

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 and medical education.

1. Name Walter Thomas Bowers II 2. Place of birth Orangeburg, South Carolina

(Full Name)
Address 4993 Hawaiian Terrace Date of birth 28 September 1945
Cincinnati, Ohio 45223 Cincinnati Hamilton

3. Intended Ohio residence (City) (County)

4. Where certificate is to be sent 4993 Hawaiian Terrace, Cincinnati, Ohio 45223

5. PRELIMINARY EDUCATION

Name and Location of Institution Attended and Degree Received. Period and Date of Study.
Tuskegee Institute, Tuskegee Institute, Alabama B.S. Sep 63- May 67
Ocalaosa-Walton Junior College, Valparaiso, Florida Sep 69- May 71

Ohio State Medical Board issued Certificate of Preliminary Education No. 52230 on 5/24/76

6. MEDICAL EDUCATION

Was granted a diploma by University of Michigan Medical School, located at
(Name of Medical College)
Ann Arbor, State of Michigan, on the 23 day of May, 19 75

7. I have made application to the following State Examining and Licensing Boards, and no others.

NONE

(Give names of states and dates of application; indicate whether by reciprocity or written examination)

and received a certificate from each except as follows:

8. Time of practice N/A (Give places and dates)

Resume inside

9. Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? NO
(Answer yes or no)

If so, specify: (State or Country) (Charge) (Date)

Have you ever been or are you now addicted to the use of drugs or alcohol? NO
(Yes or No)

Have you ever found it necessary to surrender your narcotic license? NO
(Yes or No)

Have you ever been convicted of a violation of a Federal Law, State Law or a municipal ordinance other than a minor traffic violation? NO
(Yes or No)

If so, give full particulars: (Offense)

(Place) (Disposition) (Date of Disposition)

10. PHYSICAL DESCRIPTION OF APPLICANT

Color of Hair Black Color of Eyes Brown Height 5'8 1/2"

~~XXXX~~ Medium Weight 165 Marks NONE

~~XXXX~~
(Cross out words not answering description)

FORM II. *AFFIDAVIT.

STATE OF Ohio
COUNTY OF Hamilton } SS:

On this 7 day of May, 19 76, personally appeared before me,
Carol M. Zugelger (Notary), within and for the County and State aforesaid, Walter T. Bowers II (Applicant)

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.

Walter T. Bowers II (Signature of Applicant) ✓

Signed and sworn to before me, this 7th day of May, 19 76
(Seal) Carol M. Zugelger (Official designation of person administering oath)
CAROL M. ZUGELGER

*Must be sworn to before a notary public or other person authorized to administer oaths. Notary Public, Hamilton County, Ohio
My Commission Expires Mar. 20, 1979

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.)

I hereby certify that the above is a verbatim copy of license No. _____, issued to Dr. _____
by the _____ on the _____ day of _____, 19____
(Name of State Board)
(Seal) _____ Secretary

FORM IV.
CERTIFICATE AND RECOMMENDATION OF SECRETARY.

Acting in behalf of the _____ (Name of State Board)
I do hereby certify that Dr. _____ was on the _____ day of _____
19____, granted a license to practice Medicine and Surgery in the State of _____
on the basis of _____ (State board examination, National Board of Medical Examiners, or reciprocity)
in the following subjects _____

on which he received an average of _____ per cent, and from evidence on file in this office, I do hereby certify to the good moral and professional standing of Dr. _____ of _____, State of _____, and recommend _____ to The State Medical Board of Ohio, as a proper person for medical licensure.

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

(Seal)

(Date) _____ Secretary

**FORM V.
AFFIDAVIT OF PHYSICIANS.**

STATE OF Ohio } SS:
 COUNTY OF Hamilton

Before me, personally appeared Allen R. Shode M.D.
(Affiant)
 known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he has
 known Walter T. Bowers M.D., well for 2 years and knows him
(Applicant)
 to be of good moral and professional character, that he is a graduate of University of Michigan
(Medical College or University)
 in the year 1975, that he has been in the practice of Medicine for the last 11 months at
(months or years)
University of Cincinnati Medical Center, and that he recommends him as worthy of professional
 recognition and that the foregoing physical description is correct.

Address Dept of Gyn Allen R. Shode M.D. ✓
University of Cincinnati Medical Center Graduate of Ohio State Certificate No. 025407
(Affiant)

Subscribed and sworn to this 3 day of May 7, 19 76.

