



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE:

Applications and Examinations (916) 322-5040

02/185



APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS G

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

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QUALITY
MAY 1973

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|--|----------------------------------|--|----------------------|---|------------|
| 1. NAME: Last First Middle Maiden | | | | 2. Social Security No. | |
| Gatlin Robert Allan | | | | [REDACTED] | |
| 3. List other names, if any, you have used: Tvedt, Robert Allan | | | | | |
| 4. Address: Street and No./Rural Route | | | City | State | Zip Code |
| [REDACTED] | | | [REDACTED] | [REDACTED] | [REDACTED] |
| 5. Name you wish on License: Robert A. Gatlin | | | | Birthdate: (Month - Day - Year) [REDACTED] | |
| 6. Premedical Education: Name of College or University University of the Pacific | | | | Location Stockton, Calif. | |
| Period of attendance: From: Sept. 1965 To: June 1967 | | Check premed courses successfully completed: <input checked="" type="checkbox"/> Chemistry <input checked="" type="checkbox"/> Physics <input checked="" type="checkbox"/> Biology or Zoology | | | |
| 7. Medical School: | | | | | |
| Year | Name of Institution | Location | From | To | |
| 1st | The George Washington University | Washington, D.C. | 9-16-69 | 5-28-70 | |
| 2nd | The George Washington University | Washington, D.C. | 9-15-70 | 5-29-71 | |
| 3rd | The George Washington University | Washington, D.C. | 9-13-71 | 5-27-72 | |
| 4th | The George Washington University | Washington, D.C. | 9-28-72 | 5-20-73 | |
| 5th | | | | | |
| 6th | | | | | |
| 8. Doctor of Medicine Degree granted by: The George Washington University School of Medicine | | | Date May 27, 1973 | For office use only School Code: DC1 | |
| 9. 1st Year Postgraduate Training (Internship): | | | | | |
| Location | | Type of Service | From | To | |
| University of Cincinnati Medical Center | | Psychiatry | 7-1-1973 | 7-1-1974 | |
| 10. List all States in which you have been licensed to practice medicine: District of Columbia Virginia | | | | | |
| 11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? | | | | Yes | No |
| If Yes, indicate below: | | | | | |
| State | Date | Charge | Disposition | | |
| | | | | | |
| 12. Have you ever been denied a license to practice medicine in any State or Country? | | | | Yes | No |
| If Yes, indicate below: | | | | | |
| State or Country | Date of Denial | Reason for Denial | | | |
| | | | | | |
| 13. Are you now or have you ever been addicted to narcotic drugs? | | | | Yes | No |

| | | |
|---|---|--|
| 14. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 15. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.) | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information: | | |
| Offense and Location | Date | Penalty/Disposition |
| | | |
| | | |
| | | |

Applicant: Please complete the following:

Height: ☒ Ft. ☒ In. Weight: ☒ Lbs.

Hair color: ☒ Eye color: ☒

Identifying marks: ☒

NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Robert A. Gattlin, M.D.

Date November 13, 1976

Subscribed and sworn to before me this 12th day of Nov. 1976.

Signature of Notary Frederick H. Wilson

SEAL

Address 8027 Jewsbury Pike Vienna, Va. 22185

My commission expires: 8/20/77



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PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That Robert Allan Gatlin

Full name of applicant

enrolled in The George Washington University

Name of medical school (college)

on the 19 day of September 19 69

Month

Year

☒ as a Freshman.

☐ with advanced standing based on _____

Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

☒ PHYSICS ☒ CHEMISTRY ☒ BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at Univ. of the Pacific & Stanford Univ., and that he attended while at this

Please indicate school

medical school (college) 4 courses of lectures of 36 weeks each.

Specify number

Specify number of weeks

completing N/A hours in the subjects below listed, and that he/she

Total hours

☒ was granted the degree { ~~XXXXXX~~ } of Medicine

Doctor

☐ left the above mentioned medical school (college) for the following reason(s):

on the 27 day of May 19 73

Month

Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

SEE ATTACHED:

| | | |
|---|---|--|
| <input type="checkbox"/> Anatomy | <input type="checkbox"/> Preventive medicine | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Embryology | <input type="checkbox"/> Hygiene and sanitation | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Histology | <input type="checkbox"/> Radiology, including roentgenologic technique and radiation safety | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Neuroanatomy | <input type="checkbox"/> Urology | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Dermatology |
| <input type="checkbox"/> Psychobiology | <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Physical medicine |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Therapeutics |
| <input type="checkbox"/> Pathology, bacteriology and immunology | <input type="checkbox"/> Obstetrics and gynecology | <input type="checkbox"/> Tropical medicine |
| <input type="checkbox"/> Pharmacology | | <input type="checkbox"/> Surgery, including orthopedic surgery |

Signed and the College seal affixed this 10 day

of November 19 76

Month

Year

By J. L. Roames Assistant to the Registrar

President, Secretary, Dean

[AFFIX SEAL
HERE]