

RONALD REAGAN  
Governor

LEIGHTON HATCH  
Director

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS  
BOARD OF MEDICAL EXAMINERS  
STATE OF CALIFORNIA

APPLICATION FOR EXAMINATION OR UPDATE

I, WOODRON CONSTANTINE MITCHELL, M.D.

herewith apply for

(first, middle, last - PRINT - no initials)

1. ☐ Permission to take the following examination:

☐ Written

☐ Oral

☐ Clinical

☐ Practical

This request is made in connection with an application now on file with this board at 1021 G Street, Room A-202, Sacramento, California, for the following certificate or license:

☒ Physician and Surgeon

☐ Podiatrist

☐ Psychologist

☐ Physical Therapist

OR

2. ☒ Update my ☒ Reciprocity Application ☐ National Board Application

The following information is submitted in support of this application - All "yes" answers MUST be explained on the reverse side of this application.

1. Other states or countries in which you are licensed or registered: GEORGIA

(write in answers)

2. Have you ever been denied a license or certificate, or the right to take an examination by any licensing board?

(yes)

(no)

3. Have you ever had any license to practice in any foreign country, state, or territory of the United States suspended or revoked?

(yes)

(no)

4. Are you now addicted to narcotic drugs or were you in the past?

(yes)

(no)

5. Have you ever been charged with narcotic addiction?

(yes)

(no)

6. Have you ever made an offer in compromise regarding the Harrison Narcotic Law?

(yes)

(no)

7. Were you ever called or cited to appear before a Federal, State or local law enforcement officer?

(yes)

(no)

8. Are you now possessed of a contagious sickness?

(yes)

(no)

9. Are you now or were you ever engaged in California: in the practicing of any system or mode of treating the sick or afflicted; or in diagnosing, treating or operating for or prescribing for any disease, injury, deformity or other mental or physical condition, except as legally entitled to do so?

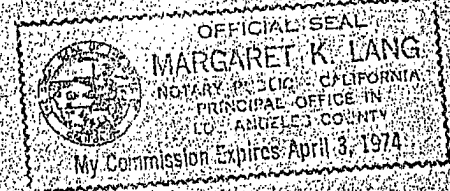
(yes)

(no)

STATE OF California

COUNTY OF Los Angeles

W. Constantine Mitchell being duly sworn, deposes and says that he is the applicant named in the foregoing application and that he has read said application, and he thoroughly understands all statements contained therein, and he knows the contents thereof to be true.



W. Constantine Mitchell (signature of applicant in full, no initials)

W.C. Mitchell, M.D. (address, number and street)

Dept. of Pathology (address, number and street)

1700 W. 6th St. (address, number and street)

Los Angeles, Calif. (address, city and state)

Subscribed and sworn to before me this February day of 1972

day of February 19 1972

Margaret K. Lang (signature of notary)

Los Angeles, Calif. (address of notary)

Notary Public in and for the County of Los Angeles, State of California

My commission expires

IMPORTANT - SEE REVERSE SIDE

Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application  
(Do NOT make THIS ENDORSEMENT unless the applicant has affixed his PHOTOGRAPH on the preceding page and made the required AFFIDAVIT)  
I, C. L. Clifton, Secretary of the Ga. State Board of Medical Examiners

certify that the foregoing certificate No. 13154 to practice as a Physician and Surgeon was issued to  
WOODROW CONSTANTINE MITCHELL M. D. on the 29 day of July, 1970  
based on written examination; that (1) said applicant was then the actual possessor of a  
diploma as evidence of his completion of his medical course; (2) that said applicant BEFORE ADMISSION TO SAID EXAMINATION  
presented to this Board a diploma issued by Howard University  
on the 9 day of June, 1967; that no charge against Dr. Mitchell  
has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and  
that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION CERTIFICATE.  
(If it be a "DUPLICATE" please add an explanatory note.)

(NOTE.—If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certification, otherwise write ACROSS the page below this line the words: ISSUED ON CREDENTIALS.)

I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.

I further certify that the aforesaid Dr. Mitchell passed the REGULAR WRITTEN EXAMINATION given by this Board on June 10-11, 1970, and obtained a general average of 85 per cent in the following subjects:

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
<u>Anatomy</u>		<u>Chemistry</u>	
<u>Pathology</u>		<u>Materia Medica</u>	
<u>Physiology</u>		<u>Practice &amp; Hygiene</u>	
<u>Obstetrics</u>		<u>Gynecology</u>	
<u>Surgery</u>		<u>Physical Diagnosis</u>	

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof with my hand and seal.

[SEAL]

Secretary of the Ga. State Board of Medical Examiners  
State Board of Examiners

Witness my hand and seal this 4 day of November, 1970

Address Atlanta, Ga.

\*An oral examination shall not be deemed of equal merit with a written examination and no certificate shall be issued in the case where the applicant was given an oral examination in another state and the California law required a written examination on the same date.

†An applicant admitted to examination prior to possession of DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

[NOTICE.—Detach here and send to Medical College for endorsement]

It is hereby certified that Woodrow Constantine Mitchell, M.D. entered the Freshman  
class in the Howard University on the 17th day of September, 1962  
Name Medical College Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented

Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented B.A. degree from Washington Miss.

College and MS. Howard University - Total number of units 177

Specify documentary evidence and date of document, including number of units

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

Every application based on a certificate issued after January 1, 1919, must show that prior to commencing the last half of the second year in the study of medicine, he has completed one year of college grade in the subjects of physics, chemistry and biology. After January 1, 1924, said course must have preceded the study of medicine. On and after September 22, 1931, an applicant must show the completion of a two year's college course, including the subjects of physics, chemistry and biology prior to commencing the study of medicine, and an applicant matriculating in a medical school after January 1, 1924 must show the completion of a three year's college course, including the subjects of Physics, Chemistry and Biology.