Carol M. Zugelster
 Notary Public
CAROL M. ZUGELTER
 Notary Public, Hamilton County, Ohio
 My Commission Expires Mar. 20, 1978

(Seal)

STATE OF Ohio } SS:
 COUNTY OF Hamilton

Before me, personally appeared Edwin Nelson M.D.
(Affiant)
 known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he has
 known Walter T. Bowers M.D., well for 2 years and knows him
(Applicant)
 to be of good moral and professional character, that he is a graduate of University of Michigan
(Medical College or University)
 in the year 1975, that he has been in the practice of Medicine for the last 11 months at
(months or years)
University of Cincinnati Med Center, and that he recommends him as worthy of professional
 recognition and that the foregoing physical description is correct.

Address Dept. of Gyn Edwin Nelson M.D. ✓
University of Cincinnati Med Center Graduate of McHenry Medical College Certificate No. 33005
(Affiant)

Subscribed and sworn to this 3 day of May 7, 19 76.

Carol M. Zugelster
 Notary Public
CAROL M. ZUGELTER
 Notary Public, Hamilton County, Ohio
 My Commission Expires Mar. 20, 1979

(Seal)

**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.

_____, M.D.
 President or Secretary

(If you are not now or have never been a member of a medical society, please so state.)

Dr. Bowers is a first year resident in obstetrics and gynecology and is not a member of the Cincinnati Academy of Medicine or the Cincinnati Obstetrical and Gynecological Society because he is still in training. I will certify to his very high ethical and moral character. ✓

Clarence R. McLain, Jr.
 Clarence R. McLain, Jr., M.D.
 President-Elect
 Cincinnati Obstetrical and
 Gynecological Society

FOR USE OF SECRETARY ONLY

State Certificate No. 39566

Issued 7/15/76

APPLICATION FOR
ENDORSEMENT OF A
MEDICAL LICENSE BY THE
STATE MEDICAL BOARD,
STATE OF OHIO

78-37 John A. Bowers, D, Walter T. M.D.

Filed 4/29 19 76

Fee \$150.00

C.M.A. - OK
Rec. - OK

Roll Note JUL 9 1976
Ad. Approved
OHIO STATE MEDICAL BOARD
7/19/76

Sec. 4731.09, R.C. (A) The state medical board shall appoint an entrance examiner who shall not be directly or indirectly connected with a medical college and who shall determine the sufficiency of the preliminary education of an applicant for admission to the examination. The minimum requirement shall be two years of collegiate work in an approved college of arts and sciences in addition to high school graduation. Provided that students already matriculated and enrolled in their professional colleges shall not be required to have the two years of college work but shall comply only with the preliminary requirements as existing and in effect at the time of their enrollment in their said colleges. In the absence of the foregoing qualifications, the entrance examiner may examine the applicant to overcome deficiencies. When the entrance examiner finds the preliminary education of the applicant sufficient, he shall issue a certificate of preliminary examination upon the payment to the treasurer of the board of a fee of ten dollars. Such certificate shall be attested by the secretary.

The applicant must also produce a diploma from a medical institution in the United States in good standing as defined by the board at the time the diploma was issued or produce a diploma from a school or college of osteopathy in the United States in good standing at the time the diploma was issued as defined by a committee consisting of the superintendent of public instruction of the state, a member of the board who holds the degree of doctor of medicine and a member of the board who holds the degree of doctor of osteopathy, or a diploma or license approved by the board which conferred the full right to practice all branches of medicine or surgery in a foreign country.

A foreign born graduate of a foreign medical school holding a diploma approved by the board or holding a right to practice in a foreign country, may, at the discretion of the board, be admitted to the examination upon completion of not less than twenty-four months of post doctoral training in an approved hospital in the United States. This shall be in lieu of clinical training or post doctoral studies otherwise required by chapter 4731. of the Revised Code.

(B) A United States citizen who completed his undergraduate studies at a college or university in the United States approved for preliminary training by the State Medical Board and who has studied medicine at a medical school located outside the United States which is listed by the World Health Organization but who is not authorized to practice all branches of medicine or surgery in the foreign country in which he studied medicine shall be admitted to the examination upon completion of each of the following requirements:

(1) The applicant successfully completed all of the formal requirements of the foreign medical school except internship or social service requirements.

(2) The applicant attained on a qualifying examination acceptable to the State Medical Board a score satisfactory to a medical school approved by the liaison committee on medical education.

