



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.

License:	G 7025 Licensee may be a U.S. or Canadian medical school graduate whose pathway to licensure was based on the NBME examination.
License Type:	Physician and Surgeon
Name:	FRED W SCHNEPPER JR, M.D.
Address of Record:	STE 8 750 MEDICAL CENTER COURT CHULA VISTA, CA 91911
Address of Record County:	SAN DIEGO
License Status:	License Renewed & Current Licensee meets requirements for the practice of medicine in California.
Public Record Action(s):	No Public Record Actions available
Original Issue Date:	August 16, 1961
Expiration Date:	November 30, 2012
School Name:	LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE
Year Graduated:	1960

Survey Information:

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

Activities In Medicine:	PATIENT CARE - 40+ HOURS RESEARCH - NO HOURS TEACHING - NO HOURS ADMINISTRATION - NO HOURS OTHER - NO HOURS
Primary Practice Location Zip Code:	91911
Board Certification(s):	OBSTETRICS & GYNECOLOGY Visit ABMS to verify
Primary Practice Area(s):	No primary practice areas identified
Secondary Practice Area(s):	No secondary practice areas identified
Post Graduate Training Years:	4 YEARS
Ethnic Background:	CAUCASIAN/WHITE/EUROPEAN/MIDDLE EASTERN
Foreign Language(s):	Declined to Disclose
Gender:	Male

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

All information provided by the Medical Board of California on this Web page, and on its other Web pages and Internet sites, is made available to provide immediate access for the convenience of interested persons. While the 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 Board makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Board, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other Web pages maintained

by the Board. All access to and use of this Web page and any other Web page or Internet site of the Board is governed by the Disclaimers and Conditions for Access and Use as set forth at [California Department of Consumer Affairs' Disclaimer Information and Use Information](#).

Return This Application to Sacramento, California, and Not to San Francisco

READ CAREFULLY—ALL CONDITIONS ON THIS BLANK MUST BE COMPLIED WITH IN FULL

This application with a fee of \$10.00 in any form other than a personal check and a photographic copy of diploma to be approximately 7 1/2 inches by 10 inches, must be filed in the office of the Board, 1020 N Street, Sacramento, Cal.

The filing of this application DOES NOT GRANT ANY SPECIAL PRIVILEGE TO OPEN AN OFFICE OR TO CONDUCT ANY METHOD OF TREATING THE SICK OR AFFLICTED IN THE STATE OF CALIFORNIA. [See Section 2141 to 2143 of the Business and Professions Code.]

All foreign documents must be translated into English over the seal and signature of the Consul of the country wherein the educational institution may be located.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

Application filed 7-2-61
Fee paid 7-2-61
Diploma filed 7-2-61
Diploma verified by

NATIONAL BOARD APPLICATION—CLASS G

I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following credentials as required in Sec. 2194 of the Business and Professions Code and by the rules of the Board of Medical Examiners of the State of California.

Name in full: Fred Walter Schlemmer, Jr. Address: [Redacted]

Place and date of birth: [Redacted] Month: [Redacted] Day: [Redacted] Year: [Redacted]

Are you a citizen of the United States? Give particulars: [Redacted]

Send certificate, if issued, to: [Redacted] Applicant will give full directions and notify the Board of every change of address.

Did you attend high school? Yes or no: [Redacted] How long: [Redacted] Name and location of school: [Redacted]

Did you graduate from high school? Yes or no: [Redacted] Date of diploma: [Redacted] Name and location of school: [Redacted]

Did you attend college or university? Yes or no: [Redacted] How long: [Redacted] Name and location: [Redacted]

Have you any degree OTHER than M.D.? Yes or no: [Redacted] Name and location of institutions: [Redacted]

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a one-year course of college grade in the subjects of:

a. Physics: Yes or no: [Redacted] College: [Redacted] Name: [Redacted] Location: [Redacted] Date of completion: [Redacted]

b. Chemistry: Yes or no: [Redacted] College: [Redacted] Name: [Redacted] Location: [Redacted] Date of completion: [Redacted]

c. Biology: Yes or no: [Redacted] College: [Redacted] Name: [Redacted] Location: [Redacted] Date of completion: [Redacted]