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

4. That he attended 5 courses of lectures given by this institution completed during a period of 5 years  
Specify number Year  
was issued the degree Doctor of Medicine on the 9th day of June, 1967  
Specify Month

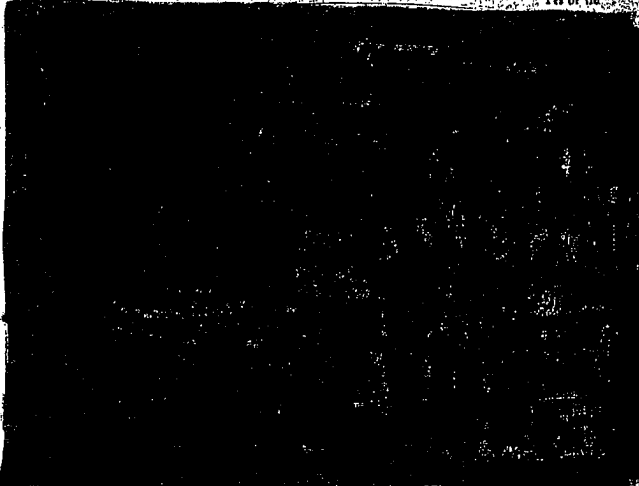
Signed Marion Mann, M.D., Dean President/Dean/Secretary  
of Howard University  
Name of school

this 14th day of JANUARY, 1971  
Month

Graduates after August 10, 1913, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Business and Professions Code of California.

Has any license entitling you to practice in any foreign country or in any state or territory of the United States been sus-  
 pended or revoked?                      If so, specify                      State or Country                      Charge                      Date                       
 Have you ever been or are you now addicted to narcotic drugs?                      Yes or no                       
 Have you ever been charged with addiction?                      Yes or no                       
 Specify charge                       
 Have you ever made an offer in compromise in connection with the Harrison Narcotic Law?                      Yes or no                       
 Have you ever been called before a Federal, state or local enforcement officer?                      Yes or no                       
 Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U. S. STATUTE or  
 STATE STATUTE?                      If so, give full particulars?                      Answer giving particulars                       
                     Answer yes or no                       
 Offense                      Place                      Disposition                      Date of Disposition                     

My physical description on this date is as follows:                      Finger print classification                       
 Height                      feet                      inches; weight                      pounds; color of eyes                      of hair                      identification marks                       
 Are you suffering from any ailment communicable to others?                      Yes or no                      Have you ever practiced as an itinerant physician?                      Answer yes or no                     



Was the photo attached to this application a  
 likeness taken within sixty days next preceding the  
 date of the affidavit affixed hereto?                      Answer yes or no                       
 Have you answered the above questions from  
 your own knowledge or upon information or from  
 your best recollection?                     

Reciprocity not granted if the following certificate was issued "on Reciprocity."  
 IF APPLICANT WILL LEGIBLY COPY or attach a photostatic copy in the space immediately below, the entire original STATE CERTIFICATE OF  
 LICENSE on which this application is based. Do not enter a COUNTY CLERK'S CERTIFICATE OF REGISTRATION or a RECI- JAL REGISTRATION.

STATE OF California  
 COUNTY OF Los Angeles  
W. Constantine Mitchell being duly sworn, deposes and says  
 that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice as a Physician and  
 Surgeon in the State of California; that he has read the foregoing application and knows the contents thereof to be true.  
W. Constantine Mitchell  
 Signature of applicant in full—use no initials  
 Subscribed and sworn to before me this 24 day of October, 1970  
 MARGARET K. LANG  
 NOTARY PUBLIC - CALIFORNIA  
 PRINCIPAL OFFICE IN  
 LOS ANGELES COUNTY  
 My commission expires April 3, 1974  
 (NOTE: The affidavit and the endorsement required at the top of the next page must be dated within 60 days of the filing date of this application.  
 After you have completed all data required on pages No. 1 and No. 2, affix your affidavit, THEN send this blank to the Secretary of the Board.)



THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING  
REGULAR WRITTEN EXAMINATION.

Return This Application to 1020 N Street, Sacramento, and NOT to San Francisco  
NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

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

This application with \$10.00 (foreign exchange) shall be in any form other than a personal check and photographable copy of diploma to be approximately 7 1/4 inches by 10 inches.  
The filing of this application shall NOT GRANT ANY SPECIAL PRIVILEGES TO OPEN AN OFFICE OR TO CONDUCT ANY METHOD OF TREATING THE SICK OR AFFLICTED IN THE STATE OF CALIFORNIA. (See information on last page.)  
All foreign documents must be translated into English over the seal and signature of the Consul of the country wherein the institution may be located. (See last page for aid.)  
The English translation must be attached to each foreign document.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS  
BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF CALIFORNIA

Application filed 12/7/71  
Fee paid 10734  
Diploma filed NO  
Diploma verified 11598  
By 11598

RECIPROCITY APPLICATION—CLASS C

I hereby apply for physician's and surgeon's reciprocity certificate in the State of California and submit the following credentials as required by the Business and Professions Code (Chapter 5) and the rules of the Board of Medical Examiners of the State of California.

Name in full W. CONSTANTINE MITCHELL Address [REDACTED] City and street address [REDACTED] State [REDACTED] Code [REDACTED]

Date of birth [REDACTED] Age this date [REDACTED]

Are you a citizen of the United States? Give particulars YES - NATURALIZATION MAY 30, 1970.

