

2/23/77

DAVID M. BURKONS, M.D.  
2088 GEORGETOWN BOULEVARD  
ANN ARBOR, MICHIGAN 48105

Transinfo. 3/1/77 ✓  
Fed. 3/1/77 ✓  
Rec. 3/1/77 ✓ DE

To whom it may concern:

I am presently a physician in Michigan with a permanent Michigan licence issued 6/24/74 on the basis of a National Board of Medical Examiners certificate issued in 1974.

I will be going into practice in Cleveland, Ohio beginning 1 July 1977. Could you please send me the forms needed for me to obtain a Ohio medical licence. Please use the letterhead address.

Thank you,  
David M. Burkons

# APPLICATION FOR ENDORSEMENT OF A MEDICAL LICENSE

By

The State Medical Board, State of Ohio

## FORM I.

I hereby make application for a license to practice medicine and surgery in the State of Ohio, and submit the following statement regarding my preliminary and medical education.

- Name David M. Burkons 2. Place of birth Cleveland, Ohio  
(Full Name)  
 Address 2088 Georgetown Blvd 48105 Date of birth 2/6/1947  
Ann Arbor, Michigan Shaker Hts Cuyahoga  
(City) (County)
- Intended Ohio residence
- Where certificate is to be sent 2088 Georgetown Blvd  
Ann Arbor, Michigan 48105
- \* 5. PRELIMINARY EDUCATION  
 Name and Location of Institution Attended and Degree Received. Ohio State Univ B.A  
 Period and Date of Study. 10/65 - 6/69

Ohio State Medical Board issued Certificate of Preliminary Education No. 53733 on 5/3/77

### 6. MEDICAL EDUCATION

Was granted a diploma by Univ. of Michigan, located at  
Ann Arbor, State of Michigan, on the 2nd day of June, 1973  
(Name of Medical College)

- I have made application to the following State Examining and Licensing Board, and no other Michigan  
3/76 by Nat'l Board Med Examiners  
(Give names of states and dates of application; indicate whether by reciprocity or written examination)

and received a certificate from each except as follows:

- Time of practice 7/73 to present at University of Michigan  
Hospital's Ann Arbor, Michigan.  
(Give places and dates)

- Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? No  
(Answer yes or no)

If so, specify: (State or Country) (Charge) (Date)

Have you ever been or are you now addicted to the use of drugs or alcohol? No  
(Yes or No)

Have you ever found it necessary to surrender your narcotic license? No  
(Yes or No)

Have you ever been convicted of a violation of a Federal Law, State Law or a municipal ordinance other than a minor traffic violation? No  
(Yes or No)

If so, give full particulars: (Offense)

(Place) (Disposition) (Date of Disposition)

### 10. PHYSICAL DESCRIPTION OF APPLICANT

Color of Hair Dark Blond Color of Eyes Blue Height 6'3 1/2"

~~Stout~~  
☒ Medium  
~~Thin~~  
 Weight 225 Marks \_\_\_\_\_  
(Cross out words not answering description)

**FORM II. \*AFFIDAVIT.**

STATE OF Michigan } SS:  
COUNTY OF Washtenaw }  
On this 20TH day of APRIL, 1977, personally appeared before me,  
HERBERT JOHN HELFEN, within and for the County and State aforesaid, David M. Burkens  
(Notary) (Applicant)  
who being duly sworn says that he is the person referred to in the foregoing application for license to practice medicine in the  
State of Ohio, that the statements therein are strictly true in every respect, and that he has read and understands this  
Affidavit.  
Notary Public, Washtenaw County, Michigan  
My Commission Expires October 15, 1979  
David M. Burkens  
(Signature of Applicant)  
Signed and sworn to before me, this 20TH day of APRIL, 1977  
(Seal) Herbert John Helfen ADMIN. ASSOC.  
(Official designation of person administering oath)

\* Must be sworn to before a notary public or other person authorized to administer oaths.

**FORM III.  
CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE.**  
(A verbatim copy to follow here, over Seal of State Licensing Board, certified to by the Secretary thereof.)

I hereby certify that the above is a verbatim copy of license No. \_\_\_\_\_, issued to Dr. \_\_\_\_\_  
by the \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
(Name of State Board)  
(Seal) \_\_\_\_\_  
Secretary

**FORM IV.  
CERTIFICATE AND RECOMMENDATION OF SECRETARY.**

Acting in behalf of the \_\_\_\_\_  
(Name of State Board)  
I do hereby certify that Dr. \_\_\_\_\_ was on the \_\_\_\_\_ day of \_\_\_\_\_  
19\_\_\_\_, granted a license to practice Medicine and Surgery in the State of \_\_\_\_\_  
on the basis of \_\_\_\_\_  
(State board examination, National Board of Medical Examiners, or reciprocity)  
in the following subjects \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
on which he received an average of \_\_\_\_\_ per cent, and from evidence on file in this office, I do hereby certify to the good  
moral and professional standing of Dr. \_\_\_\_\_  
of \_\_\_\_\_, State of \_\_\_\_\_, and recommend \_\_\_\_\_ to The State  
Medical Board of Ohio, as a proper person for medical licensure.  
The applicant must satisfy the Board of \_\_\_\_\_  
on the question of standing and moral character before seal of said Board is affixed.  
(Seal)

(Date)

Secretary

## FORM V.

## AFFIDAVIT OF PHYSICIANS.

STATE OF Michigan  
 COUNTY OF Washtenaw

SS:

Before me, personally appeared David M. Burkens (Applicant) J. Robert Wilson (Affiant), M.D.

known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he has known David M. Burkens (Applicant), M.D., well for 6 years and knows him to be of good moral and professional character, that he is a graduate of Univ. of Michigan (Medical College or University) in the year 1973, that he has been in the practice of Medicine for the last 3 1/2 years at Univ. of Michigan, and that he recommends him as worthy of professional recognition and that the foregoing physical description is correct.

Address \_\_\_\_\_

J. Robert Wilson (Affiant), M.D.  
 Graduate of U. Michigan, Certificate No. 14521  
 day of \_\_\_\_\_, 19 \_\_\_\_\_

Subscribed and sworn to this \_\_\_\_\_  
 HERBERT JOHN HELFEN  
 Notary Public, Washtenaw County, Michigan  
 My Commission Expires October 15, 1979

(Seal)

Herbert John Helfen

STATE OF Michigan  
 COUNTY OF Washtenaw

SS:

Before me, personally appeared George W. Morley (Affiant), M.D.

known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he has known David M. Burkens (Applicant), M.D., well for 6 years and knows him to be of good moral and professional character, that he is a graduate of University of Michigan (Medical College or University) in the year 1973, that he has been in the practice of Medicine for the last 3 1/2 years at Univ. of Michigan, and that he recommends him as worthy of professional recognition and that the foregoing physical description is correct.

Address \_\_\_\_\_

George W. Morley (Affiant), M.D.  
 Graduate of U. of Mich, Certificate No. 19198  
 day of 4/19, 19 77

Subscribed and sworn to this \_\_\_\_\_

HERBERT JOHN HELFEN  
 Notary Public  
 Notary Public, Washtenaw County, Michigan  
 My Commission Expires October 15, 1979

(Seal)

Herbert John Helfen

## FORM VI.

CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT  
 OR SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY

P.O. Address \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_\_

I certify that Dr. not a member of \_\_\_\_\_

is a member in good standing of the \_\_\_\_\_

and that he is an ethical practitioner of good moral character.

\_\_\_\_\_, M.D.  
 President or Secretary

(If you are not now or have never been a member of a medical society, please so state.)

FOR USE OF SECRETARY ONLY

State Certificate No. 40676

Issued 6/6/77

APPLICATION FOR  
ENDORSEMENT OF A  
MEDICAL LICENSE BY THE  
STATE MEDICAL BOARD,  
STATE OF OHIO

1/13/76 4/10/77 150.00 spch mlc

BURKONS, David M. M.D.

