

APPLICATION FOR LICENSE TO PRACTICE THE HEALING ARTS BY ENDORSEMENT

page 1

MEDICAL LICENSING BOARD OF INDIANA

(Please submit in typewritten form only. When space provided is insufficient, attach additional sheets.)

1. Name: Last First Middle Maiden Social Security No.:
Klopfer Ulrich G.

3. List other names, if any, you have used:

4. Address: Street and No./ Rural Route City State Zip Code
18232 Wildwood Lansing Illinois 60438

5. Name you wish on license: Birthdate: (month-day-year)
Klopfer Ulrich G. 8-28-40

6. Premedical Education: Name of College or University Location Date
University of Michigan 1960-1962
Wayne State University 1965

7. Citizenship: (a) Are you a citizen of the United States? ☒ Yes ☐ No

If naturalized give date, place and certification number.

August 16, 1961 Detroit, Michigan #98164
N/C 8161822

(b) Are you a lawful permanent resident of the United States? ☒ Yes ☐ No

(c) If you are not a naturalized citizen, you must show a letter or Declaration of Intent.

(d) Do you intend to become a resident of Indiana? ☐ Yes ☐ No Unknown AT THIS

If not, explain why by letter.

TIME.
1800H

(e) What type visa do you hold?

8. Medical School: Chicago College of Osteopathic Medicine

Year	Name of Institution	Location	From	To
1st			1966	1967
2nd			1967	1968
3rd			1968	1969
4th			1969	1970
5th				
6th				

Doctor of Medicine Degree granted by:

Date

Chicago College of Osteopathic Medicine 1971

For Office Use Only

School Code

9. Postgraduate training in a United States or Canadian Hospital:

(Include all internship and residency training)

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)
Chicago Osteopathic (Internship)	5200 S. Ellis Ave Chicago, Ill. 60615	July, 1971	June, 1972
Chicago Osteopathic (Residency)	5200 S. Ellis Ave Chicago, Ill. 60615	8-1-72 to 7-31-76	

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

Illinois, Florida, South Dakota

11. Has disciplinary action ever been taken regarding any license which you now hold or ever held? ____ Yes ☒ No
If yes, indicate below:

State	Date	Charge	Disposition

12. Have you ever had a medical license suspended or revoked? ____ Yes ☒ No
If yes, give details.

13. Have you ever been denied a license to practice medicine in any State or Country? ____ Yes ☒ No
If yes, indicate below:

State or Country	Date of Denial	Reason for Denial

14. Are you now or have you ever been addicted to narcotic drugs or alcohol? ____ Yes ☒ No

15. Have you ever been charged with drug addiction? ____ Yes ☒ No
If yes, explain below:

Charge	Date	Disposition

16. Have you ever been convicted of, pled guilty or nolo contendere to 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

17. Have you ever been convicted of, pled guilty or 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

18. If you answered "Yes" to either No. 16 or No. 17 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition

19. Have you ever filed an application in Indiana? ____ Yes ☒ No

20. Have you ever failed the FLEX examination in Indiana? ____ Yes ☒ No
If yes, give details.

21. Have you ever been denied Staff Membership in any hospital? ____ Yes ☒ No
If yes, explain fully in sworn affidavit.

22. Have you ever been warned, or censured by, or requested to withdraw from any Hospital in which you have trained, been a Staff member, or held Hospital privileges: X Yes No
If yes, explain fully in sworn affidavit.

23. Do you agree to abide by the Code of Ethics as adopted by the American Medical Association and the American Osteopathic Association? X Yes No

24. To what professional organizations do you belong?

Illinois Osteopathic Association, American Osteopathic Association,

American Chemical Society

25. CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER.

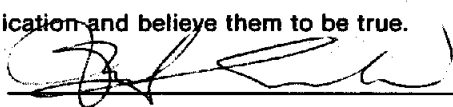
FRANK MATHEU D.O., Secretary, and Paul Lilbrich

President, of the Ill Ass Oste Phys & Surg Medical Society, certify that the within

named applicant, Ulrich G. Klopfen is personally known to us, and we know him

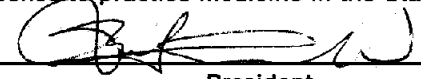
to have been a practitioner of medicine in the State of Ill for 5 years immediately preceding the date of this application. He is an ethical practitioner, of good moral and professional character. He has never been an itinerant or advertising doctor, nor has he been convicted of violation of the Federal Anti-Narcotic Act or other Federal or State laws:

We have reviewed all the statements made by the applicant on this application and believe them to be true.

We also certify that the photograph herewith is the likeness of the said 
Ulrich G. Klopfen D.O. and the person recommended in this affidavit.

We can, without reservation, recommend the said applicant for a license to practice medicine in the State of Indiana.

Matthew D.O.
Secretary


President

NOTE: If you are not a member of a medical society, please submit two letters of reference from licensed doctors who know you and can attest to your moral and professional character.

26. CERTIFICATION OF SECRETARY OF STATE BOARD WHICH ISSUED LICENSE USED AS THE BASIS FOR THIS APPLICATION.

(Note: If you are a Diplomate of the National Boards, please submit National Board certificate of record in lieu of completion of this section.)