Did you attend high school? YES 4 YRS CALABAR HIGH SCH. KINGSTON JAMAICA  
Yes or No How long Name and location of school

Did you graduate from high school? YES 4 YRS CALABAR HIGH SCHOOL, KINGSTON JAM.  
Date of diploma Name and location of school

Did you attend college or university? YES 4 YRS COLUMBIA UNION COLLEGE  
Yes or No How long Name and location of school

Have you any degree OTHER than M. D.? YES B.A. June 5, 1960, 2 YRS. towards M.Sc. PHARMACEUTICS  
Answer, naming degree and give dates Name institutions

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of:  
(Note.—This is required ONLY if your license on page 2 was issued after January 1, 1919.)

fa. Physics YES College COLUMBIA UNION COLLEGE from Sept. 1956 to June 5, 1960  
Yes or no Name Location Date of completion  
b. Chemistry YES College COLUMBIA UNION COLLEGE from Sept. 1956 to June 5, 1960  
Yes or no Name Location Date of completion  
c. Biology YES College COLUMBIA UNION COLLEGE from Sept. 1956 to June 5, 1960  
Yes or no Name Location Date of completion

(Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any state examining board, must show that "before beginning the last half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade, in each of the subjects of Physics, Chemistry and Biology." After January 1, 1924, such premedical courses must have been completed prior to commencing the study of medicine. After September 22, 1951, an applicant must show the completion of a two year's college course, including the subjects of Physics, Chemistry and Biology and an applicant matriculating in a medical school after January 1, 1954 must show the completion of a three year's college course, including the subjects of Physics, Chemistry and Biology.)

Indicate your medical education in the following manner. Be specific:

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

I have spent 4 years in the study of medicine and surgery each year comprising 12 each in the following institutions:

(Note.—Mention dates of EACH COURSE, Jr., Freshman, Sophomore, Junior and Senior, and complete each course CHRONOLOGICALLY. If attended more than one school, furnish credentials from each.)

From the 17th day of SEPT 1962, to the 5th day of June 1963 HOWARD UNIVERSITY, WASH. DC.  
(Freshman) Month Year Name and location of medical school  
From the 12th day of SEPT 1963, to the 6th day of June 1964 HOWARD UNIVERSITY, WASH. DC.  
(Sophomore) Month Year Name and location of medical school  
From the 1st day of SEPT 1964, to the 5th day of June 1965 HOWARD UNIVERSITY, WASH. DC.  
(Junior) Month Year Name and location of medical school  
From the 1st day of SEPT 1965, to the 5th day of June 1966 HOWARD UNIVERSITY, WASH. DC.  
(Senior) Month Year Name and location of medical school  
From the 10th day of SEPT 1966, to the 5th day of June 1967 HOWARD UNIVERSITY.  
(Internship) Month Year Name and location of hospital

\*From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote.)

DC. 3 HOWARD UNIVERSITY, WASH. DC. the 9 day of June 1967

Is this application accompanied by the original diploma or a photographic copy thereof? PHOTOGRAPHIC - M.D.  
Specify which and degree conferred

Upon what license or certificate do you base this application? GEORGIA STATE BOARD  
Give name of Board issuing certificate

7/29/70 upon (1) written or (2) oral examination or (3) registration of diploma WRITTEN  
Specify which

Have you ever filed an application in California? NO  
Yes or no

Have you ever failed in a written or oral examination in California? NO Give particulars See page 4  
Yes or no

How long since you have ceased the active practice of medicine and surgery? —

What has been your vocation since you ceased practice? —

In what other states have you applied for license or registration? GEORGIA June 10-11 1970.  
Give names, dates and results

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? NO  
Yes or no

\*Applicants basing their application on a license issued after September 22, 1951, must show the completion of a year's internship satisfactory to the Board prior to the filing of the application. Submit with the application a photostatic copy of your internship certificate.

\*An applicant admitted to a State Medical Board Examination prior to POSSESSION of DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

\*Graduates from foreign medical school please read and comply with instructions on page 4.

ORAL EXAMINATION REQUIRED IF STATE CERTIFICATE IS DATED FIVE OR MORE YEARS BEFORE APPLICATION IS FILED.

# CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons Who Have Known Applicant for at Least One Year.  
(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing, on request of the Board.)

This certifies that I have been personally acquainted with Conservative Medicine, M. D. for 11 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Wesley E. Hill Address 776 W. 17th St. S. Salt Lake City, Utah  
 Graduated from U. of FOWS date June 15 1966 Licensed in CA No. 29586  
 State

This certifies that I have been personally acquainted with Constance Mitchell, M. D. for 1 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Charles Wallace Address 2800 Kelly Ave GA  
 Graduated from U.C.C.A date June 1962 Licensed in Calif No. A20048

## RECIPROCITY INFORMATION

Dear Doctor:

Sacramento, California

Answering your recent inquiry, we submit the following information regulating the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week. No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein such practice is conducted. See sections 2141 to 2143 of the Business and Professions Code. Applicants must not establish an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." before a California certificate has been issued.

APPLICATION FEE of \$10.00 (foreign exchange to be added) in any form *other than a personal check* must accompany this application and be deposited in the office of the Board, 2021 O Street, Sacramento, California; two weeks before any date shown on the accompanying dates for meetings for the current year. An additional ~~\$100.00 certificate fee to be paid~~ if certificate is issued, together with the current license fee as provided by law and the Board rules and regulations.

Mutilated or partially completed applications not acceptable. Read footnotes on pages 1-2-3.

Application based on a certificate issued "on Reciprocity" is not acceptable.

If admitted to examination in another state BEFORE POSSESSION OF DIPLOMA, an applicant must submit a certified copy of the document used as a basis of his admission to examination.

Applicants who have failed in a California written or oral examination are not eligible to file a Reciprocity Application.