Filed 3/17 19 77

Fee \$150.00

A.M.H. - ok  
Rec. - ok

Secret

'77 APR 22 11:12 01

Rec'd 5/17/77  
Ed. Approved

032-070-6677

**Sec. 4731.09, R.C.** (A) The state medical board shall appoint an entrance examiner who shall not be directly or indirectly connected with a medical college and who shall determine the sufficiency of the preliminary education of an applicant for admission to the examination. The minimum requirement shall be two years of collegiate work in an approved college of arts and sciences in addition to high school graduation. Provided that students already matriculated and enrolled in their professional colleges shall not be required to have the two years of college work but shall comply only with the preliminary requirements as existing and in effect at the time of their enrollment in their said colleges. In the absence of the foregoing qualifications, the entrance examiner may examine the applicant to overcome deficiencies. When the entrance examiner finds the preliminary education of the applicant sufficient, he shall issue a certificate of preliminary examination upon the payment to the treasurer of the board of a fee of ten dollars. Such certificate shall be attested by the secretary.

The applicant must also produce a diploma from a medical institution in the United States in good standing as defined by the board at the time the diploma was issued or produce a diploma from a school or college of osteopathy in the United States in good standing at the time the diploma was issued as defined by a committee consisting of the superintendent of public instruction of the state, a member of the board who holds the degree of doctor of medicine and a member of the board who holds the degree of doctor of osteopathy, or a diploma or license approved by the board which conferred the full right to practice all branches of medicine or surgery in a foreign country.

A foreign born graduate of a foreign medical school holding a diploma approved by the board or holding a right to practice in a foreign country, may, at the discretion of the board, be admitted to the examination upon completion of not less than twenty-four months of post doctoral training in an approved hospital in the United States. This shall be in lieu of clinical training or post doctoral studies otherwise required by chapter 4731. of the Revised Code.

(B) A United States citizen who completed his undergraduate studies at a college or university in the United States approved for preliminary training by the State Medical Board and who has studied medicine at a medical school located outside the United States which is listed by the World Health Organization but who is not authorized to practice all branches of medicine or surgery in the foreign country in which he studied medicine shall be admitted to the examination upon completion of each of the following requirements:

(1) The applicant successfully completed all of the formal requirements of the foreign medical school except internship or social service requirements.

(2) The applicant attained on a qualifying examination acceptable to the State Medical Board a score satisfactory to a medical school approved by the liaison committee on medical education.

(3) The applicant successfully completed one academic year of supervised clinical training at a hospital affiliated with a medical school approved by the liaison committee on medical education and, subsequent to that year, one year of internship or residency at a hospital in the United States having an internship or residency program approved by the State Medical Board.

(C) Satisfaction of the requirements of division (B) of this section shall be accepted in lieu of the completion of any foreign internship or social service requirements. No foreign internship or social service requirements shall be made conditions for admission to the examination or for licensure as a physician in this state for persons who have completed the requirements of division (B) of this section.

(D) Satisfaction of the requirements of division (B) of this section shall be accepted in lieu of certification by the education council for foreign medical graduates, and such certification shall not be made a condition for admission to the examination or for licensure as a physician in this state for persons who have completed the requirements of division (B) of this section.

(E) A person shall be deemed to hold the equivalent of a degree of a doctor of medicine for purposes of licensure and practice as physician in this state under section 4731.291 of the Revised Code and shall possess all the rights and privileges thereof, provided the following conditions are met:

(1) The person holds a document granted by a medical school located outside the United States which is listed by the World Health Organization.

(2) The document was issued upon satisfactory completion of all formal requirements of such medical school, except internship or social service requirements;

(3) The person satisfactorily completed one academic year of supervised clinical training at a hospital affiliated with a medical school approved by the liaison committee on medical education and holds a certificate to that effect from the medical school in which such training was received.

**NOTE:** Pursuant to Section 4731.09, Revised Code, upon submission to the State Medical Board of credentials of preliminary education satisfactory to the Board's entrance examiner and upon payment of the requisite fee, the Board will issue to the applicant a Certificate of Preliminary Education (examination).

**Sec. 4731.29, R.C.** When a physician or surgeon licensed by the licensing department of another state, a territory, or the District of Columbia, or a diplomate of the national board of medical examiners or the national board of examiners for osteopathic physicians and surgeons wishes to remove to this state to practice his profession, the state medical board may, in its discretion, issue to him a certificate to practice medicine or surgery or osteopathic medicine and surgery without requiring the applicant to submit to examination, provided he meets the requirements for entrance as set forth in section 4731.09 of the Revised Code. The fee for registration in this manner shall be 150 dollars. Application shall be made on a form prescribed by the board.

All correspondence should be addressed to:

The Ohio State Medical Board  
Suite 1006  
180 East Broad Street  
Columbus, Ohio 43215

THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.

BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Internal Medicine Intern & Resident, Jewish Hospital, Cincinnati, Ohio

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. BAUM, II, Joseph James

BORN: Manchester, Iowa, 3/18/39  
GRADUATED: State University of Iowa, 6/5/64  
LICENSED: Iowa, 6/5/64, Written Examination  
A.M.A. Okay, RECOMMENDATION, Okay  
1964-1965, Rotating Intern, U.S.A.F. Hospital Carswell, Carswell AFB, Texas  
1965-1967, One year internship, two months School of Aerospace Medicine, Brooks AFB, Texas  
Flight Surgeon Perrin AFB Hospital, Texas  
1967-1973, Private Practice, Belvidere Illinois  
1973-Present, Private Practice, Mooresville, North Carolina

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. BURGESS, JR., Everett Carl

BORN: Wooster, Ohio, 4/28/43  
GRADUATED: Case Western Reserve University, 6/11/69  
DIPLOMATE OF NATIONAL BOARD, 7/1/70  
A.M.A. Okay, RECOMMENDATION, Okay  
1969-1971, Rotating Intern & Medical Resident, Virginia Mason Hosp., Seattle, Washington  
1971-1973, General Medical Officer, U.S.N. Entrance & Examining Station, Oakland, Calif.  
1973-1975, Medical Resident, Virginia Mason Hospital, Seattle, Washington  
1975-Present, Fellow in Endocrinology, U.S.P.H.S. Hospital, Seattle

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. BURKONS, David M.

BORN: Cleveland, Ohio, 2/6/47  
GRADUATED: University of Michigan, 6/2/73  
DIPLOMATE OF NATIONAL BOARD, 7/1/74  
A.M.A. Okay, RECOMMENDATION, Okay  
1973-Present, Ob/Gyn Intern & Resident, University Hospital, Ann Arbor, Michigan

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. CHAPPELLE, Edward Henry

BORN: Washington, D.C., 12/14/25  
GRADUATED: Howard University, 6/7/57  
LICENSED: Maryland, 1/21/58, Written Examination  
A.M.A. Okay, RECOMMENDATION, Okay  
1957-1960, Rotating Intern & Medical Resident, Rochester Gen. Hospital, New York  
1960-1961, Renal Disease Resident, Veterans Adm. Hosp., Washington, D.C.  
1961-1962, Nephrology Fellow, L.A. County Hospital, California  
1962-1965, Instructor, Dept. of Med., Howard Univ. Medical School, Washington, D.C.  
1965-Present, Attending Physician, Rochester Gen. Hospital, New York

PLEASE CHECK ONE		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. COOPERMAN, Marc

BORN: Washington, D.C., 9/30/47  
GRADUATED: Stanford University, 6/17/73  
DIPLOMATE OF NATIONAL BOARD, 7/1/74  
A.M.A. Okay, RECOMMENDATION, Okay  
1973-1974, Surgery Intern, Univ. of Chicago Hospitals & Clinics, Illinois  
1974-1975, Surgery Resident, Univ. of Chicago Hospitals & Clinics  
1975-Present, Surgery Resident, Ohio State University Hospital, Columbus

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. DRAKE, Timothy Edward

BORN: Geneva, Ohio, 4/16/49  
GRADUATED: Wayne State University, 5/23/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Ob/Gyn Intern & Resident, University Hospitals of Cleveland, Ohio

PLEASE CHECK ONE		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. ESCH, Peter Allan

BORN: Cleveland, Ohio, 6/21/49  
GRADUATED: Case Western Reserve University, 5/29/74  
DIPLOMATE OF NATIONAL BOARD, 7/1/75  
A.M.A. Okay, RECOMMENDATION, Okay  
1974-Present, Internal Med. Intern & Resident, Hennepin County Med. Center, Minneapolis

PLEASE CHECK ONE		
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HENRY G. CRAMBLETT, M.D.

-1- M.D.

THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.  
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1973-1975, Medical Resident, Virginia Mason Hospital, Seattle, Washington  
1975-Present, Fellow in Endocrinology, U.S.P.H.S. Hospital, Seattle
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5. CHAPPELLE, Edward Henry  
BORN: Washington, D.C., 12/14/25  
GRADUATED: Howard University, 6/7/57  
LICENSED: Maryland, 1/21/58, Written Examination  
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1961-1962, Nephrology Fellow, L.A. County Hospital, California  
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PLEASE CHECK ONE		
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APPROVED	DISAPPROVED	ABSTAIN
<i>E/C</i>		

EVELYN L. COVER, D.O.

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Flight Surgeon Perrin AFB Hospital, Texas ✓  
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1961-1962, Nephrology Fellow, L.A. County Hospital, California ✓  
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BORN: Washington, D.C., 9/30/47 ✓  
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PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

PLEASE CHECK ONE		
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<i>Yes</i>		

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<i>Yes</i>		

HENRY A. CRAWFORD, M. D.



THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.

BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Internal Medicine Intern & Resident, Jewish Hospital, Cincinnati, Ohio

PLEASE CHECK ONE		
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2. BAUM, II, Joseph James

BORN: Manchester, Iowa, 3/18/39  
GRADUATED: State University of Iowa, 6/5/64  
LICENSED: Iowa, 6/5/64, Written Examination  
A.M.A. Okay, RECOMMENDATION, Okay  
1964-1965, Rotating Intern, U.S.A.F. Hospital Carswell, Carswell AFB, Texas  
1965-1967, One year internship, two months School of Aerospace Medicine, Brooks AFB, Texas  
Flight Surgeon Perrin AFB Hospital, Texas  
1967-1973, Private Practice, Belvidere Illinois  
1973-Present, Private Practice, Mooresville, North Carolina

PLEASE CHECK ONE		
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3. BURGESS, JR., Everett Carl

BORN: Wooster, Ohio, 4/28/43  
GRADUATED: Case Western Reserve University, 6/11/69  
DIPLOMATE OF NATIONAL BOARD, 7/1/70  
A.M.A. Okay, RECOMMENDATION, Okay  
1969-1971, Rotating Intern & Medical Resident, Virginia Mason Hosp., Seattle, Washington  
1971-1973, General Medical Officer, U.S.N. Entrance & Examining Station, Oakland, Calif.  
1973-1975, Medical Resident, Virginia Mason Hospital, Seattle, Washington  
1975-Present, Fellow in Endocrinology, U.S.P.H.S. Hospital, Seattle

PLEASE CHECK ONE		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. BURKONS, David M.

BORN: Cleveland, Ohio, 2/6/47  
GRADUATED: University of Michigan, 6/2/73  
DIPLOMATE OF NATIONAL BOARD, 7/1/74  
A.M.A. Okay, RECOMMENDATION, Okay  
1973-Present, Ob/Gyn Intern & Resident, University Hospital, Ann Arbor, Michigan

PLEASE CHECK ONE		
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5. CHAPPELLE, Edward Henry

BORN: Washington, D.C., 12/14/25  
GRADUATED: Howard University, 6/7/57  
LICENSED: Maryland, 1/21/58, Written Examination  
A.M.A. Okay, RECOMMENDATION, Okay  
1957-1960, Rotating Intern & Medical Resident, Rochester Gen. Hospital, New York  
1960-1961, Renal Disease Resident, Veterans Adm. Hosp., Washington, D.C.  
1961-1962, Nephrology Fellow, L.A. County Hospital, California  
1962-1965, Instructor, Dept. of Med., Howard Univ. Medical School, Washington, D.C.  
1965-Present, Attending Physician, Rochester Gen. Hospital, New York

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6. COOPERMAN, Marc

BORN: Washington, D.C., 9/30/47  
GRADUATED: Stanford University, 6/17/73  
DIPLOMATE OF NATIONAL BOARD, 7/1/74  
A.M.A. Okay, RECOMMENDATION, Okay  
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1974-1975, Surgery Resident, Univ. of Chicago Hospitals & Clinics  
1975-Present, Surgery Resident, Ohio State University Hospital, Columbus

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7. DRAKE, Timothy Edward

BORN: Geneva, Ohio, 4/16/49  
GRADUATED: Wayne State University, 5/23/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Ob/Gyn Intern & Resident, University Hospitals of Cleveland, Ohio

PLEASE CHECK ONE		
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. ESCH, Peter Allan

BORN: Cleveland, Ohio, 6/21/49  
GRADUATED: Case Western Reserve University, 5/29/74  
DIPLOMATE OF NATIONAL BOARD, 7/1/75  
A.M.A. Okay, RECOMMENDATION, Okay  
1974-Present, Internal Med. Intern & Resident, Hennepin County Med. Center, Minneapolis

PLEASE CHECK ONE		
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*J.D. Ferritto, D.P.M. -1- M.D.*

THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.  
BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Internal Medicine Intern & Resident, Jewish Hospital, Cincinnati, Ohio
2. BAUM, II, Joseph James  
BORN: Manchester, Iowa, 3/18/39  
GRADUATED: State University of Iowa, 6/5/64  
LICENSED: Iowa, 6/5/64, Written Examination  
A.M.A. Okay, RECOMMENDATION, Okay  
1964-1965, Rotating Intern, U.S.A.F. Hospital Carswell, Carswell AFB, Texas  
1965-1967, One year internship, two months School of Aerospace Medicine, Brooks AFB, Texas  
Flight Surgeon Perrin AFB Hospital, Texas  
1967-1973, Private Practice, Belvidere Illinois  
1973-Present, Private Practice, Mooresville, North Carolina
3. BURGESS, JR., Everett Carl  
BORN: Wooster, Ohio, 4/28/43  
GRADUATED: Case Western Reserve University, 6/11/69  
DIPLOMATE OF NATIONAL BOARD, 7/1/70  
A.M.A. Okay, RECOMMENDATION, Okay  
1969-1971, Rotating Intern & Medical Resident, Virginia Mason Hosp., Seattle, Washington  
1971-1973, General Medical Officer, U.S.N. Entrance & Examining Station, Oakland, Calif.  
1973-1975, Medical Resident, Virginia Mason Hospital, Seattle, Washington  
1975-Present, Fellow in Endocrinology, U.S.P.H.S. Hospital, Seattle
4. BURKONS, David M.  
BORN: Cleveland, Ohio, 2/6/47  
GRADUATED: University of Michigan, 6/2/73  
DIPLOMATE OF NATIONAL BOARD, 7/1/74  
A.M.A. Okay, RECOMMENDATION, Okay  
1973-Present, Ob/Gyn Intern & Resident, University Hospital, Ann Arbor, Michigan
5. CHAPPELLE, Edward Henry  
BORN: Washington, D.C., 12/14/25  
GRADUATED: Howard University, 6/7/57  
LICENSED: Maryland, 1/21/58, Written Examination  
A.M.A. Okay, RECOMMENDATION, Okay  
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1962-1965, Instructor, Dept. of Med., Howard Univ. Medical School, Washington, D.C.  
1965-Present, Attending Physician, Rochester Gen. Hospital, New York
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BORN: Washington, D.C., 9/30/47  
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ROLAND A. GANDY, M.D.

THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.  
BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
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1973-Present, Private Practice, Mooresville, North Carolina
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BORN: Wooster, Ohio, 4/28/43  
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GRADUATED: University of Michigan, 6/2/73  
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1965-Present, Attending Physician, Rochester Gen. Hospital, New York
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BORN: Geneva, Ohio, 4/16/49  
GRADUATED: Wayne State University, 5/23/75  
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8. ESCH, Peter Allan  
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GRADUATED: Case Western Reserve University, 5/29/74  
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1974-Present, Internal Med. Intern & Resident, Hennepin County Med. Center, Minneapolis