(3) The applicant successfully completed one academic year of supervised clinical training at a hospital affiliated with a medical school approved by the liaison committee on medical education and, subsequent to that year, one year of internship or residency at a hospital in the United States having an internship or residency program approved by the State Medical Board.

(C) Satisfaction of the requirements of division (B) of this section shall be accepted in lieu of the completion of any foreign internship or social service requirements. No foreign internship or social service requirements shall be made conditions for admission to the examination or for licensure as a physician in this state for persons who have completed the requirements of division (B) of this section.

(D) Satisfaction of the requirements of division (B) of this section shall be accepted in lieu of certification by the education council for foreign medical graduates, and such certification shall not be made a condition for admission to the examination or for licensure as a physician in this state for persons who have completed the requirements of division (B) of this section.

(E) A person shall be deemed to hold the equivalent of a degree of a doctor of medicine for purposes of licensure and practice as physician in this state under section 4731.291 of the Revised Code and shall possess all the rights and privileges thereof, provided the following conditions are met:

(1) The person holds a document granted by a medical school located outside the United States which is listed by the World Health Organization.

(2) The document was issued upon satisfactory completion of all formal requirements of such medical school, except internship or social service requirements;

(3) The person satisfactorily completed one academic year of supervised clinical training at a hospital affiliated with a medical school approved by the liaison committee on medical education and holds a certificate to that effect from the medical school in which such training was received.

NOTE: Pursuant to Section 4731.09, Revised Code, upon submission to the State Medical Board of credentials of preliminary education satisfactory to the Board's entrance examiner and upon payment of the requisite fee, the Board will issue to the applicant a Certificate of Preliminary Education (examination).

Sec. 4731.29, R.C. 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 or the national board of examiners for osteopathic physicians and surgeons 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 or surgery or osteopathic medicine and surgery without requiring the applicant to submit to examination, provided he meets the requirements for entrance as set forth in section 4731.09 of the Revised Code. The fee for registration in this manner shall be 150 dollars. Application shall be made on a form prescribed by the board.

All correspondence should be addressed to:

The Ohio State Medical Board
Suite 1006
180 East Broad Street
Columbus, Ohio 43215



1 Walter T. Bowers II
Signature of Applicant

2 Walter T. Bowers II
Signature of Applicant

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

Walter T. Bowers II

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

May 7 1976 1
Date

Allen R. Adcock M.D.
Signature of First Endorser.

5/7/76 2
Date
Allen R. Adcock M.D.
Signature of Second Endorser.

65. BOWERS, II, Walter Thomas
 BORN: Orangeburg, South Carolina, 9/28/45
 GRADUATED: University of Michigan, 5/23/75
 DIPLOMATE OF NATIONAL BOARD, 7/1/76
 A.M.A. Okay, RECOMMENDATION, Okay
 1975-Present, Ob/Gyn Intern, Cincinnati General Hospital, Ohio

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
X		

66. WAGNER, Grethcen Agnes Bieber
 BORN: Reading, Pennsylvania, 10/16/22
 GRADUATED: University of Pennsylvania, 3/6/48
 LICENSED: Pennsylvania, 8/31/49
 A.M.A. Okay, RECOMMENDATION, Not in yet
 (SEE BELOW FOR RESUME SENT BY DR. WAGNER)

PLEASE CHECK ONE		
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RESUME OF ACTIVITIES

DATES	HOSPITAL OR UNIVERSITY	LOCATION	POSITION & DEPARTMENT
July 1948-July 1949	Hospital of U. of Penna.	Philadelphia	Intern--rotating
July 1949-July 1950	Jeannes Hospital	Fox Chase(Phila.)	Resident, accredited for one year in surger
July 1950-July 1951	Children's Hosp. of Phila.	Philadelphia, Pa.	Resident--surgery
July 21, 1951	----Marriage, moved to New York, New York. Applied for license.		
March 1952-April 1953	American Red Cross	New York, N.Y.	Blood Mobile Physician
May 1953-----	Husband transferred to Cincinnati, Ohio		
June 1953 -----	First child born. Because the baby suffered from malabsorption, probably disaccharidase deficiency, and because his subsequent siblings, born February 1955 and November 1957, diñ also, I was too busy caring for them to consider further training at that time, so never even applied for an Ohio license.		
August 1959 ----	Moved to Dayton, Ohio		
May 1963 -----	Husband again transferred, this time to State College, Pa. I continued to attend to the children who were still on a rigid carbohydrate specific diet and suffering frequent intercurrent illnesses. Occasionally I served as a physician volunteer on Red Cross Bloodmobiles		
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N.B. I have been appointed to the staff of Cuyahoga County Hospital as a First Year Fellow in the Department of Physical Medicine & Rehabilitation, Highland View Hospital, starting in September 1976, contingent upon my being duly licensed by that time.