As Secretary of the below named agency, I certify that License No. _____ to practice

Medicine and Surgery was issued to _____ on _____

The issuance of this license was based on: _____ FLEX Exam _____ Credentials _____ Board Exam

This license has never been revoked. If licensure was based on examination, I further certify that the aforementioned Doctor passed the regular written examination given by this Board on _____ and scored a general average of _____ Percent in the following subjects:

DAY I — BASIC SCIENCES AVE. _____ DAY II — CLINICAL SCIENCES AVE. _____

Anatomy	Medicine
Physiology	Surgery
Biological-Chemistry	Obstetrics & Gynecology
Pathology	Preventive Medicine & Public Health
Microbiology	Pediatrics
Pharmacology	Psychiatry

DAY III — Clinical Competence _____

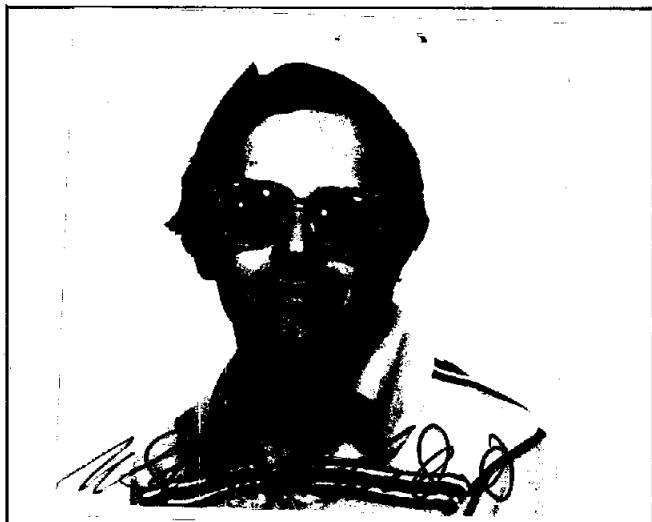
I believe the above applicant to be a fit and proper person to receive a reciprocity certificate.

Seal

Board or Department

Date

Signature of Secretary



Applicant: Please complete the following:

Height: 5 Ft. 8½ In. Weight: 155 Lbs.Hair Color: Brown Eye Color: BrownIdentifying marks: Scar on Right Wrist**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

Date

Subscribed and sworn to before me this 21st day of November 1978

Signature of Notary

Address

My Commission Expires 8-4-79

My commission expires: _____

FOR OFFICE USE ONLY — do not write below this line.

License No.

Date Issued

Diploma Received

Diploma Returned

Identification

Date

Remarks

Application Received

\$200.00

Endorsement Fee:

\$100.00

75095

receipt no.

74097

11-28-78

date

9-15-78

9-11-78

On Person

9-11-78

South Bend Ind.

Munster or Dyer.

INSTRUCTIONS TO APPLICANT (Foreign)

Please submit the following documents with your application for endorsement licensure:

1. A check or money order in the amount of \$200.00
2. A copy of the transcript of your pre-medical grades.
3. A copy of the transcript of your medical grades.
4. A copy of your medical school diploma.
5. Evidence of two years post-graduate training in the United States or Canada.
6. Your Naturalization certificate or Declaration of Intent. (If you do not possess either of the above documents, please submit a sworn, notarized statement attesting to the fact that you intend to become a citizen of the United States as soon as legally possible.)
7. A copy of your E.C.F.M.G. certificate.
(This document is not required for licensure; therefore, if you do not possess an E.C.F.M.G. certificate you may still submit your application.)
8. Official translations of all documents which are not in English must accompany the application.

INSTRUCTIONS TO APPLICANT (American)

Please submit the following documents with your application for endorsement licensure:

- ~~1. A check or money order in the amount of \$200.00~~
2. An official transcript of your medical grades.
- ~~3. A copy of your medical school diploma~~

MEDICAL LICENSING BOARD OF INDIANA

700 N. High School Road
M W Building
Indianapolis, Indiana 46224

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that ULRICH GEORG KLOPFER, D.O.
of Chicago, Illinois Matriculated in Chicago College of
5200 S. Ellis Ave., Chicago, Illinois Osteopathic Medicine
at September 6, 1966
attended all courses of lectures of nine months each, and received
a diploma from CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE conferring
the degree of Doctor of ~~Medicine~~ OSTEOPATHY June 7, 1971

R. A. Fisher

(President, Secretary, or Dean)

(Seal)