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THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.  
BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Internal Medicine Intern & Resident, Jewish Hospital, Cincinnati, Ohio
2. BAUM, II, Joseph James  
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1973-Present, Private Practice, Mooresville, North Carolina
3. BURGESS, JR., Everett Carl  
BORN: Wooster, Ohio, 4/28/43  
GRADUATED: Case Western Reserve University, 6/11/69  
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1975-Present, Fellow in Endocrinology, U.S.P.H.S. Hospital, Seattle
4. BURKONS, David M.  
BORN: Cleveland, Ohio, 2/6/47  
GRADUATED: University of Michigan, 6/2/73  
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A.M.A. Okay, RECOMMENDATION, Okay  
1973-Present, Ob/Gyn Intern & Resident, University Hospital, Ann Arbor, Michigan
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1962-1965, Instructor, Dept. of Med., Howard Univ. Medical School, Washington, D.C.  
1965-Present, Attending Physician, Rochester Gen. Hospital, New York
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BORN: Washington, D.C., 9/30/47  
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BORN: Geneva, Ohio, 4/16/49  
GRADUATED: Wayne State University, 5/23/75  
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A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Ob/Gyn Intern & Resident, University Hospitals of Cleveland, Ohio
8. ESCH, Peter Allan  
BORN: Cleveland, Ohio, 6/21/49  
GRADUATED: Case Western Reserve University, 5/29/74  
DIPLOMATE OF NATIONAL BOARD, 7/1/75  
A.M.A. Okay, RECOMMENDATION, Okay  
1974-Present, Internal Med. Intern & Resident, Hennepin County Med. Center, Minneapolis

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✓		

THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.  
BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
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1973-Present, Private Practice, Mooresville, North Carolina
3. BURGESS, JR., Everett Carl  
BORN: Wooster, Ohio, 4/28/43  
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1973-1975, Medical Resident, Virginia Mason Hospital, Seattle, Washington  
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BORN: Cleveland, Ohio, 2/6/47  
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1974-Present, Internal Med. Intern & Resident, Hennepin County Med. Center, Minneapolis

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THE FOLLOWING DOCTORS OF MEDICINE HAVE APPLIED FOR ENDORSEMENT LICENSURE

1. ALPERT, Harold M.  
BORN: Brooklyn, New York, 5/24/50  
GRADUATED: University of Cincinnati, 6/15/75  
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GRADUATED: Wayne State University, 5/23/75  
DIPLOMATE OF NATIONAL BOARD, 7/1/76  
A.M.A. Okay, RECOMMENDATION, Okay  
1975-Present, Ob/Gyn Intern & Resident, University Hospitals of Cleveland, Ohio
8. ESCH, Peter Allan  
BORN: Cleveland, Ohio, 6/21/49  
GRADUATED: Case Western Reserve University, 5/29/74  
DIPLOMATE OF NATIONAL BOARD, 7/1/75  
A.M.A. Okay, RECOMMENDATION, Okay  
1974-Present, Internal Med. Intern & Resident, Hennepin County Med. Center, Minneapolis

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
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PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
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APPROVED	DISAPPROVED	ABSTAIN
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PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
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PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
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PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE CHECK ONE		
APPROVED	DISAPPROVED	ABSTAIN
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANTHONY RUPPERSBERG, JR., M. D.

STATE OF OHIO  
THE STATE MEDICAL BOARD  
120 EAST BROAD STREET, SUITE 1006, COLUMBUS, OHIO 43215

DATE March 1, 1977

Dear Doctor,

Dr. David H. Burbons who was in Sept. 7 1971  
is applying for licensure in the State of Ohio. We would appreciate your assistance  
in filling out the following evaluation so that we can process his/her papers for licensure.  
Your immediate attention to this matter will be greatly appreciated by the doctor as well  
as by us. Thank you for your time and assistance.

- (1) How long have you known the doctor? 6 years
- (2) What was/is your supervisory capacity? Director, Residency Program
- (3) At what hospital? University of Michigan Medical School
- (4) How would you rate this doctor's medical knowledge and techniques? Excellent
- (5) In your opinion, is this doctor a person of good moral and ethical character? Yes
- (6) Does this doctor work well with peers and medical staff? Yes
- (7) Does he/she relate well to patients? Yes
- (8) How is his/her command of the English language? (If applicable) \_\_\_\_\_
- (9) Would you recommend this doctor for licensure? Yes

Additional comments, please: (If needed, an extra sheet of paper may be used)

J. Rose Williams MD  
Signature of Doctor  
Chairman, Dept  
Position  
Obstetrics & Gynecology

Sincerely,

Joan Elsmann  
(Mrs.) Joan Elsmann  
Endorsement

OB/GYN

STATE OF OHIO  
THE STATE MEDICAL BOARD

SUITE 1006  
180 EAST BROAD STREET  
COLUMBUS, OHIO 43215

March 1, 1977

MAR 8 1977

Mrs. Fisher  
Federation of State Medical Boards  
of the United States, Inc.  
1612 Summit Avenue  
Fort Worth, Texas 76102

Dear Mrs. Fisher:

Please forward a certified transcript of the FLEX grades for the following physician: BURKONS, David M., if he has taken a FLEX examination(s) in any state(s) at any time.

If he has not taken a FLEX examination, please so note on this letter and return it to our office.

Very truly yours,

*Joan Elsman*

(Mrs.) Joan Elsman  
Endorsement Section

je

MAR 3 1977 19

This office is unable to locate any records indicating that the above named doctor ever took the FLEX examination.

*M. H. Crabb*

M.H. Crabb, M.D., Secretary  
Federation of State Medical Boards of U.S.  
MHC:mf MS



# THE UNIVERSITY OF MICHIGAN

ANN ARBOR, MICHIGAN 48104

## DEPARTMENT OF CLASSICAL STUDIES

The Regents of the University of Michigan send greeting to all reading this diploma.

Know that David Max Burkons, of good character and recommended by the Professors of the School of Medicine and Surgery as one who has been truly tested in the study and pursuit of the arts of Medicine and Surgery, has been by us distinguished with the degree Doctor of Medicine. In testimony whereof we have presented him this certificate bearing the names of the President, Secretary and Professors, and likewise bearing the Seal of the University.

Given at the University on the second day of June, 1973, in the one hundred fifty-seventh year of the University of Michigan.

R.L. Kennedy, Secretary  
R.W. Fleming, President  
John A. Gronvall, M.D., Dean  
and others

The above is a faithful translation of the University of Michigan M.D. degree of Dr. David M. Burkons.

*Charles Witke*

Charles Witke, Ph.D.  
Professor of Greek and Latin

*Grace B. Preston*  
*14<sup>th</sup> April, 1977*

GRACE B. PRESTON  
Notary Public, Washtenaw County, Mich.  
My Commission Expires Mar. 18, 1979

77 APR 22 PM 12 00  
MISSOURI STATE  
MEDICAL BOARD

# Stellen

*impresario*

*Section in 'Life' Chapter*

*Latam ex archibus Universitatis die secundo .XIII. anno millesimo*

Refutation

Rd. Fleming

[illegible]

Joseph W. Lawrence M.D. Husband of  
Neel W. Lawrence M.D. of Health of

This is a copy of the true  
original dated 2-28-73  
at Ann Arbor, Michigan.

Subscribed and sworn to before me,  
a Notary Public, in and for the  
County of Washtenaw, State of Mich-  
igan, on this the 28

day of March, 19 73

*[Signature]*

Notary Public

My Commission Lucille M. Duggan  
Expires Notary Public, Washtenaw County, Mich.  
My Commission Expires 8-31-76

STATE OF OHIO  
THE STATE MEDICAL BOARD  
SUITE 1006  
180 EAST BROAD STREET  
COLUMBUS, OHIO 43215

App. 3/17/77 ✓  
D.M.A. 3/17/77 ✓ JE

DATE: MARCH 1, 1977

Dear Doctor DAVID M. BURKONS, M.D.

PLEASE BE ADVISED THAT ALL MATERIALS SUBMITTED TO THE BOARD WILL BE THOROUGHLY INVESTIGATED AND INDIVIDUALS WILL BE CONTACTED REGARDING YOUR APPLICATION AS THE BOARD DEEMS NECESSARY PRIOR TO YOUR POSSIBLE LICENSURE IN OHIO.

Physicians may be licensed in Ohio by endorsement of a full license granted on the basis of a written examination in any other state or U.S. Territory, or by endorsement of the certificate granted on the basis of the examination of the National Board of Medical Examiners, or the National Board of Osteopathic Examiners.

Applicants for endorsement licensure must be either full citizens of the United States by birth, or by Naturalization, or have a Declaration of Intention, an Alien Registration Receipt Card, or have a current approval of a petition for a permanent immigrant status. If you are not a citizen of the United States, it will be necessary for you to submit evidence of your status as defined earlier in the paragraph.

If you are licensed in another state, or by National Boards, you must have received a minimum average of 75% or better on the examination for licensure.

