

~~THIS APPLICATION MUST BE TYPEWRITTEN~~

IOWA STATE BOARD OF MEDICAL EXAMINERS

301 EMPIRE BUILDING
DES MOINES, IOWA 50309

90 Insurance Exchange Bldg.

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY
OR OSTEOPATHIC MEDICINE AND SURGERY ON THE BASIS OF WRITTEN EXAMINATION

To: The Iowa State Board of Medical Examiners:

I hereby make application to take the written examination for a license to practice medicine and surgery or osteopathic medicine and surgery in the State of Iowa and submit for your consideration the following statement concerning my age, moral character, preliminary and medical education and practice.

(Name must coincide with medical diploma and basic science certificate)

1. Name Linda Diane Railsback
2. Addresses [REDACTED] Home address [REDACTED] County [REDACTED]
3. Place of Birth [REDACTED] Date of Birth [REDACTED] Age [REDACTED]
4. Name and address (Father) [REDACTED]
5. Name and address (Mother) [REDACTED]
6. Are you a citizen of the United States? Yes Give particulars [REDACTED]
(Native born citizens must submit birth certificates; foreign born must exhibit naturalization papers or declaration of intention to become a citizen of the United States.)
7. Identification: Height [REDACTED] Weight [REDACTED] Color of Hair [REDACTED]
Color of Eyes [REDACTED] Identifying marks [REDACTED]

8. PRELIMINARY EDUCATION (Beginning with High School. Give names of institutions attended and location, with concise statement of periods of study.)
High School College High School, Bartlesville, Oklahoma Sept 1964-Nov 1966
(Name, location, dates of attendance)
College Grinnell College, Grinnell, Iowa Sept 1966-June 1970
(Name, location, dates of attendance)
Academic Degree of B.A. from Grinnell, College, Grinnell, Iowa on June 1, 1970
Date

9. MEDICAL EDUCATION
I have spent 4 years in the study of medicine, each year comprising 9 or 12 months each, in the following institutions:
Freshman Univ. of Iowa College of Medicine, Ia. City from Sept 1970 to June 1971
(Name and location of college) (Month) (Year) (Month) (Year)
Sophomore Same from Sept 1971 to June 1972
(Name and location of college) (Month) (Year) (Month) (Year)
Junior Same from June 1972 to June 1973
(Name and location of college) (Month) (Year) (Month) (Year)
Senior Same from June 1973 to June 1974
(Name and location of college) (Month) (Year) (Month) (Year)
I was granted the degree of Doctor of Medicine by University of Iowa College of Medicine
(Name of institution)
located at Iowa City, Iowa on the first day of June 1974

A photostatic copy of my diploma is submitted herewith. (Photostat must not be larger than 8x10 in. or smaller than 6x8 in.)
I further state that I am the identical person to whom this diploma was granted, that the same was procured in the regular course of instruction without fraud or misrepresentation and that the copy presented herewith is a true copy of the original diploma of said institution.

10. IOWA STATE CERTIFICATE IN THE BASIC SCIENCES No. 15,965 was granted to me on Nov. 15, 1974 by examination XXX by reciprocity with [REDACTED]
(A photostatic copy of my basic science certificate is submitted herewith.)

11. INTERNSHIP.
I will serve an internship in the following hospital: Broadlawns Polk County Hospital
(will or have) (Name)
Des Moines, Iowa from 7-1 1974 to 6-30 1975
(Location) (Date)
(A photostatic copy of my internship certificate is submitted herewith.)

12. CERTIFICATION OF MEDICAL EDUCATION:
It is hereby certified that Linda Diane Railsback
Iowa City, Iowa
of [REDACTED], was granted a diploma with the degree of
Doctor of Medicine by the University of Iowa College of Medicine
(Name of school)
located at Iowa City, State of Iowa
on the 18 day of May, 1974, and that the attached photograph is a true likeness of applicant.
John Eckstein, M.D.
Secretary or Dean of School

13. RESIDENCIES (Give places and dates of each service.) I have served Residencies in the following hospitals:

Name	Location	Specialty	from	19	to	19
Name	Location	Specialty	from	19	to	19

I was certified by _____ on _____ (Date)
 (Name of Specialty Board)
 (Enclosed is a photostatic copy of certificate)

To Be Used by Osteopathy and Surgery Applicants Taking the Subject of Surgery Only:

Make a complete statement of all postgraduate work in Major Surgery. Have same verified and sworn to by the Superintendent of Institution in which said work was done, and the President or Dean of College where postgraduate work was taken.