(Every applicant presenting an application based on a certificate in license issued after January 1, 1919, by any examining board, must show that before beginning the last half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade in each of the subjects of Physics, Chemistry and Biology. After January 1, 1924, such premedical courses must have been completed prior to commencing the study of medicine. After September 22, 1911, an applicant matriculating in a medical school after January 1, 1914, must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology and an applicant matriculating in a medical school after January 1, 1914, must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.)

Indicate your medical education in the following manner:

(Applicants matriculating in medical schools and graduated therefrom between August 1, 1901, and August 10, 1913, must show the medical college standard for both preliminary and professional education was such as prescribed by the Association of American Medical Colleges for the year of matriculation and graduation.)

I have spent [Redacted] years in the study of medicine and surgery, each year comprising [Redacted] months each in the following institutions:

(NOTE.—Mention date of each course—(1st year, 2nd year, etc.) and complete each course CHRONOLOGICALLY. If attended more than one school, furnish credentials from each.)

From the [Redacted] day of [Redacted] 19[Redacted], to the [Redacted] day of [Redacted] 19[Redacted]. [Redacted] COLLEGE OF MEDICAL SURGERY AND DENTISTRY

From the [Redacted] day of [Redacted] 19[Redacted], to the [Redacted] day of [Redacted] 19[Redacted]. [Redacted] COLLEGE OF MEDICAL SURGERY AND DENTISTRY

From the [Redacted] day of [Redacted] 19[Redacted], to the [Redacted] day of [Redacted] 19[Redacted]. [Redacted] SULLY MEDICAL CENTER, JOSE, MEXICO

From the [Redacted] day of [Redacted] 19[Redacted], to the [Redacted] day of [Redacted] 19[Redacted]. [Redacted] COLLEGE OF MEDICAL SURGERY AND DENTISTRY

From the [Redacted] day of [Redacted] 19[Redacted], to the [Redacted] day of [Redacted] 19[Redacted]. [Redacted] COLLEGE OF MEDICAL SURGERY AND DENTISTRY

From what school did you obtain the degree Doctor of Medicine? [Redacted] the [Redacted] day of [Redacted] 19[Redacted]

[Redacted] COLLEGE OF MEDICAL SURGERY AND DENTISTRY, LOUISIANA STATE UNIVERSITY, MOBILE, ALA. the [Redacted] day of [Redacted] 19[Redacted]

Is this application accompanied by the original diploma or a photographic copy thereof? [Redacted] Specify which: [Redacted]

I base this application on a "Diplomate" certificate issued [Redacted] on the [Redacted] day of [Redacted] 19[Redacted]

upon (1) written or (2) oral examination. [Redacted] Specify which: [Redacted]

Have you ever filed an application in California? Yes or no: [Redacted] If so, when? [Redacted]

Have you ever failed in a written examination in California? [Redacted] Give particulars: [Redacted]

How long since you have ceased the active practice of medicine and surgery? [Redacted]

What has been your vocation since you ceased practice? [Redacted]

In what other states have you applied for license or registration? [Redacted] Give name of each, date and result: [Redacted]

Have you ever been denied a license or certificate or the right to take an examination? [Redacted] Yes or no: [Redacted]

An oral examination optional with the Board. Applicant, before this application is a candidate for licensure, must show the completion of a yearly internship satisfactory to the Board prior to the date of the issuance of their diploma. (Section 2194, Business and Professions Code.)

