

License Verification

Date As Of 4/3/2012

ROBERT T BLISS
LICENSE NUMBER: ME15689

General Information

Profession

MEDICAL DOCTOR

License/Activity Status

NULL AND VOID 

License Expiration Date
12/31/1979

License Original Issue Date
12/31/1973

Discipline on File
NO

Public Complaint 
NO

Address of Record

If further information is needed, please contact the Department of Health at (850) 488-0595.

The information on this page is a secure, primary source for license verification provided by The Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

MADE 1091
FLA. ST. BD.
MAY 8 1970

RECEIVED

ACADEMY OF MEDICINE OF CINCINNATI

(HAMILTON COUNTY MEDICAL SOCIETY)
CINCINNATI, OHIO 45202

EXECUTIVE OFFICES
520 BROADWAY
421-1110

April 13, 1970


J. Champneys Taylor, M.D.,
Florida State Board of Medical Examiners,
1661 Riverside Drive, Suite "K"
Jacksonville, Florida 32204

Dear Doctor Taylor:

Dr. Robert T. Bliss is an active member of the Academy of Medicine of Cincinnati in good standing. His membership to the Ohio State Medical Association has also been certified.

Our records show that Dr. Bliss has had no complaints filed against him either by a patient or another physician. His membership status is clear and he is worthy of consideration for licensing in the State of Florida.

Cordially yours,


Edward F. Willenborg
Executive Secretary

E.F.W/16

The Board of Directors of the

University of Cincinnati

in the recommendation of the Faculty of the

College of Medicine

of the University has hereby conferred upon

Robert D. Bliss

the degree of

Doctor of Medicine

with all the rights and privileges appertaining thereto. Given at Cincinnati, Ohio
this seventh day of June nineteen hundred and fifty-seven.

Walter K. Brantley
President of the Board of Directors

Ray C. Bernard
Chief of the Board of Directors



Walter C. Langston
President of the Faculty

Stanley E. Drost
Dean of the College

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
FLORIDA STATE BOARD OF MEDICAL EXAMINERS
2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

TO: Police Department
Bureau of Records
Cincinnati, Ohio

RECEIVED
MAY 18 1970

FLA. ST. BD.
MED. EXAM.

APPLICANT'S NAME: Robert Thomas Bliss

DATE OF BIRTH: April 19, 1927

PLACE OF BIRTH: Cincinnati, Ohio

PRESENT ADDRESS: 8626 Scurbridge Drive, Cincinnati, Ohio 45236

FORMER ADDRESS:

The subject has applied for medical licensure in Florida and has filed with this Board a document releasing all persons from responsibility in connection with answering this inquiry.

Will you please furnish us with a record of any and all arrests, investigations, or complaints, and reasons therefore, involving this physician?

Reply may be made on the bottom or back of this page.

Your cooperation in this matter is sincerely appreciated.

GEORGE S. PALMER, M.D.
EXECUTIVE DIRECTOR

POLICE REPORT:

Reporting Officer

FLORIDA STATE BOARD OF MEDICAL EXAMINERS

2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

TO: Bureau of Narcotics and Dangerous Drugs
Justice Department
Washington, D.C. 20530

RECEIVED

JUN 8 1970

FLA. ST. BD.
MED. EXAM

APPLICANT'S NAME *TM* Robert Thomas Bliss

DATE OF BIRTH: April 19, 1927 PLACE OF BIRTH: Cincinnati, Ohio

PRESENT ADDRESS: 8626 Sturbridge Drive, Cincinnati, Ohio 45236

FORMER ADDRESS:

The subject has applied for medical licensure in Florida and has filed with this Board a document releasing all persons from responsibility in connection with answering this inquiry.

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Reply may be made on the bottom or back of this page.

Your cooperation in this matter is sincerely appreciated

GEORGE S. PALMER, M.D.
Executive Director

REPLY:

BIOGRAPHICAL DATA ON PHYSICIANS

from the Biographical - Historical files of
 American Medical Association
 535 N. Dearborn St.
 Chicago, Illinois 60610

RECORDED
 JUN 10 1970
 FILED
 MED. EXAM.

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state, hospital staff privileges or faculty positions. Please enter on this form data you wish verified and mail to the Member Services Unit of the AMA.

