

R. 22219

# Board of Medical Examiners of Maryland

## ENDORSEMENT APPLICATION

RECEIVED  
MAY 24 1978  
MARYLAND BOARD OF  
MEDICAL EXAMINERS

On the basis of license issued by { State of \_\_\_\_\_  
(Name of State where licensed)  
or NATIONAL BOARD CERTIFICATE, I hereby apply for license

to practice Medicine and Surgery in the State of Maryland and in connection therewith, submit the following qualifications:

- Name Harold Oliver Alexander  
(Print name in full, including middle name)
- Address 2105 Roslyn Ave Forestville, Md 20028 Date \_\_\_\_\_
- Place of Birth Wash., D.C. Date of Birth \_\_\_\_\_ Age 25
- Are you a citizen of the United States? Yes  No
- Intended residence 2105 Roslyn Ave Forestville, Md. 20028  
(Print Street and number—City, Zip Code, State)

### 6. PREMEDICAL EDUCATION

Name and location of Institutions attended			Period of Study			
Day	Mo.	Year	to	Day	Mo.	Year
15	9	70		22	12	71
10	1	72		15	6	73

What degrees did you obtain, when and from what schools and colleges?  
Princeton University - Undergraduate None  
Howard U. combined BS / MD

### 7. MEDICAL EDUCATION

Day	Mo.	Year	Day	Mo.	Year	Name and address of Medical College
27	8	1973	14	5	1977	Howard University 520 W. St. Washington, D.C. 20059

Degree of Doctor of Medicine received from Howard University, 19 77

### 8. CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that Harold O. Alexander, M.D. of Washington, D.C.  
matriculated in the Howard University College of Medicine at Washington, D.C.  
August 27, 19 73, attended 4 years study of medicine, and received a diploma  
from Howard University College of Medicine conferring the degree of Doctor of Medicine,  
May 14, 19 77

Eleanor I. Franklin  
Eleanor I. Franklin, Ph.D. MKXX (Seal)  
President, Secretary or Dean  
Associate Dean

### 9. PROFESSIONAL ACTIVITIES AND LOCATION SINCE GRADUATION

Day	Mo.	Year	Day	Mo.	Year	School, Clinic or Hospital	Degree obtained
1	7	77	1	7	78	Prince Georges Gen. Hosp.	1 <sup>st</sup> yr. Resident

- Have you ever taken the examinations of the Maryland Board?  If so, when? \_\_\_\_\_
- Do you intend to practice in Maryland as soon as licensed?  Where? \_\_\_\_\_

BEST AVAILABLE ORIGINAL

610000

12. Have you ever been denied a certificate by, or the privilege of taking an examination before, or taken an examination without receiving a certificate from any State Medical Examining Board? .....
13. Has any State Medical Examining Board revoked or suspended a certificate issued to you? .....  
Date .....
14. Are you now or have you ever been addicted to the use of drugs or alcohol? .....
- 14a. Have you ever been hospitalized for nervous or mental condition? ..... If so, give dates:  
From ..... to ..... Name and address of hospital .....
15. What is your attitude toward fee splitting? .....
16. In what states do you hold license? .....
17. In what states have you practiced medicine? .....
18. Have you ever practiced any other branch of the healing arts? ..... If so, where? .....
19. Have you ever been notified by any state medical board or any medical society of any complaint against you relative to the practice of medicine, ..... If so, explain .....
20. Have you ever been charged with violation of any law relative to practice of medicine or relative to any crime? ..... If so, state the nature of the charge and whether you were convicted. State circumstances surrounding it .....

21. Military service: <sup>ANTICIPATED</sup> Date of Entry 7/1/81 Date of Discharge 7/1/85  
Branch of service and particulars Air Force; Member of Air Force Health Prof. Schol. Prog.  
Date ..... Signed Harold O. Alexander (Applicant, write name in full)  
Harold O. Alexander Witnesses Dona J. Meagan  
Weyand Charles F. Whitlock

22. SOCIETY RECOMMENDATION:

I, ....., Secretary of the ..... Medical Society, certify that ..... M. D. is personally known to me, and that he is an ethical practitioner and of good moral character. I have carefully examined all the statements made by the applicant and believe them to be true in every respect.

Date .....  
(SEAL)

Secretary

Name and address of Society.

FILL OUT PARAGRAPH 23 IF NOT A MEMBER OF A MEDICAL SOCIETY.

23. CERTIFICATE OF PHYSICIANS

May 9, 1978

We hereby certify that Harold O. Alexander M.D., residing in ..... Prince George's County, Maryland is personally known to us and to the best of our knowledge and belief, he is of good moral character and free from mental defects and drug habits, likely to interfere with the proper practice of Medicine and Surgery. We further certify that he has been actually engaged in (Hospital) practice of Medicine and Surgery in the State of Maryland in (Private) since July, 1977 and that the photograph attached is a recent one and a genuine likeness of Harold O. Alexander M.D.