Certification of Secretary of the National Board of Medical Examiners

(Note: This endorsement SHOULD NOT BE EXECUTED unless the applicant has affixed the affidavit at the bottom of the preceding page (21))

NATIONAL BOARD OF MEDICAL EXAMINERS

I, John P. Hubbard, M.D., Secretary of the National Board of Medical Examiners

and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 61462 was issued to Fred W. Schepper, M.D., M.D. on the 1st day of JULY, 1961, and that ~~he~~ (2) that prior thereto said applicant filed with the National Board, his Medical Diploma; (3) that said applicant has passed examinations given by the National Board as follows:

1st part	<u>Los Angeles</u>	from	<u>June 17</u>	to	<u>June 18 1958</u>	<u>80.0</u>
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>	<small>Enter percentage</small>
2d part	<u>Los Angeles</u>	from	<u>April 26</u>	to	<u>April 27 1960</u>	<u>81.2</u>
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>	<small>Enter percentage</small>
3d part	<u>Los Angeles</u>	from	<u>June 13</u>	to	<u>June 13 1961</u>	<u>80.0</u>
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>	<small>Enter percentage</small>

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to the California Board on request; (5) that the "Diplomate" Certificate on the preceding page bears the original date of issue (if a Duplicate please add an explanatory note); (6) that from the records of the National Board of Medical Examiners, I believe the above applicant to be a fit, proper and fully qualified person to receive a physician's and surgeon's certificate to practice in California and so recommend.

In testimony whereof witness my hand and seal

John P. Hubbard
Signature of executive officer

Official title: Secretary

[SEAL]

dated at Philadelphia, Pa. this 6th day of JULY, 1961.

Address: 133 South 36th St.

NOTE—Detach here and send to Medical College for endorsement

It is hereby certified that Fred W. Schepper, M.D. entered the freshman class in the COLLEGE OF MEDICAL EVANGELISTS on the 5th day of September, 1956.

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented transcript of credit showing the completion of 17 units of credit from Monterey Bay Academy June 1, 1952

2. That as evidence of PREMEDICAL EDUCATION (college) he presented transcript of credit from Pacific Union College showing the completion of four years of college credit with the Bachelor of Arts degree dated June 3, 1950

3. That prior to commencing the study of medicine he completed a one-year course of college grade in each of the subjects of chemistry, physics and biology as shown on the accompanying certification

Every application based on a certificate issued after January 1, 1919, must show that prior to commencing the last half of the second year in the study of medicine, he has completed one year of college grade in the subjects of physics, chemistry and biology. After January 1, 1924, said course must have preceded the study of medicine. After September 7, 1931, an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology prior to commencing the study of medicine and an applicant matriculating in a medical school after January 1, 1934 must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.

* Strike out number 3 if course not of record in your institution, i.e., filed as matriculation requirement.

4. That he attended four courses of lectures given by this institution completed during a period of four and was issued the degree DOCTOR OF MEDICINE on the 5th day of June, 1960.

Signed: John P. Hubbard, M.D.
Registrar President/Dein/Secretary

of College of Medical Evangelists
Name of school

this 28th day of June, 1961

Graduates after August 19, 1913, must show the completion of 4 terms of 12 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Medical Practice Act of California.

CERTIFICATE OF MORAL CHARACTER

Must be Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced
(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing, on request of the Board.)

This certifies that I have been personally acquainted with Frank B. [unclear], M.D.
for 10 years and that I know him to be of good moral character and hereby recommend him to the Board
of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the
State of California.

Name Frank B. [unclear] Address 1200 N. [unclear]
Graduated from [unclear] date June 1, 1914 Licensed in Calif. No. A-1234

This certifies that I have been personally acquainted with [unclear], M.D.
for [unclear] years and that I know him to be of good moral character and hereby recommend him to the Board
of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the
State of California.

Name [unclear] Address [unclear]
Graduated from [unclear] date [unclear] Licensed in [unclear] No. A

INFORMATION

DEAR DOCTOR:

In answer to your recent inquiry, we submit the following information regarding the issuance of a certificate to practice in California under the provisions of section 2194 of the Business and Professions Code, with the suggestion that you carefully supply all the data required on this application blank.

Normal Board reciprocity applications are acted on at credential committee meeting held approximately once a week. Final action requires the affirmative vote of seven members of the Board.

