

FOR LICENSURE ONLY (TYPE)

Department Use Only

APPLICATION FOR LICENSE AND FIRST REGISTRATION

For Graduates of American or Canadian Medical Schools 3-1-2-6-9-9

(If you hold a New York State Medical License do not complete this form)

1. PRINT FULL NAME  
Last: YUNG  
First: GEORGE  
Middle: YUNG

2. ADDRESS  
Street: [REDACTED]  
City: CHESTER  
County: MONROE  
State: NEW YORK  
ZIP CODE: [REDACTED]

3. BIRTH DATE: [REDACTED] TELEPHONE: [REDACTED]

4. CITIZEN OF: REPUBLIC OF CHINA  
NOTE: Have you ever applied for a New York State Medical License? If "yes" give date. N/A

Department Use Only  
 140  
 100  
 170  
LX ER LX PR

License Number  
135737  
SEP 01 1978  
QUALS. ... 2/31/78  
APPROVED

6. Professional schools:

INSTITUTION	LOCATION	COMPLETION DATE	DEGREE RECEIVED
GEORGE WASHINGTON UNIV	WASHINGTON, D.C.	JUNE 1977	M.D.

7. Present employer: CHESTER MEDICAL CENTER, CHESTER, N.Y. Telephone No. 716 275 2121

- 8. Have you ever been convicted of a crime felony or misdemeanor?
- 9. Are charges now pending against you for a crime felony or misdemeanor?
- 10. Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence in any profession?
- 11. Are charges now pending against you for unprofessional conduct, professional misconduct or negligence?

12. APPLICATION FOR LICENSE RECEIVED BY (check the appropriate item):  
a. Acceptance of Examination of New York Board of Medical Examiners  
b. Acceptance of Examination of National Board of Examiners for Osteopaths and Surgeons  
c. Acceptance of Examination of New York State Examination (EEX) taken in New York State  
d. Admittance to New York State Licensing Examination (EEX)  
e. Admittance to New York State Examination (please indicate)

UNLICENSED WITHOUT CITIZENSHIP

NOTE: ALL APPLICANTS SHOULD READ CAREFULLY THE ATTACHED CIRCULAR OF INSTRUCTION BEFORE CONTINUING TO COMPLETE APPLICATION.

GRADUATE HOSPITAL TRAINING AND PRACTICE  
(LIST CHRONOLOGICALLY TO THE PRESENT)

DESCRIPTION	NAME OF INSTITUTION	DATES		LOCATION
		From	To	
OB-GYN Intern	Univ. of Rochester Medical Center	July 1977	June 1978	Rochester New York
OB-GYN RESIDENT	:	July 1978		

I hold diplomas or certificates from the following specialty boards:

.....

.....

.....

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in or in connection with my application may be cause for denial or loss of licensure.



*[Signature]*  
 \_\_\_\_\_  
 Date of application

Date

Date of Photograph *July 1977*

PERSONAL SIGNATURES OF THREE LICENSED PHYSICIANS RECOMMENDING APPLICANT

This certifies that I have been PERSONALLY acquainted with the applicant since the year indicated opposite my name, that I BELIEVE OF MY OWN KNOWLEDGE THAT HE/SHE IS OF GOOD MORAL CHARACTER AND I KNOW OF NOTHING WHICH WOULD MILITATE AGAINST HIS/HER LICENSURE IN NEW YORK STATE, that the use of my signature signifies my willingness to submit a letter of recommendation if requested and that ANY RESERVATIONS I might have about the applicant I agree to send by registered mail in a confidential letter to the Department.

Personal Signature	Post Office Address (including street, city, ZIP code)	State in Which Licensed	Have Known Applicant Since
<i>Jonathan W. Stein</i>	STRONG MEMORIAL HOSPITAL ROCHESTER, N.Y.	N.Y.	JUNE 1977
<i>Jonathan W. Stein</i>	Strong Memorial Hospital Rochester, N.Y.	N.Y.	June 1977
<i>Richard C. Chisler</i>	" " " "	"	June, 1977

FEE INFORMATION: Do not send cash. Please make check or money order payable to the New York State Education Department. Mail Form 1 and fee to: Fee Section, Division of Professional Licensing Services, State Education Department, 99 Washington Avenue, Albany, New York 12230.

1. Applicants for licensure on the basis of taking any part of the New York State licensing examination must submit \$140 (\$100 for initial examination and licensure and \$40 for the initial biennial registration).
2. Applicants for licensure on the basis of examinations taken outside New York State or by endorsement of an out-of-state medical license must submit \$100 (\$60 for initial licensure and \$40 for the initial biennial registration).
3. REFUND — Request for refund must be made within 2 years of payment. Section 110 of the Education Law provides that applicants for professional licenses not receiving such licenses may be granted partial refunds not exceeding 50 percent of the statutory fee paid to the Department unless they have failed the examination for such license, in which case such applicants may not receive a refund. If you receive a partial refund of the original fees but apply for New York State licensure at a later date, you will be required to pay the full licensure and registration fees in effect at that time.

CERTIFICATION BY MEDICAL SCHOOL  
(Items (1) and (2) must be completed)

It is hereby certified that the applicant named herein:

(1) Satisfactorily completed, prior to matriculation in professional school, all of the required preprofessional education.

University of Washington

(Preprofessional school)

(2) Was graduated from this professional school after the completion of not less than 32 months with the degree

of M.D. on 5/27/77

Name *William A. Hinkley*  
Official Position Assistant to the Registrar

Medical School The George Washington University

(COLLEGE SEAL)

Date 7/17/78

Certification is not acceptable unless dated after graduation.  
Please return this form to the applicant for further processing.