This APPLICATION must be based on a certificate or medical license, issued by a Board of Medical Examiners (or similar medical licensing body) of any STATE or TERRITORY of the UNITED STATES that maintained a standard EQUAL TO CALIFORNIA on the same date. After September 22, 1951, the requirements of the Business and Professions Code for the issuance of a physicians and surgeons certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical, clinical oral examination complying with the inclosed notice re dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

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

Amendment (Chapter 670, Statutes 1935, effective September 15, 1935; and subsequent amendments) requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

## BOARD OF MEDICAL EXAMINERS

STATE OF CALIFORNIA

1001 O STREET, ROOM A-302

SACRAMENTO, CALIFORNIA

## SUPPLEMENTAL INFORMATION

I, W. CONSTANTINE MITCHELL, M.D., herewith submit the following additional information in connection with my application for a certificate to practice as a physician and surgeon in California:

I HEREBY CERTIFY THAT W. CONSTANTINE MITCHELL AND WOODROW CONSTANTINE MITCHELL ARE ONE AND THE SAME PERSON--- THAT I WISH MY OFFICIAL NAME OF RECORD ON FILE WITH THE CALIFORNIA STATE BOARD OF MEDICAL EXAMINERS TO BE:

W. Constantine Mitchell M.D.

STATE OF California }  
COUNTY OF Los Angeles } ss.

W. Constantine Mitchell being duly sworn, deposes and says that he is the applicant named in the foregoing supplement to an application for a Certificate to practice as a Physician and Surgeon in the State of California; that he has read the foregoing and knows the contents thereof to be true.

W. Constantine Mitchell

(Signature of applicant in full—use no initials)

Subscribed and sworn to before me this 29 day of March, 1971

[SEAL]



OFFICIAL SEAL  
MARGARET K. LANG  
NOTARY PUBLIC - CALIFORNIA  
PRINCIPAL OFFICE IN  
LOS ANGELES COUNTY

Margaret K. Lang  
Signature of notary

My commission expires

My Commission Expires April 3, 1974

Los Angeles City  
Address

PART  
3



MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION  
PHYSICIAN AND SURGEON

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

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

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF  
PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE  
CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS  
WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS, OR I HOLD A PERMANENT CME WAIVER.  
SIGNATURE REQUIRED HERE: W. Constantine Mitchell, M.D. DATE Jan. 13, 2006

AMOUNT DUE  
NOW

DELINQ FEE IF  
POSTMARKED AFTER  
04/30/06

\$790.00

\$869.00

VOLUNTARY FEE \$ 25.00

TOTAL ENCLOSED \$ 815.00

E. FOR ADDRESS CHANGE ONLY

IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER ( ) \_\_\_\_\_

G. FINANCIAL INTEREST STATEMENT

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

Signature required here

LICENSE NO.

EXPIRES

C 33150

03/31/06

ACTIVE W CONSTANTINE MITCHELL  
2010 WILSHIRE BL STE 904  
LOS ANGELES CA 90057

63010300000300004000331504010331060007900000086900

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

**G. Financial Interest Statement**

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

Health-Related Facility      Address  
Name

None	Winston Fitchell, MD





MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION  
PHYSICIAN AND SURGEON

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

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

LICENSE NO. **C 33150** EXPIRES **03/31/08**

ACTIVE **W CONSTANTINE MITCHELL**  
**2010 WILSHIRE BL STE 904**  
**LOS ANGELES CA 90057**

VOLUNTARY FEE \$  
TOTAL ENCLOSED \$

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 04/30/08
\$805.00	\$885.50

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

SIGNATURE REQUIRED HERE: W. Constantine Mitchell, MD 3/2/08

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

STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

Signature required here

63010300000300004000331504010331080008050000088550

000584 72 63010300004 000331504 030508  
 BANK OF AMERICA 148 04 ST TREAS-DEPT OF CONSUMER AFFAIRS

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

G. Financial Interest Statement

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

Health-Related Facility Name	Address
Delta Dental	2010 Wilshire Blvd, Suite 904 L.A. Cal. 90057
Delta Women's	405 N. Broadway, Suite G
Primary Care	Santa Ana, Calif. 92701
Med. Associates	

PART 3

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

**License Renewal Application  
Physician and Surgeon**

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

LICENSE NO. **C 33150**  
EXPIRES **03/31/10**

ACTIVE **W** **CONSTANTINE MITCHELL**  
**2010 WILSHIRE BLVD STE 904**  
**LOS ANGELES CA 90057**

VOLUNTARY FEE \$ **833**  
TOTAL ENCLOSED \$ **833**

AMOUNT DUE NOW **\$808.00**

DELINQ FEE IF POSTMARKED AFTER 04/30/10 **\$886.00**

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS FOR CME WAIVER. SIGNATURE REQUIRED HERE: W. Constantine Mitchell, M.D. DATE: Feb 18, 2010

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

STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER ( ) \_\_\_\_\_

G. FINANCIAL INTEREST STATEMENT

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

W. Constantine Mitchell, M.D.  
Signature required here

63010300000300004000331504010331100008080000088600

OVER

004185 81 6301030004 000331504 022310  
BANK OF AMERICA 148 CH ST TREAS-DEPT OF CONS

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

G. Financial Interest Statement

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

Name Health-Related Facility Address

N/A	



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

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

**License Renewal Application  
Physician and Surgeon**

**Continuing Medical Education (CME) Certification Statement:** I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER. SIGNATURE REQUIRED HERE: Dr. Constantine Mitchell, M.D. 3/5/2012

LICENSE NO. **33150**  
EXPIRES **03/31/12**

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 04/30/12
\$808.00	\$886.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$808.00	\$

ACTIVE **W. CONSTANTINE MITCHELL**  
**2010 WILSHIRE BLVD STE 510**  
**LOS ANGELES CA 90057**

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

STREET 2010 Wilshire Blvd, Suite 510  
CITY L.A. STATE Cal. ZIP 90057

**G. FINANCIAL INTEREST STATEMENT**

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

Dr. Constantine Mitchell, M.D.

