FORM 1
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

Department Use Only

60

APPLICATION FOR LICENSE AND FIRST REGISTRATION

(For Graduates of American or Canadian Medical Schools Only)

(If you hold a New York State Medical License do not complete this form)

☐ 140 LX
☒ 100 ER
☐ 170 LX PR
☐

License Number 138413

QUALS. 6/6/79

APPROVED

1. PRINT FULL NAME
   - Last: BLAU
   - First: KENNETH
   - Middle: PAUL
2. ADDRESS
   - Street: 60 EAST EIGHTH STREET
   - City: NEW YORK
   - County: MANHATTAN
   - State: NEW YORK ZIP CODE 10003
3. BIRTH DATE 07 15 52 (mo day yr)
4. TELEPHONE At home 212 (area code) 2601550 (number) At work 212 (area code) 5795000 (number)

If you were not born in the United States, your own original certificate of citizenship or of declaration of Intention or of derivative citizenship must be submitted by registered or certified mail. Document will be returned by certified mail.

5. CITIZEN OF UNITED STATES

NOTE: Have you ever applied for a New York State Medical License? If "yes" give date No

6. Professional school(s):

INSTITUTION	LOCATION	COMPLETION DATE	DEGREE RECEIVED
Catholic Univ. of the Sacred Heart	Rome, Italy	June 1976	
New York Medical College	New York, New York	June 1978	M.D.

7. Present employer Misericordia Hospital (Name), 600 East 233rd Street Bronx (Address) Telephone No. 212-653-3000
8. Have you ever been convicted of a crime (felony or misdemeanor)? ☐ Yes ☒ No
9. Are charges now pending against you for a crime (felony or misdemeanor)? ☐ Yes ☒ No
10. Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence in any profession? ☐ Yes ☒ No
11. Are charges now pending against you for unprofessional conduct, professional misconduct or negligence? ☐ Yes ☒ No
   - If the answer to any of the above questions is "Yes," submit a letter giving a complete explanation, include copies of court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certification of Good Conduct."
12. APPLICATION FOR LICENSURE BY: (Please check the appropriate item.)
   - ☒ Acceptance of Examination of National Board of Medical Examiners.
   - ☐ Acceptance of Examination of National Board of Examiners for Osteopathic Physicians and Surgeons.
   - ☐ Acceptance of Federation Licensing Examination (FLEX) taken outside of New York State.
   - ☐ Endorsement of out-of-state medical license. ☐ Admission to New York State Licensing Examination (FLEX)

   If applying for admission to New York State examination please indicate:

   Time of examination requested: ☐ June ☐ December
   Place of examination requested: ☐ New York ☐ Albany Area ☐ Syracuse ☐ Buffalo

NOTE: ALL APPLICANTS SHOULD READ CAREFULLY THE ATTACHED CIRCULAR OF INSTRUCTION BEFORE CONTINUING TO COMPLETE APPLICATION.

PERSONAL SIGNATURES OF THREE LICENSED PHYSICIANS RECOMMENDING APPLICANT

This certifies that I have been PERSONALLY acquainted with the applicant since the year indicated opposite my name, that I BELIEVE OF MY OWN KNOWLEDGE THAT HE/SHE IS OF GOOD MORAL CHARACTER AND I KNOW OF NOTHING WHICH WOULD MILITATE AGAINST HIS/HER LICENSURE IN NEW YORK STATE, that the use of my signature signifies my willingness to submit a letter of recommendation if requested and that ANY RESERVATIONS I might have about the applicant I agree to send by registered mail in a confidential letter to the Department.

Personal Signature	Post Office Address (including street, city, ZIP code)	State in Which Licensed	Have Known Applicant Since
[illegible signature]	15 Cornell Ave Mt Vernon, N.Y. 10552	N.Y.	1 Year
John A. McClung M.D.	240 South Broadway Tarrytown NY 10591	NY	1 year
[illegible signature]	Apt 2D 1234 Midland Avenue Bronxville NY 10708		1 year

FEE INFORMATION: Do not send cash. Please make check or money order payable to the New York State Education Department. Mail Form 1 and fee to: Fee Section, Division of Professional Licensing Services, State Education Department, 99 Washington Avenue, Albany, New York 12230.