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HENRY G. CRAMBLETT, M. D.

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PETER LANCIONE, M. D.

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July 21, 1951	----Marriage, moved to New York, New York.		Applied for license.
March 1952-April 1953	American Red Cross	New York, N.Y.	Blood Mobile Physician
May 1953	-----Husband transferred to Cincinnati, Ohio		
June 1953	----- First child born. Because the baby suffered from malabsorption, probably disaccharidase deficiency, and because his subsequent siblings, born February 1955 and November 1957, did also, I was too busy caring for them to consider further training at that time, so never even applied for an Ohio license.		
August 1959	---- Moved to Dayton, Ohio		
May 1963	----- Husband again transferred, this time to State College, Pa. I continued to attend to the children who were still on a rigid carbohydrate specific diet and suffering frequent intercurrent illnesses. Occasionally I served as a physician volunteer on Red Cross Bloodmobiles		
April 1969	----- Returned to medical practice at the request of the local surgeons who needed a physician assistant for major surgery		
April 1969-Feb.1976	Centre Community Hosp.	State College, Pa.	Assistant in surgery
February 1976	-- Moved to Cleveland where husband accepted the position of Association Minister of the Western Reserve Association of the United Church of Christ.		

N.B. I have been appointed to the staff of Cuyahoga County Hospital as a First Year Fellow in the Department of Physical Medicine & Rehabilitation, Highland View Hospital, starting in September 1976, contingent upon my being duly licensed by that time.

65. BOWERS, II, Walter Thomas
 BORN: Orangeburg, South Carolina, 9/28/45
 GRADUATED: University of Michigan, 5/23/75
 DIPLOMATE OF NATIONAL BOARD, 7/1/76
 A.M.A. Okay, RECOMMENDATION, Okay
 1975-Present, Ob/Gyn Intern, Cincinnati General Hospital, Ohio

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
✓		

66. WAGNER, Grethcen Agnes Bieber
 BORN: Reading, Pennsylvania, 10/16/22
 GRADUATED: University of Pennsylvania, 3/6/48
 LICENSED: Pennsylvania, 8/31/49
 A.M.A. Okay, RECOMMENDATION, Not in yet
 (SEE BELOW FOR RESUME SENT BY DR. WAGNER)

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
✓		

RESUME OF ACTIVITIES

DATES	HOSPITAL OR UNIVERSITY	LOCATION	POSITION & DEPARTMENT
July 1948-July 1949	Hospital of U. of Panna.	Philadelphia	Intern--rotating
July 1949-July 1950	Jeannes Hospital	Fox Chase(Phila.)	Resident, accredited for one year in surger
July 1950-July 1951	Children's Hosp. of Phila.	Philadelphia, Pa.	Resident--surgery
July 21, 1951	----Marriage, moved to New York, New York. Applied for license.		
March 1952-April 1953	American Red Cross	New York, N.Y.	Blood Mobile Physicia
May 1953	-----Husband transferred to Cincinnati, Ohio		
June 1953	----- First child born. Because the baby suffered from malabsorption, probably disaccharidase deficiency, and because his subsequent siblings, born February 1955 and November 1957, diH also, I was too busy caring for them to consider further training at that time, so never even applied for an Ohio license.		
August 1959	---- Moved to Dayton, Ohio		
May 1963	----- Husband again transferred, this time to State College, Pa. I continued to attend to the children who were still on a rigid carbohydrate specific diet and suffering frequent intercurrent illnesses. Occasionally I served as a physician volunteer on Red Cross Bloodmobiles		
April 1969	----- Returned to medical practice at the request of the local surgeons who needed a physician assistant for major surgery		
April 1969-Feb.1976	Centre Community Hosp.	State College, Pa.	Assistant in surgery
February 1976	-- Moved to Cleveland where husband accepted the position of Association Minister of the Western Reserve Association of the United Church of Christ.		