NOTE: a. In addition to other documents required in this application you must present a photostatic copy of a valid license to practice osteopathy in this state together with satisfactory evidence that you have completed either: (1) a two-year postgraduate course, of nine months each, in an accredited college of osteopathy, osteopathic medicine and surgery or medicine approved by the board of medical examiners of Iowa, involving a thorough and intensive study of the subject of surgery as prescribed by the medical examiners, or, (2) a one-year postgraduate course of nine months in such accredited college, and in addition thereto, you must have completed a one-year course of training as a surgical assistant in a hospital having at least twenty-five beds for patients and equipped for doing surgical work. b. Pass an examination as prescribed by the medical examiners in the subject of surgery.

RECOMMENDATIONS

Linda Diane Railsback

We, the undersigned, being personally acquainted with Doctor _____ (Name)

_____, would most cordially and heartily recommend Linda Diane Railsback _____ to the consideration of the Iowa State Board of Medical Examiners, as a person of high moral character and worthy of professional recognition.

- (1) _____
 - (2) _____
 - (3) _____
- (Name) (Address) (Position)

(The above recommendation must be completed and where possible, signed by one who holds a certificate to practice in Iowa.)

AFFIDAVIT

STATE OF Iowa }
COUNTY OF Johnson } ss.

I, Linda Diane Railsback being first duly sworn on oath depose and state that no application either for admission to an examination or for a license to practice medicine and surgery or osteopathic medicine and surgery has ever been denied me and that no license to practice medicine or any other branch of the healing art issued to me by any State or Territory of the United States, or by the licensing authority of any foreign country has ever been revoked or suspended and that I have not been charged with any violation of a Federal statute or a State statute, or the laws of any foreign country.

I further depose and state that prior to the date of filing this application, I have not practiced any system of healing the sick and/or afflicted under the laws of the State of Iowa; that I have not practiced as an itinerant physician nor have I been connected directly or indirectly with any medical concern, company, institution, corporation or advertising organization and I will familiarize myself with all provisions of the Iowa laws regulating the practice of medicine and narcotic regulations both Federal and State.

I hereby declare that the photograph of myself attached to this application was taken on or about the

30th day of January, 1974

Linda Diane Railsback
(Signature of Applicant)

Signed and sworn to before me this 13 day of

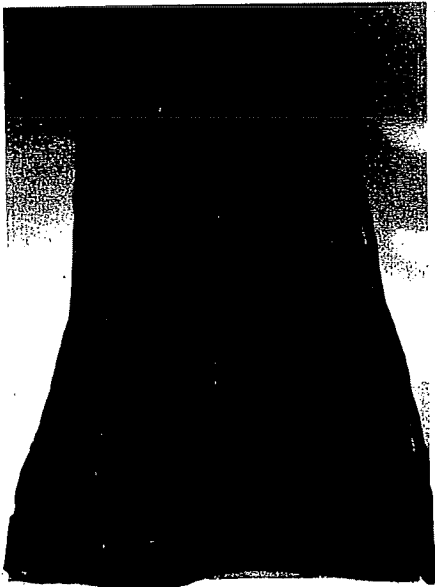
March, 1974

Wanda J. Pickering
(Notary Public)

My commission expires MY COMMISSION EXPIRES SEPT. 30, 1976

Address Jesse City, Iowa

(NOTE)- This affidavit and the endorsements on the preceding page must be dated within 60 days of the filing of this application.)



REQUIREMENTS FOR LICENSE TO PRACTICE MEDICINE: No person will be granted a license to practice medicine in the State of Iowa unless he is (a) at least 21 years of age, (b) a citizen or has declared his intention of becoming a citizen of the United States, (c) of good moral character, (d) a graduate of an approved medical or osteopathic college, as defined by the laws of this state, (e) has completed an approved internship of at least one year, and (f) holds a valid basic science certificate issued by the Iowa Board of Basic Science Examiners.

The medical examiners may accept in lieu of a diploma from a college of medicine and surgery, (a) a diploma issued by a medical college which has been neither approved nor disapproved, (b) evidence of the completion of three years of training as a resident physician, which training is acceptable to the medical examiners, and (c) the recommendation of the Educational Council for Foreign Medical Graduates.

A license may be refused to any person who has committed any one of the acts of offenses defined as unprofessional conduct by the laws of the State of Iowa regulating the practice of medicine.

