

4-6-71 12769-12770 \$10.00-75.00 No. 187
 Application Received Receipt No. Amount Examination No. Passed Failed
 Indiana University School of Medicine
 Name of College. Location 4-24-71 Date of Graduation Diploma Received
 23916 8-3-71 Marion Indpls
 Certificate No. Date Issued County Town Sent

APPLICANT WILL NOT WRITE ABOVE THIS LINE. FOR USE OF SECRETARY ONLY.

REMARKS

RECEIVED
 APR 6 1971
 Board of Medical Registration
 And Examination of Indiana
**Application for Certificate and License to
 Practice Healing Art
 ON EXAMINATION**

I hereby make application for admission to the Indiana examination for license to practice medicine and submit the following statements regarding my educational qualifications. I have never before made application to the Board of Medical Registration and Examination of Indiana, either by examination or through reciprocity.

I am not, and have never been, an itinerant or advertising doctor, and hereby pledge my solemn word of honor, under oath, that I will never become such in any capacity, if a certificate is granted to me. I have never been convicted of violation of the Federal Anti-Narcotic Act or other Federal or State laws.

Are you a citizen of the United States of America? Yes No

1. MICHAEL J. KING 5916 W. 16th St INDPLS
Name in full Address

2. Place of birth INDAS IND Date of birth 9-10-46 Race W Sex M

Date 3-29-71 Age 24 Height 5'10" Weight 180

Color of Eyes BR Color of Hair BR Other means of identification

3. System of practice, { Regular
 Eclectic
 Homeopathic
 Physio-Medical
 Osteopathic
 Drugless } Cross out names not desired.

4. I have resided in the following places, since birth, with length of time in each.

INDIANAPOLIS - 24 YRS

5. Preliminary Education.

I have attended the following institutions (beginning with high school) with concise statement of period of study, date of diploma or certificate received. Herewith I submit a complete transcript of two years of pre-medical college work which admitted me to the four year medical course outlined in Article 6, page 2.

GEO. WASHINGTON H.S. - 4 YRS

PURDUE UNIVERSITY 3 YRS

I.U. MEDICAL SCHOOL 4 YRS

6. MEDICAL EDUCATION.

I have spent 4 years in the study of medicine in the institution... named below, for the following terms:

Day	Month	Year to Day	Month	Year	Name and Location of School
68	69	67	21 ²⁹	71 ⁶⁸	IU MEDICAL SCHOOL,
6	9	68	5	6	69 INDIANAPOLIS
6-6-69	to	11-30-69	=	1-5-70	to 6-4-70 " " " "
5	6	70- 31	31 ³⁴	71	" " " "

I received the degree of M. D. from the IND. UNIVERSITY MEDICAL SCHOOL College, located at INDPLS, IND. on the 24 day of April, 1971

I am the person named in the accompanying diploma and am the lawful possessor of same. I make this affidavit for the purpose of obtaining from the Board of Medical Registration and Examination of Indiana a certificate authorizing the Clerk of MARION County to issue to me a license to practice medicine in the State of Indiana.

I am the possessor of the licenses as listed below:

(Applicant will give date and source of any license to practice medicine which he may hold, and state whether or not any such license has ever been revoked)

Michael S. King
(Sign name in full. Initials not sufficient)

Subscribed and sworn to before me this 1st day of April, 1971

C. Lorraine Thomas
 Notary Public.

My Commission expires 3-3-73

**DO NOT FILL OUT THE FOLLOWING PARAGRAPH
 THE INDIANA BOARD WILL SECURE THE REQUIRED INFORMATION**

7. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE GRANTING DEGREE.

I hereby certify that Michael S. King was matriculated in School Indiana University Medical College on the 8 day of September, 1967 and attended four courses of instruction, graduating with the degree of M.D. on the 24 day of April, 1971. The photograph as appears above is the likeness of the said Michael S. King and the person to whom the diploma was issued.

I further certify that Michael S. King presented as evidence of pre-medical education the credits as listed below.

(a complete transcript of admission credits should follow here)

H. Ronald Gins
(Dean-Secretary or Registrar of School)

Note—If University has no seal the signature must be acknowledged before some officer authorized to administer oaths.