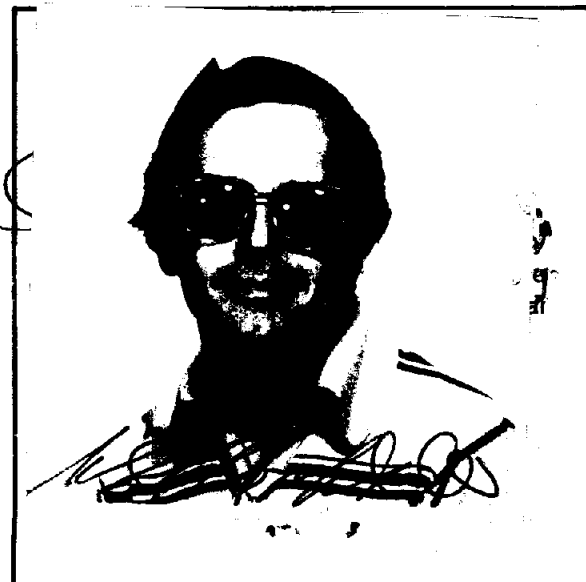
RECEIVED

NOV 27 1978

MEDICAL LICENSING
BOARD OF INDIANA

Date: 11-21-78

NOTE: This section must be forwarded to your medical school for certification of graduation. The medical school should forward the completed certificate directly to this Board to be made a part of your application.



APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION
HEALTH PROFESSIONS BUREAU

402 West Washington Street
Room 041
Indianapolis, Indiana 46204

INSTRUCTIONS: FEE - Practitioner and Non-Practitioner \$20.00. Make check or money order payable and return to Health Professions Bureau.

CONTROLLED SUBSTANCES REGISTRATION: Every person who manufactures, distributes, or dispenses any controlled substance within this State or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within the State must obtain biennially a registration issued by the Board in accordance with the State Controlled Substances Act. This is an application for a Controlled Substances Registration only. If you wish to order Multiple Copy Prescription Forms, please use the separate order form (enclosed).

Name <u>Dr. Ulrich G. Kloppen</u>	Telephone <u>219</u> <u>424-5005</u>	<div>6-3095</div> <table border="1"><thead><tr><th colspan="2">OFFICE USE ONLY</th></tr></thead><tbody><tr><td>License number</td><td><u>02000628</u> C</td></tr><tr><td>Receipt number</td><td><u>2-282-11</u> <u>80-</u></td></tr><tr><td>Issuance date</td><td><u>7-14-93</u></td></tr><tr><td>Approval</td><td><u>Cy</u></td></tr></tbody></table>	OFFICE USE ONLY		License number	<u>02000628</u> C	Receipt number	<u>2-282-11</u> <u>80-</u>	Issuance date	<u>7-14-93</u>	Approval	<u>Cy</u>
OFFICE USE ONLY												
License number	<u>02000628</u> C											
Receipt number	<u>2-282-11</u> <u>80-</u>											
Issuance date	<u>7-14-93</u>											
Approval	<u>Cy</u>											
In care of <u>FT. WAYNE WOMEN'S HEALTHCARE</u>	County <u>Allen</u>											
Street and number of Indiana practice address <u>827 WEBSTER</u>	Date of birth <u>8-28-40</u>											
City, State and ZIP code <u>FT. WAYNE, IND. 46802</u>	Social Security No. <u></u>											

1. Professional Activity (Check one only)

- ☐ Analytical Laboratory
- ☐ Dentist: License No. _____
- ☐ Distributor: Fee \$100.00
- ☐ Hospital/Clinic: Pharmacy Permit No. _____
- ☐ Manufacturer: Fee \$200.00
- ☐ Medical Physician: MD License No. _____
- ☒ Osteopathic Physician: DO License No. 02000628
- ☐ Pharmacy: Pharmacy Permit No. _____
- ☐ Podiatrist: DPM License No. _____
- ☐ Research Laboratory
- ☐ Teaching Institution
- ☐ Veterinarian: DVM License No. _____

2. Drug schedules (Check all applicable)

1 ☒ 2 ☒ 2 Narcotic 3 ☒ 3 Narcotic 4 ☒ 5 ☒

3. Have you ever been convicted of a crime
(other than a traffic violation?) Yes ☐ No ☒

4. Has any previous registration held by the
applicant been surrendered, revoked, denied
or is it pending action? Yes ☐ No ☒
If answer 3 or 4 is Yes, please provide details

For fee exempt only

5. Certification of exempt official

Name of Government (U.S., State, City, or County)

Function (Check all applicable)

Administer ☐ Procure ☐
Analysis ☐ Purchase ☐
Dispense ☐ Research ☐

Officer Employee's Signature, Title, Date

Certifying Superior's Signature, Title, Date

I hereby apply for an Indiana Controlled Substances Registration in accordance with the Indiana Controlled Substances Act. I certify I have answered all questions to the best of my knowledge.

Signature of applicant

Date

7/1/93

INSTRUCTIONS
CONTROLLED SUBSTANCES REGISTRATION (CSR)