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OHIO STATE
MEDICAL BOARD
JUL 14 1976

55. BOWERS, II, Walter Thomas
 BORN: Orangeburg, South Carolina, 9/28/45
 GRADUATED: University of Michigan, 5/23/75
 DIPLOMATE OF NATIONAL BOARD, 7/1/76
 A.M.A. Okay, RECOMMENDATION, Okay
 1975-Present, Ob/Gyn Intern, Cincinnati General Hospital, Ohio

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
✓		

66. WAGNER, Grethcen Agnes Bieber
 BORN: Reading, Pennsylvania, 10/16/22
 GRADUATED: University of Pennsylvania, 3/6/48
 LICENSED: Pennsylvania, 8/31/49
 A.M.A. Okay, RECOMMENDATION, Not in yet
 (SEE BELOW FOR RESUME SENT BY DR. WAGNER)

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
✓		

RESUME OF ACTIVITIES

DATES	HOSPITAL OR UNIVERSITY	LOCATION	POSITION & DEPARTMENT
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July 21, 1951	----Marriage, moved to New York, New York. Applied for license.		
March 1952-April 1953	American Red Cross	New York, N.Y.	Blood Mobile Physiciar
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May 1963	----- Husband again transferred, this time to State College, Pa. I continued to attend to the children who were still on a rigid carbohydrate specific diet and suffering frequent intercurrent illnesses. Occasionally I served as a physician volunteer on Red Cross Bloodmobiles		
April 1969	----- Returned to medical practice at the request of the local surgeons who needed a physician assistant for major surgery		
April 1969-Feb.1976	Centre Community Hosp.	State College, Pa.	Assistent in surgery
February 1976	-- Moved to Cleveland where husband accepted the position of Association Minister of the Western Reserve Association of the United Church of Christ.		

N.B. I have been appointed to the staff of Cuyahoga County Hospital as a First Year Fellow in the Department of Physical Medicine & Rehabilitation, Highland View Hospital, starting in September 1976, contingent upon my being duly licensed by that time.

ANTHONY RUPPERSBERG, JR., M. I

OHIO STATE
MEDICAL BOARD

'76 JUL 12 PM 3 41

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
WALTER THOMAS BOWERS, II, M.D. ✓

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: **John S. Millis**
Chairman of the Board

Philadelphia, Pa.
07/01/76 ✓

SEAL
Cert. # **154334** ✓

Robert A. Chase
President of the Board

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of **UNIV OF MICHIGAN MED SCH** in **MAY 1975**, whose birth date is **09/28/1945**, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
PART I passed 09/75		
Anatomy, incl. histology and embryology	380	73
Physiology	370	72
Biochemistry	380	73
Pathology	360	72
Microbiology, incl. immunology	430	76
Pharmacology and Materia Medica	560	84
Behavioral Sciences	340	70
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>	385	75
Part II passed 09/74		
Internal medicine and the medical specialties	320	73
Surgery and the surgical specialties	340	75
Obstetrics and Gynecology	495	82
Public Health and Preventive Medicine	395	77
Pediatrics	400	77
Psychiatry	360	75
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>	350	76
PART III passed 03/76		
A General Test of Clinical Competence		
<u>(Minimum Passing Grade 290/75) AVERAGE</u>	375	77.6
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		76.2 (Scale Score) ✓

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Heverling
Secretary for Certification
06/11/76

SEAL

Date

RESUME OF ACTIVITIES

List ALL activities from graduation to the present time. ACCOUNT FOR ALL TIME IN ALL COUNTRIES, including WORKING AND NON-WORKING TIME. If NON-WORKING, explain WHAT you were doing during that period.

PLACE ACTIVITIES IN CHRONOLOGICAL ORDER

DATES	HOSPITAL OR UNIVERSITY	LOCATION	POSITION & DEPARTMENT
30 May 1976	Graduation		
31 May-28 June	Non-Working Movement of Household from Ann Arbor, Michigan to Cincinnati, Ohio		
29 June- Present	University of Cincinnati Medical Center	Cincinnati, Ohio	Resident I Obstetrics/ Gynecology

OHIO STATE
MEDICAL BOARD

776 MAY 26 PM12:37

STATE OF OHIO
THE STATE MEDICAL BOARD

Anthony Ruppertsberg, Jr., M. D.
President

Federation of State Medical Boards
of the United States
MARCH 1976
PREV. CORRES _____
ATTN. _____ FILE _____
PHONE LETTER _____
CHECK _____

William J. Lee
Administrator
180 East Broad Street
Suite 1006
Columbus, Ohio 43215

March 5, 1976

Mrs. Fisher
Federation of State Medical Boards
of the United States, Inc.
1612 Summit Avenue
Fort Worth, Texas 76102

Dear Mrs. Fisher:

Please forward a certified transcript of the FLEX grades for the following physician: BOWERS, II, Walter T., if he has taken a FLEX examination(s) in any state(s) at any time.

