



**BOARD OF MEDICAL QUALITY ASSURANCE**

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825  
 ALLIED HEALTH PROFESSIONALS (916) 322-5045  
 APPLICATIONS AND EXAMINATIONS (916) 322-0040

**APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE  
 RECIPROCIITY - CLASS C**

**INSTRUCTIONS:** Applicant must refer to accompanying instructions prior to completing this application. In addition to this form, other essential application requirements must be accomplished.

192 000108

(Please type or print neatly. When space provided is insufficient, attach additional sheet.)

1. NAME: <span style="float:right">Last</span> <span style="float:right">First</span> <span style="float:right">Middle</span>			2. Telephone Number:	
SMITH BERNARD (NMN)				
3. List other names, if any, you have used:				
NONE				
4. Address: <span style="float:right">Street and No. / Rural Route</span>		City	State	Zip Code
5. Name you wish on License:			Birthdate: (Month - Day - Year)	
BERNARD SMITH				
6. Premedical Education:		Name of College or University		Location:
Chgo. STATE UNIVERSITY		UNIVERSITY		Chgo. Ill
Period of attendance:		Check premed courses successfully completed:		
From: 6/66 To: 8/68		<input checked="" type="checkbox"/> Chemistry	<input checked="" type="checkbox"/> Physics	<input checked="" type="checkbox"/> Biology or Zoology
7. Medical School:				
Year	NAME OF INSTITUTION	LOCATION	FROM	TO
1st	NORTHWESTERN	303 E Cass Ave	9/71	6
2nd	NORTHWESTERN	Chgo. Ill 60611		
3rd	NORTHWESTERN			
4th	NORTHWESTERN			6/75
5th				
6th				
8. Doctor of Medicine Degree granted by:		Date:	For Office Use Only	
NORTHWESTERN UNIVERSITY Med. Sch.		15 JUNE 1975	School Code: IL 6	
9. Postgraduate Training (Internship):				
LOCATION		TYPE OF SERVICE	FROM	TO
Cook Cty. Hosp Chgo. Ill		MEDICINE	7/75	6/77
10. Upon what license or certificate do you base this application?				
			<input checked="" type="checkbox"/> Written Exam	
			by .....	<input type="checkbox"/> Oral Exam
Name of Board Issuing License or Certificate:			Exact Date of Issue:	
MEDICAL LICENSING Board of Indiana			Feb. 12, 1976	

11. Have you ever filed an application in California?

Yes  No

12. Have you ever failed in a written or oral examination in California?

(If yes, give details)

Yes  No

13. List all States in which you have been licensed to practice medicine:

INDIANA, ILLINOIS

14. Has any disciplinary action ever been taken regarding any license which you now hold or ever held?

If Yes, indicate below:

Yes  No

STATE	DATE	CHARGE	DISPOSITION

15. Have you ever been denied a license to practice medicine in any State or Country?

If Yes, indicate below:

Yes  No

STATE OR COUNTRY	DATE OF DENIAL	REASON FOR DENIAL

16. Are you now or have you ever been addicted to narcotic drugs?

Yes  No

17. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction?

Yes  No

18. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any State? (Except violations of traffic laws resulting in fines of \$50.00 or less.)

Yes  No

19. If you answered "Yes" to either No. 17 or No. 18 above please provide the following information:

VIOLATION AND LOCATION	DATE	PENALTY OR DISPOSITION



Applicant: Please complete the following:

Height: [redacted] Ft. [redacted] In. Weight: [redacted] Lbs.

Hair Color: [redacted] Eye Color: [redacted]

Identifying marks: [redacted]

NOTE: The information on this application is required and maintained pursuant to Section 2312 of the Business and Professions Code. All information in this application are mandatory, none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their applications subject to the provisions of the California Public Records Act.

NOTE — APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Bernard J. Smith M.D.

Date 8 Aug 1978

Subscribed and sworn to before me this 8<sup>th</sup> day of August 19 78

[SEAL]

Signature of Notary Richard C. Thistle

Address 8701 Broadway  
Merrillville, IN 46410

My commission expires: 8/5/81

**NOTE TO APPLICANT:**

Forward the completed application form to the State board of agency which issued the license used as the basis for this application. The agency will complete the statement provided below and authenticate it as required, and return it to the APPLICANT.