Full name of M.D. Robert Thomas Bliss

Place of birth Cincinnati, Ohio Date of birth April 19, 1927

Professional Mailing Address 5256 Montgomery Road, Norwood, Ohio 45212

Medical Education:

School Name University of Cincinnati, Cincinnati, Ohio M.D. Degree June 1957
 (Year)

Internships:

Hospital	Location	Dates
<u>St. Mary's Hospital, Betts & Lynn Sts.</u>	<u>Cincinnati, Ohio</u>	<u>1957 to 1958</u>
		to

Residencies and Fellowships:

Hospital	Location	Dates
		to
		to

M.D. Licensed to Practice Medicine in the Following States:

State Ohio Year 1957 State _____ Year _____ State _____ Year _____

Inquiry Submitted by ELLENDA B. BROWN, M.D., M.P.H. MEDICAL EXAMINERS Title _____
 2717 EAST GAYLOR ST. (Your Name Here)
 FORT LINDSEY, MISSOURI 64501
 _____ City-State
 (Affiliation - Licensing Board, Hospital or Medical School)

AMA Department of Investigation _____ MEMBER OF AMA _____ YES
 _____ NO

Our records do not reveal any derogatory information.
 See attached memo for comments regarding applicant

A check mark (✓) indicates that the data given corresponds to that listed in the AMA Master File of Physicians. Any discrepancies are as noted.

Date 5/8/70

 Joan Alvarez,
 Member Services Unit

STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

APPLICATION FOR EXAMINATION

Name in full Robert Thomas Bliss M.D.
(Type or print. Do not abbreviate.)

List all other names you have used.

Have you ever legally changed your name? NO If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 8626 Starbridge Dr., Cincinnati, Ohio 45236

Office address 5256 Montgomery Rd. Norwood, Ohio 45242

Permanent address (if different from above) 239 S.E. 3rd. Terr. Kansas Beach, Fla. 33060

Place of birth Cincinnati, Ohio Date of birth April 13, 1927

Are you a citizen of the United States? Yes

Did you attend a college or university? Yes University of Cincinnati, Cincinnati, Ohio B.S.

Do you have any degree other than M.D.? Yes B.S.A. 1950, B.A. 1950 Columbia Univ.

MEDICAL EDUCATION: Be specific. Account for each year.

Table with 4 rows of medical education details. Row 1: Univ. of Cincinnati, College of Med., Cincinnati, Ohio, 1952 to June 1957. Row 2: from 19 to 19. Row 3: from 19 to 19. Row 4: from 19 to 19.

Degree of Doctor of Medicine was obtained from Univ. of Cincinnati, Cincinnati, Ohio, June 7, 1957 on 19

INTERNSHIP: Attach proof of satisfactory completion (photocopy or certificate or letter from administrator acceptable).

St. Mary's Hospital, Betts & Lynn Sts., Cincinnati, Ohio June 1957 to June 13, 1958

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT

List chronologically residency or other post-graduate training. Give name and location of hospitals, exact dates, and specify type of training.

Internship 1 year @ St. Mary Hosp., Cin., Ohio June 1957 through June 13, 1958

List chronologically locations practiced. Give addresses, dates, specify type of practice.

General Practice of Medicine including Obstetrics,
5256 Montgomery Rd. Norwood, Ohio June 1958 through present

Univ. of Cincinnati Medical Clinics, Cincinnati General Hospital, Cin., Ohio
Charity and Teaching in Dept. of Internal Medicine 1967 through present.

MILITARY SERVICE: (Attach copy of separation form)

U.S. Naval Reserve, Petty Officer 3rd class, active duty Sept. 1945
(branch of service, rank, dates) through August 1946

FOREIGN GRADUATES: ECFMG Standard Certificate No. _____ issued _____ after passing exami-
nation. (Attach photocopy of certificate)

In what states are you licensed? List states and dates licensed to each.

Ohio 1957

If any of the following questions are answered YES give full details on a separate sheet of paper and attach to applica-
tion. ALL QUESTIONS MUST BE ANSWERED

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath? NO

Have you ever failed a written examination for medical licensure given by any state or territorial licensing agency? NO

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency
of any state or country? NO

Have you ever been called before any licensing agency for a hearing on a charge of violation of the medical practice act,
unprofessional or unethical conduct? NO

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any
state, territory, or country? NO

Have you ever been convicted of a felony? NO A misdemeanor? NO

Are you now or have you ever been addicted to the use of narcotics?
Have you ever been charged with addiction?

Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? NO

Have you ever been addicted to the use of barbiturates or any other medication?
Have you ever been charged with addiction?

Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?

Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution?

MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates. (Attach recommendation of medical society if member.)

Cincinnati Academy of Medicine 1957 to present

Ohio State Medical Assn. 1957 to present

A.A.G.P., O.A.G.P., S.O.S.G.P. October 1962 to present

If you have been in private practice and not a medical society member, explain why

Has any application for medical society membership been rejected? NO If yes, furnish details.

Has a disciplinary action ever been taken against you by any county, state or national medical society? NO If yes, furnish details.

RECOMMENDATIONS: Furnished by two reputable physicians in the locality where applicant last practiced or served as an intern or resident.