1. A separate registration IS NOT required for each place of business where you PRESCRIBE controlled substances; however, a separate registration and Drug Enforcement Administration (DEA) number are required for each place of business where you administer, distribute, dispense or possess controlled substances.
2. Schedule I substances are those substances with no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision. Registration for this category is generally limited to researchers, manufacturers, analytical labs, etc. Practitioners should not apply for Schedule I. Schedules 2-5 are usually applied for by practitioners.
3. You must have an active Indiana professional license and an Indiana business address before the CSR may be issued.
4. Your CSR will be mailed to the address listed on the application. Please provide a detailed address including suite number, P.O. Box number, or specific department located within hospitals. A P.O. Box number must be accompanied by a street address. ANY APPLICATION WITH AN INCOMPLETE ADDRESS WILL BE RETURNED FOR COMPLETION.
5. Fee exempt may be granted to any official or agency of the U.S., Army, Navy, Marine Corps, Air Force, Coast Guard, Veteran's Administration or Public Health Service who or which is authorized to procure or purchase controlled substances for official use; and any official, employee, or other civil officer or agency of the U.S., or any State, or political subdivision or agency thereof, who or which is authorized to purchase controlled substances, to obtain such substances from official stocks, to dispense or administer such substances, to conduct research, instructional activities, or chemical analysis with such substances, or any combination thereof, in the course of his or its official duties or employment.
6. Each registrant is responsible for notifying the Health Professions Bureau in writing of any change in practice address.
7. Every prescriber who administers, dispenses, prescribes, or delivers any quantity of a controlled substance in Schedule II must complete the enclosed Multiple Copy Prescription Form.

For information regarding the federal registration, you may contact the DEA at 575 North Pennsylvania, Room 290, Indianapolis, Indiana, 46204, telephone (317) 226-7977.

NOTICE

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION
HEALTH PROFESSIONS BUREAU

402 West Washington Street
Room 041
Indianapolis, Indiana 46204

INSTRUCTIONS: FEE - Practitioner and Non-Practitioner \$20.00. Make check or money order payable and return to Health Professions Bureau.

CONTROLLED SUBSTANCES REGISTRATION: Every person who manufactures, distributes, or dispenses any controlled substance within this State or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance within the State must obtain biennially a registration issued by the Board in accordance with the State Controlled Substances Act. This is an application for a Controlled Substances Registration only. If you wish to order Multiple Copy Prescription Forms, please use the separate order form (enclosed).

Name <u>Dr. March G. Closter</u>	Telephone <u>219</u> <u>887-4200</u>	<div>6-30-95</div> <table border="1"><thead><tr><th colspan="2">OFFICE USE ONLY</th></tr></thead><tbody><tr><td>License number</td><td><u>02000628</u></td></tr><tr><td>Receipt number</td><td><u>2-282-11</u> <u>90</u></td></tr><tr><td>Issuance date</td><td><u>6-14-93</u></td></tr><tr><td>Approval</td><td><u>Cy</u></td></tr></tbody></table>	OFFICE USE ONLY		License number	<u>02000628</u>	Receipt number	<u>2-282-11</u> <u>90</u>	Issuance date	<u>6-14-93</u>	Approval	<u>Cy</u>
OFFICE USE ONLY												
License number	<u>02000628</u>											
Receipt number	<u>2-282-11</u> <u>90</u>											
Issuance date	<u>6-14-93</u>											
Approval	<u>Cy</u>											
In care of _____	County <u>LAR</u>											
Street and number of Indiana practice address <u>3700 BROADWAY</u>	Date of birth <u>8-28-40</u>											
City, State and ZIP code <u>GARY, IND. 46408</u>	Social Security No. _____											

1. Professional Activity (Check one only)

- ☐ Analytical Laboratory
- ☐ Dentist: License No. _____
- ☐ Distributor: Fee \$100.00
- ☐ Hospital/Clinic: Pharmacy Permit No. _____
- ☐ Manufacturer: Fee \$200.00
- ☐ Medical Physician: MD License No. _____
- ☒ Osteopathic Physician: DO License No. 02000628
- ☐ Pharmacy: Pharmacy Permit No. _____
- ☐ Podiatrist: DPM License No. _____
- ☐ Research Laboratory
- ☐ Teaching Institution
- ☐ Veterinarian: DVM License No. _____

2. Drug schedules (Check all applicable)

1 ☒ 2 ☒ Narcotic 3 ☒ Narcotic 4 ☒ 5 ☒

3. Have you ever been convicted of a crime
(other than a traffic violation?) Yes ☐ No ☒

4. Has any previous registration held by the
applicant been surrendered, revoked, denied
or is it pending action? Yes ☐ No ☒

If answer 3 or 4 is Yes, please provide details

For fee exempt only

5. Certification of exempt official

Name of Government (U.S., State, City, or County)

Function (Check all applicable)

Administer ☐ Procure ☐
Analysis ☐ Purchase ☐
Dispense ☐ Research ☐

Officer Employee's Signature, Title, Date

Certifying Superior's Signature, Title, Date

I hereby apply for an Indiana Controlled Substances Registration in accordance with the Indiana Controlled Substances Act. I certify I have answered all questions to the best of my knowledge.

