



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
 ALLIED HEALTH PROFESSIONS (916) 322-5043
 APPLICATIONS AND EXAMINATIONS (916) 322-5040

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 BOARD OF MEDICAL QUALITY ASSURANCE
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**APPLICATION FOR A WRITTEN EXAMINATION
 OR
 FOR AN ORAL AND CLINICAL EXAMINATION**

02096

For Graduates of Foreign Medical Schools Applying Under Sections 2193 and 2193.5 of the California Business and Professions Code

ANSWER ALL QUESTIONS

00360

1. Name: (Please print) First YING Middle CHANG Last CHEN

2. Other Names you have used:

3. Address: No. and Street [redacted] City [redacted] State [redacted] Zip Code [redacted]

4. Date of Birth: Mo./Day/Yr. [redacted] Citizen of: (Country) [redacted] Telephone No. [redacted]

5. Send California certificate, if issued, to: No. and Street [redacted] City [redacted] State [redacted] Zip Code [redacted]

6. Have you ever taken the Federal Licensing Examination (Flex)? YES Where? Harrisburg, Pennsylvania When? June, 1975

7. Premedical Education—College/University
 Name of College TAIPEI MEDICAL COLLEGE Location Taipei, Taiwan. Period of Attendance
 From (mo./yr.) Sept. 1965 To (mo./yr.) June, 1972

8. Premed Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	<input checked="" type="checkbox"/>		Taipei Medical College	Taipei, Taiwan	Sept. 1965	June, 1967.
Physics	<input checked="" type="checkbox"/>		Taipei Medical College	Taipei, Taiwan	Sept. 1965	June, 1966
Biology	<input checked="" type="checkbox"/>		Taipei Medical College	Taipei, Taiwan	Sept. 1965	June, 1966

9. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st	Taipei Medical College	Taipei, Taiwan	July, 1965	June, 1972
2nd				
3rd				
4th				
5th				
6th				

10. Doctor of Medicine Degree Granted by: ATTACH ORIGINAL MEDICAL DEGREE

Name of Institution

Location

Exact Date of Issuance

Taipei Med Coll

June 1972

1105

11. Internship in United States Hospitals:

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)
ST. Joseph Hospital	chicago, Illinois	July, 1974	June, 1975

12. Postgraduate Instruction:

Name of Institution	Location	From (mo./yr.)	To (mo./yr.)
ST. Joseph Hospital (Department of OB-GYN)	chicago, Illinois	July, 1974	June, 1978

