

Examination No. 47933 Receipt No. 47940 Filing Fee 10.00 Exam. Fee 7.50 Passed—Failed Year

Name of College Northwestern Univ. Chicago, Ill. Location Chicago, Ill. Date of Graduation 6/14/75 Diploma Received

Certificate 26739 Date Issued 2-12-76 County _____ Town _____ Diploma Returned

Identification _____ Date _____ Remarks _____

Sept. 22, 1975
 Application Received

APPLICATION FOR CERTIFICATE AND LICENSE TO PRACTICE HEALING ART

ON EXAMINATION
 ON NATIONAL BOARDS
 ON FLEX EXAMINATION

Applicant will not write above this line—Secretary use only

I hereby make application for admission to the Indiana examination for license to practice medicine and submit the following statements regarding my education qualifications. I have never before made application to the Board of Medical Registration and Examination of Indiana, either by examination or endorsement.

Are you habitually addicted to the use of narcotics or habit-forming drugs? No Do you indulge in alcoholic liquor to excess? No Have you ever been convicted of a crime that either involves a felony or involves moral turpitude? No If so, give particulars _____

Are you a citizen of the United States? YES

Declaration of Intent _____ Affidavit _____

1. BERNARD SMITH 621 E. 87th ST Chicago, Ill 60619
Name in Full Address

2. Isola, Miss 12-07-43 BROWN Black 5'11"
Place of Birth Date of Birth Color of Eyes Color of Hair Height

185 lbs.
Weight Other Means of Identification

3. System of practice { Regular
~~Eclectic~~
Homeopathic
Physio-Medical
Osteopathic
Drugless } Cross out names not desired

4. I have resided in the following places, since birth, with length of time in each.

Isola, Miss (12yL)
Chicago, Ill (19yL)

DO NOT FILL OUT THE FOLLOWING PARAGRAPH
THE INDIANA BOARD WILL SECURE THE REQUIRED INFORMATION

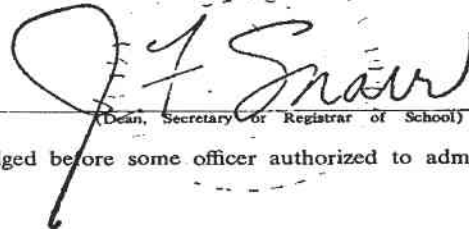
8. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE GRANTING DEGREE.

I hereby certify that Bernard Smith was matriculated in Northwestern University Medical College on the 27 day of September, 1971 and attended four courses of instruction, graduating with the degree of Doctor of Medicine on the 14 day of June 1975. The photograph as appears is the likeness of the said Bernard Smith and the person to whom the diploma was issued.

I further certify that Bernard Smith presented as evidence of pre-medical education the credits as listed below.

(A complete transcript of admission credits should follow here)

An official transcript showing four years pre-medical education at Chicago State College, Loop Junior College, and Wilson Junior College prior to acceptance into Northwestern University Medical School.



(Dean, Secretary or Registrar of School)

NOTE—If University has no seal the signature must be acknowledged before some officer authorized to administer oaths.

9. Freeholder's Affidavit

State of _____ }
County of _____ } ss:

_____ of _____

being duly sworn, on his oath says that he is a resident freeholder in the State of _____, that he is well acquainted with the applicant for license to practice medicine in Indiana, whose photograph appears and that the said _____ has not been guilty of felony or gross immorality and is not addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine; that the photograph which appears is the likeness of the person named in this affidavit.

Subscribed and sworn to before me this

_____ day of _____, 19_____

My commission expires _____, 19_____

(Signed) _____

Notary Public

Name _____

Address _____

Subscribed and sworn to before me this

_____ day of _____, 19_____

My commission expires _____, 19_____

(Signed) _____

Notary Public

Name _____

Address _____

5. PRELIMINARY EDUCATION:

I have attended the following institutions with concise statement of period of study, date of diploma or certificate received. Herewith I submit a complete transcript of two years of pre-medical college work which admitted me to the medical course outlined in Article 6, page 2.