Signature of applicant

Date

7/4/93

INSTRUCTIONS
CONTROLLED SUBSTANCES REGISTRATION (CSR)

1. A separate registration IS NOT required for each place of business where you PRESCRIBE controlled substances; however, a separate registration and Drug Enforcement Administration (DEA) number are required for each place of business where you administer, distribute, dispense or possess controlled substances.
2. Schedule I substances are those substances with no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision. Registration for this category is generally limited to researchers, manufacturers, analytical labs, etc. Practitioners should not apply for Schedule I. Schedules 2-5 are usually applied for by practitioners.
3. You must have an active Indiana professional license and an Indiana business address before the CSR may be issued.
4. Your CSR will be mailed to the address listed on the application. Please provide a detailed address including suite number, P.O. Box number, or specific department located within hospitals. A P.O. Box number must be accompanied by a street address. ANY APPLICATION WITH AN INCOMPLETE ADDRESS WILL BE RETURNED FOR COMPLETION.
5. Fee exempt may be granted to any official or agency of the U.S., Army, Navy, Marine Corps, Air Force, Coast Guard, Veteran's Administration or Public Health Service who or which is authorized to procure or purchase controlled substances for official use; and any official, employee, or other civil officer or agency of the U.S., or any State, or political subdivision or agency thereof, who or which is authorized to purchase controlled substances, to obtain such substances from official stocks, to dispense or administer such substances, to conduct research, instructional activities, or chemical analysis with such substances, or any combination thereof, in the course of his or its official duties or employment.
6. Each registrant is responsible for notifying the Health Professions Bureau in writing of any change in practice address.
7. Every prescriber who administers, dispenses, prescribes, or delivers any quantity of a controlled substance in Schedule II must complete the enclosed Multiple Copy Prescription Form.

For information regarding the federal registration, you may contact the DEA at 575 North Pennsylvania, Room 290, Indianapolis, Indiana, 46204, telephone (317) 226-7977.

NOTICE

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

Your Social Security Number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it.

Medical Licensing Board of Indiana
**PHYSICIAN'S TEMPORARY PERMIT
APPLICANT FOR EXAMINATION
OR ENDORSEMENT**

No. 2010

This is to certify that Ulrich Georg Klopfer, D.O. D.O.,
M.D.

a resident of the State of Indiana, has made application for examination or endorsement to obtain a certificate to entitle him to a license to practice Medicine, Surgery and Obstetrics in the State of Indiana, and has presented satisfactory credentials, and pursuant to a Resolution of the Medical Licensing Board of Indiana, is hereby PERMITTED to engage in the practice of Medicine, Surgery and Obstetrics from the 14th day of September, 19 78, to the Full licensure day of , 19 , at Women's Pavillion
425 North St. Louis Street, South Bend, Indiana 46634.

In witness whereof, the said Medical Licensing Board of Indiana has caused this Permit to be granted and signed by its Secretary and attested by its official seal at Indianapolis, this 13th day of September, 19 78.

J. F. Krutzy M.D.
Secretary

NOTE—This permit must be returned to the Medical Licensing Board of Indiana on the date of expiration.



PHYSICIAN'S TEMPORARY PERMIT

Form 3

Name KLOPFER, Ulrich Georg, M.D. Cert. No. 2010
 C/O Women's Pavillion Cert. Date 9/13/78
 Address 425 N.St.Louis St., South Bend, Indiana 46634
 School and Date of Graduation Chicago College of Osteo. 6/7/71
 Licensed in Indiana by: Examination National Bds Reciprocity
 Other States in Which Licensed S. Dakota, Florida, Illinois
 Endorsed to Full License
 Practice Limited Osteopathic Medicine
 (Specialty)
 Remarks: Permit from Sept. 14, 1978 to full licensure
Initial in Aid of: until full licensure
 (OVER)

PHYSICIAN'S TEMPORARY PERMIT

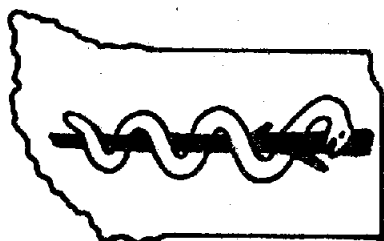
KLOPFER, Ulrich Georg, D.O.

#2010
9/13/78

RESIDENT-MEDICAL

From: September 14, 1978 to full licensure

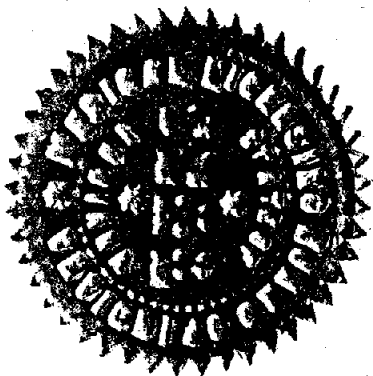
Osteopathic Physicians License



This is to Certify That

ULRICH G. KLOPPER

having complied with all the **LAWS** of the State of Indiana relating to the practice of osteopathic medicine and having satisfied the **Medical Licensing Board of Indiana** that he/she is properly qualified, is hereby granted this unlimited license to practice osteopathic medicine in the State of Indiana, as provided in the Acts of the 1975 General Assembly of the State of Indiana, Public Laws No. 271.



In WITNESS WHEREOF, hereunto affixed the Seal and names of the President and Secretary of the Medical Licensing Board of Indiana, on this 12th day of January 1979.

