), and obtained a general average of 84 per cent in the following subjects:

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
Anatomy	[redacted]	Practice of Medicine	[redacted]
Chemistry		Obstetrics-Gynecology	
Physiology		Surgery	
Therapeutics-Pharmacology		Pathology	

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof witness my hand and seal.

Frank K. Morris M. D. (Secretary)

Secretary of the Board of Medical Examiners of Maryland (State Board of Examiners)

[SEAL]

dated at Baltimore, Md.

Address 1215 Cathedral St., Baltimore 1, Md.

this 10th day of October 1957

*An oral examination shall not be deemed of equal merit with a written examination and no certificate shall be issued in the case where the applicant [illegible]

[illegible] 27th day of September 19[illegible]

class in the College of Medicine, Howard University (Name Medical College) on the 27th day of September (Month) 19[illegible]

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented a diploma, dated 1948, from Alabama State Laboratory High School, Montgomery, Alabama (Specify documentary evidence and date of document)

2. That as evidence of PREMEDICAL EDUCATION (college) he presented B. S. Degree, dated May 19, 1951, from Alabama State College, Montgomery, Alabama. (Specify documentary evidence and date of document, including number of units)

*3. That prior to commencing the _____ the study of medicine he completed a one-year course of college grade in each of the subjects of chemistry, physics and biology as shown on the accompanying certification.

Every application based on a certificate issued after January 1, 1919, must show that prior to commencing the last half of the second year in the study of medicine, he has completed one year of college grade in the subjects of physics, chemistry and biology. After January 1, 1924, said course must have preceded the study of medicine. On and after September 22, 1931, an applicant must show the completion of a two year's college course, including the subjects of physics, chemistry and biology prior to commencing the study of medicine, and an applicant matriculating in a medical school after January 1, 1934 must show the completion of a three year's college course, including the subjects of Physics, Chemistry and Biology.

*Strike out number 3 if course not of record in your institution, *i.e.*, filed as matriculation requirement.

4. That he attended 50 (Specify number) courses of lectures given by this institution completed during a period of 4 (Years) and was issued the degree Doctor of Medicine (Specify) on the 3rd day of June (Month) 1955

Signed Robert S. Jason M. D. (President/Dean/Secretary)

Robert S. Jason, Dean of College of Medicine, Howard University (Name of school)

{SEAL OF SCHOOL}

this 16 day of August (Month) 1957

Graduates after August 10, 1913, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Business and Professions Code of California.

CERTIFICATE OF MORAL CHARACTER

Must be Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced

(The statement is expected to state that recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and ability on request of the Board.)

This certifies that I have been personally acquainted with Christopher C. Dotson, M.D. for 9/12 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: [illegible] Address: 223 Jackson Hospital Bldg. Nashville Tenn.

Graduated from: Western Reserve University date: 16 June 1922 Licensed in: Ohio No.: [illegible]

This certifies that I have been personally acquainted with Christopher C. Dotson, M.D. for 1/12 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: [illegible] Address: 270 W. Santa Barbara Ave. L.A. 57

Graduated from: [illegible] date: [illegible] 1948 Licensed in: Calif. No.: A-133755

RECIPROCITY INFORMATION

Dear Doctor: Sacramento, California

Answering your recent inquiry, we submit the following information regulating the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein such practice is conducted. *See sections 2141 to 2143 of the Business and Professions Code.* Applicants must not establish an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." *before a California certificate has been issued.*

APPLICATION FEE of $10.00 (foreign exchange to be added) in any form *other than a personal check* must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional $90.00 to be paid if certificate is issued.

Mutilated or partially completed applications not acceptable. Read footnotes on pages 1-2-3.

Application based on a certificate issued "on Reciprocity" is not acceptable.

If admitted to examination in another state BEFORE POSSESSION OF DIPLOMA, an applicant must submit a certified copy of the document used as a basis of his admission to examination.

Applicants who have failed in a California written or oral examination are not eligible to file a Reciprocity Application.

This APPLICATION must be based on a certificate or medical license issued by a Board of Medical Examiners (or similar medical licensing body) of any STATE or TERRITORY of the UNITED STATES [illegible]

[redacted]

sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

Amendment (Chapter 309, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

Amendment (Chapter 670, Statutes 1933, effective September 15, 1933, and subsequent amendments) requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

x x

c
Responding to your request dated

Board of Medical Examiners
SACRAMENTO OFFICE
RECEIVED
AUG 23 1957
AUG. FILE CROSS

PART 3

MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION PHYSICIAN AND SURGEON

SSN= [redacted]

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT. I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE [signature] DATE 3/17/05

F. ___ YES, I WISH TO CONTRIBUTE $25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM.

LICENSE NO.	EXPIRES	FEE OWED	DELINQ FEE IF POSTMARKED AFTER 07/30/05
C 19255	06/30/05	$600.00	$660.00
	VOLUNTARY +	$25	$25
	TOTAL ENCLOSED-	$	$

ACTIVE CHRISTOPHER C. DOTSON JR
10150 NATIONAL BLVD
LOS ANGELES CA 90034

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER ( )

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE

Signature required here

630103000003000040001925590106300500060000000066000

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 05/16/2007 **To Date:** 05/16/2007

ATRISUPPINF
22-JUN-11 07:50:53

Person Id : 564195 **Name :** Dotson,Christopher

Question	Answer
I Have Completed Cme And Can Document An Average Of 25 Hours Of Approved Cme Each Calendar Year Resulting In A Minimum Of 100 Hours Over The Last 4 Years.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care (Must Be Completed By December 31, 2006).	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.	YOULOM MEDICAL CORPORATION 10150 NATIONAL BLVD. LOS ANGELES, CA 90034
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.Medbd.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES

Total Questions Asked For Person : 564195 7

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?

____YES OR ✓ NO

SUMMARY OF RENEWAL FEES OWED	
2011 Renewal Fee	
Delinquent Fee	
Penalty Fee	
TOTAL FEES:	$786.00

FINANCIAL INTEREST STATEMENT	
Health Facility Name	Address
Youlom Medical Corp.	10150 National Blvd
	Los Angeles, CA. 90034
	DBA Eye Surgical Center

MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL PHYSICIAN AND SURGEON APPLICATION

F._____ YES I WISH TO CONTRIBUTE $20 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM.

H._____ YES I WISH TO CONTRIBUTE $50 FOR THE S.M. THOMPSON LOAN REPAYMENT PROGRAM.

D. CONTINUING MEDICAL EDUCATION (CME) CERTIFICATION STATEMENT

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT:

I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE SECOND PAGE OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

Signature required

LICENSE NO. C 19255

EXPIRES 6/30/11

FEE OWED $	DELINQ FEE IF POSTMARKED AFTER _____
_____	$_____
	$_____
	$_____

TOTAL ENCLOSED

E. FOR ADDRESS CHANGE ONLY

IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____ 0084646

CITY _____ STATE _____

ZIP _____

PHONE NUMBER (____) _____

G. FINANCIAL INTEREST STATEMENT

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Signature Required

Dr. Christopher Dotson Jr
10150 National Blvd
Los Angeles, CA 90034

JUN 15 2011

786

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 04/02/2009 **To Date:** 04/02/2009

ATRISUPPINF
22-JUN-11 07:49:04

Person Id : 564195 **Name :** Dotson,Christopher

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.	EVE SURGICAL CENTER 10150 NATIONAL BLVD. L.A. CA 90034
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 : 564195 8

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name	Address
Eye Surgical Center	10150 National Blvd., Los Angeles, CA 90064

004965 76 6501080004 000192559 040105 53 400.00
BANK OF AMERICA NTS CA ST TRLAB DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520