EXAMINATION: Examinations for licenses to practice medicine and surgery or osteopathic medicine and surgery are held twice each year at times fixed by the Board. Application for examination must be made on the prescribed form and filed in the Board's office at least sixty (60) days prior to the scheduled date of examination applied for.

If the applicant is not at the time of filing his application a graduate of an approved college, he may submit with his application, in lieu of a copy of his diploma, a written statement from the Dean of such college that he will be graduated and receive his diploma at the end of the then current school term, but in any such case the applicant will be permitted to take the examination, but will not receive a license until he has filed with the medical examiners a photostatic copy of his diploma as evidence of graduation from an approved school. Such certificate must bear the seal of the college and the signature of the Dean or his authorized representative.

Each applicant will receive an admission card which must be presented at the examination center, with photograph attached. Photograph must be the same size as the photo affixed to this application form. The applicant must also bring several #2 lead pencils to the examination center.

SUBJECTS OF EXAMINATION

BASIC SCIENCE—SECTION A	Anatomy & Physiology
BASIC SCIENCE—SECTION B	Biochemistry & Pathology
BASIC SCIENCE—SECTION C	Microbiology & Pharmacology
CLINICAL SCIENCE—SECTION A	Medicine & Surgery
CLINICAL SCIENCE—SECTION B	OB/GYN & Preventive Medicine
CLINICAL SCIENCE—SECTION C	Pediatrics & Psychiatry
CLINICAL COMPETENCE—SECTION A	
CLINICAL COMPETENCE—SECTION B	
CLINICAL COMPETENCE—SECTION C	

The FLEX examination results are weighted 1:2:3. Basic Sciences count 1/6 of the total score; Clinical Sciences, 1/3 and Clinical Competence 1/2. A FLEX WEIGHTED AVERAGE of 70 per cent or better (of a possible 100) is passing. Iowa requires no minimum grade in any one subject.

EXAMINATION SCHEDULE

1972	June 13, 14, 15;	December 5, 6, 7
1973	June 12, 13, 14;	December 4, 5, 6
1974	June 11, 12, 13;	December 3, 4, 5

An applicant who fails to pass an examination given by this Board will not be eligible thereafter to be granted a license on the basis of endorsement of a license granted him by the licensing authority of any other state or territory or a certificate issued by the National Board of Medical Examiners or the National Board of Examiners for Osteopathic Physicians and Surgeons.

NO APPLICATION FOR LICENSURE WILL BE ACCEPTED PRIOR TO CERTIFICATION OF THE APPLICANT BY THE IOWA STATE BOARD OF EXAMINERS IN BASIC SCIENCES. Write to Elmer W. Hertel, Ph.D., Secretary of the Iowa Basic Science Board, Wartburg College, Waverly, Iowa, for particulars concerning their requirements, examination dates and application forms.

FOREIGN GRADUATES: For information concerning the recommendation of the Educational Council for Foreign Medical Graduates, write to Educational Council for Foreign Medical Graduates, 3930 Chestnut Street, Philadelphia, Pennsylvania 19104.

DO NOT FILL THE BLANKS BELOW

Certificate No. 19756 Page 1106
Book No. JUL 01 1975
Certificate Issued

IOWA STATE BOARD OF MEDICAL EXAMINERS

Application for Examination in Medicine and Surgery and Osteopathic Medicine and Surgery

Name RALLSBACK, LINDA DIANE, M.D.

Residence [Redacted]
County of [Redacted]
State of [Redacted]
Filed April 18, 1974
Fee Paid April 18, 1974
Diploma Verified [Redacted], 19 [Redacted]
By [Redacted]
Returned by [Redacted]
Examined June 11-13, 1974
Flex Weighted Average [Redacted]
Re-examined [Redacted], 19 [Redacted]
General Average [Redacted]

APPLICANT MUST FILL FOLLOWING BLANKS

Name Linda Diane Rallsbeck
Present Address [Redacted]
Age [Redacted]
Date and Place of Birth [Redacted]
Applicants Social Security or Tax No. [Redacted]

Name of College Issuing Diploma University of Iowa College of Medicine
Located at Iowa City, Iowa
Date of Graduation [Redacted], 19 [Redacted]
Iowa Basic Science Certificate No. 151265
School of Practice Medicine or Osteopathic Medicine and Surgery

DO NOT FILL THE BLANKS BELOW

Table with columns: BRANCHES, 1st Ex., 2nd Ex., RATINGS. Rows include Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, BASIC SCIENCE AVERAGE, Medicine, Surgery, Ob/Gyn, Public Health, Pediatrics, Psychiatry, CLINICAL SCIENCE AVERAGE, CLINICAL COMPETENCE AVERAGE, FLEX WEIGHTED AVERAGE.