13. Have you been licensed to practice medicine in any state or country?
IF YES, where?

Yes No

Pennsylvania and Illinois

14. Have you ever had a medical license suspended or revoked?
If YES, give details.

Yes No

15. Have you been denied a license to practice medicine by any state or country?
If YES, give details.

Yes No

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

Yes No

17. Have you ever been convicted of, or pled no contest to drug addiction?
If YES, explain below.

Yes No

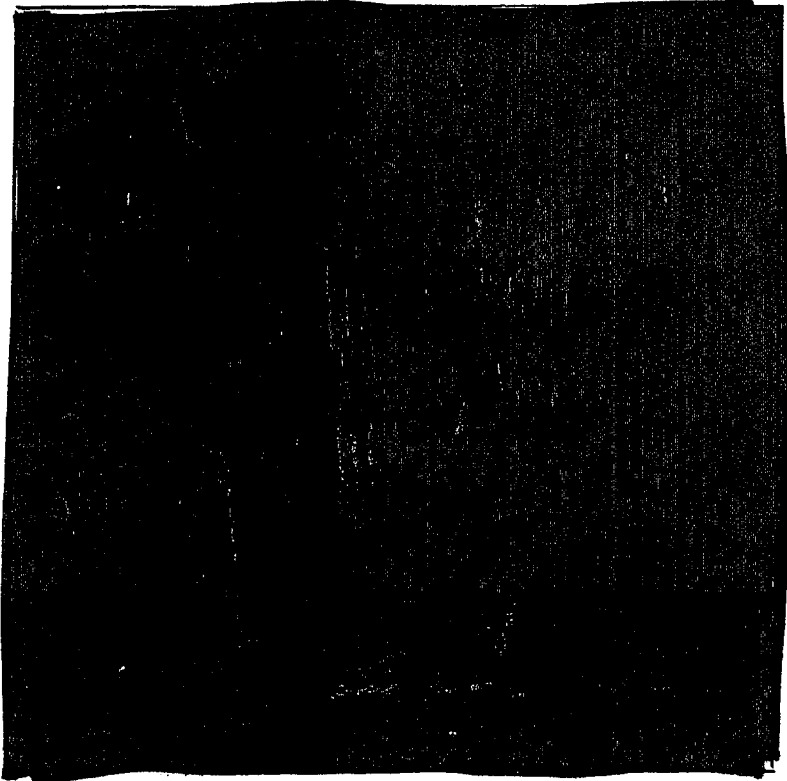
Charge	Date	Disposition

18. Have you ever been convicted of, or pled no contest to a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)?
If YES, explain.

Yes No

19. Have you ever been convicted of, or pled nolo contendere to any violation of any law of any state, the United States, or a foreign country? If YES, explain below.

Yes No



I hereby declare that the photo of myself attached hereto, was taken on or about _____, 19____, my age then being _____ years; color of hair _____; color of eyes _____; height _____; weight _____ lbs. marks _____

STATE OF Illinois
COUNTY OF Cook } SS.

Ying Chang Chen being duly sworn, says he is the person referred to in the foregoing application for admission to examination for a physician's and surgeon's certificate in California and that he has carefully read and thoroughly understands all the requirements therein and that the statements made herein are strictly true in every respect.

Ying Chang Chen
Signature of applicant IN FULL (Do not use INITIALS ONLY)

Signed and sworn to before me this 12th day of March, 1978.

Sister Mary Ellen Sullivan
Notary Public
2900 N. Lake Shore, Chicago
Address

[SEAL]

My commission expires July 7, 1978



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Complaints (916) 322-5030
Disciplinary Information (916) 322-2341
Fictitious Names and Corporations (916) 322-5040
Verifications of Licenses (916) 322-2831



PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES That Ying-Chang Chen
of Taiwan, Republic of China enrolled in Taipei Medical College
Taipei, Taiwan, Rep. of China on the 1st day of September 19 65

and was granted the following credits on enrollment:

freshman

Specify whether entered freshman or with advanced credits

based upon the following credentials: Joint Entrance Examination for Colleges & Universities

Give a transcript of premedical education or advanced credit either above or on an attached paper

The undersigned further certifies * that the records of this institution show that ...he attended in this institution †

7-year courses of lectures of 36 weeks each, completing the following schedule totaling at least

4,000 hours in the subjects required by Article 5, Section 2192 of the Business and Professions Code, relating to the practice of medicine, as set forth hereunder, and that ...he was granted the degree { BACHELOR } of Medicine §

by the above-mentioned Medical (College) on the 20th day of June 19 72

Please list clock hours completed in each subject

- Anatomy, Embryology, Histology, Neuroanatomy-in Anatomy, Physiology, Psychobiology, Biochemistry, Pathology, bacteriology and immunology, Pharmacology, Preventive medicine, Hygiene and sanitation, Radiology, including roentgenologic technique and radiation safety, Medicine, Pediatrics, Psychiatry, Neurology, Dermatology, Physical medicine, Therapeutics in Medicine, Tropical medicine, Surgery, including orthopedic surgery, Urology, Ophthalmology, Anesthesia in Surgery, Otolaryngology, Obstetrics and gynecology

Total.....

Signed and the College seal affixed this 4th day of October 19 77

[AFFIX SEAL HERE]

By Shenchiang Wang President, Secretary, Dean

* If premedical work has been completed state the time devoted thereto and institution where completed.
† An applicant matriculating in a medical school before January 1, 1954, need only present evidence satisfactory to the Board of having completed a TWO-year resident course of college grade including the subjects of physics, chemistry and biology.
‡ Each medical school attended must complete one of these forms covering period of attendance.
§ Strike out the degree NOT CONFERRED.
The law requires 4 terms of 39 weeks each totaling 4,000 hours medical education completed in a school approved by the Board