CHICAGO STATE UNIVERSITY
College—Pre-Medical

95th and KINGS DRIVE Chgo. Ill
Location

6. MEDICAL EDUCATION:

I have spent 4 years in the study of medicine in the institution named below, for the following terms:

NORTHWESTERN UNIVERSITY (1971-1975)

I received the degree of (M. D.) D. O. from NORTHWESTERN UNIVERSITY College, located at Chicago, Ill on the 14 day of JUNE year 1975

I am the person named in the accompanying diploma and am the lawful possessor of same. I make this affidavit for the purpose of obtaining from the Board of Medical Registration and Examination of Indiana a certificate authorizing the Clerk of _____ County to issue to me a license to practice medicine in the State of Indiana.

I am the possessor of the licenses as listed below:

NONE

(Applicant will give date and source of any license to practice medicine which he may hold, and state whether or not any such license has ever been revoked or become inactive.)

Bernard Smith
(Sign Name in Full. Initials Not Sufficient.)

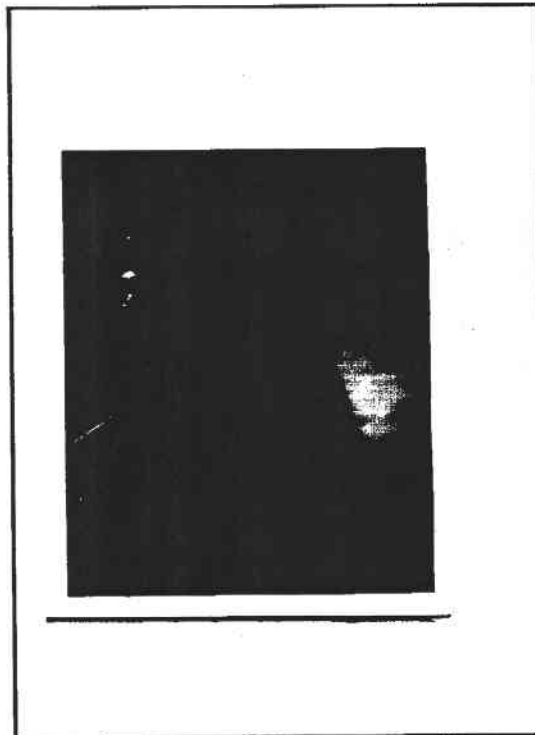
Subscribed and sworn to before me this 16th day of September - 1975

Ruth Vester
Notary Public

My commission expires 5-8-79

7. PHOTOGRAPHS:

Two loose unmounted photographs, not larger than 3" x 5" must be enclosed. One photograph must be certified on back by a Notary Public, the other to be authenticated by Secretary of this Board and to be displayed on desk during the examination as means of identification.



10. If applicant has attended more than one medical college the following blank must be filled out by the proper officer of the school where first courses were taken. (The Certificate under Rule 8 is reserved for the school where degree of M. D./D. O. was obtained.)

I, _____
Dean
Secretary of _____
Registrar
Name of School

certify that _____ matriculated in
this school on _____ day of _____, attending all of the courses as indicated
below, and left this school in good standing.

Freshman _____ Sophomore _____ Junior _____

I further certify that the photograph as appears in this application is the likeness of the person named in this affidavit.

(Signature of Dean, Secretary, or Registrar)

(Official Seal of
Institution Must
Appear Here)

INSTRUCTIONS TO APPLICANTS

1. Examination fee is \$10.00 filing fee and \$75.00 examination fee. This must be sent by draft, postal order, certified check, or personal check. Make fee payable to Board of Medical Registration and Examination of Indiana.

2. Examination from 8:00 a. m. to 5:30 p. m. CONTINUES THREE DAYS—FLEX EXAMINATION ONLY. No one will be admitted to the examination room who does not present a card of admission which will be issued to all applicants who have furnished satisfactory applications and have same on file at least forty-five days prior to date of examination.

