

20850

ERIC CLINE NIELSON

BOARD DATE: 5/13/92

INTENDED LOCATION: BIRMINGHAM

BORN: CHICAGO, IL

DATE: 1/18/54

STATE OF ORIGINAL LICENSE: HBRE 87

DATE: 7/01/91

PRE-MED: U UT

DATE: BS 86

MED SCHOOL: U UT

DATE: 9/86-5/90

INTERNSHIP: UAB

DATE: 7/90-6/91

RESIDENCY: UAB

DATE: 7/91-pr

SPECIALTY: OB/GYN

MILITARY SERVICE:

DATE:

MEDICAL SD RECOMMENDATION:

RECOMMENDED BY:

EXPERIENCE:

The University of Alabama at Birmingham
Department of Obstetrics and Gynecology
Division of Reproductive Biology and Endocrinology
J. Benjamin Younger, M.D.
205/934-5631
FAX (205) 934-0914
Telex 888826 UAB BHM

February 20, 1992

Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, Alabama 36102

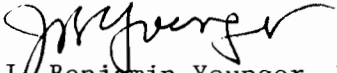
Re: Eric C. Nielson, M.D.

Dear Sir/Madam:

Dr. Eric Nielson will be completing his PGY2 in obstetrics and gynecology at the University of Alabama School of Medicine and has applied for medical license in the state of Alabama. Dr. Nielson is in good standing in this program and has exhibited outstanding professional, moral, and ethical standards. He has excellent surgical and clinical abilities and is well liked by his patients and peers. I am very pleased to recommend Dr. Nielson for license in Alabama, confident he will continue to be an asset to our medical and general community.

Please let me know if I can provide any further information.

Sincerely yours,


J. Benjamin Younger, M.D.
Professor and Vice Chairman

JBY/kf

FEB 28 1992

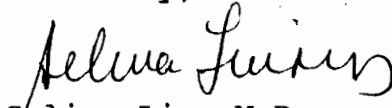
February 28, 1992

State of Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, Alabama 36102

Dear Sirs,

This letter is in reference to Dr. Eric Nielson who is in good standing at University of Alabama at Birmingham in the Obstetrics and Gynecology Residency Program. I highly recommend him for State licensure with the Alabama State Boards.

Sincerely,


Selina Lin, M.D.

SL/lw


The University of Alabama at Birmingham
Department of Obstetrics and Gynecology

February 28, 1992

State of Alabama Board of Examiners
P.O. Box 946
Montgomery, Alabama 36102

Dear Sirs,

This is a letter of recommendation for Eric Nielson, M.D. who is in good standing currently at the University of Alabama at Birmingham Residency Program. I highly recommend him for Alabama State Board licensure.


Kenneth L. Harris, M.D.

KH/lw

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36102

APPENDIX A

MEDICAL SCHOOL CERTIFICATION

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Eric C. Nielson of Salt Lake City, Utah
matriculated in Univ. of Utah School of at Salt Lake City, Utah from 9-29-86
to 5-26-90 Medicine and received a diploma from University of Utah School of Medicine
conferring the degree of Doctor of Medicine on May 26, 1990

Date March 4, 1992

Jane J. Hunt
~~President, Secretary or Dean~~
Jane J. Hunt, Director
Student Programs

(SEAL)

rec'd from U Utah
JHM

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution.

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36102

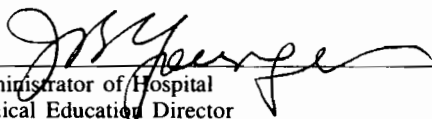
APPENDIX B
INTERNSHIP CERTIFICATION

CERTIFICATION OF INTERNSHIP OR FIRST YEAR RESIDENCY

I, J. Benjamin Younger, M.D., Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of University of Alabama Hospital at Birmingham, Alabama certify that the records of this hospital show that Eric C. Nielson, M.D. has successfully completed an internship or first year residency in this hospital extending from 7/1/ 19 90 to 6/30/ 19 91.

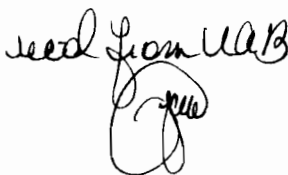
I further certify that in so far as the records reveal the said Dr. Nielson is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 2/18/92



Administrator of Hospital
Medical Education Director
Director of Residency Training

(SEAL OF HOSPITAL)



INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution.

