

BOARD OF MEDICAL EXAMINERS

200 N. MICHIGAN STREET, SACRAMENTO, CALIFORNIA 95811
TELEPHONE (916) 322-3700

JAN 17 11 52 AM '61

10148

APPLICATION FOR A WRITTEN EXAMINATION

For Graduates of Foreign Medical Schools Applying Under
Sections 2193 & 2193.5 of the California C. & P. Code

NAME FOR ALL QUESTIONS

SOHN

CHON

SOHN

1. Address (if none print) None FR INDIA

2. Other names you have used: None

3. Address: No and Street City State Zip Code

4. Date of Birth: Mo/Day/Year City State Zip Code

5. Send California certificate, if issued, to: No and Street City State Zip Code

6. High School Education:

Name of School:	Location:	Period of Attendance:
		From (Mo/Yr) To (Mo/Yr)
KYONGJU HIGH SCHOOL	KYONGJU, KOREA	4/1956 3/1959

7. Pre-medical Education - College/University

Name of College:	Location:	Period of Attendance:
		From (Mo/Yr) To (Mo/Yr)
Liberal Arts & Sciences, KYUNGPOOK NATL UNIV.	TAEGU, KOREA	4/1959 3/1961

8. Pre-med Courses (Required)

	YES	NO	COLLEGE	LOCATION	FROM (MO/YR)	TO (MO/YR)
Chemistry	yes		Liberal Arts & Sciences, KYUNGPOOK NATIONAL UNIV.	TAEGU, KOREA	4/1959	3/1961
Physics	yes		Same as above	"	4/1959	3/1961
Biology	yes		Same as above	"	4/1959	3/1961

9. Medical Education

COURSE	MEDICAL COLLEGE	LOCATION	FROM (MO/YR)	TO (MO/YR)
1st	KYUNGPOOK NATL UNIV.	TAEGU, KOREA	3/1961	2/1965
2nd				
3rd				
4th				
5th				
6th				

10. Doctor of Medicine License Number: ATTACHED ORIGINAL LICENSE DEGREE

11. Internship in United States Hospital: Name of Hospital Location From To (Mo/Yr)

BRONX LEONARD HENRIKSON HOSPITAL	BRONX NEW YORK	12/68	6/1/69
----------------------------------	----------------	-------	--------

12. Postgraduate Institution:

Name of Institution	Location	From (Mo/Yr)	To (Mo/Yr)
ST. FRANCIS HOSPITAL	TRENTON, NEW JERSEY	7/1969	5/1/70
ST. FRANCIS HOSPITAL	BRONX, NEW YORK	1/1970	6/1/72

13. Have you been licensed to practice medicine in any state or country? If YES, Where?

① KOREA ② NEW YORK STATE by FLEX. ☒ YES ☐ NO

14. Have you ever had a medical license suspended or revoked? If YES, give details.

☒ YES ☒ NO

15. Have you been denied a license to practice medicine by any state or country? If YES, give details.

☒ YES ☒ NO

16. Are you now, or have you ever been addicted to narcotic drugs?

☒ YES ☒ NO

17. Have you ever been charged with drug addiction? If YES, Explain below.

☒ YES ☒ NO

CHARGE	DATE	DISPOSITION

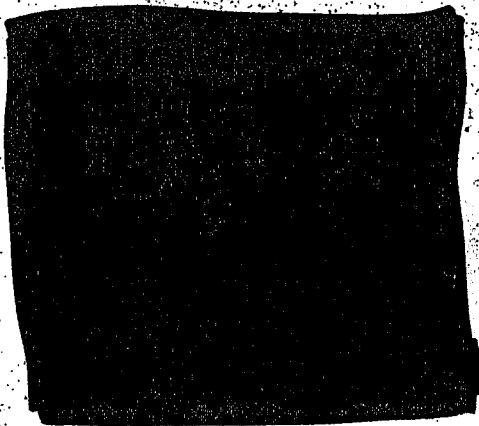
18. Have you ever been charged with a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)? If YES, Explain.

☒ YES ☒ NO

19. Have you ever been convicted of or had your name reported in any station of any law of any state, the United States, or a foreign country? If Yes, explain below.

X YES X NO

Three (3) photographs required.



I hereby declare that the contents of myself attached hereto

was taken on or about 1974 19 5/1

my age then being 34 years, and my physical description the following as follows:

native of [redacted]

Complexion:

color of hair [redacted]

color of eyes [redacted]

height [redacted] IN

heavy medium weight [redacted]

light

marks: [redacted]

STATE OF New York
COUNTY OF Queens

SS.

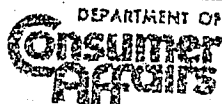
Loon Chan Lohw M.D. being duly sworn, says he is the person referred to in the foregoing application for admission to examination for a physician's and surgeon's certificate in California and that he has carefully read and thoroughly understands all the requirements therein and that the statements made herein are strictly true in every respect.