If he has not taken a FLEX examination, please so note on this letter and return it to our office.

Very truly yours,

Joan Elsmann

(Mrs.) Joan Elsmann
Endorsement Section

je

3/10 19 76

This office is unable to locate any records indicating that the above named doctor ever took the FLEX examination.

M.H. Crabb
M.H. Crabb, M.D., Secretary
Federation of State Medical Boards of U.S.
MHC:mf

This office is unable to locate any records indicating that
above named doctor ever took the FLEX examination.

is

W. H. Cropp, M.D., Secretary
Association of State Medical Boards of U.S.

OHIO STATE
MEDICAL BOARD

76 MAR 15 PM 3 05

THE UNIVERSITY OF MICHIGAN
MEDICAL SCHOOL
ANN ARBOR, MICHIGAN 48104

OFFICE OF THE DEAN

DIPLOMA TRANSLATION

FOR: Walter T. Bowers, M.D.

CLASS OF: 1975

The University of Michigan Medical School diploma, as translated into the English language, reads as follows:

From the Regents to anyone reading this letter; Greetings!

Be advised that we have awarded the degree of Doctor of Medicine to _____ recommended to us in the usual manner by the professors of the College of Medicine and Surgery (Medical School) as a person well-qualified in the study, discipline and science of Medicine and Surgery.

In proof of this we have given to (him/her) this letter, bearing signatures of the President, the Secretary, and the professors.

Done on the premises of the University on the 23rd day of May 1975, in the one hundred fifty eighth year of the University of Michigan.

Frances D French

Frances D. French, Registrar

June 2, 1975

FDF:cfw

(SEAL)

75 JUL - 2 443 33
ME CAL BOARD

WALTER THOMAS BOWERS, II
Doctor of Medicine degree
Granted May 23, 1975

I certify this to be a true and exact copy of the
original document.

Frances D French

Frances D. French, Registrar

THE UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

June 10, 1975



University of Cincinnati Medical Center

234 Goodman Street
Cincinnati, Ohio 45229

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
TELEPHONE (513) 872-4796

Mrs. Joan Elsman
State Medical Board

Re: Medical School Diploma & Translation

Per telephone conversation with
Ms. Cheryl Coles, 14 May 1976: Ms. Coles
is to forward to your attention the original
copy of my medical school diploma and English
translation. She will place these documents
in my application file for permanent licensure.
Therefore these documents will not accompany
the application forms. Should this procedure
be improper please so advise.

A handwritten signature in black ink, appearing to read "Walter T. Bowers II, MD".

Walter T. Bowers II, MD

OHIO STATE
MEDICAL BOARD
MAY 26 PM 12 37

STATE OF OHIO
THE STATE MEDICAL BOARD

180 E. Broad Street, Suite 1006
Columbus, Ohio 43215

William J. Lee,
Administrator

Rec. 4/29/76 ✓
DATE: MARCH 5 1976
App. 4/29/76 ✓
A.M.A. 4/29/76 ✓

Dear Doctor WALTER T. BOWERS II, M.D.

M.D. PLEASE BE ADVISED THAT ALL MATERIALS SUBMITTED TO THE BOARD WILL BE THOROUGHLY INVESTIGATED AND INDIVIDUALS WILL BE CONTACTED REGARDING YOUR APPLICATION AS THE BOARD DEEMS NECESSARY PRIOR TO YOUR POSSIBLE LICENSURE IN OHIO.

Physicians may be licensed in Ohio by endorsement of a full license granted on the basis of a written examination in any other state or U.S. Territory, or by endorsement of the certificate granted on the basis of the examination of the National Board of Medical Examiners, or the National Board of Osteopathic Examiners.

Applicants for endorsement licensure must be either full citizens of the United States by birth, or by Naturalization, or have a Declaration of Intention, an Alien Registration Receipt Card, or have a current approval of a petition for a permanent immigrant status. If you are not a citizen of the United States, it will be necessary for you to submit evidence of your status as defined earlier in the paragraph.