**TO BE COMPLETED BY THE STATE LICENSE ISSUING AGENCY:**

(Do not make this endorsement unless the applicant has affixed his photograph on the preceding page and made the required Affidavit.)

I, Isadore J. Kwitny, M.D., Secretary of the MEDICAL LICENSING BOARD OF INDIANA  
(Name of Board or Department)

certify that License No. 26737 to practice as a Physician and Surgeon was issued to

Bernard Smith, M. D. on February 12, 1976  
(Name of Licensee) (Date)

based on \* Flex Exam that the applicant BEFORE ADMISSION TO THE  
(By written/oral examination or on credentials)

EXAMINATION presented to this Board a diploma issued by Northwestern University  
(Name of Medical School)

on June 14, 1975; that no charge against this Doctor has ever been filed with this Board or any other Board  
(Date)

so far as our records show, nor has his License been revoked or suspended.

I further certify that the License indicated above is currently valid and will expire June 30, 1980  
(Date)

St. Bd. No. [REDACTED]

FIEX WEIGHTED AVERAGE [REDACTED]

ANAT.	PHYS.	BIO.	PATH.	[REDACTED]	PHAR.	B.S. AVERAGE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
MED.	SURG.	OB.	PH.	[REDACTED]	PSY.	C.S. AVERAGE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

CLINICAL COMPETENCE AVERAGE: 82.4

I hereby certify that the above License is in good standing and 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 C. Reciprocity Certificate.

In testimony whereof witness my hand and seal.

[SEAL]

Isadore J. Kwitny, M.D.  
(Secretary) M.D.

Secretary of the MEDICAL LICENSING BD. OF INDIANA  
(State Board of Examiners)

dated at Indianapolis, Indiana

this 16 day of August 1978

Address 700 North High School Road  
Indianapolis, Indiana 45224

(\*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 was given an oral examination in another State and the California law required a written examination on the same date.



BOARD OF MEDICAL EXAMINERS

1020 N. STREET, SACRAMENTO, CALIFORNIA 95814  
TELEPHONE (916) 322-5540

PLEASE FORWARD TO YOUR MEDICAL SCHOOL  
CERTIFICATE OF EDUCATION

This Certifies That Bernard Smith

(Full name of applicant)

enrolled in Northwestern University Medical School

(Name of medical school (college))

on the 27 day of September, 19 71

Month Year

as a Freshman.

with advanced standing based on \_\_\_\_\_

Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

PHYSICS     CHEMISTRY     BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at Chicago State College Please indicate school, and that he attended while at this

medical school (college) \_\_\_\_\_ Specify number courses of lectures of \_\_\_\_\_ Specify number of weeks weeks each,

completing \_\_\_\_\_ Total hours hours in the subjects below listed, and that he/she:

was granted the degree  $\left\{ \begin{array}{l} \text{Bachelor} \\ \text{Doctor} \end{array} \right\}$  of Medicine

left the above mentioned medical school (college) for the following reason(s):

on the 14 day of June, 19 75

Month Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Anatomy                                | <input checked="" type="checkbox"/> Preventive medicine                                     | <input checked="" type="checkbox"/> Medicine                              |
| <input type="checkbox"/> Embryology  | <input type="checkbox"/> Hygiene and sanitation   | <input checked="" type="checkbox"/> Pediatrics                            |
| <input checked="" type="checkbox"/> Histology                              | <input type="checkbox"/> Radiology, including roentgenologic technique and radiation safety | <input checked="" type="checkbox"/> Psychiatry                            |
| <input checked="" type="checkbox"/> Neuroanatomy                           | <input type="checkbox"/> Urology  | <input checked="" type="checkbox"/> Neurology                             |
| <input checked="" type="checkbox"/> Physiology                             | <input type="checkbox"/> Ophthalmology  | <input type="checkbox"/> Dermatology                                      |
| <input type="checkbox"/> Psychobiology                                     | <input checked="" type="checkbox"/> Anesthesia  | <input type="checkbox"/> Physical medicine                                |
| <input checked="" type="checkbox"/> Biochemistry                           | <input type="checkbox"/> Otolaryngology   | <input type="checkbox"/> Therapeutics                                     |
| <input checked="" type="checkbox"/> Pathology, bacteriology and immunology | <input checked="" type="checkbox"/> Obstetrics and gynecology                               | <input checked="" type="checkbox"/> Surgery, including orthopedic surgery |
| <input checked="" type="checkbox"/> Pharmacology                           |   |   |

Signed and the College seal affixed this 2 day

of August, 19 78

Month Year

By Ann Hedde, Registrar

Registrar

[ AFFIX SEAL  
HERE ]



# MEDICAL BOARD OF CALIFORNIA

## LICENSE LOOKUP SYSTEM

### License Information:

The following information is maintained by the Medical Board of California. For more information, click on the blue tabs above.