63010300000300004000331504010331120008080000088600

OVER

03122012 10003409 10010035

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

G. Financial Interest Statement

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

Health-Related Facility Name Address


BEFORE THE DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation  
Against:

W. CONSTANTINE MITCHELL, M.D.  
License No. C-33150,

Respondent.

NO. D-2502

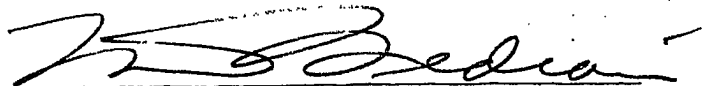
DECISION

The attached Stipulation is hereby adopted by the Division  
of Medical Quality of the Board of Medical Quality Assurance as its  
Decision in the above-entitled matter.

This Decision shall become effective on July 9, 1981.

IT IS SO ORDERED June 9, 1981.

DIVISION OF MEDICAL QUALITY  
BOARD OF MEDICAL QUALITY ASSURANCE



MILLER MEDEARIS  
Secretary-Treasurer

1 GEORGE DEUKMEJIAN, Attorney General  
2 WILLIAM L. MARCUS

3 Deputy Attorney General  
4 3580 Wilshire Boulevard  
5 Los Angeles, California 90010  
6 Telephone: (213) 736-2074

7 Attorneys for Complainant

8 BEFORE THE  
9 DIVISION OF MEDICAL QUALITY  
10 BOARD OF MEDICAL QUALITY ASSURANCE  
11 DEPARTMENT OF CONSUMER AFFAIRS  
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation )  
14 Against: )

NO. D-2502

15 W. CONSTANTINE MITCHELL, M.D. )  
16 License No. C-33150, )

STIPULATION FOR  
SETTLEMENT

17 Respondent. )  
18 )  
19 )  
20 )  
21 )  
22 )  
23 )  
24 )  
25 )  
26 )  
27 )

IT IS HEREBY STIPULATED by and between the parties to  
the above entitled matter, as follows:

1. The within stipulation is entered into to avoid a  
lengthy administrative hearing and to immediately implement the  
disciplinary order set forth hereinafter. All admissions,  
stipulations, and recitals contained in this stipulation are made  
solely and exclusively for the purpose of settlement of case  
number D-2502, pending against respondent W. Constantine  
Mitchell, M.D. (hereinafter "respondent"), and for no other  
purpose.



1           2. An accusation, case number D-2502, is pending  
2 against respondent before the Division of Medical Quality of the  
3 Board of Medical Quality Assurance of the State of California  
4 (hereinafter "division").

5           3. Respondent is represented in this matter by  
6 Pierpont M. Laidley, Esq., and has counseled with Mr. Laidley  
7 regarding this stipulation for settlement (hereinafter sometimes  
8 referred to as the "stipulation").

9           4. Respondent is fully aware of the charges and  
10 allegations contained in said accusation number D-2502 on file  
11 with the division and respondent has been fully advised with  
12 regard to his rights in this matter.

13           5. Respondent is fully aware of his right to a hearing  
14 on the charges and allegations contained in said accusation, his  
15 rights to reconsideration, appeal, his rights to subpoena  
16 witnesses, his rights to confront and cross-examine witnesses  
17 against him, and any and all other rights which may be accorded to  
18 him pursuant to the California Administrative Procedure Act and  
19 the Code of Civil Procedure.

20           6. Respondent hereby freely and voluntarily waives his  
21 rights to a hearing, reconsideration, appeal, to subpoena  
22 witnesses, to confront and cross-examine witnesses against him,  
23 and any and all other rights which may be accorded to him by the  
24 California Administrative Procedure Act and the Code of Civil  
25 Procedure with regard to said accusation number D-2502 on file  
26 with the division.

27

1           7. At the time of filing accusation number D-2502,  
2 Robert G. Rowland was the executive director of the Board of  
3 Medical Quality Assurance and filed said accusation solely in his  
4 official capacity.

5           8. On March 4, 1971, respondent was issued physician  
6 and surgeon's certificate no. C-33150 by the Board of Medical  
7 Quality Assurance. Said certificate has been in full force and  
8 effect since issuance.

9           9. It is stipulated, admitted, and agreed the following  
10 facts are true:

11           A. Between approximately May 1, 1977, and June 30,  
12 1978, respondent provided gynecological services to  
13 persons seeking abortions at United Women's Medical  
14 Services (hereinafter referred to as "United"), located  
15 at 4055 Wilshire Boulevard in Los Angeles, California  
16 until April 25, 1978, and thereafter located at 215 West  
17 Fifth Street in Los Angeles, California.

18           B. By agreement between respondent and United,  
19 United was to and did solicit and obtain persons on  
20 whom respondent would perform abortions. United was  
21 paid \$140-165 per abortion, of which respondent  
22 received \$40-60 per patient. From and after January  
23 1978 and through June 1978, United was to pay  
24 respondent a monthly fee of \$5000 for his services.

25           C. United was, at all times mentioned herein, a  
26 non-profit corporation and was engaged in the corporate  
27 and lay practice of medicine.

1 D. United never had, at any time mentioned herein,  
2 a certificate of registration as a medical corporation  
3 nor had the Board of Medical Quality Assurance, or any  
4 subdivision thereof, approved the employment of physicians  
5 and surgeons by United on a salaried basis.