The California Board in its discretion, may require the applicant to submit to an oral examination given by said Board.

TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued on the filing of an application. They do not grant applicant any special privileges, nor is any method of treating the sick or other permitted in California without the actual possession of a certificate issued by this Board and then only after said certificate has been recorded in the county where the practice is conducted. See sections 2141 to 2143 of the Business and Professions Code. Applicants must not establish offices nor circulate professional printed matter before a California certificate has been issued.

APPLICATION FEE OF \$10.00 (foreign exchange to be added) in any form other than a personal check must accompany this application, and be deposited in the office of the Board, 1020 N Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$90.00 to be paid if certificate is issued.

PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE

Amendment (Chapter 309, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

THE BUSINESS AND PROFESSIONS CODE PROVIDES ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED BY GRADUATES OF FOREIGN MEDICAL SCHOOLS. APPLICANTS WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS SHOULD REQUEST INFORMATION REGARDING THE ADDITIONAL REQUIREMENTS PRIOR TO COMPLETING THIS APPLICATION.

Section 2194 of the Business and Professions Code. An applicant, whose application is based on a diplomate certificate issued by the National Board of Medical Examiners of the United States, shall pay the fee provided by this chapter and, in addition to all other requirements provided for a physician's and surgeon's certificate, he shall file testimonials of good moral character, satisfactory to the board and shall satisfy the board that the standard of the National Board of Medical Examiners on the date that the diplomate certificate was issued was in no degree or particular less than that which was required for a physician's and surgeon's certificate under this chapter on the same date.

He shall also satisfy the board that the diplomate certificate was procured without fraud or misrepresentation and that at no time has any certificate or license issued by any State of the United States or issued by a foreign country been revoked or annulled for unprofessional conduct.

The board may, in its discretion, with or without an oral examination, issue a certificate to an applicant who has complied with the requirements provided for a diplomate certificate.

003538 45 63010700006 000070250 111708 .25 805.00
 BANK OF AMERICA 149 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
 DEPARTMENT OF CONSUMER AFFAIRS
 PO BOX 942520
 SACRAMENTO CA 94258-0520

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

none	

SMBCLS 02/28/05

PART 3



**MEDICAL BOARD OF CALIFORNIA
 LICENSE RENEWAL APPLICATION
 PHYSICIAN AND SURGEON**

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

H. YES, I WISH TO CONTRIBUTE \$50 FOR THE S.M. THOMPSON LOAN REPAYMENT PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: Fred W. Schnepfer Jr DATE: 11-11-2008

LICENSE NO. 7025 EXPIRES 11/30/08

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 12/30/08
\$805.00	\$885.50
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$805.00	\$

E. FOR ADDRESS CHANGE ONLY
 IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

ACTIVE FRED W. SCHNEPPER JR
 765 MEDICAL CENTER COURT #209
 CHULA VISTA CA 91911

G. FINANCIAL INTEREST STATEMENT
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED, ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Fred W. Schnepfer Jr
 Signature required here

63010700000700006000070250011130080008050000088550

003378 59 63010700006 000070250 102710
 BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
 DEPARTMENT OF CONSUMER AFFAIRS
 PO BOX 942520
 SACRAMENTO CA 94258-0520

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

27 NONE	756 00

SMBCLS 03/28/09

License Renewal Application
 Physician and Surgeon

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U S A and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING YES NO

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
 SIGNATURE REQUIRED HERE: *Fred W. Schnepfer Jr* DATE: 10-20-10

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 12/30/10
\$786.00	\$864.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$	\$

E. FOR ADDRESS CHANGE ONLY
 IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.
 STREET _____
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER () _____

LICENSE NO. 7025 EXPIRES 11/30/10

ACTIVE FRED W. SCHNEPPER JR
 765 MEDICAL CENTER COURT #209
 CHULA VISTA CA 91911

G. FINANCIAL INTEREST STATEMENT
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST. I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.
 Signature required here

OVER

6301070000700006000070250011130100007860000086400