<b>License:</b>	<b>C 38246</b> Licensee is a U.S., Canadian, or International medical school graduate whose pathway to licensure was based on licensure in another state for four or more years; or ABMS certification and a valid license.
<b>License Type:</b>	Physician and Surgeon
<b>Name:</b>	BERNARD SMITH, M.D.
<b>Address of Record:</b>	1428 N FARWELL AVENUE MILWAUKEE, WI 53202
<b>Address of Record County:</b>	OUT OF STATE
<b>License Status:</b>	<b>License Canceled</b> License has been voluntarily canceled, or the license has been expired for at least five years and has not been renewed. No practice is permitted.
<b>Public Record Action(s):</b>	No Public Record Actions available
<b>Original Issue Date:</b>	September 11, 1978
<b>Expiration Date:</b>	Not Available
<b>School Name:</b>	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL
<b>Year Graduated:</b>	1975

### Survey Information:

The following information is self-reported by the licensee and has not been verified by the Board.

<b>Activities In Medicine:</b>	PATIENT CARE - 40+ HOURS RESEARCH - 1 TO 9 HOURS TEACHING - 1 TO 9 HOURS ADMINISTRATION - 10 TO 19 HOURS OTHER - NO HOURS
<b>Primary Practice Location Zip Code:</b>	53202
<b>Board Certification(s):</b>	No board certifications identified
<b>Primary Practice Area(s):</b>	GENERAL PRACTICE- PRIMARY
<b>Secondary Practice Area(s):</b>	EMERGENCY MEDICINE
<b>Post Graduate Training Years:</b>	1 YEAR
<b>Ethnic Background:</b>	AFRICAN-AMERICAN/BLACK/AFRICAN
<b>Foreign Language(s):</b>	Declined to Disclose
<b>Gender:</b>	Declined to Disclose

### Public Record Action(s):

Please select the Public Record Documents tab to view the public document database. If information is posted in the Administrative Disciplinary Actions, Court Order, Administrative Citation Issued, or License Issued with Public Letter of Reprimand categories below, documents may be available for review. To find out what information is and is not available, please click [here](#).

### Administrative Disciplinary Actions:

The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

**No Administrative Disciplinary Actions found.**

### Court Order:

This information would be provided if a physician's practice has been temporarily restricted or suspended pursuant to a court order. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of the public documents.

**No Court Orders found.**

### Administrative Action Taken by Other State or Federal Government:

This information is provided by another state/federal government agency. The Medical Board of California may take administrative action based on the action imposed by another state/federal government agency. For more information or verification, contact the agency listed below that imposed the action.

**No Administrative Actions Taken by Other State or Federal Government found.**

**Felony Conviction:**

The information provided only includes felony convictions that are known to the Board. All felony convictions known to the Board are reviewed and administrative action is taken only if it is determined that a violation of the Medical Practice Act occurred. For more information regarding felony convictions, contact the court of jurisdiction listed below.

**No Felony Convictions found.**

**Misdemeanor Conviction:**

California Business and Professions Code section 2027 (A)(7) states effective 1/1/07, any misdemeanor conviction that results in a disciplinary action or an accusation that is not subsequently withdrawn or dismissed shall be posted on the Internet. To see if a conviction has been expunged or dismissed, please contact the court below.

**No Misdemeanor Convictions found.**

**Administrative Citation Issued:**

A citation and/or fine has been issued for a minor violation of the law. This is not considered disciplinary action under California law but is an administrative action. Payment of the fine amount represents satisfactory resolution of this matter.