8. PHOTOGRAPH:

Two loose unmounted photographs, not larger than 3" x 5" must be enclosed. One photograph must be certified on back by a Notary Public, the other to be authenticated by Secretary of this Board and to be displayed on desk during the examination as means of identification.



9. Freeholder's Affidavit No. 1.

State of Indiana }
 County of Marion } ss:
A. David McKinley M. D. of Indianapolis

being duly sworn, on his oath says that he is a resident freeholder and licensed physician in the State of Indiana, the number of his State certificate being No. 13390; that he is well acquainted with the applicant for license to practice medicine in Indiana, whose photograph appears above and that the said Michael S. King has not been guilty of felony or gross immorality and is not addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine; that the photograph which appears above is the likeness of the person named in this affidavit.

A. David McKinley M. D.

Subscribed and sworn to before me this 1st day of April, 1971.

My commission expires 3-3-73
C. Loraine Thomas
 Notary Public.

10. Freeholder's Affidavit No. 2.

State of Indiana }
 County of Marion } ss:
Edward A. Tyler M. D. of Indianapolis

being duly sworn, on his oath says that he is a resident freeholder and licensed physician in the State of Indiana, the number of his State certificate being No. 18504; that he is well acquainted with the applicant for license to practice medicine in Indiana, whose photograph appears above and that the said Michael S. King has not been guilty of felony or gross immorality and is not addicted to the liquor or drug habit to such a degree as to render him unfit to practice medicine; that the photograph which appears above is the likeness of the person named in this affidavit.

Edward A. Tyler M. D.

Subscribed and sworn to before me this 1st day of April, 1971.

My commission expires 3-3-73
C. Loraine Thomas
 Notary Public.

NOTE—Persons making affidavit under Nos. 9 and 10 must be licensed physicians and freeholders in the State in which they reside.



11. If applicant has attended more than one medical college the following blank must be filled out by the proper officer of the school where first courses were taken. (The Certificate under Rule 7 is reserved for the school where degree of M. D. was obtained.)

I,.....
Dean,
Sec., of.....
Registrar Name of School

certify that.....matriculated in this school on
.....day of....., attending all of the courses as indicated below, and left
this school in good standing.

Freshman..... Sophomore..... Junior.....

I further certify that the photograph as appears in this application is the likeness of the person named in this affidavit.

(Official seal of institution
must appear here)

.....
(Signature of Dean, Sec. or Registrar)

INSTRUCTIONS TO APPLICANTS

1. Examination fee is \$25. This must be sent by draft, postal order or certified check. Personal checks will not be accepted. Make fee payable to Board of Medical Registration and Examination of Indiana.

2. Examination from 9 a.m. to 5 p.m. CONTINUES THREE DAYS — WRITTEN ONLY. No one will be admitted to the examination room who does not present a card of admission which will be issued to all applicants who have furnished satisfactory applications and have same on file at least thirty days prior to date of examination.

3. Diplomas must be sent prepaid to the office of the board.

4. This application must be completed (EXCEPT PARAGRAPH SEVEN) and submitted to the office of the Board of Medical Registration and Examination of Indiana, State Office Building, Room 1021, Indianapolis, Indiana, together with transcript of pre-medical work, M.D. degree, two photographs, and fee of \$25.00. Application must be submitted by May 15th. Admission card with instructions as to date, place and time of examination will be mailed to the applicant.

5. Send all credentials and communications to the Board of Medical Registration and Examination of Indiana, State Office Building, Room 1021, Indianapolis, Indiana.

The Federation of State Medical Boards

of the United States

INCORPORATED

BRYANT L. GALUSHA, M.D.
EXECUTIVE VICE PRESIDENT

2630 WEST FREEWAY, SUITE #138
FORT WORTH, TEXAS 76102-7199
(817) 335-1141

DALE G. BREADEN
ASSOCIATE EXECUTIVE VICE PRESIDENT

May 30, 1989

Larry Sage
Executive Director
Indiana Health Professions Service Bureau
P.O. Box 82067
Indianapolis, IN
46282-0067

Re: MICHAEL S KING
Date of Examination: 06/71
State Board ID Number: 00187
Federation ID Number (FIN): 011326635

To complete our records, we are attempting to obtain identifying information on the above referenced physician who took FLEX, is/was licensed or is applying for license in your state. Therefore, we request that you fill out the information below and return the form to our office. Thank you for your cooperation.