If you are licensed in another state, or by National Boards, you must have received a minimum average of 75% or better on the examination for licensure.

In order that we may send you an application or credential outline list for endorsement licensure, please answer all the questions on this sheet in the space provided. If additional space is needed, please use reverse side.

- a. Your PLACE and DATE of birth:
Orangeburg, South Carolina 28 September 1945
- b. Your MEDICAL SCHOOL of graduation, its LOCATION, and DATE you received your degree:
University of Michigan, Ann Arbor, Michigan 30 May 1975
- c. The STATE in which you are licensed by written examination and the year you were licensed, if applicable:
Not Applicable
- d. The YEAR in which you were certified by the NATIONAL BOARD OF MEDICAL EXAMINERS or the NATIONAL BOARD OF OSTEOPATHIC EXAMINERS (please note which Board), if applicable:
National Board of Medical Examiners 1976
- e. Have you ever taken a Flex examination in any state at any time? If so, please list the state(s) for which you took the examination(s), and dates of examination(s).
NO
- f. List the most recent hospital(s) and the complete address(es) where you have worked or trained (intern, resident or fellow). Please specify dates and capacities served at each hospital. Please use reverse side of this sheet for information requested:
University of Cincinnati Medical Center 29 June 1975-Present
PGY-1 Obstetrics & Gynecology

Please print the following:

NAME: Walter T. Bowers II, M.D.
ADDRESS: 4993 Hawaiian Terrace
Cincinnati, Ohio 45223

Very truly yours,

Mrs. Joan Elman
Endorsement

BOWERS II, WALTER T

76 APR 22 AM 10 02

OHIO STATE
MEDICAL BOARD

More info. 3/5/76 ✓
Fred. 3/5/76 ✓ JG

4993 Hawaiian Terrace
Cincinnati, Ohio 45223
3 March 1976

Mr. William J. Lee, Administrator
Board of Medical Examiners
21 West Broad Street
Columbus, Ohio 43215

Dear Mr. Lee:

Request information concerning licensure re-
quirements for the practice of medicine in the state
of Ohio. Also please forward the necessary application
materials to the above address.

Very truly yours,



Walter F. Bowers II, M.D.

M.D.
WALTER T.
BOWERS II,
M.D.

'76 MAR -5 AM 10 51

OHIO STATE
MEDICAL BOARD

STATE OF OHIO
THE STATE MEDICAL BOARD
130 EAST BROAD STREET, SUITE 1006, COLUMBUS, OHIO 43215

DATE April 29, 1976

Dear Doctor,

Dr. Halter T. Bowers II who was is an Intern, Ob/Gyn
is applying for licensure in the State of Ohio. We would appreciate your assistance
in filling out the following evaluation so that we can process his/her papers for licensure.
Your immediate attention to this matter will be greatly appreciated by the doctor as well
as by us. Thank you for your time and assistance.

- (1) How long have you known the doctor? One (1) Year
- (2) What was/is your supervisory capacity? Chairman - Department of Ob/Gyn
- (3) At what hospital? Cincinnati General Hospital - Cincinnati, Ohio
- (4) How would you rate this doctor's medical knowledge and techniques? excellent
- (5) In your opinion, is this doctor a person of good moral and ethical character? excellent
- (6) Does this doctor work well with peers and medical staff? yes
- (7) Does he/she relate well to patients? yes
- (8) How is his/her command of the English language? (If applicable) Not Applicable
U.S. Citizen
- (9) Would you recommend this doctor for licensure? Strongly

Additional comments, please: (If needed, an extra sheet of paper may be used)

U. Elmore Leeds MD
Signature of Doctor

Professor & Chairman
Position

Sincerely,

Joan Elmsan
(Mrs.) Joan Elsman
Endorsement

OHIO STATE
MEDICAL BOARD
MAY - 4 AM 19 38

Date Posted: 3/26/2005 11:56:14 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information

License Number	35.039566
License Name	WALTER BOWERS
Email Address	

Fees

Relicensure Fee	\$305.00
	=====
Total Fees	\$305.00

Specialty Codes

- Please select one specialty from the field below
..... OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.
..... {not Answered}
- Please select one specialty from the field below, if applicable.
..... {not Answered}

CME

- Have you met the above CME requirements for your license?
..... YES

Discipline

- 1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
..... NO
- 2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
..... NO
- 3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
..... NO
- 4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?
..... NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**
..... NO
- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
..... NO