W. A. Thompson MD

PRESIDENT

J. H. Hasting M.D.

SECRETARY

LICENSE NO. _____

628 - E

The State Board of
Medical
Examiners

State of



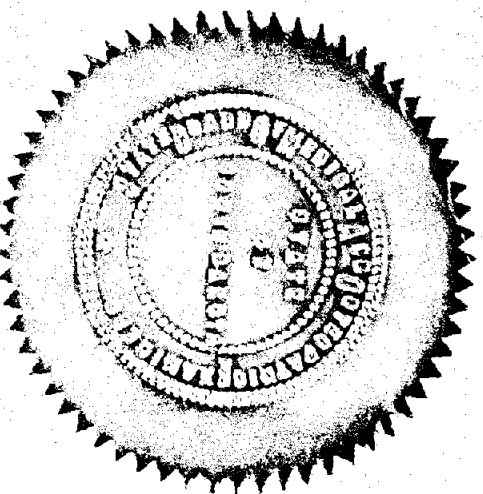
South Dakota

Certificate No. 1020

This is to Certify that

Ulrich Georg Klepper

is a licensed Physician & Surgeon (D.O.) under the provisions of the laws of the State of
South Dakota and is entitled to practice medicine in all its branches.
Said license granted by



In witness whereof, we have hereunto set our hands and
affixed the Seal of said Board at SIOUX FALLS,
S. Dak. This 23rd day of FEBRUARY, in the
year of Our Lord One Thousand Nine Hundred and 73.

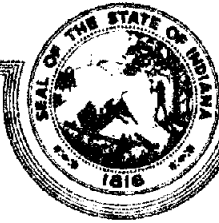
President

William A. Barman, M.D.

Secretary

Wm. H. King, M.D.

STATE OF INDIANA



INDIANAPOLIS, 46224

MEDICAL LICENSING BOARD
OF INDIANA

700 North High School Rd.
Indianapolis, Ind. 46224

November 17, 1978

Mrs. Joan G. Anderson, Director
State of Illinois - Department of Registration and Education
628 East Adams
Springfield, Illinois 62786
Dear Mrs. Anderson:

OSTEOPATHIC APPLICANT

The following ~~medical~~ (osteopath) doctor has made application to this Board for a license to practice medicine in the State of Indiana:

Ulrich Georg Klopfer, D.O.

The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you:

License or Certificate No. 36-47269 Date of Issue 4/11/73
Mo., Day. Year

() By written examination

(XX) Through reciprocity with
with Missouri

(XX) License is current

() License is or has been invalid

State or National Board

Reason: _____

Derogatory information none

Cordially,

MEDICAL LICENSING BOARD OF INDIANA

Isadore J. Kwitny, M.D., Secretary

STATE OF INDIANA



INDIANAPOLIS, 46224

MEDICAL LICENSING BOARD OF INDIANA

700 North High School Rd.
Indianapolis, Ind. 46224
November 17, 1978

Mr. Robert D. Johnson, Executive Secretary
State Board of Medical and Osteopathic Examiners
608 West Avenue, North
Sioux Falls, South Dakota 57104

OSTEOPATHIC APPLICANT

Dear Mr. Johnson:

The following ~~medical~~ (osteopath) doctor has made application to this Board for a license to practice medicine in the State of Indiana:

Ulrich Georg Klopfer, D.O.

The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you:

License or Certificate No. 1020 Date of Issue 2-23-73
Mo., Day. Year

(x) By written examination () Through reciprocity with

(x) License is current

() License is or has been invalid

State or National Board

Reason: _____

Derogatory information _____

Cordially,

MEDICAL LICENSING BOARD OF INDIANA

RECEIVED

NOV 27 1978

MEDICAL LICENSING
BOARD OF INDIANA

Isadore J. Kwitny, M.D., Secretary

Mrs. Patty Butler
Assistant Executive Secretary
SD Board of Medical & Osteopathic Exam.
November 22, 1978

IJK:aw
8/78

ORIGINAL
TO BE GIVEN TO
THE PERSON NATURALIZED
CITIZENSHIP DEPT.

No. 8161872

Patrol No. 272464



Description of holder and date of naturalization: Date of birth August 28, 1940 Age Male
complexion Fair color of eyes Brown color of hair Brown height 5 feet 8 inches
weight 147 pounds visible distinctive marks Four inch scar right fore-arm
Married status Single former nationality Germany
I certify that the description above given is true and that the photograph affixed hereto is a likeness of me.



Ulrich Georg Klopfer

EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

Ulrich Georg Klopfer
The United States District of Michigan

Ulrich Georg Klopfer
1401 Echo Lane, Bloomfield Hills, Mich.
May 31, 1960



Ulrich Georg Klopfer
1401 Echo Lane, Bloomfield Hills, Mich.
May 31, 1960
Sixty and Eighty-fourth

JOHN J. GINTHER

This is a violation of the U.S. Code and
or otherwise illegally use this certificate.

Clock of the U.S. District Court
By Margaret P. Deputy Clerk.