6 E. Respondent knew, at all times pertinent herein,  
7 that United was holding itself out to the public as  
8 providing a mode of treatment (abortion) for a physical  
9 condition (pregnancy). Respondent failed to diligently  
10 determine whether United had obtained the requisite  
11 registration or authorization to advertise and operate  
12 as described hereinabove.

13 F. By respondent's conduct as described hereinabove,  
14 he assisted and abetted United in practicing medicine without  
15 United's being licensed or otherwise authorized to do so.

16 10. It is stipulated that pursuant to the stipulations  
17 and admissions described hereinabove at paragraph 9, respondent  
18 is guilty of unprofessional conduct within the meaning of Business  
19 and Professions Code section 2234, subdivision (a), (formerly 2361  
20 (a)) taken in conjunction with Business and Professions Code  
21 sections 2400 (formerly 2008) and 2052 (formerly 2141).

22 11. Pursuant to the foregoing stipulations, admissions  
23 and recitals, the division shall issue the following order:

24 Physician's and surgeon's certificate No. C-33150,  
25 heretofore issued to respondent W. Constantine Mitchell, M.D.,  
26 is suspended for a period of thirty (30) days. Said  
27 suspension is stayed and respondent is placed on probation

for a period of two (2) years on the following terms and conditions:

A. During the first year of probation respondent shall undertake eight (8) hours per month of free community service, said program to be submitted to the division or its representative for prior approval within thirty (30) days after the effective date of this decision.

B. During each year of probation respondent shall undertake 25 hours of category I continuing medical education over and above the continuing medical education required for relicensure.

C. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in California.

D. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the division, stating whether there has been compliance with all the conditions of probation.

E. Respondent shall comply with the division's Probation Surveillance Program.

F. Respondent shall appear in person for interviews with the division's medical

/



1 consultant upon request at various intervals  
2 and with reasonable notice.

3 G. In the event respondent should leave  
4 California to reside or to practice outside  
5 the state, respondent must notify the division  
6 in writing of the dates of departure and  
7 return. Periods of residency or practice  
8 outside California will not apply to the  
9 reduction of this probationary period.

10 H. If respondent violates probation in  
11 any respect, the division, after giving  
12 respondent notice and the opportunity to be  
13 heard, may set aside the stay order and impose  
14 the revocation of respondent's certificate.

15 I. Upon successful completion of probation,  
16 respondent's certificate will be fully restored.

17 12. The within stipulation shall be subject to approval  
18 by the Division of Medical Quality. If the division fails to  
19 approve this stipulation, it shall be of no force and effect.  
20

21 GEORGE DEUKMEJIAN  
22 Attorney General

23 Dated: March 26, 1981

24 By: William L. Marcus  
25 WILLIAM L. MARCUS  
26 Deputy Attorney General

27 Attorneys for Complainant

26 Dated: Feb 25, 1981

27 Pierpont M. Laidley, Esq.  
PIERPONT M. LAIDLEY, Esq.  
Attorney for Respondent

ACKNOWLEDGMENT

I hereby acknowledge I have read the foregoing stipulation for settlement and have discussed it with my attorney, Pierpont M. Laidley, Esq. I freely, voluntarily and intelligently enter into this stipulation with full knowledge of the effect it will have on my physician's and surgeon's certificate no. C-33150.

Dated: February 24, 1981

  
WOODROW C. MITCHELL, M.D.

Respondent

WLM:mpe  
03573110-27  
LA79AD1491  
BMAR1  
Mitch1-7

1 GEORGE DEUKMEJIAN, Attorney General  
2 WILLIAM L. MARCUS

3 Deputy Attorney General  
4 3580 Wilshire Boulevard  
5 Los Angeles, California 90010  
6 Telephone: (213) 736-2074

7 Attorneys for Complainant

8 BEFORE THE DIVISION OF MEDICAL QUALITY  
9 BOARD OF MEDICAL QUALITY ASSURANCE  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation  
12 Against:

13 W. CONSTANTINE MITCHELL, M.D.  
14 License No. C-33150,  
Respondent.

NO. D-2502

ACCUSATION

15  
16 Complainant alleges that:

17 1. He is Robert G. Rowland, the Executive  
18 Director of the Board of Medical Quality Assurance  
19 (hereinafter referred to as the "board") and makes this  
20 accusation solely in his official capacity.

21 2. W. Constantine Mitchell, M.D. (hereinafter  
22 referred to as "respondent") is licensed by the board as a  
23 physician and surgeon. On or about March 4, 1971,  
24 respondent was issued certificate number C-33150 by the  
25 board. Said certificate is currently in good standing.

26 3. Sections 2360 and 2372 of the Business and  
27 Professions Code (hereinafter referred to as the "code")

1 provide that every certificate issued may be suspended or  
2 revoked. Section 2361 of the code provides that the  
3 Division of Medical Quality shall take disciplinary action  
4 against any holder of a certificate who is guilty of  
5 unprofessional conduct.

6 4. Section 2361, subdivision (e), of the code  
7 provides that the commission of any act involving dishonesty  
8 or corruption, whether the act is committed in the course of  
9 the individual's activities as a certificate holder, or  
10 otherwise, or whether the act is a felony or a misdemeanor,  
11 constitutes unprofessional conduct.

12 5. Section 2411 of the code provides that  
13 knowingly making or signing any certificate or other  
14 document directly or indirectly related to the practice of  
15 medicine which falsely represents the existence or  
16 nonexistence of a state of facts constitutes unprofessional  
17 conduct.

18 6. Section 810, subdivision (a), of the code  
19 provides that it shall constitute unprofessional conduct and  
20 grounds for disciplinary action, including suspension or  
21 revocation of a license or certificate for a health care  
22 professional, to knowingly present or cause to be presented  
23 any false or fraudulent claim for the payment of a loss  
24 under a contract of insurance.