Signature and address of voucher [Signature]

Signature and address of voucher [Signature]  
6401 Landover Rd. Chazy, Md.

24. CERTIFICATION OF SECRETARY OF STATE BOARD WHICH ISSUED THE LICENSE USED AS THE BASIS OF APPLICATION

I, ..... Secretary of the .....  
(Board or Department) certify that License No. ....

to practice Medicine and Surgery was issued to ..... M.D., on  
the ..... day of ....., 19....., based on  
..... and prior graduation from .....  
(Examination of credentials) (Name of Medical School)  
..... on the ..... day of ....., 19.....,  
and that said certificate of Registration or License has never been revoked.

I further certify that the aforesaid ..... M.D., passed  
the regular written examination given by this Board on the ..... day of .....  
..... 19....., and obtained a general average of ..... per cent in the following subjects:

Subject	Percent	Subject	Percent
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

I believe the above applicant to be a fit and proper person to receive an Endorsement Certificate, and  
certify that the photograph hereto attached is a genuine likeness of the applicant.

Seal of State Board or Department must be affixed. .... President  
Dated at ..... Secretary  
this ..... day of ....., 19..... Board or Department (SEAL)

25. **CERTIFICATE OF NATIONAL BOARD OF MEDICAL EXAMINERS:** Attach Certified Copy of  
National Board Grades  
This is to certify ..... M.D., holds Certificate No. ....  
of the National Board of Medical Examiners issued .....  
and that the applicant is in good standing and also certify that the photograph hereto attached is a genuine  
likeness of the applicant.

Seal of the Board must be affixed ..... President  
Dated at ..... Secretary (SEAL)  
this ..... day of ....., 19.....

26. **AFFIDAVIT OF PRESIDENT:**  
....., being duly sworn, deposes and says; That he is the  
President of the Board of Medical Examiners of  
National Board of Medical Examiners  
and that the foregoing certificate is true to the best of his knowledge and belief.  
Date ..... (SEAL)  
Notary Public

**AFFIDAVIT OF SECRETARY:**  
....., being duly sworn, deposes and says; That he is the  
Secretary of the Board of Medical Examiners of  
National Board of Medical Examiners  
and that the foregoing certificate is true to the best of his knowledge and belief.  
Date ..... (SEAL)  
Notary Public



12313 /

**REGISTRATIONS**

No.	Date	No.	Date
D22219	7/21/78		

CHANGE OF ADDRESS  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

Harold Oliver Alexander M.D.  
First Middle Last Name  
 ADDRESS 2105 Roslyn Ave.  
 Forestville, Md 20028

APPLICATION TO  
**Board of Medical Examiners  
 of Maryland**  
 FOR ENDORSEMENT OF LICENSE  
 ISSUED BY THE STATE OF  
 Maryland  
 OR ENDORSEMENT OF  
 NATIONAL BOARD CERTIFICATE

FOR USE OF THE SECRETARY  
 Fee Paid \$100.  
 RECEIVED MAY 24 1978  
 LICENSED 7/21/78  
 REJECTED .....

NOTE: After completing this information return blank  
 with fee of \$100.00 to the Secretary, Board of Medical  
 Examiners, 201 W. Preston Street, Baltimore,  
 Maryland 21201.  
 Remit by Post Office, M.O., or certified check,  
 made payable to Board of Medical Examiners of  
 Maryland.

BEST AVAILABLE ORIGINAL

27. AFFIDAVIT OF APPLICANT:

Harold Oliver Alexander M.D. of Queen George's Co., Md. being duly sworn, says that he is the person referred to in the above application for license to practice Medicine and Surgery in the State of Maryland; and that all the statements herein contained, respecting age, residence, academic education and State Examination and License are each and all strictly true in every respect, and that

if granted a license to practice medicine in Maryland he pledges that he will not associate professionally with, nor act as a shield for, an unlicensed practitioner or other person.

Sworn before me this 23<sup>rd</sup> day of March 19 78

H.O. Harold Oliver Alexander  
(Signature in full) APPLICANT

Walter G. Mager  
Notary Public My Commission expires 7-1-78  
(SEAL)

NOTE: THIS APPLICATION WILL NOT BE ACCEPTED UNLESS PROPERLY SIGNED AND SWORN TO BY THE APPLICANT, AND UNLESS ALL BLANK SPACES ARE PROPERLY FILLED IN.

Approved \_\_\_\_\_, 19\_\_\_\_ Secretary \_\_\_\_\_ M.D.

BEST AVAILABLE ORIGINAL