This certifies that I have been personally acquainted with Robert T. Bliss M.D. for 12 yrs. and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

Ronald E. Brinkman MD Address 411 Oak St
Graduate Univ. of Cincinnati 1952 Licensed Ohio 1957
(School and date) (Date and date)

This certifies that I have been personally acquainted with Robert T. Bliss M.D. for 12 yrs. and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

Walter W. Guinness MD Address 2231 Madison Rd. Lakewood
Graduate Univ of Cincinnati 1937 Licensed Ohio 1938
(School and date) (Date and date)

AFFIDAVIT OF APPLICANT:

I, Robert T. Bliss M.D. being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF Hamilton

Robert T. Bliss M.D.
(Signature of applicant)

STATE OF Ohio

Subscribed and sworn to before me this 24 day of April 1970

Louise Tieman
Notary Public, Hamilton County, Ohio

My Commission Expires Oct. 28, 1973

TO BE COMPLETED BY APPLICANT

Date 4-28-70
 Age 43
 Height 5'-9 1/2" Weight 157 lb
 Color of Eyes Blue
 Color of Hair Dark Brown
 Other means of identification _____



FOR USE OF EXAMINER ONLY

EXAMINATION RECORD

DATE		
<u>9/19-24/70</u>		
Pediatrics		
Surgery		
Obstetrics and Gynecology		
Forensic Medicine and Medical Ethics		
Medicine		
Anaesthesia, Neurology and Psychiatry		
Eye, Ear, Nose, and Throat and Allergy		
Diagnosis and Therapeutics		
Dermatology, Urology and Venereal Diseases		
Clinical Pathology and Radiology		
AVERAGE		

Current Number 156,87
 Date Issued 9/24/70

None as it appears on forms.

DOCUMENTS SUBMITTED

Medical Diploma
 Internship Certificate
 Service Separation Form
 Medical Society Recommendation
 Basic Science Certificate
 Number _____ Issued _____
 ECFMG Certificate _____
 Citizenship _____
 Other _____

RECORD OF FEES

Receipt 8211 Deposited 5-22-70

EXAMINATION NUMBER 000123

**DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF MEDICAL EXAMINERS
APPLICATION FOR CERTIFICATE OF ANNUAL REGISTRATION
(Please Type or Print)**

Name Robert Thomas Bliss M.D.
 Office Address 5256 Montgomery Rd., Norwood, Ohio 45212
 Home Address 8626 Starbridge Dr., Cincinnati, Ohio 45236
 If in active service give rank, branch of service and service address _____

License Number 15689 issued 4th day of September, 1970
 Medical degree obtained from University of Cincinnati Year 1957
 Sex M Race White Date of Birth April 19, 1927 Cincinnati, Ohio

Designate Type of Practice

Specialty _____	Specialty Board, if any _____
General Practice <u>X</u>	Retired _____
Active Private Practice <u>X</u>	Full Time <u>X</u>
Institutional Practice _____	Part Time _____
Years in Practice <u>12</u>	

List other locations where you have practiced Norwood, Ohio

Sent., 9, 1970
Date

Signature Robert T. Bliss M.D.

State of Ohio
County of Hamilton

Subscriber [Signature] day of Sept, 1970

RECEIVED
SEP 14 1970

[Signature]
LOUIS E. TIEMAN
Notary Public, Hamilton County, Ohio
My Commission Expires Oct. 26, 1973

**FLA. ST. BD.
MED. EXAM.**

SEP 20 1970

NOTICE: Application and \$10 fee due on or before _____
 MAIL TO: Department of Professional and Occupational Regulation, Board of Medical Examiners, 2717
 East Oakland Park Boulevard, Fort Lauderdale, Florida 33306.

YOUR
NUMBER
IS: .

FLORIDA STATE BOARD OF MEDICAL EXAMINERS
REGISTRATION FOR EXAMINATION

July 19 1970
(month and year)

Print legibly FULL name (NO INITIALS) and COMPLETE mailing address:

Robert Thomas Bliss M.D.

5256 Montgomery Rd.

Norwood, Ohio 45218

Birthplace Cincinnati, Ohio Date 4-19-27

Medical School Univ. of Cincinnati, College of Medicine

Date of Graduation June 1957

Official Signature Robert T. Bliss M.D.

St. Vincent's Hospital

ST. VINCENT'S HOSPITAL
NEW YORK, N. Y.
JUN 4 1918
P. M.

As all to whom these presents shall come
CERTIFICATE

Be it known that Robert O. Blinn, M. B. having

Intern

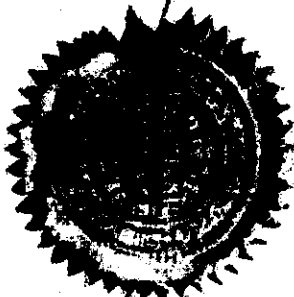
served in the capacity of
for one year and having performed his duties in the various
departments faithfully, and as his proficiency is granted this

Recognition

In Witness Whereof, we have signed our hands, and the seal of the Hospital
on this the thirteenth day of June A. D. 1918

Ed. Small Secretary to M. D.