Chicago College of Osteopathic Medicine

*On the recommendation of the Faculty
the Trustees of this College have conferred on*

Ulrich Georg Klopfer

the Degree of

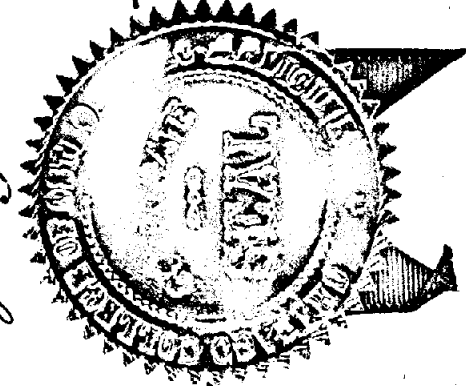
Doctor of Osteopathy

*and have granted this Diploma as evidence that he has
satisfied the requirements prescribed by the College for
that Degree.*

*Given, at the City of Chicago, in the State of Illinois
on the 7th day of June, 1971*

Charles L. Weiss
Chairman of the Board of Trustees

Charles C. Karselak
President



Frank M. Gignanti
Secretary of the Board of Trustees

R. A. Kistner
Dean

orig shown

9-11-78

~~off~~

REQUEST FOR CONFIRMATION OF BIOGRAPHICAL DATA

November 28, 1978

TO: American Osteopathic Association, 212 E. Ohio St., Chicago, Ill. 60611

FROM: Isadore J. Kwitny, M.D., Secretary

(Name and title of official)

Medical Licensing Board of Indiana

(Name of licensing board)

700 N. High School Road, #201, Indianapolis, Indiana 46224

(Address)

CANDIDATE FOR LICENSURE: Ulrich G. Klopfer, D.O. 18232 Wildwood, Lansing, Illinois 60438
(Name and address)

DATE AND PLACE OF BIRTH: 8/28/40 Dresden, Germany

PREOSTEOPATHIC EDUCATION:

Name of institution, location, and dates attended:

Degree
Received

University of Michigan 1960-62 and Wayne State University 1965

OSTEOPATHIC COLLEGE:

Name: Chicago College of Osteopathic Medicine

Graduation Date: 6/7/71

INTERNSHIP:

Name and location of hospital:

Dates

Chicago Osteopathic 5200 S. Ellis Ave, Chicago, Ill.

7/71 to 6/72

RESIDENCY:

Name and location of hospital:

Dates

Chicago Osteopathic same as above

8/1/72 to 7/31/76

LICENSES HELD:

State and year issued:

Illinois

South Dakota

Florida

PREVIOUS PRACTICE LOCATIONS:

Location and dates:

APPLYING FOR LICENSE: ☐ By examination ☐ By reciprocity - State:☒ On National Board credentials

A.O.A. REPLY

Regarding above information:

☒

Agrees with A.O.A. records

☐

See over for discrepancies with A.O.A. records

A.O.A. files:

☒

Nothing of a derogatory nature

☐

See over

Date:

12/7/78

AMERICAN OSTEOPATHIC ASSOCIATION

By

M. Misk

STATE OF INDIANA



RECEIVED

NOV 17 1978

BOARD OF OSTEOPATHIC
MEDICINE 46224

MEDICAL LICENSING BOARD OF INDIANA

700 North High School Rd.
Indianapolis, Ind. 46224

November 17, 1978

Ms. Diane Baldwin, Executive Director
State of Florida - Board of Osteopathic Medical Examiners
2009 Apalachee Parkway, Suite #200
Tallahassee, Florida 32301

NOV 18 1978

Dear Ms. Baldwin:

The following ~~medical~~ (osteopath) doctor has made application to this Board for a license to practice medicine in the State of Indiana:

Ulrich Georg Klopfer, D.O.

The doctor stipulates being licensed to practice his profession in your State. May we be furnished with the following information, for which we thank you:

License or Certificate No. 3501 Date of Issue 8-19-74
Mo., Day, Year

☐ By written examination

☒ Through reciprocity with

☒ License is current

☐ License is or has been invalid

National Board.
State or National Board

Reason: _____

Diane Baldwin

Diane Baldwin, Executive Director

Derogatory information _____

December 14, 1978.

Cordially,

MEDICAL LICENSING BOARD OF INDIANA

Isadore J. Kwitny M.D.

Isadore J. Kwitny, M.D., Secretary

IJK:aw
8/78



THE COMMUNITY HOSPITAL OF EVANSTON

LEO F. HICKMAN
Executive Director

BROWN AVENUE AT SIMPSON STREET, EVANSTON, ILLINOIS 60201
AREA CODE 312 / 869-5400

November 27, 1978

Isadore Kwitny, M.D.
Secretary, Dept of Registration
State of Indiana

Re: Ulrich G. Klopfer, D.O.
Community Hospital
Evanston, Illinois 60201

Dear Dr. Kwitny;

As a staff member of the hospital, it gives me the greatest satisfaction to offer a reference in behalf of Dr. Klopfer. Since joining the staff his association has been one of great magnitude.

He has always appeared enthusiastic about the task at hand. The patient's well being has always been first. He is reliable, and in every instance, he has exemplified good judgment. He is quick to assume all of his responsibilities.