In order that we may send you an application or credential outline list for endorsement licensure, please answer all the questions on this sheet in the space provided. If additional space is needed, please use reverse side.

a. Your PLACE and DATE of birth:

Cleveland Ohio 2/6/47

b. Your MEDICAL SCHOOL of graduation, its LOCATION, and DATE you received your degree:

Univ. of Michigan, Ann Arbor, Mich 6/2/73

c. The STATE in which you are licensed by written examination and the year you were licensed, if applicable: Michigan by NBME 24 June 1974

d. The YEAR in which you were certified by the NATIONAL BOARD OF MEDICAL EXAMINERS or the NATIONAL BOARD OF OSTEOPATHIC EXAMINERS (please note which Board), if applicable:

Nt Board Med Exams 1974

e. Have you ever taken a Flex examination in any state at any time? If so, please list the state(s) for which you took the examination(s), and dates of examination(s).

f. List the most recent hospital(s) and the complete address(es) where you have worked or trained (intern, resident or fellow). Please specify dates and capacities served at each hospital. Please use reverse side of this sheet for information requested.

Univ of Michigan Hospitals 1973 - present  
Ann Arbor, Michigan 48104

Please print the following:

NAME: David M. Burkons

ADDRESS: 2088 Georgetown Blvd  
Ann Arbor, Mich 48105

Very truly yours,

Mrs. Joan Eisman

July 1973 through present and until 30 June 1979

House Officer I-IV.

Dept of Ob. Gyn.

University of Michigan Hospitals

Ann Arbor, Michigan 48105

# NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

David Max Burkons, M. D.

## ENDORSEMENT OF CERTIFICATION

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: J. D. Myers  
Chairman of the Board

Philadelphia, Pa.  
July 1, 1974

SEAL

JOHN P. HUBBARD  
President of the Board

Cert. # 147411

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of University of Michigan School of Medicine on 06/02/1973, whose birth date is 02/06/1947, following successful completion of all examinations required for Certification by the National Board of Medical Examiners. The grades obtained are as follows:

### PART I passed 06/16/1971

Anatomy, incl. histology and embryology .....	460	78
Physiology .....	525	82
Biochemistry .....	525	82
Pathology .....	450	77
Microbiology, incl. immunology .....	545	83
Pharmacology and Materia Medica .....	420	75
Behavioral Sciences .....	---	---
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**	490	80

Standard* Score	Scale Score
460	78
525	82
525	82
450	77
545	83
420	75
---	---
490	80

### PART II passed 04/11/1973

Internal medicine and the medical specialties .....	365	75
Surgery and the surgical specialties .....	465	80
Obstetrics and Gynecology .....	640	89
Public Health and Preventive Medicine .....	600	87
Pediatrics .....	390	77
Psychiatry .....	415	78
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**	470	81

365	75
465	80
640	89
600	87
390	77
415	78
470	81

### PART III passed 03/06/1974

A General Test of Clinical Competence .....		
(Minimum Passing Grade 290/75)	AVERAGE	375

375	77.6
-----	------

GENERAL AVERAGE (Parts I, II, and III) .....

79.5
(Scale Score)

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

SEAL

*Ann K. Heverling*  
Secretary for Certification

April 15, 1977

Date

# RESUME OF ACTIVITIES

List ALL activities from graduation to the present time. ACCOUNT FOR ALL TIME IN ALL COUNTRIES, including WORKING AND NON-WORKING TIME. If NON-WORKING, explain WHAT you were doing during that period.

PLACE ACTIVITIES IN CHRONOLOGICAL ORDER

DATES	HOSPITAL OR UNIVERSITY	LOCATION	POSITION & DEPARTMENT
1 July 73 - present	U. of Michigan & affiliated Hosps	Ann Arbor, Mich	House Officer Dept Ob Gyn



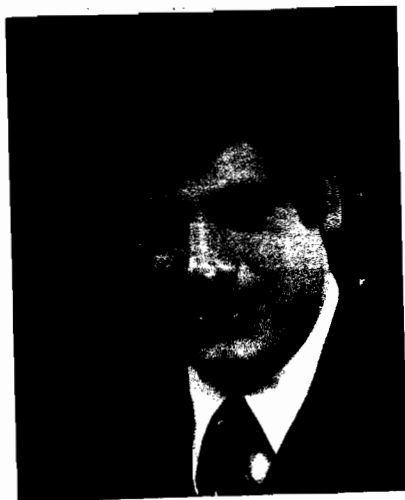
77 APR 22 PM 12 01  
MEDICAL BOARD

BURKONS, DAVID M.

NO. 40676

Iss. 6/6/77

ENDORS.



1 David M. Burkons  
Signature of Applicant

2 David M. Burkons  
Signature of Applicant

I hereby certify that the photograph  
on the reverse side to which this slip  
is pasted is a genuine likeness of

David M. Burkons

who was recommended by me to the  
State Medical Board for a license to  
practice in Ohio.

19 April 77  
Date

J. Robert Wilkins  
Signature of First Endorser.

4/19/77 2  
Date

George W. Morley  
Signature of Second Endorser

236

# OFFUTT, FISHER & NORD

ATTORNEYS AT LAW

949 Third Avenue, Suite 300  
Post Office Box 2868  
Huntington, West Virginia 25728-2868

40676

Huntington, WV  
(304) 529-2868

-----  
Facsimile  
(304) 529-2999  
-----

D. C. Offutt, Jr. †  
Michael M. Fisher  
Steven K. Nord ††  
Fred B. Westfall, Jr. ††  
Scott W. Andrews  
Sonja L. Carpenter†  
Dianne D. Einstein†  
Chad S. Lovejoy

† also admitted in KY  
† also admitted in OH

February 10, 1998

File No. 5020.0018

State Medical Board of Ohio  
77 South High Street  
Seventeenth Floor  
Columbus, Ohio 43215

**ATTN: Debbie Jones**  
**Records Department**

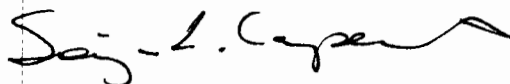
**Re: David Burkons, M.D.**  
**1611 South Green Road**  
**South Euclid, Ohio 44121**

Dear Ms. Jones:

Pursuant to the provisions of the Freedom of Information Act ORC § 149.43, please provide the full licensure and disciplinary file on David Burkons, M.D.. Please forward copies of this information to my attention at your earliest convenience. If there is a fee for this service, please include a copy of your invoice with the records.

Thank you for your cooperation in this matter. If you have any questions or need further information, please do not hesitate to contact me.

Very truly yours,



Sonja L. Carpenter

SLC/mak

90 FEB 14 1998  
STATE MEDICAL BOARD OF OHIO  
RECORDS DEPARTMENT

February 23, 1998

Sonja L. Carpenter  
Offutt, Fisher & Nord  
949 Third Avenue, Suite 300  
P.O. Box 2868  
Huntington, WV 25728-2868

RE: David M. Burkons, M.D.

Dear Ms. Carpenter:

Enclosed is a copy of the licensure file for the physician listed above that you requested.

The license is current and in good standing (no formal or non-disciplinary action has been taken) and will expire on September 30, 1998.

If you need any additional information about this physician, please feel free to contact the Records Department at the telephone or facsimile numbers below.

Sincerely,

*Kay L. Rieve*

Kay L. Rieve  
Acting Administrative Officer

KLR:jdc

Enclosure

# Shuman, Annand & Poe

236

No actions

David L. Shuman  
Stephen D. Annand  
Edgar A. Poe, Jr.  
Charles R. Bailey  
Richard L. Earles  
David L. Wyant  
Mark W. Browning  
William R. Slicer  
Belinda Bartley Jackson  
G. Kenneth Robertson  
George J. Joseph  
Thomas E. Buck

Attorneys at Law  
Suite 1007, 405 Capitol Street  
P. O. Box 3953  
Charleston, West Virginia 25339  
Telephone (304) 345-1400 Facsimile (304) 343-1826

Suite 3002, 1233 Main Street  
Wheeling, West Virginia 26003  
Telephone (304) 233-3100 Facsimile (304) 233-0201

Desiree A. Halkias  
Paul L. Weber  
Roberta F. Green  
James J. A. Mulhall  
Kenneth N. Hickox, Jr.  
Teresa K. Thompson  
Richard N. Beaver  
John T. Molleur  
Noelle A. Starek  
Mark A. Kepple  
David J. Mincer  
Karen M. Tracy

March 26, 1998

REPLY TO:

Charleston

State Medical Board of Ohio  
77 S. High Street, 17th Floor  
Columbus, Ohio 43266-0315

Re: Dr. David M. Burkons  
University Suburban Gynecologists, Inc.  
1611 South Green Road, Suite #204  
South Euclid, Ohio 44121

40676

98 MAR 30 PM 4:55

Dear Sir/Madam:

I am writing to request a complete copy of any and all public information contained in the Board's files pertaining to Dr. David M. Burkons. Dr. Burkons is testifying as an expert witness in a case against one of our clients.