25 7. Respondent is subject to disciplinary action  
26 by authority of sections 2360 and 2372 of the code in that  
27 respondent has been guilty of unprofessional conduct within

1 the meaning of sections 2361, subdivision (e), 2411, and  
2 810, subdivision (a), of the code, in that respondent filed  
3 the following fraudulent insurance claims, as follows:

4           A. Between the dates of approximately May 1, 1977  
5           and June 30, 1978, respondent provided gynecological  
6           services to persons seeking abortions at United Women's  
7           Medical Services (hereinafter referred to as "United").  
8           United was located at 4055 Wilshire Boulevard, Los  
9           Angeles, California, from approximately February 28,  
10          1977 until approximately April 25, 1978, and thereafter  
11          was located at 215 West Fifth Street, Los Angeles,  
12          California. An agreement between respondent and United  
13          provided that United would solicit and obtain persons  
14          on whom respondent would perform abortions. Pursuant  
15          to respondent's agreement with United, patients paid  
16          United approximately \$140 to \$165 for an abortion, from  
17          which United paid respondent a standard fee of  
18          approximately \$40 to \$60 per patient, until January,  
19          1978. From January, 1978 through approximately June  
20          1978, United paid respondent a monthly fee of \$5,000  
21          for his services.

22           B. Periodically, United had respondent file a  
23          claim with a patient's insurance company in order to  
24          obtain reimbursement for the patient of the cost of the  
25          abortion. Said payment was then to be refunded to the  
26          patient for whom the claim was made. Respondent had no  
27          authorization from either United or the patient to bill

1 the insurance company for more than the amount the  
2 patient paid United, nor was respondent authorized to  
3 retain any portion of money paid to him by an insurance  
4 company in settlement of such a claim.

5 C. With respect to the following named patients,  
6 respondent filed claims with insurance companies for  
7 greater amounts than the patients had paid to United  
8 with the intent to wrongfully obtain and retain said  
9 money for himself, in particular:

10 I. MARTHA COOLE

11 (1) On or about May 7, 1977, respondent performed  
12 an abortion on Martha Coole (hereinafter referred to as  
13 "Coole") at United and, on or about May 7, 1977, Coole  
14 paid United \$165 in full payment for said abortion.

15 (2) On or about January 26, 1978, respondent filed  
16 a claim with Coole's insurance carrier, Southern  
17 California Provision Industry Health and Welfare Trust  
18 Fund (hereinafter referred to as "Trust Fund"), stating  
19 that respondent was owed \$425 for medical services  
20 rendered by the respondent to Coole.

21 (3) In truth and in fact, as respondent then well  
22 knew, respondent was authorized to have claimed only  
23 \$165 from Trust Fund in repayment for said abortion,  
24 and respondent therefore knowingly over-billed Trust  
25 Fund by \$260.

26 (4) On or about April 3, 1978, respondent received  
27 \$367 from Trust Fund for his services to Coole.

1 (5) In truth and in fact, respondent, despite  
2 Coole's repeated demands, paid none of said \$367 to  
3 Coole even though respondent knew that Coole was  
4 entitled to \$165 of said \$367 to repay Coole's abortion  
5 costs.

6 (6) Respondent wrongfully retained all \$367,  
7 although, as respondent well knew, he was entitled to  
8 retain none of it.

9 II. PATRICIA A. CLARK

10 (1) On or about April 22, 1978, respondent  
11 performed an abortion on Patricia A. Clark (hereinafter  
12 referred to as "Clark") at United and, on or about  
13 April 22, 1978, Clark paid United \$150 for said  
14 abortion.

15 (2) On or about May 3, 1978, respondent filed a  
16 claim with Clark's insurance carrier, Blue Shield of  
17 California (hereinafter referred to as "Blue Shield"),  
18 stating that respondent was owed \$285 for medical  
19 services performed for Clark.

20 (3) In truth and in fact, as respondent well knew,  
21 respondent was authorized to claim only \$150 from Blue  
22 Shield in repayment for said abortion, and respondent  
23 therefore over-billed Blue Shield by \$135.

24 (4) On or about June 13, 1978, respondent received  
25 \$272 from Blue Shield for his services to Clark.

26 (5) Respondent, despite Clark's repeated demands,  
27 paid none of said \$272 to Clark, even though respondent

1 knew that Clark was entitled to \$150, until Clark's  
2 husband appeared at respondent's office and received  
3 \$150.

4 (6) Respondent wrongfully retained \$122, although,  
5 as respondent well knew, he was not entitled to it.

6 III. ALVIE L. PHILLIPS

7 (1) On or about January 30, 1978, Alvie L.  
8 Phillips (hereinafter referred to as "Phillips"),  
9 received a pregnancy test at United. Phillips did not  
10 see respondent at this time.

11 (2) On or about that same day, January 30, 1978,  
12 respondent filed a claim with Blue Shield for \$445 for  
13 an abortion allegedly performed on Phillips. As  
14 respondent well knew, Phillips had not obtained an  
15 abortion from respondent or anyone else at that time.

16 (3) Respondent filed said claim with the intent to  
17 obtain \$445 for an abortion respondent knew he had not  
18 performed and with the intent to retain all money  
19 received.

20 8. Section 650 of the code states that except as  
21 provided in chapter 2.3 (commencing with section 1400) of  
22 division 2 of the Health and Safety Code, the offer,  
23 delivery, receipt or acceptance, by any person licensed  
24 under division 2 (commencing with section 500) of the code  
25 of any rebate, refund, commission, preference, patronage  
26 dividend, discount, or other consideration, whether in the  
27 form of money or otherwise, as compensation or inducement



1 for referring patients, clients, or customers to any person,  
2 irrespective of any membership, proprietary interest or co-  
3 ownership in or with any person to whom such patients,  
4 clients or customers are referred is unlawful.