Date of Birth 09 / 10 / 1946

Social Security Number - -

Medical School Indiana University Medical School

Country of Med. School United States

Year Graduated 1971 Degree MD ECFMG Number

Alternate Name Michael Steven King

Deceased ? NO If deceased, date of death

Disciplined ? NO If disciplined, date of last action

License Number (if applicable) 01023916

Other information or comments

Sincerely,

Verified by: Marjorie Barton
Marjorie Barton
Records Unit Coord
June 14, 1989

I. Kathryn Hill
Executive Director of the FLEX Board, and
Assistant Executive Vice President

/ih

3-1-71

Application Received

3/2/71

Date Issued

Number

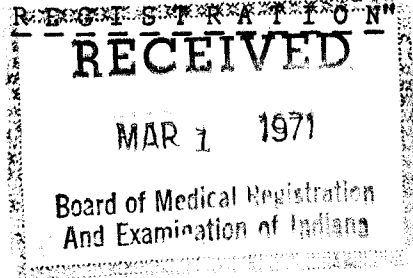
Welcome Letter

applicant will not write above this line, for use of Board only

BOARD OF MEDICAL REGISTRATION AND EXAMINATION OF INDIANA

A P P L I C A T I O N F O R " I N T E R N S H I P

Acts of 1965, Chapter 156



Date 2-25, 19 71

No. 1 GENERAL INFORMATION:

Name in Full Michael Sking

Present Address 5916 W 16th St.

Intended Address same

Birthplace Indpls Date 9-10-46 Sex M Race W

Of What Country Are You a Citizen _____

Color of Hair Brown

Color of Eyes Green

Height 5' 10"

Weight 180

WRITE SIGNATURE
ACROSS FACE OF
RECENT PHOTOGRAPH
AND ATTACH IN
THIS SPACE

Do you possess a license to practice medicine? No Where _____
(Specify Name)

AFFIDAVIT OF APPLICANT: This is to certify that I have completed the Academic Requirements for graduation from Indiana University
(Medical School - Location)

on 3-31-71
(Date)

County of Marion)
State of Indiana) SS:

I, Michael Sking, being first duly sworn, deposes and states that the foregoing statements are true and correct.

Michael Sking
(Signature of Applicant)

Subscribed and sworn to before me this 25 day of Feb., 19 71

SEAL

Shirley Mae Spide
(Notary Public)

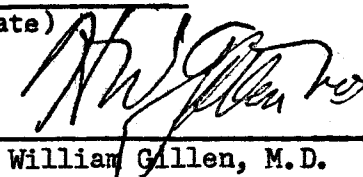
My Commission expires 3-9, 19 73

No. 2 HOSPITAL CERTIFICATION: "I N T E R N S H I P"

This is to certify that Michael S. King has been granted an appointment to serve as an Intern at Marion County General Hospital
(Name of Institution)

Indianapolis, Indiana, for a period of 3 months~~year~~ beginning
(Location)

April 1, 1971, ending June 30, 1971
(Date) (Date)

Signed 
H. William Gallen, M.D.

Date February 19, 1971

Title Director, Office of Medical Education

INTERNSHIP REGISTRATION. An applicant for "Internship Registration" with the Board of Medical Registration and Examination of Indiana, shall submit with his application therefor, original documentary evidence that he has completed the academic requirements for graduation from an accredited medical school located within the United States, one of its possessions or in the Dominion of Canada. Such evidence shall include an enumeration of the medical school subjects studied and passed for graduation from the medical school. The applicant for such "Internship Registration" shall also submit to the Board an affidavit from the medical institution or hospital that he has been appointed to serve such internship, or in lieu thereof such medical institution or hospital may so inform the Board by direct correspondence as provided by Acts 1965, Chapter 156, Section 7.