Sincerely,

Jacob A. Frye, M.D.
Secretary, Medical Staff

JAF/cp

RICHARD L. JENSEN, D. O.
OSTEOPATHIC PHYSICIAN AND SURGEON
16250 LOUIS AVENUE
SOUTH HOLLAND, ILLINOIS 60473
TELEPHONE 333-4090

November 27, 1978

Isadore Kwitny, M.D.
Department of Registration and Education
Indianapolis, Indiana

RE: Ulrich Klopfer, D.O.
Lansing, Illinois

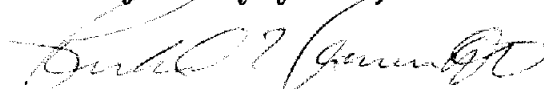
Dear Dr. Kwitny;

I have known the above physician for approximately eleven years having worked with him directly for five of those years while he was an intern and resident in general surgery at the Chicago Osteopathic Hospital.

Dr. Klopfer is a confident individual and very capable in his field.

I would recommend him for an Indiana license by reciprocity.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'Richard L. Jensen', is written over the typed name.

Richard L. Jensen, D.O.

RLJ/o

WOMEN'S PAVILION

425 North St. Louis Street
South Bend, Indiana 46634
Phone: (219) 234-0071

RECEIVED

SEP 13 1978

MEDICAL LICENSING
BOARD OF INDIANA

Medical Licensing Board of Indiana
700 North High School Road
Indianapolis, Indiana 46224

Sept. 12, 1978

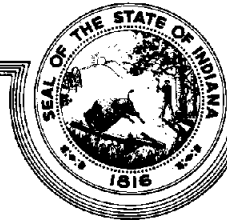
Dear Sirs;

This letter is to respectfully request temporary
licensure for Dr. Uldrich Klopfer, D.O. to cover for Dr. Gordon
Cook at the Women's Pavilion in Dr. Cook's absence commencing
Sept. 14, 1978.

Sincerely,

Marcia Topping
Marcia Topping, R.N.
Administrator

STATE OF INDIANA



INDIANAPOLIS, 46224

MEDICAL LICENSING BOARD
OF INDIANA

700 North High School Rd.
Indianapolis, Ind. 46224

aw —

S. Dakota 1020

Florida 3501

Illinois 36-47269

Naturalization No. 8161872
at Detroit, Michigan
5-31-60

orig shown & ret'd in person
9-11-78 tll

see attached copy

Curriculum Vitae

Name: Ulrich George Klopfer, D.O.

Address: 5200 South Ellis Avenue, Chicago, Illinois 60615

Age: 33 Place of Birth: Dresden, Germany

Citizenship: American

Marital Status: Single

Education:

Pre-professional:	University of Michigan	1960-1962
	Wayne State University	1963-1965
	Degree: Bachelor of Science- Organic Chemistry	
Graduate:	Louisiana State University	1965-1966
	Organic Chemistry	
Professional:	Chicago College of Osteopathy	1966-1971
	Degree: Doctor of Osteopathy	
Internship:	Chicago Osteopathic Hospital	1971-1972
Residency:	General Surgery: Chicago Osteopathic Hospital	1972-Present

Research Projects:

1. Senior Project, Mass Spectroscopy of Organic Compounds, 1964-1965, under Dr. DeYoung, Wayne State University.

Teaching Experience:

1. Chicago Osteopathic Hospital, Clinical Instructor, 1972-present.

Membership in Professional Societies:

1. American Osteopathic Association.
2. American Chemical Society.
3. American Chemical Society, Chicago Chapter.
4. Illinois Association of Osteopathic Physicians & Surgeons.
5. Chicago College of Osteopathic Medicine Alumni Association.
6. Candidate, American College of Osteopathic Surgeons.

Licenses:

1. South Dakota
2. Illinois
3. Florida, pending

2/25/74

Department of Registration and Education

State of Illinois

CERTIFICATE NO.

This is to certify that

ULRICH GEORG KLOPFER, D.O. 36-47269

IS A LICENSED

PHYSICIAN AND SURGEON

REGISTERED UNDER THE PROVISIONS OF THE LAWS OF THE STATE OF ILLINOIS
AND IS ENTITLED TO PRACTICE MEDICINE IN ALL OF ITS BRANCHES

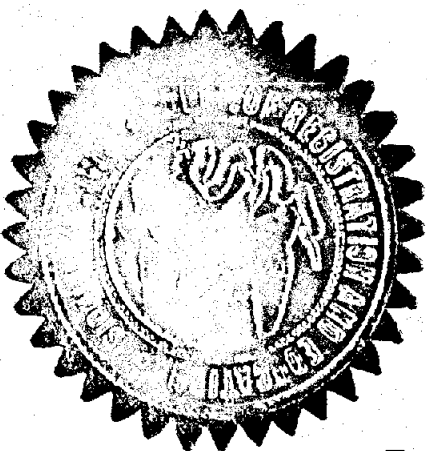
*In Witness Whereof, The Director of the Department of Registration
and Education has hereby affixed his hand and the seal of the said
Department this 11th day of APRIL A.D. 1973*

Attest:

Beth A. Rozas
ASSISTANT DIRECTOR

John B. Hayes
SUPERINTENDENT

James B. Banning
DIRECTOR



NO 7254



orig shown
9-11-78