5 9. Respondent is subject to disciplinary action  
6 by authority of sections 2360 and 2372 of the code because  
7 respondent has been guilty of unprofessional conduct within  
8 the meaning of section 2361 of the code, for violation of  
9 section 650 of the code, as follows:

10 A. Subparagraph A of paragraph 7 of the accusation  
11 is incorporated herein as though fully set forth at  
12 this point.

13 B. By reason of respondent's agreement with United  
14 as described hereinabove, respondent unlawfully agreed  
15 to pay and did pay rebates, refunds and commissions to  
16 United in exchange for United's agreement to refer and  
17 United's referral of patients, clients, and customers  
18 to respondent.

19 10. Section 2361, subdivision (a), of the code  
20 provides, in pertinent part, that unprofessional conduct  
21 includes assisting in or abetting the violation of, or  
22 conspiring to violate, any provision or term of chapter 5  
23 (commencing with section 2000) of division 2 of the code.

24 11. Section 2141 of the code provides that any  
25 person who practices or attempts to practice, or who  
26 advertises or holds himself out as practicing any system or  
27 mode of treating the sick or afflicted in this state, or who

1 diagnoses, treats, operates for, or prescribes for any  
2 ailment, blemish, deformity, disease, disfigurement,  
3 disorder, injury or other mental or physical condition of  
4 any person without having at any time so doing a valid,  
5 unrevoked certificate as provided in said chapter 5 of  
6 division 2 of the code, or without being authorized to  
7 perform such act pursuant to a certificate obtained in  
8 accordance with some other provisions of law, is guilty of a  
9 misdemeanor.

10           12. Section 2500 of the code provides, in  
11 pertinent part, that a medical corporation is a corporation  
12 which is registered with the Division of Licensing or the  
13 Division of Allied Health Professions of the board with  
14 reference to corporations rendering professional services as  
15 physicians and surgeons or as podiatrists or as physicians  
16 and surgeons and psychologists, and has a currently  
17 effective certificate of registration from the Division of  
18 Licensing or the Division of Allied Health Professions of  
19 the board pursuant to the Professional Corporation Act, as  
20 contained in part 4 (commencing with section 13400) of  
21 division 3 of title 1 of the Corporation Code, and article  
22 17 (commencing with section 2500) of the code. Subject to  
23 all applicable statutes, rules and regulations, such medical  
24 corporation is entitled to practice medicine or medicine and  
25 psychology.

26           13. Section 2008 of the code provides that  
27 corporations and other artificial legal entities have no

1 professional rights, privileges or powers; provided,  
2 however, that the Division of Licensing of the board may in  
3 its sole discretion, after such examination, investigation  
4 and documentary evidence as it may require, and under rules  
5 and regulations adopted by it, grant approval of the  
6 employment of physicians and surgeons on a salary basis by  
7 licensed charitable and eleemosynary institutions,  
8 foundations or clinics or by approved medical schools  
9 operating clinics therewith, if no charge for professional  
10 services rendered patients is made by any such institution,  
11 foundation, clinic or school.

12 14. Respondent is subject to disciplinary action  
13 by authority of sections 2360 and 2372 of the code because  
14 respondent has been guilty of unprofessional conduct within  
15 the meaning of section 2361, subdivision (a), of the code  
16 taken in conjunction with sections 2008, 2141 and 2500 of  
17 the code, by assisting in and abetting the violation of  
18 provisions of section 2000 of the code, in that:

19 A. Subparagraphs A and B of paragraph 7 of the  
20 accusation are incorporated herein as though fully set  
21 forth at this point.

22 B. On or about July 1, 1977, United filed articles  
23 of incorporation with the Secretary of State of  
24 California; United has henceforth been a nonprofit  
25 corporation.

26 C. As respondent knew at all pertinent times  
27 herein, the Division of Licensing of the Board of

1 Medical Quality Assurance has never granted to United a  
2 certificate of registration as a medical corporation  
3 and has not approved the employment of physicians and  
4 surgeons on a salary basis by United.

5 D. Respondent, at all pertinent times herein, knew  
6 that United was holding itself out to the public as  
7 providing a mode of treatment (abortion) for a physical  
8 condition (pregnancy).

9 E. By reason of respondent's agreement with United  
10 and the conduct described hereinabove, respondent  
11 assisted and abetted United in practicing a system and  
12 mode of treating of the sick and/or afflicted and  
13 diagnosing, treating and operating for a physical  
14 condition without United's being licensed or otherwise  
15 authorized to do so.

16 WHEREFORE, complainant prays that a hearing be  
17 held on the matters alleged herein and that following said  
18 hearing a decision issue:

19 1. Revoking or suspending License No. C-33150,  
20 heretofore issued to W. Constantine Mitchell, M.D. by the  
21 board; and

22 /

23 /

24 /

25 /

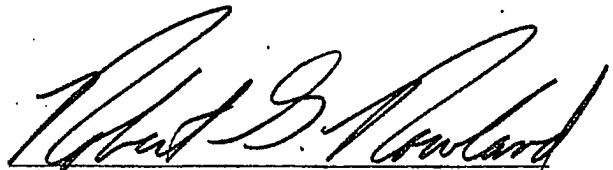
26 /

27 /

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27

2. Taking such other and further action as the  
board may deem proper.

Dated: January 2, 1980.



ROBERT G. ROWLAND  
Executive Director  
Board of Medical Quality Assurance  
State of California

Complainant

DAM:WLM:lgd  
03573101-  
LA79AD1491  
12-12-79