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Eric Cline Nielson, 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 **EDWARD J. STEMMLER, M.D.**
Chairman of the Board

SEAL **ROBERT L. VOLLE, PH.D.**
President of the Board

Philadelphia, Pa.
07/01/91

Certificate # 384154

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the
physician named above, who graduated from U UTAH SCHOOL OF MEDICINE
in MAY 1990 and whose birth date is 01/18/1964. This physician has successfully completed
all examinations required for certification by the National Board of Medical Examiners. The scores obtained by
this physician upon which his/her certification is based are as follows:

| | Standard Score | Scale Score |
|--|-------------------|----------------|
| PART I passed <u>06/88</u> | | |
| Anatomy | 680 | 92 |
| Physiology | 595 | 87 |
| Biochemistry | 635 | 89 |
| Pathology | 610 | 87 |
| Microbiology | 565 | 85 |
| Pharmacology | 595 | 87 |
| Behavioral Sciences | 540 | 83 |
| TOTAL TEST (Minimum Passing Score 380/75) | 630 | 88 |
| PART II passed <u>04/90</u> | | |
| Medicine | 590 | 85 |
| Surgery | 620 | 87 |
| Obstetrics and Gynecology | 705 | 90 |
| Public Health and Preventive Medicine | 570 | 84 |
| Pediatrics | 670 | 89 |
| Psychiatry | 625 | 87 |
| TOTAL TEST (Minimum Passing Score 290/75) | 660 | 87 |
| PART III passed <u>03/91</u> | | |
| A General Test of Clinical Competence | | |
| TOTAL TEST (Minimum Passing Score 290/75) | 630 | 86 |
| GENERAL AVERAGE (Parts, I, II, and III Scale Score) | | 87 |

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date
which has been certified by the physician's residency program director as the date on which this requirement for certification by the National
Board will be fulfilled and such certification will be awarded.

Melanie Valente

Secretary for Certification

SEAL

03/06/92

Date

2/26/92

During my second year of medical school (1987-88) I was seen by a psychologist (2 visits) and a psychiatrist (2 visits) for a transient anxiety problem. I cannot recall the psychologist's name or address but the psychiatrist was Dr. Ed Hershgold, 50 North Medical Drive, Salt Lake City, UT 84132. Thus, I only saw a psychologist/psychiatrist for 4 total visits, did not require hospitalization or any further ongoing care.

Eric Nelson MD

APR 13 1992

APR 5 1992

State of Alabama

Board of Medical Examiners

P.O. Box 946

Montgomery, Alabama 36102-0946

Gentlemen:

Dr. Eric Nielson is applying to you for a medical license, and has asked me, under your direction, to clarify his visits to me as psychiatrist when he was a second year medical student.

At that time Eric was experiencing generalized anxiety, so frequently seen in the medical student studying "organ systems" at the University of Utah School of Medicine. He required only short term treatment for this and had no presentations that would indicate any impairment of his abilities as a physician or his responsibilities to his patients in his medical career. He had gone on to have high marks as a medical student.

I have since retired from my faculty position at the medical school and can be reached at the above address if more information is required.

Sincerely yours,
Edward J. Hershgold M.D.
EDWARD J. HERSHOLD M.D.

"Assoc Prof Emeritus"

ok
your
4/13/92

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH RECIPROCITY

6 1992

cb
rec'd

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full Eric Cline Nielson
 2. Address 1404 Inverness Cliffs, Birmingham, Alabama 35242
 3. Place of Birth Chicago, Illinois Date of Birth January 18, 1964
 Social Security # 529-76-0422 Sex male Telephone (205) 991-8052

| | YES | NO |
|---|-------|-------|
| 4. Have you ever been convicted of a felony? | _____ | X |
| 5. Have you ever been convicted of a crime or offense? (felony or misdemeanor) | _____ | X |
| 6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? | _____ | X |
| 7. Have you ever been denied a state or federal controlled substances certificate? | _____ | X |
| 8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation? | _____ | X |
| 9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice? | _____ | X |
| 10. Have you been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat or claim? | _____ | X |
| 11. Are you now, or have you ever been addicted to the use of alcohol or controlled substances? | _____ | X |
| 12. Have you ever been under the care or treatment of a psychiatrist or psychologist? | X | _____ |
| 13. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service? | _____ | X |
| 14. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application? | _____ | X |

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC..

15. Military Service, Branch _____ Dates _____
 16. Place of Intended Residence in Alabama Birmingham, Alabama

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

List all schools attended, elementary through college and post-graduate work other than medical school.

| | Name of School | Dates Attended | Degree Conferred |
|----|--|--------------------|------------------|
| 1. | <u>Sherman Elem^{k-3}, Salt Lake City, UT</u> | <u>9/69 - 6/73</u> | _____ |
| 2. | <u>Crestview Elem.⁴⁻⁶, SLC, UT</u> | <u>9/73 - 6/76</u> | _____ |
| 3. | <u>Evergreen Junior High^{7th}, SLC, UT</u> | <u>9/76 - 6/77</u> | _____ |
| 4. | <u>Hillside Junior High^{8th}, SLC, UT</u> | <u>9/77 - 6/78</u> | _____ |
| 5. | <u>East High School, SLC, UT</u> | <u>9/78 - 6/82</u> | _____ |
| 6. | <u>University of Utah</u> | <u>9/82 - 6/86</u> | <u>B.S.</u> |
| 7. | _____ | _____ | _____ |

II. MEDICAL EDUCATION

List all medical schools attended, dates and complete addresses of institutions. Do not list internship and/or residency training.