NOTE:

A letter from the Dean or Director of the medical school which applicant has attended, stating that he or she has successfully completed the academic requirements necessary for graduation from Indiana University School of Medicine
(Name of Medical School)
on April 24, 1971, will satisfy the above requirements.
(Date)

No. 3 FOR BOARD USE ONLY: "R E N E W A L R E C O R D"

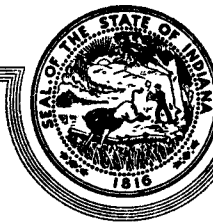
(Date)

(Secretary of Board)

(Date)

(Secretary of Board)

STATE OF INDIANA



INDIANAPOLIS 46206

BOARD OF MEDICAL REGISTRATION
AND EXAMINATION OF INDIANA

State Board of Health Building
1330 West Michigan Street
Room A-412
633-4885

August 6, 1971

Michael S. King, M.D.
5916 W. 16th St.
Indianapolis, Ind.

Dear Doctor King:

Enclosed is your certificate which must be surrendered immediately to the Clerk of the Circuit Court of your residence county, who will retain the certificate in his permanent file and in exchange for same will issue you a license to practice medicine, surgery and obstetrics in the State of Indiana.

In case of subsequent change of residence from one county to another, the law requires that the license in your possession be surrendered to the clerk of the circuit court of the new county in exchange for a license held in the county from which you moved.

If your license is destroyed by fire, stolen, or otherwise lost, it should be reported immediately to this Board and instructions will be given for obtaining a duplicate.

Annual registration is due July 1st, the year following issuance of the certificate by this Board, and biennially thereafter.

Sincerely yours,

BOARD OF MEDICAL REGISTRATION
AND EXAMINATION OF INDIANA

H. Dearing Wolf, D.O., Secretary

Name KING, Michael S. Cert. No. 23916
 Address 5916 W. 16th Street Cert. Date 8-3-71
Indianapolis, Indiana (Marion)
 School and Date of Graduation Ind. Univ. Sch. of Med. 4-24-71
 Licensed in Indiana by: Examination X Reciprocity _____
 Other States in Which Licensed _____
 Endorsed to _____
 Practice Limited _____ (Specialty) _____
 Remarks: _____

 (OVER)

CARD OF ADMISSION TO EXAMINATION

Beginning June 15, 16, 17 19 71
 Your Examination Number is 187
 Name MICHAEL S. KING
 Post Office Address 5916 W 16th St
 (Where report on examination is to be sent)
INDIANAPOLIS IND
 Show county for which certificate is to be issued MARION
 In case of change of residence, notify this office immediately.

Board of Medical Registration and Examination of Indiana
 STATE OFFICE BUILDING, ROOM 1021, INDIANAPOLIS, INDIANA

INTERNSHIP PERMIT

Name KING, Michael S. Cert. No. Welcome Letter
 Cert. Date 3-2-71
 Address 5916 W. 16th St., Indianapolis (Marion) Indiana
 School and Date of Graduation Indiana University - 3-31-71
 Licensed in Indiana by: Examination (See file) Reciprocity _____
 Other States in Which Licensed _____
 TO WORK AT: MARION COUNTY GENERAL HOSP. - INDIANAPOLIS
 Endorsed to (From: April 1, 1971, for a period of
three (3) months ending June 30, 1971).
 Practice Limited _____ (Specialty) _____
 Remarks: EXPIRES: JUNE 30, 1971.
PL - 1971 June 30
 (OVER)

The HEALTH and HOSPITAL CORPORATION of MARION COUNTY

CITY-COUNTY BUILDING, ROOM 1941

INDIANAPOLIS, INDIANA 46204

BOARD OF TRUSTEES

BERNARD LANDMAN, JR., CHAIRMAN
MRS. JEAN C. SERVAAS, VICE-CHAIRMAN
JOHN J. VAN BENTEN
MELVIN S. BAIRD, JR., M.D.
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DANIEL M. COUCH

ATTORNEY

WARREN C. MOBERLY



EXECUTIVE DIRECTOR

BYRON L. STEGER, M.D., DR.P.H.
MAJOR GENERAL, U.S.A., RET.