Please forward the information to my attention as soon as possible. If there is a charge for this service, please forward an invoice, and I will see that prompt remittance is made. Also, please telephone me if prepayment is required for the release of this information.

Thank you for your assistance in this matter.

Very truly yours,

*Patricia M. Franks*

Patricia M. Franks  
Paralegal

PMF

April 28, 1998

Patricia M. Franks, Paralegal  
Shuma, Annand & Poe  
405 Capitol Street, Suite 1007  
P.O. Box 3953  
Charleston, WV 25339

RE: David M. Burkons, M.D.

Dear Ms. Franks:

Enclosed is a copy of the licensure file for the physician listed above that you requested.

The license is current and in good standing (no formal or non-disciplinary action has been taken) and will expire on September 30, 1998.

If you need any additional information about this physician, please feel free to contact the Records Department at the telephone or facsimile numbers below.

Sincerely,

*Kay L. Rieve*

Kay L. Rieve  
Acting Administrative Officer

KLR:jdc

Enclosure



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

## CERTIFICATION

I hereby certify that the attached copies are true and complete copies as they appear in the records of the State Medical Board of Ohio in the matter of David M. Burkons, M.D..

License No.: 35040676  
Issue date: 06/06/77  
Expiration date: 07/01/01

License is/was in good standing (no formal action has been taken)

Investigations and complaints are confidential in nature and are not public information.

The certification is made by authority of the State Medical Board and on its behalf.

(SEAL)

Sandra K. Caldwell  
Administrative Officer

04/26/99

Date

SKC

# OFFUTT, FISHER & NORD

## ATTORNEYS AT LAW

949 Third Avenue, Suite 300  
Post Office Box 2868  
Huntington, West Virginia 25728-2868

Telephone: (304) 529-2868

Facsimile: (304) 529-2999

January 24, 2003

D. C. Offutt, Jr. †  
Michael M. Fisher  
Steven K. Nord †‡  
Scott W. Andrews †  
Sonja C. Vital †  
Cheryl A. Simpson  
Scott L. Summers  
Stephen S. Burchett \*  
Perry W. Oxley †‡  
Jon D. Hoover †  
Holly G. DiCocco †  
David E. Rich †  
Robert M. Sellards

† also admitted in KY  
‡ also admitted in OH  
\* admitted in KY

236  
OHIO STATE MEDICAL BOARD

JAN 28 2003

CHARLESTON OFFICE  
Post Office Box 2833  
812 Quarrier Street, Suite 600  
Charleston, WV 25330-2833

Telephone  
(304) 343-2869  
-----

Facsimile  
(304) 343-3053  
-----

File No.: 4074.0001

State of Ohio Medical Board  
77 South High Street, 17<sup>th</sup> Floor  
Columbus, Ohio 43215-6127

Re: David M. Burkons, M.D.

40676

Dear Sir or Madam:

Pursuant to the provisions of the Freedom of Information Act, I would appreciate your providing me with a Verification of full licensure and the disciplinary file pertaining to David M. Burkons, M.D. Please forward copies of this information to me at the above Huntington address at your earliest convenience. If there is a fee for this service, please include an Invoice with the records and we will promptly pay your Invoice.

If you have any questions or need further information, please do not hesitate to contact me. Thank you for your assistance.

Sincerely yours,

*Alicia E. Watts*

Alicia E. Watts  
Certified Legal Assistant

/aw



# STATE OF OHIO STATE MEDICAL BOARD

65 SOUTH FRONT ST., SUITE 510 COLUMBUS, OHIO 43215

I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSN AND AL. BOV. 1 BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.

*David M. Burkons* 10/15/84  
(SIGNATURE OF APPLICANT) (DATE)

## INSTRUCTIONS

1. DO NOT FOLD OR STAPLE THIS CARD.
2. REVERSE SIDE MUST BE COMPLETED.
3. MAKE CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF OHIO
4. PUT IDENTIFICATION NUMBER ON CHECK.
5. MARK CORRECT SPECIALTY CODE(S) BELOW.
6. SEND PAYMENT (DO NOT SEND CASH) AND THIS APPLICATION IN ENCLOSED ENVELOPE TO: TREASURER, STATE OF OHIO BOX 2438 COLUMBUS, OHIO 43216

## REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A DOCTOR OF MEDICINE

IDENTIFICATION NUMBER

35-04-0676

DAVID M. BURKONS  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

## MD & DO SPECIALTY CODES

SPECIALTY CODES CURRENTLY ON RECORD → 26-39-38

IF NECESSARY TO CORRECT, ENTER

ALL SPECIALTY CODE NUMBERS → 39

(SEE LIST ON ENCLOSED CARD)

(LIMIT OF 3)

AMOUNT DUE

\$100.00

DATE DUE

11/15/84

CITY

STATE

ZIP CODE

COUNTY

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY DUE DATE.

THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD. PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SHOWN ON FRONT (PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

Redacted

SECTION 4731.281, OHIO REVISED CODE REQUIRES THAT A RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.

SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN CONVICTED OF OR PLEAD NOLO CONTENDERE TO:

YES NO

☒ ☒

a.) a felony,

b.) a misdemeanor committed in the course of your practice, or

c.) a federal or state law regulating the possession, distribution or use of any drug?

AT ANY TIME SINCE THE LAST RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO

☐ ☒

1). Been addicted to or dependent upon alcohol or any chemical substance?

☐ ☒

2). Had any disciplinary action taken or initiated against you by a state licensing agency?

YES NO

☐ ☒

3). Surrendered or consented to limitation of license to practice medicine, or state or federal privileges to prescribe controlled substances?

☐ ☒

4). Had any hospital privileges suspended or revoked?

# STATE MEDICAL BOARD OF OHIO

65 SOUTH FRONT ST., SUITE 510 COLUMBUS, OHIO 43215

I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSN AND APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.

*[Signature]*  
(SIGNATURE OF APPLICANT)

(DATE)

APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A  
DOCTOR OF MEDICINE

IDENTIFICATION  
NUMBER  
35-04-0676

1 DAVID M. BURKONS  
1611 S GREEN RD.  
SOUTH EUCLID OH 44121

MD & DO SPECIALTY CODES	
ENTER ALL → SPECIALTY CODES	
(SEE LIST ON ENCLOSED CARD)	(LIMIT OF 3)

AMOUNT DUE \$100.00 DATE DUE 11/15/86

## INSTRUCTIONS

- DO NOT FOLD OR STAPLE THIS CARD.
- REVERSE SIDE MUST BE COMPLETED.
- MAKE CHECK OR MONEY ORDER PAYABLE TO:  
TREASURER, STATE OF OHIO
- PUT IDENTIFICATION NUMBER ON CHECK.
- MARK CORRECT SPECIALTY CODE(S) BELOW.
- SEND PAYMENT (DO NOT SEND CASH) AND THIS APPLICATION IN ENCLOSED ENVELOPE TO:

TREASURER, STATE OF OHIO  
BOX 2438 COLUMBUS, OHIO 43216

## REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE
COUNTY		

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY NOVEMBER 15

THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD.  
PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THAT SHOWN ON FRONT  
(PLEASE PRINT)

LAST NAME	FIRST NAME	INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE
COUNTY		

SOCIAL SECURITY NUMBER

SECTION 4731.281, OHIO REVISED CODE REQUIRES THAT A RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.

SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN FOUND GUILTY OR PLEAD GUILTY OR NO CONTEST TO:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	a.) a felony.
<input type="checkbox"/>	<input type="checkbox"/>	b.) a misdemeanor committed in the course of your practice, or
<input type="checkbox"/>	<input type="checkbox"/>	c.) a federal or state law regulating the possession, distribution or use of any drug?

AT ANY TIME SINCE THE LAST RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1.) Been addicted to or dependent upon alcohol or any chemical substance?
<input type="checkbox"/>	<input type="checkbox"/>	2.) Had any disciplinary action taken or initiated against you by a state licensing agency?