**No Administrative Citations found.**

**License Issued with Public Letter of Reprimand:**

The Medical Board of California has concurrently issued the applicant a medical license and a Public Letter of Reprimand for a minor violation that does not require probationary status or warrant denial. The issuance of a Public Letter of Reprimand is not considered disciplinary action and is not reported to the National Practitioner Databank or the Federation of State Medical Boards.

**No License Issued with Public Letter of Reprimand found.**

**Hospital Disciplinary Action:**

The action taken by this healthcare facility against this physician's staff privileges to provide health care services at this facility was for a medical disciplinary cause or reason. The Medical Board is authorized by law to disclose only revocations and terminations of staff privileges. The Medical Board is prohibited from releasing a copy of the actual report or any other information.

**No Hospital Disciplinary Actions found.**

**Malpractice Judgment:**

A malpractice judgment is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported judgments and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the judgment report or any other information concerning the judgment. For more information contact the court of jurisdiction listed below.

**No Malpractice Judgments found.**

**Arbitration Award:**

An arbitration award is a payment for damages and does not necessarily reflect that the physician's medical competence is below the standard of care. The Medical Board reviews all such reported arbitration awards and action is taken only if it is determined that a violation of the Medical Practice Act occurred. The Medical Board is prohibited by law from releasing a copy of the arbitration award report or any other information concerning the award.

**No Arbitration Awards found.**

**Malpractice Settlements:**

A settlement entered into by the licensee is a resolution of a claim for damages for death or personal injury caused by the licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The Medical Board is required by law to disclose certain information related to the existence of multiple settlements made on or after January 1, 2003 in an amount of \$30,000 or more.

**No Malpractice Settlements found.**

**Note: "No information available from this agency" may not indicate none exists; but indicates no information has been reported to the Medical Board of California and/or that the Board is unable to post the information on the Web site by law.**

**Public Record Documents:**

All imaged documents provided by the Medical Board are being made available to provide immediate access for the convenience of interested persons. While the Medical Board believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Medical Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. The Medical Board shall not be responsible for any errors or omissions, or for the use or results obtained from the use of this information. The types of documents which are available include, but are not limited to, accusations, decisions, suspension/restriction orders, public letters of reprimand and citations.

No documents found.

**Please note that documents with an effective date prior to calendar year 2000 may not be available via the Web. To obtain a copy of the documents not posted on this site, please contact the Central File Room at (916) 263-2525 or click [here](#) for information on ordering public documents.**

**Disclaimer**

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MEDICAL BOARD OF CALIFORNIA  
QUERY LICENSE TRACKING HISTORY

12/20/11

LIC NO C 38246  
NAME SMITH, BERNARD  
RECEIPT NO 27600128

STATUS 1

UPDT ID LICRPCDK 01/02/11

ISSUE DT 09/11/78 EXPIRE DT 12/31/05 REN PROC CDE K

DESCRIPTION	PRIM	R	SEC	STAT	P	STAT	EXP DT	CLS	RECPT	DATE	USER-ID
FIRST NOTICE ISSD	10	00	F	00	00	00	12/31/01			09/08/01	N130P000
REN PAYMENT RECD	10	00	W	00	00	00	12/31/01		32000106	11/26/01	C116S000
REN PKT ISSUED	00	00	C	00	00	00	12/31/03		32000106	11/26/01	L1800030
FIRST NOTICE ISSD	10	00	F	00	00	00	12/31/03			09/06/03	N130P000
REN PAYMENT RECD	10	00	W	00	00	00	12/31/03		27600128	10/16/03	C116S000
REN PKT ISSUED	00	00	C	00	00	00	12/31/05		27600128	10/16/03	L1800030
FIRST NOTICE ISSD	10	00	F	00	00	00	12/31/05			09/03/05	N130P000
END RENEWAL	03	00	F	24	00	00	12/31/05		27600128	01/07/06	N800P000
DELINQ NOTC ISSD	03	00	D	00	00	00	12/31/05			02/11/06	N130P000
SEC STAT CDE DEL	00	00		00	00	00				02/16/06	A0000084

<<MORE

610=DETAIL 612=CMTS X 615=STATUS 616=REL RECS 617=PRIN 618=NAME/ADDR  
PF1=QUIT 3=EX 5=BKWD 6=FRWD 10=MENU 613=TRK X 624=VERIFY 650=CASH EX \_\_\_\_\_