DIVISION OF PUBLIC HOSPITALS

MARION COUNTY GENERAL HOSPITAL
ARVINE G. POPPLEWELL, M.D.
MEDICAL DIRECTOR AND SUPERINTENDENT
960 LOCKE STREET

DIVISION OF PUBLIC HEALTH

RALPH C. SINGER, M.D., M.P.H., DIRECTOR
CITY-COUNTY BUILDING, ROOM 1841

*Reply to Marion County General Hospital
960 Locke Street
Indianapolis, Indiana 46202*

April 12, 1971

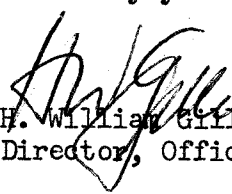
Board of Medical Registration and Examination
1330 W. Michigan
State Board of Health
Indianapolis, Indiana 46202
Attn: Mr. Opal

Dear Mr. Opal,

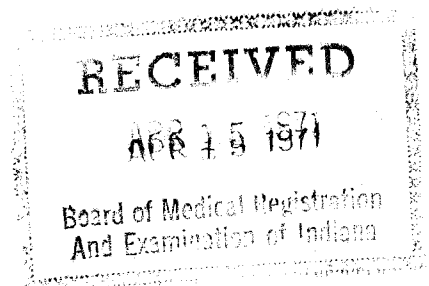
We have currently with us at Marion County General Hospital, Dr. Jack L. Miller and Dr. Michael S. King. They were students at Indiana University Medical Center and received their M.D. degree early. Their permits expire the end of June and we would like to extend them. They wish to stay on with us until they start their Internships, elsewhere, 1 July 1971.

Thank you for your consideration.

Sincerely yours,


H. William Gillen, M.D.
Director, Office of Medical Education

HWG/cw



INDIANA UNIVERSITY

School of Medicine

1100 WEST MICHIGAN STREET
INDIANAPOLIS, INDIANA 46202

OFFICE OF THE DEAN

February 25, 1971

Board of Medical Registration and Examination
State Board of Health Building

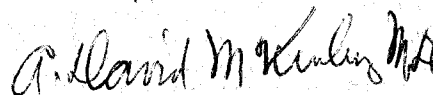
Re: Michael S. King

Gentlemen:

Mr. King will complete all courses in the School of Medicine on March 31, 1971. He will be granted a doctor of Medicine degree by the Board of Trustees April 24, 1971.

He is applying for an Indiana License and plan to take the exam in June.

Sincerley,

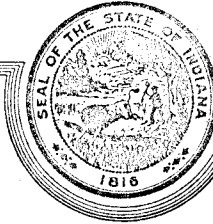


A. David McKinley, MD
Assistant Dean of Medicine

ADMCK/mb

cc: student folder

STATE OF INDIANA



INDIANAPOLIS, 46204

STATE BOARD OF MEDICAL
REGISTRATION AND EXAMINATION OF INDIANA

STATE OFFICE BUILDING, ROOM 1021
INDIANAPOLIS, INDIANA
PHONE, 633-4885

March 2, 1971

Board of Medical Registration & Examination of Ind.
State Board of Health Bldg. A-412
1330 W. Michigan St.
Indianapolis, Ind.

Michael S. King, M. D.
5916 West 16th Street
Indianapolis, Indiana

Dear Doctor King:

This is to welcome you to the State of Indiana, and to acknowledge receipt of your completed application for an "INTERNSHIP REGISTRATION" with the State Board of Medical Registration and Examination of Indiana.

Your application will be processed and kept on file in this office of this Board.

It is hoped that you will enjoy your internship to the extent that you will want to apply for permanent licensure in this State to practice medicine, surgery and obstetrics.

If we can be of any further service, please feel free to call.

Wishing you every success, we remain,

Sincerely yours,

BOARD OF MEDICAL REGISTRATION
AND EXAMINATION OF INDIANA

H. Dearing Wolf, D. O., Secretary

HDW/kr

cc: H. William Gillen, M. D.
Director, Office of Medical Education
Marion County General Hospital
250 Locke Street
Indianapolis, Indiana 46202