Social Security Number

- 1. **Redaction**

Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

..... NO

2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**

..... *{not Answered}*

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 4/3/2007 1:27:55 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information

License Number	35.039566
License Name	WALTER BOWERS
Email Address	docdip@aol.com

Fees

Relicensure Fee	\$305.00
	=====
Total Fees	\$305.00

Specialty Codes

- Please select one specialty from the field below
 OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.
 *{not Answered}*
- Please select one specialty from the field below, if applicable.
 *{not Answered}*

CME-Physicians

- Have you met the above CME requirements for your license?
 YES

Discipline

- 1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
..... NO
- 2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
..... NO
- 3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
..... NO
- 4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?
..... NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**
..... NO
- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
..... NO

Social Security Number

- 1. **Redaction**

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..... *{not Answered}*

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Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 4/6/2009 8:51:55 AM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

License Information

License Number	35.039566
License Name	WALTER BOWERS

Fees

Relicensure Fee	\$305.00
	=====
Total Fees	\$305.00

Specialty Codes

- Please select one specialty from the field below
 OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.
 *{not Answered}*
- Please select one specialty from the field below, if applicable.
 *{not Answered}*

CME-Physicians

- Have you met the above CME requirements for your license?
 YES

Discipline

- 1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?
.....NO
- 2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?
.....NO
- 3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?
.....NO
- 4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?
.....NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**
.....NO
- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?
.....NO

Social Security Number

- 1.
..... **Redaction**

Nurse Collaboration Info

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..... NO

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..... *{not Answered}*

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.

Date Posted: 4/25/2011 4:01:15 PM

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

Address Information

BUSINESS ADDRESS	3131 HARVEY AVE #204 CINCINNATI, OH 45229 Hamilton County 513-381-6161 docdip@aol.com
------------------	---

License Information

License Number	35.039566
License Name	WALTER BOWERS

Fees

Relicensure Fee	\$305.00
	=====
Total Fees	\$305.00

Medical Board Correspondence Email

1. Did you provide a Credential email address? Please note this information is a public record.

..... YES

Specialty Codes

1. Please select one specialty from the field below
..... OBSTETRICS & GYNECOLOGY
2. Please select one specialty from the field below, if

applicable.

..... {not Answered}

3. Please select one specialty from the field below, if applicable.

..... {not Answered}

CME-Physicians

1. Have you met the above CME requirements for your license?

..... YES

Discipline

1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?

..... NO

2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... YES

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff**

meetings?

..... NO

- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

Social Security Number

1.

..... **Redaction**

Nurse Collaboration Info

- 1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

..... NO

- 2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**

..... *{not Answered}*

Ohio Employment

- 1. Do you practice in Ohio?

..... YES

Ohio Workforce Questions

- 1. "Clinical" - direct patient care

..... 65+

- 2. "Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose

- 0
- 3. "Administration" - activities related generally to patient care other than direct contact with a patient (e.g. recordkeeping, clerical tasks, chart review, prior authorizations with insurers, claims, billing issues, etc.)
..... 0
- 4. "Education" - preceptor, mentor, etc.
..... 1-4
- 5. "Volunteering" - providing medical and medical-related services at no cost
..... 0
- 6. "Other" - medical professional activities not included in above categories
..... 0

Clinical - Practice setting

- 1. Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).
..... 15-19
- 2. Enter the number of hours per week spent in "Hospital (in-patient care)".
..... 5-9
- 3. Enter the number of hours per week spent in "Emergency Room".
..... 0
- 4. Enter the number of hours per week spent in "Urgent Care".
..... 0
- 5. Enter the number of hours per week spent in "Other".
..... 0

Workforce Counties

- 1. Enter the first zip code:
..... 45229
- 2. Enter the first county:
..... Hamilton
- 3. Enter the second zip code:
..... {not Answered}
- 4. Enter the second county:
..... {not Answered}
- 5. Enter the third zip code:
..... {not Answered}
- 6. Enter the third county:
..... {not Answered}

Practice Arrangement (size)

- 1. Solo practitioner
..... YES
- 2. Single-specialty Group
..... N/A
- 3. Multi-specialty Group
..... N/A
- 4. Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity)
..... NO

Workforce Language Question

- 1. Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?
..... NO

ABMS Certified

- 1. Are you certified by an ABMS Board?

.....NO

I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.

Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.