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	3.) Surrendered or consented to limitation upon license to practice medicine, or state or federal privileges to prescribe controlled substances?
<input type="checkbox"/>	<input type="checkbox"/>	4.) Had any hospital privileges suspended or revoked?

# STATE MEDICAL BOARD OF OHIO

I CERTIFY, UNDER PENALTY OF THE LOSS OF MY RIGHT TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE BOARD AND APPROVED BY THE STATE MEDICAL BOARD AND HEREBY MAKE APPLICATION FOR RENEWAL.

(SIGNATURE OF APPLICANT)

(DATE)

APPLICATION FOR BIENNIAL LICENSE RENEWAL TO PRACTICE AS A;  
DOCTOR OF MEDICINE

IDENTIFICATION

NUMBER

35-04-0676

DAVID M. BURKONS  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

## MD & DO SPECIALTY CODES

SPECIALTY CODES CURRENTLY ON RECORD

IF NECESSARY TO CORRECT, ENTER

ALL SPECIALTY CODE NUMBERS

(SEE LIFE ON ENCLOSED CARD)

(LIMIT OF 3)

AMOUNT DUE

DATE DUE

\$100.00 11/01/88

## INSTRUCTIONS

1. DO NOT FOLD OR STAPLE THIS CARD.
2. REVERSE SIDE MUST BE COMPLETED.
3. MAKE CHECK OR MONEY ORDER PAYABLE TO:  
TREASURER, STATE OF OHIO
4. PUT IDENTIFICATION NUMBER ON CHECK.
5. UPDATE SPECIALTY IF NEEDED.
6. SEND PAYMENT (DO NOT SEND CASH) AND THIS APPLICATION IN ENCLOSED ENVELOPE TO:  
TREASURER, STATE OF OHIO  
BOX 2438, COLUMBUS, OHIO 43216

## REPORT ANY CHANGE OF ADDRESS OF RECORD

(PLEASE PRINT)

LAST NAME FIRST NAME INITIAL

STREET ADDRESS

CITY STATE ZIP CODE

COUNTY

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY NOVEMBER 1.

THE ADDRESS SHOWN ON THE FRONT OF THIS CARD WILL BE MAINTAINED AS YOUR ADDRESS OF RECORD WITH THE BOARD.

PRINCIPAL PRACTICE ADDRESS--IF DIFFERENT FROM THAT SHOWN ON FRONT  
(PLEASE PRINT)

Burkons David M.  
LAST NAME FIRST NAME INITIAL  
1611 S. Green Rd. #204  
STREET ADDRESS  
S. Euclid Ohio 44121  
CITY STATE ZIP CODE

Cuyahoga

SOCIAL SECURITY NUMBER

Redacted

SECTION 4731.281, OHIO REVISED CODE REQUIRES THAT A RESPONSE BE GIVEN TO THE FOLLOWING QUESTION. PLEASE MARK THE CORRECT BOX.

SINCE YOU LAST RENEWED YOUR OHIO MEDICAL LICENSE, HAVE YOU BEEN FOUND GUILTY OR PLEAD GUILTY OR NO CONTEST TO:

YES

NO

☐

☒

a.) a felony

☐

☒

b.) a federal or state law regulating the possession, distribution or use of any drug?

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATION HAVE YOU:

YES NO

☐ ☒

1.) Been addicted to or dependent upon alcohol or any chemical substance? You may answer no to this question if you have successfully completed treatment at a program approved by this Board and have subsequently adhered to all statutory requirements as contained in Section 4731.224, O.R.C., and related provisions; or are currently enrolled in a Board approved program.

☐ ☒

2.) Had any disciplinary action taken or initiated against you by a state licensing agency?

YES NO

☐ ☒

3.) Surrendered or consented to limitation upon a license to practice medicine or state or federal privileges to prescribe controlled substances.

☐ ☒

4.) Had any clinical privileges suspended or revoked for other than failure to maintain records or attend staff meetings.

QT-00224-OB

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

**CERTIFICATION**

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *[Signature]* 6/24/92  
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-04-0676  
AMOUNT DUE \$160.00  
DATE DUE 07/01/92  
DAVID M BURKONS, M.D.  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

39 OBSTETRICS & GYNECOLOGY

☒ SPECIALTY CODE(S) CORRECT AS LISTED

IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE1 CODE2 CODE3

**CHANGE OF ADDRESS**

STREET  
STREET  
CITY STATE ZIP CODE  
COUNTY

19696969621

0935040676 0000016000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

183 00293 070992 00345  
STREET CITY STATE ZIP CODE  
COUNTY

HAVE YOU BEEN FOUND GUILTY OF, OR PLED GUILTY OR NO CONTEST TO:

YES NO  
A.) A felony or misdemeanor. ☒ YES  
B.) A federal or state law regulating the possession, distribution or use of any drug? ☒ YES

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO  
1.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. ☒ YES

YES NO  
2.) Had a license denied by or had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? ☒ YES  
3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? ☒ YES

YES NO  
4.) Had any clinical privileges suspended, limited or revoked for reasons other than failure to maintain records or attend staff meetings? ☒ YES

Redacted  
(Optional for purposes of Identification)



DETACH HERE AND REMIT THIS PORTION WITH FEE

STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

**CERTIFICATION**

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1992-1994 BIENNIAL THE REQUIRED HOURS OF CONTINUING MEDICAL EDUCATION REQUIRED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X *[Signature]* 3/29/94  
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER      AMOUNT DUE      DATE DUE  
35-04-0676      \$250.00      05/01/94  
DAVID M BURKONS, M.D.  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

OBG OBSTETRICS & GYNECOLOGY

**SPECIALTY CODE(S) CORRECT AS LISTED**

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES.      CODE1      CODE2      CODE3

**REPORT ANY CHANGE OF ADDRESS**

STREET  
STREET  
CITY      STATE      ZIP CODE  
COUNTY

1:969696962:

0935040676 0000025000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street  
Street  
City  
County  
State  
Zip Code

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES ☐ NO ☒ 1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.

YES ☐ NO ☒ 2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?

YES ☐ NO ☒ 3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.

YES ☐ NO ☒ 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?

YES ☐ NO ☒ 5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?

YES ☐ NO ☒ 6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?

YES ☐ NO ☒ 7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?

YES ☐ NO ☒ 8.) After January 14, 1993, referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any

Redacted

SOCIAL SECURITY NUMBER

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

**CERTIFICATION**

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1994-1996 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE **OHIO STATE MEDICAL ASSOCIATION** AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

*[Signature]*  
(SIGNATURE OF APPLICANT) (DATE) 3/12/96

IDENTIFICATION NUMBER 35-04-0676  
AMOUNT DUE \$250.00  
DATE DUE 05/01/96  
DAVID M BURKONS, M.D.  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

**OBG OBSTETRICS & GYNECOLOGY**

☒ **SPECIALTY CODE(S) CORRECT AS LISTED**

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

**REPORT ANY CHANGE OF ADDRESS**

STREET  
STREET  
CITY STATE ZIP CODE  
COUNTY

96969696 21

0935040676 0000025000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street  
Street  
City State Zip Code  
County

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.  
YES ☐ NO ☒

2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?  
YES ☐ NO ☒

3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.24 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.  
YES ☐ NO ☒

4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?  
YES ☐ NO ☒

5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  
YES ☐ NO ☒

6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  
YES ☐ NO ☒

7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  
YES ☐ NO ☒

8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?  
YES ☐ NO ☒

Redacted  
SOCIAL SECURITY NUMBER  
(Optional for purposes of identification)



DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

**CERTIFICATION**

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1996-1998 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X   
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE  
35-04-0676-B \$371.00 05/01/98  
DAVID M BURKONS, M.D.  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

OBG OBSTETRICS & GYNECOLOGY

☐ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

**REPORT ANY CHANGE OF ADDRESS**

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

1:9696969621:

0935040676" 0000037100"

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street  
Street  
City  
County  
State  
Zip Code

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO  
1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor. ☒ YES ☐ NO  
2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug? ☒ YES ☐ NO  
3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. ☒ YES ☐ NO

YES NO  
4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums? ☒ YES ☐ NO  
5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? ☒ YES ☐ NO  
6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? ☒ YES ☐ NO  
7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? ☒ YES ☐ NO  
8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation ☒ YES ☐ NO

Redacted

(Optional for purposes of identification)



DETACH HERE AND REMIT THIS PORTION WITH FEE

STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1998-2001 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE  
**OHIO STATE MEDICAL ASSOCIATION**  
AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

*[Signature]*  
(SIGNATURE OF APPLICANT)

(DATE)

IDENTIFICATION NUMBER      AMOUNT DUE      DATE DUE  
35-04-0676-B      \$305.00      04/01/2001  
DAVID M BURKONS, M.D.  
1611 S GREEN RD  
SOUTH EUCLID OH 44121

MD & DO SPECIALTY CODES CURRENTLY ON RECORD  
OBG OBSTETRICS & GYNECOLOGY

☒ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES.      CODE1      CODE2      CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

21249  
S. WOODLAND Rd  
Shaker Hts      Oh      44122  
Cuyahoga      OH      ZIP CODE

19696969621

0935040676 0000030500

MUST BE ENTERED AT EACH RENEWAL

Check this Box if you have NO principle  
Practice address.