- | | Name of School | Address |
|------------------------------------|--|--|
| 1. From <u>9/86</u> to <u>5/90</u> | <u>University of Utah School of Medicine</u> | <u>50 North Medical Drive Salt Lake City, UT 84132</u> |
| 2. From _____ to _____ | _____ | _____ |
| 3. From _____ to _____ | _____ | _____ |

III. INTERNSHIP AND/OR RESIDENCY TRAINING

List all internship and/or residency training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

- | | Hospital/Institution | Address |
|---------------------------------------|--------------------------------|---|
| 1. From <u>6/90</u> to <u>present</u> | <u>UAB Hospital OB/Gyn</u> | <u>619 South 19th Street Birmingham, AL 35233</u> |
| 2. From _____ to _____ | _____ | _____ |
| 3. From _____ to _____ | _____ | _____ |
| 4. From _____ to _____ | _____ | _____ |
| 5. From _____ to _____ | _____ | _____ |
| 6. From _____ to _____ | _____ | _____ |
| 7. From _____ to _____ | _____ | _____ |
| 8. From _____ to _____ | _____ | _____ |

Specialty(s) OB/Gyn

IV. ORIGINAL LICENSE
(If Applicable)

I was issued my original (first) license in the State of _____, on _____, license number _____, based upon _____ examination. I certify that this license has not been the subject of any disciplinary action. If so please explain on attached sheet.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete addresses. Use separate sheet if necessary.

- | | Place | Address |
|------------------------|-------|---------|
| 1. From _____ to _____ | _____ | _____ |
| 2. From _____ to _____ | _____ | _____ |
| 3. From _____ to _____ | _____ | _____ |
| 6. From _____ to _____ | _____ | _____ |
| 7. From _____ to _____ | _____ | _____ |
| 8. From _____ to _____ | _____ | _____ |
| 9. From _____ to _____ | _____ | _____ |

- 6. From _____ to _____
- 7. From _____ to _____
- 8. From _____ to _____
- 9. From _____ to _____
- 10. From _____ to _____

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

| | Hospital | Address |
|-----|---------------------|---------|
| 1. | From _____ to _____ | _____ |
| 2. | From _____ to _____ | _____ |
| 3. | From _____ to _____ | _____ |
| 4. | From _____ to _____ | _____ |
| 5. | From _____ to _____ | _____ |
| 6. | From _____ to _____ | _____ |
| 7. | From _____ to _____ | _____ |
| 8. | From _____ to _____ | _____ |
| 9. | From _____ to _____ | _____ |
| 10. | From _____ to _____ | _____ |
| 11. | From _____ to _____ | _____ |
| 12. | From _____ to _____ | _____ |
| 13. | From _____ to _____ | _____ |
| 14. | From _____ to _____ | _____ |

| | | | | | | | | | | | |
|-------------------|---------|---------|---------|-----------------------------------|--------|--|---------------------|---|--|--------------|--------------|
| LEAVE BLANK | | | | | | | | | | YOUR NO. OCA | DATE 2/25/92 |
| PL. OF BIRTH POB | HAIR HL | EYES GR | WGT 205 | HGT 6'0" | RACE W | SEX M | CITIZENSHIP CTZ USA | SIGNATURE OF OFFICIAL MAKING FINGERPRINTS | | DATE 2/25/92 | |
| DATE OF BIRTH DOB | MONTH 8 | DAY 8 | YEAR 69 | RESIDENCE OF PERSON FINGERPRINTED | | 1404 University Cliffs Birmingham, AL 35242 | | | | | |

VII. STATE LICENSURE
(If Applicable)

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

VIII. ORAL EXAMINATION

1. Have you successfully completed a written licensing examination with in the last ten years?
_____ If Appendix C of this application does not reflex this exam, please submit such evidence.
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years?
_____ If so please have the Specialty Board send verification of your certification.

IX. AFFIDAVIT AND RELEASE

1. Eric Cline Nielson, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or organization from any liability for the release of information.

Date Feb 25, 1992

Eric Nielson (w)
Applicant's Signature

County of Jefferson

State of Alabama

SWORN to and subscribed before me this 25th day of February, 1992

(SEAL)

Swain Vice
Notary Public
My Commission Expires: March 19, 1994