INSTRUCTIONS

Application must be accompanied by: Fee of \$50.00 (personal checks not accepted).

- 1. Photostatic copies, notarized, of the following: a. Diploma from Medical College or Osteopathic College. b. Iowa Basic Science Certificate. c. Certificate of Internship (if completed).
- 2. A birth certificate, or a photostatic copy thereof, is required of all applicants born in the United States. Foreign physicians must present naturalization papers or declaration of intention to become a citizen of the United States.
- 3. Physicians from unapproved medical schools must: a. Present evidence of three years of post-graduate training in a hospital approved by the Board of Medical Examiners. b. Present a photostatic copy of standard certificate issued by the Educational Council for Foreign Medical Graduates.
- 4. Foreign credentials must be translated into English.
- 5. One unmounted photograph (3 x 4 inches).

The filing of this application does not grant any special privileges.

(Photostatic copies must be certified that they are true and exact copies of the original and must not be larger than 8x10 inches nor smaller than 6x8 inches.) This application will not be accepted unless properly completed in every detail, signed and sworn to by the applicant and properly notarized.

PAGES ONE, TWO AND FOUR MUST BE TYPEWRITTEN.

Conditional }

19752

CARD OF ADMISSION TO EXAMINATION
MEDICINE AND SURGERY

IOWA STATE BOARD
of
MEDICAL EXAMINERS

The Applicant whose name appears below will be admitted to examination on the dates following the name.

State I.D. No. 132
(Candidate No.)

LINDA DIANE RAILSBACK, M.D.
Name

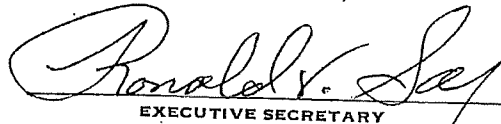
JUNE 11-12-13, 1974
Dates

No person will be admitted to the examination room except upon presentation of a properly issued CARD OF ADMISSION.

Each applicant must occupy the same desk during the entire examination. Card of Admission must be returned at final examination session.

Any erasure or alteration on this Card of Admission may invalidate it.

Iowa State Board of Medical Examiners,


EXECUTIVE SECRETARY

(OVER)

The University of Iowa

ON THE RECOMMENDATION OF THE FACULTY OF THE

College of Medicine

AND UNDER THE AUTHORITY OF THE BOARD OF REGENTS
THE UNIVERSITY OF IOWA HAS CONFERRED THE DEGREE OF

Doctor of Medicine

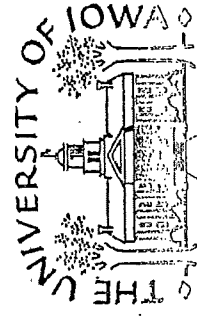
UPON

Linda Diane Bailshark

WHO HAS HONORABLY FULFILLED ALL OF THE REQUIREMENTS PRESCRIBED
BY THE UNIVERSITY FOR THIS DEGREE

AWARDED AT THE UNIVERSITY AT IOWA CITY IN THE STATE OF IOWA

THIS EIGHTEENTH DAY OF MAY, NINETEEN HUNDRED AND SEVENTY-FOUR.



Mary Lucius Peterson
PRESIDENT OF THE STATE BOARD OF REGENTS

Richard L. Boyd
PRESIDENT OF THE UNIVERSITY

Carl
E.

I, Linda D. Railsback, M.D. on oath do say
this to be a true copy of the original.

Signed Linda D. Railsback MD

Subscribed and sworn to me on this 23rd
day of June, 1975

Katherine Minnich
Notary

BROADLAWNS POLK COUNTY HOSPITAL

Des Moines, Iowa

Be it known that Linda D. Railsback, M.D.,
having served in the capacity of **INTERN**
from July 1, 1974 to June 30, 1975, and having performed
said duties faithfully and satisfactorily is granted this

DIPLOMA

In witness whereof, we affix our signature and the seal of the hospital
at Des Moines, Iowa, this 30th day of June, 1975.

Esther Walter PRESIDENT
[Signature] SECRETARY

[Signature] CHIEF OF STAFF
[Signature] ADMINISTRATOR