3. Diplomas must be sent prepaid to the office of the Board.

4. This application must be completed (except paragraph eight) and submitted to the office of the Board of Medical Registration and Examination of Indiana, State Board of Health Building A-412, 1330 West Michigan Street, Indianapolis, Indiana 46206, together with transcript of pre-medical work, M. D./D. O. degree, two photographs, and fee of \$10.00 filing fee and \$75.00 examination fee. Application must be submitted by April 1 for June examination and October 1 for December examination. A foreign medical graduate must present along with all of the above regulations, evidence of two years post-graduate work in an accredited institution in the United States or Canada and must submit evidence of citizenship (i.e. A Declaration of Intent or affidavit attesting that he will file his application for permanent visa and the candidate swears he will become a citizen of the United States as soon as legally possible). Admission card with instructions as to date, place, and time of examination will be mailed to the applicant.

5. Send all credentials and communications to the Board of Medical Registration and Examination of Indiana, State Board of Health Building, A-412, 1330 West Michigan Street, Indianapolis, Indiana 46206.

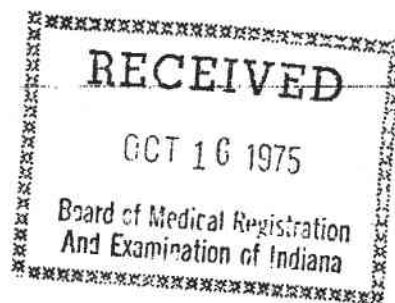
6. If applicant, applying on the basis of National Boards or FLEX Examination from another state (under HB 1260) completes the application, same as above, the applicant must have the National Boards forward the transcripts of subjects and grades attained by the National Board Examination.

7. Keep this Board informed of any change of address.

Northwestern Memorial Hospital

A Consolidation of Chicago Wesley
and Passavant Memorial Hospitals

Superior Street and Fairbanks Court
Chicago, Illinois 60611
312|649-2000



October 13, 1975

State of Indiana
Board of Medical Registration and
Examination
State Board of Health Annex
1375 W. 16th Street
Indianapolis, Indiana 46202

Gentlemen:

Dr. Bernard Smith is a 1975 graduate of Northwestern University Medical School. He is presently a medical intern at Cook County Hospital.

In the time that I have known him, his professional capabilities have been impressive. His moral and ethical character are certainly beyond reproach.

Very truly yours,

A handwritten signature in cursive script, appearing to read "Bernard J. Feldman".

Bernard J. Feldman, M.D.
Director, Emergency Services
Northwestern University Medical
Center

BJF:kaa



A Member of the McGraw Medical
Center of Northwestern University

Orig shown & returned comm 9/24/75
ST

Northwestern University

ON RECOMMENDATION OF THE FACULTY OF THE

SCHOOL OF MEDICINE

NORTHWESTERN UNIVERSITY HAS CONFERRED THE DEGREE OF

DOCTOR OF MEDICINE

UPON

BERNARD SMITH

WHO HAS HONORABLY FULFILLED ALL THE REQUIREMENTS PRESCRIBED
BY THE UNIVERSITY FOR THAT DEGREE
DONE AT EVANSTON ILLINOIS THIS FOURTEENTH DAY OF JUNE IN THE
YEAR OF OUR LORD ONE THOUSAND NINE HUNDRED AND SEVENTY-FIVE

Thomas H. Evans
CHAIRMAN OF THE BOARD OF TRUSTEES

A. D. McDonald
SECRETARY OF THE BOARD OF TRUSTEES



Robert H. Fisher
PRESIDENT

James

Orig shown & returned cmw 9/24/75
57

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Herbert A. Brown
CHAIRMAN OF THE BOARD OF TRUSTEES
A. D. McDonald
SECRETARY OF THE BOARD OF TRUSTEES



Robert H. Frost
PRESIDENT OF THE UNIVERSITY
James E. Schubert, M.D.
DEAN