1. Applicants for licensure on the basis of taking any part of the New York State licensing examination must submit $140 ($100 for initial examination and licensure and $40 for the initial ~~biennial~~ registration).
2. Applicants for licensure on the basis of examinations taken outside New York State or by endorsement of an out-of-state medical license must submit $100 ($60 for initial licensure and $40 for the initial ~~biennial~~ registration).
3. REFUND — Request for refund *must* be made within 2 years of payment. Section 110 of the Education Law provides that applicants for professional licenses not receiving such licenses may be granted partial refunds not exceeding 50 percent of the statutory fee paid to the Department unless they have failed the examination for such license, in which case such applicants may not receive a refund. If you receive a partial refund of the original fees but apply for New York State licensure at a later date, you will be required to pay the full licensure and registration fees in effect at that time.

CERTIFICATION BY MEDICAL SCHOOL

(Items (1) and (2) must be completed)

It is hereby certified that the applicant named herein: Kenneth Paul Blau, M.D.

(1) Satisfactorily completed, prior to matriculation in professional school, all of the required preprofessional education.

Polytechnic Preparatory Country Day School, Brooklyn, New York
(Preprofessional school(s))

Colgate University, Hamilton, New York - Accepted into the Junior Year after completing not less than two years at Catholic University, Rome, Italy.

(2) Was graduated from this professional school after the completion of not less than 32 months with the degree of Doctor of Medicine on June 6, 1978.

Name Caralyn P. Pappas
(Original signature)

Official position Associate Registrar

Medical school New York Medical College (COLLEGE SEAL)

Date May 14, 1979

Certification is not acceptable unless dated after graduation.
Please return this form to the applicant for further processing.

NOT TO BE FILLED IN BY APPLICANT

CERTIFICATION BY SECRETARY OF STATE BOARD OF MEDICAL EXAMINERS

(TO BE COMPLETED ONLY IF APPLICANT TOOK STATE LICENSING EXAMINATION PRIOR TO 1/1/72)

	Last Name	First Name	Middle Name
Name of applicant in full			

Place of examination .... Dates of examination ....

License number .... Date issued ....

Name in which applicant's license is issued ....

SUBJECTS OF WRITTEN EXAMINATION	RATING	SUBJECTS OF WRITTEN EXAMINATION	RATING

Number of examinations retaken after failures .... Final average ....

CERTIFICATE

I hereby certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on the first page of this form and further certify that this board has never taken any disciplinary action against the applicant and that insofar as this board has knowledge there have been no charges preferred against him/her nor has any information been presented to the board relating to any question of unprofessional or immoral conduct and I recommend endorsement of his/her license by the State of New York.

Signature ....

(SEAL) Secretary of the ....

Date ....

INSTRUCTION TO THE MEDICAL BOARD: Please complete above certification and return this form to the applicant.

SPACES FOR NEW YORK STATE EDUCATION DEPARTMENT USE ONLY

ITEM	COMMENT, IF ANY	APPROVED	DISAPPROVED	BY	DATE
Professional school		✓			
Grades		✓		pj	6/6/79
Recommendations: Board or Exec. Secretary to State Board for Medicine					
D.P.L.S.		✓		[illegible]	6/12/79

GRADUATE HOSPITAL TRAINING AND PRACTICE
(LIST CHRONOLOGICALLY TO THE PRESENT)

DESCRIPTION	NAME OF INSTITUTION	DATES		LOCATION
		From	To	
Internship - Internal Medicine	Misericordia Hospital + Lincoln Hospital	July '78	June '79	Bronx, New York

I hold diplomas or certificates from the following specialty boards:

none

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

Kenneth Paul Blair MD

Signature of applicant

May 4, 1979

Date

Date of Photograph: June, 1978