1611  
S. GREEN Rd  
S. Euclid      Oh      44121  
City      State      Zip Code  
Cuyahoga      OH

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION  
FOR RENEWAL OF YOUR CERTIFICATE:

YES NO  
1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
☒ YES ☐ NO

YES NO  
2. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.  
☒ YES ☐ NO

YES NO  
3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
☒ YES ☐ NO

YES NO  
4. Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?  
☒ YES ☐ NO

YES NO  
5. Have you surrendered, or consented to limitation of a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.  
☒ YES ☐ NO

YES NO  
6. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?  
☒ YES ☐ NO

Redacted



DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127

**CERTIFICATION**

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 2001-2003 REGISTRATION PERIOD THE REQUIRED HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD. AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After  
35-04-0676-B \$305.00 04/01/03 07/01/03

DAVID M BURKONS, M.D.  
21249 S WOODLAND RD  
SHAKER HTS OH 44122

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**  
**OBG OBSTETRICS & GYNECOLOGY**

☒ SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

**RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL**

21249 S Woodland Rd  
C  
Shaker Hts OH 44122  
Cuyahoga  
COUNTY STATE ZIP CODE

0935040676

30500

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:

YES NO

1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
YES ☐ NO ☒  
2.) Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning program approval or concerning this question can be directed to the board offices.  
YES ☐ NO ☒  
3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
YES ☐ NO ☒  
4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?  
YES ☐ NO ☒  
5.) Have you surrendered, or consented to limitation of, or to reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.  
YES ☐ NO ☒  
6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?  
YES ☐ NO ☒

**PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL**

☐ Check this Box if you have NO principal practice address.

21249 S Woodland Rd  
Shaker Hts OH 44122  
Cuyahoga  
COUNTY STATE ZIP CODE

Redacted

**Date Posted: 3/6/2005 3:22:42 PM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	35.040676
License Name	DAVID BURKONS
Email Address	

**Fees**

Relicensure Fee	\$305.00
	=====
Total Fees	<b>\$305.00</b>

**Specialty Codes**

- Please select one specialty from the field below  
..... OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.  
..... {not Answered}
- Please select one specialty from the field below, if applicable.  
..... {not Answered}

**CME**

- Have you met the above CME requirements for your license?  
..... YES

**Discipline**

- Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
..... NO
- Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
..... NO
- Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO
6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

**Social Security Number**

1.  
..... Redacted

**Nurse Collaboration Info**

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... NO
2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**  
..... {not Answered}

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 1/3/2007 10:28:17 PM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**Address Information****BUSINESS ADDRESS**

1611 S GREEN RD  
S EUCLID, OH 44121  
Cuyahoga County  
216-381-3880

**CREDENTIAL MAIL ADDRESS**

21249 S WOODLAND RD  
SHAKER HTS, OH 44122  
Cuyahoga County  
216-283-8712

**License Information**

License Number

35.040676

License Name

DAVID BURKONS

Email Address

dmburkons@aol.com

**Fees**

Relicensure Fee

\$305.00

=====  
Total Fees **\$305.00**

**Specialty Codes**

1. Please select one specialty from the field below

..... GYNECOLOGY

2. Please select one specialty from the field below, if applicable.

..... {not Answered}

3. Please select one specialty from the field below, if applicable.

..... {not Answered}

**CME-Physicians**

1. Have you met the above CME requirements for your license?

..... YES

**Discipline**

1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
..... NO
2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
..... NO
3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
..... NO
4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO
6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

### Social Security Number

1. .... Redacted

### Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... NO
2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**  
  
..... {not Answered}

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have**

**provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 1/8/2009 2:25:22 PM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	35.040676
License Name	DAVID BURKONS
Email Address	dmburkons@aol.com

**Fees**

Relicensure Fee	\$305.00
<hr/>	
Total Fees	<b>\$305.00</b>

**Specialty Codes**

1. Please select one specialty from the field below  
..... OBSTETRICS & GYNECOLOGY
2. Please select one specialty from the field below, if applicable.  
..... {not Answered}
3. Please select one specialty from the field below, if applicable.  
..... {not Answered}

**CME-Physicians**

1. Have you met the above CME requirements for your license?  
..... YES

**Discipline**

1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
..... NO
2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
..... NO
3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO
6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

**Social Security Number**

1.  
..... Redacted

**Nurse Collaboration Info**

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... YES
2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**  
  
..... Cyndi Roller WHNP RNC

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**



**Date Posted: 6/1/2011 10:08:39 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	35.040676
License Name	DAVID BURKONS

**Fees**

Relicensure Fee	\$305.00
=====	
Total Fees	<b>\$305.00</b>

**Medical Board Correspondence Email**

1. Did you provide a Credential email address? Please note this information is a public record.

..... YES

**Specialty Codes**

1. Please select one specialty from the field below

..... OBSTETRICS & GYNECOLOGY

2. Please select one specialty from the field below, if applicable.

..... {not Answered}

3. Please select one specialty from the field below, if applicable.

..... {not Answered}

**CME-Physicians**

1. Have you met the above CME requirements for your license?

..... YES

**Discipline**

1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?

..... NO

2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?

..... NO

3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?

..... NO

4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?

..... NO

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**

..... NO

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?

..... NO

### Social Security Number

- 1.

..... Redacted

### Nurse Collaboration Info

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?

..... NO

2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**

..... {not Answered}

### Ohio Employment

1. Do you practice in Ohio?

..... YES

### Ohio Workforce Questions

1. "Clinical" - direct patient care

..... 50-54

2. "Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose

..... 0

3. "Administration" - activities related generally to patient care other than direct contact with a patient (e.g. recordkeeping, clerical tasks, chart review, prior authorizations with insurers, claims, billing issues, etc.)  
..... 1-4
4. "Education" - preceptor, mentor, etc.  
..... 10-14
5. "Volunteering" - providing medical and medical-related services at no cost  
..... 1-4
6. "Other" - medical professional activities not included in above categories  
..... 0

### **Clinical - Practice setting**

1. Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care).  
..... 50-54
2. Enter the number of hours per week spent in "Hospital (in-patient care)".  
..... 1-4
3. Enter the number of hours per week spent in "Emergency Room".  
..... 0
4. Enter the number of hours per week spent in "Urgent Care".  
..... 0
5. Enter the number of hours per week spent in "Other".  
..... 0

### **Workforce Counties**

1. Enter the first zip code:  
..... 44121
2. Enter the first county:  
..... Cuyahoga
3. Enter the second zip code:  
..... 44146
4. Enter the second county:  
..... Cuyahoga
5. Enter the third zip code:  
..... 44139
6. Enter the third county:  
..... Summit

**Practice Arrangement (size)**

1. Solo practitioner  
..... YES
2. Single-specialty Group  
..... N/A
3. Multi-specialty Group  
..... N/A
4. Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity)  
..... YES

**Workforce Language Question**

1. Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?  
..... YES

**Languages**

1. Select a language from the drop down list.  
..... Spanish
2. Select a language from the drop down list.  
..... {not Answered}
3. Select a language from the drop down list.  
..... {not Answered}

**ABMS Certified**

1. Are you certified by an ABMS Board?  
..... YES

**ABMS Specialty**

1. Choose specialty from the dropdown list.  
..... Obstetrics and Gynecology
2. Choose specialty from the dropdown list.  
..... {not Answered}
3. Choose specialty from the dropdown list.  
..... {not Answered}

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**