Thomas J. Reddy, M. D. SECRETARY



James J. Brennan, M. D.
Staff
Robert O. Blinn, M. D.
County of Robert O. Blinn, M. D.
Robert O. Blinn, M. D.

ASST PERSONAL OFFICER

R. L. ZIMMEL, 1574, 1588

Dr. Zimm.

as a testimony of respect and grateful service
number 1574 day of _____ 1970
This certificate is awarded

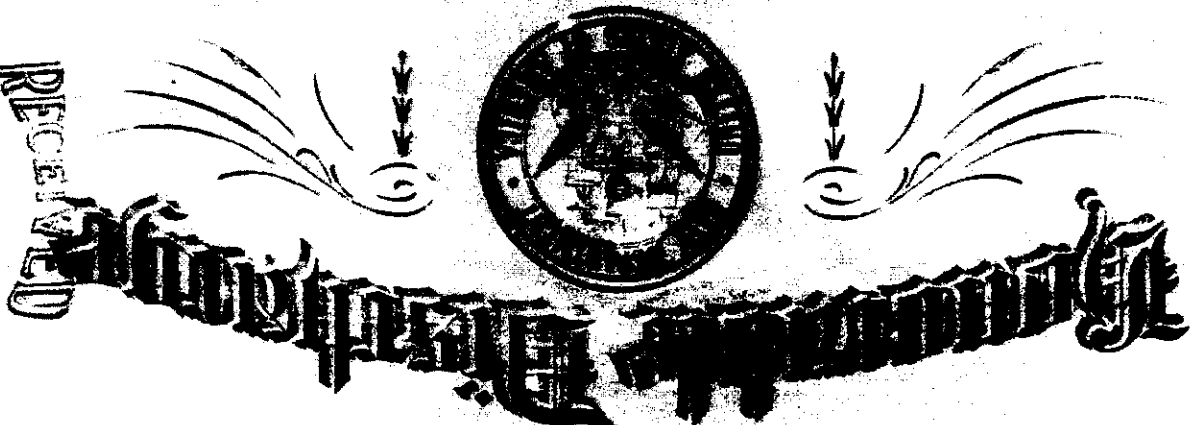
UNITED STATES ARMY

and Honorary Recipient of the

ROBERT TRUMAN AWARD, 1970-71

This is to certify that

from the Armed Forces of the United States of America



RECEIVED

JAN 4 1970

FLA. ST. BN.
MED. EXAM.

Place of discharge **DIST. STAFF HDQTRS., LAND, PHILA., PENNA.**
Authority for discharge **SUPERS MANUAL 1948, ART. C-10304**
Serial or file number _____
Date and place of birth **18 APR 1927** **CINCINNATI, OHIO**
(Date) (Place)
Date of entry into active service **NONE**
Rating at discharge _____
Total service for pay purposes during this enlistment **08 YRS 00 MOS 00 DAS**
Term: (vessel and stations served on) **NONE**

Remarks **NOTICE: ENLISTED IN U. S. NAVAL RESERVE ON 16 AUG 1946**
ENLISTMENT VOLUNTARILY EXTENDED FOR FOUR YEARS

B. L. Zenkel
B. L. ZENKEL, LTJG

U.S.N. (2)

REC'D
MAY 4 1970
FLA. ST. BO.
MED. EXAM.



The American Academy of General Practice

President
Edward J. Kowalewski, M.D., Allentown, Pennsylvania
Vice President
Leonard G. Davies, M.D., Freeburg, Missouri
President-elect
William E. Lutzmann, M.D., Jackson, Mississippi
Speaker
James G. Price, M.D., Brush, Colorado
Vice Speaker
Stanley A. Boyd, M.D., Eugene, Oregon
Chairman of the Board
Robert O. Quasius, M.D., Minneapolis, Minnesota
Treasurer
John Michalski, M.D., Foley, Alabama

VOLKER BOULEVARD AT BROOKSIDE • KANSAS CITY, MISSOURI • 64112

Executive Director and General Counsel
Mac F. Canal, J.D.

April 21, 1970

Board of Medical Examiners
State of Florida
1661 Riverside Avenue
Jacksonville, Florida

Gentlemen:

Robert T. Bliss, M.D., 5256 Montgomery Road, Norwood, Ohio, holds active membership in the American Academy of General Practice, having enrolled in October, 1962.

To retain this standing, Dr. Bliss has documented his completion of postgraduate education to the extent of 150 hours each three-year period.

As a member of the AAGP, Dr. Bliss is also a member of the state constituent chapter, the Ohio Academy of General Practice.

Sincerely,

Roger Tusken
Assistant Executive Director

RT:cn