Loon Chan Lohw M.D.
Signature of applicant (IN FULL (DO NOT use INITIALS ONLY))

Signed and sworn to before me this 8th day of January 19 75

(SEAL)

Charles H. [redacted] Notary Public
100-39-73 Page 1 of 1
Notary Public, State of New York
100-39-73 - Queens County
Cert. filed in Queens County
My commission expires March 20, 1976



BOARD OF MEDICAL EXAMINERS OF

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 325-5040

EDMUND G. BROWN JR., GOVERNOR



FEB 25 3 15 PM '75

SUPPLEMENTAL INFORMATION

I, DR. SOON CHON SOHN, 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 I am the person who sat for the NEW YORK PLEX Examination given on June 12, 13 and 14, 1973.

STATE of

New York

County of

Queens

Soon Chon Sohn 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.

Soon Chon Sohn
(Signature of applicant in full-no initials)

Subscribed and sworn to before me this 20th day of February 19 75.

CECILE HERMAN
Notary Public, State of New York
No. 41-683631 - Queens County
Cert. Filed in Queens County
Term Expires March 30, 1976

Cecile Herman
Signature of Notary

158-40 79th Ave. Flushing N.Y.
Address
11366

My commission expires 3/30/76



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 445-4584A-Prof
RONALD REAGAN, GOVERNOR

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES That

Soon Chon Sohn, M.D.

Full name of applicant

of

Address when matriculated

matriculated in Kyungpook National University School of Medi-
cine

Name of medical school (college)

Taegu, Korea

Location

on the 31 day of March, 1961

and was granted the following credits on matriculation:
entered as freshman

Specify whether entered freshman or with advanced credits

based upon the following credentials: with the completion of 2 years premedical course

Give a transcript of premedical education or advanced credit either above or on an attached paper

The undersigned further certifies* that the records of this institution show that

he attended in this institution †

25 courses of lectures of 16 weeks each, completing the following schedule totaling at least
 Specify number Specify number of weeks
 4,000 hours in the subjects required by Article 5, Section 2192 of the Business and Professions Code, relating to the
 practice of medicine, as set forth hereunder, and that he was granted the degree { BACHELOR } of Medicine §
 { DOCTOR }

By the above-mentioned Medical (College) on the 25 day of February, 1965
 Month Year

CLOCK HOURS

Anatomy
 Embryology
 Histology
 Neuroanatomy
 Physiology
 Psychobiology
 Biochemistry
 Pathology, bacteriology and
 immunology
 Pharmacology
 Preventive medicine
 Hygiene and sanitation
 Radiology, including
 roentgenologic technique
 and radiation safety

CLOCK HOURS

Medicine
 Pediatrics
 Psychiatry
 Neurology
 Dermatology
 Physical medicine
 Therapeutics
 Tropical medicine
 Surgery, including
 orthopedic surgery
 Urology
 Ophthalmology
 Anesthesia
 Otolaryngology
 Obstetrics and
 gynecology

[AFFIX
SEAL
HERE]

Seal and the College seal affixed this 18 day of November, 1974

By

Hi-Myung Park, M.D.

Dean

President, Secretary, Dean

* If premedical work has been completed, the time devoted thereto and institution where completed.

† An applicant matriculating in a medical school before January 1, 1954, need only present evidence satisfactory to the Board of having completed a TWO-year resident course of college grade including the subjects of physics, chemistry and biology.

‡ Each medical school attended must complete one of these forms covering period of attendance.

§ Strike out the degree NOT CONFERRED.

The law requires 4 terms of 32 weeks each totaling 4,000 hours medical education completed in a school approved by the Board.

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 03/01/2012 To Date: 03/01/2012

ATRISUPPINF

31-OCT-12 14:40:21

Person Id : 523656

Name : Sohn,Soon

Question

Answer

I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements. YES

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care. YES

I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist. NO

Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older. I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable. NO

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held. NONE

I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct. YES

I Have Read My Profile On The Medical Board Web Site At www.mbc.ca.gov And Acknowledge The Information Contained Therein As Current And Accurate. YES

Since You Last Renewed Your License, Have You Had Any License Disciplined 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? NO

Total Questions Asked For Person : 523656

8

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 02/09/2010 To Date: 02/09/2010

ATRISUPPINF

31-OCT-12 14:38:29

Person Id : 523656

Name : Sohn,Soon

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined 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?	NO

Total Questions Asked For Person : 523656

8

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 04/27/2008 To Date: 04/27/2008

ATRISUPPINF

31-OCT-12 14:34:21

Person Id : 523656

Name : Sohn,Soon

Question	Answer
I Have Completed Cme And Can Document An Average Of 25 Hours Of Approved Cme Each Calendar Year Resulting In A Minimum Of 100 Hours Over The Last 4 Years.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care (Must Be Completed By December 31, 2006).	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At www.Medbd.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES

Total Questions Asked For Person : 523656

7

PART
3MEDICAL BOARD OF CALIFORNIA LICENSE RENEWAL APPLICATION
PHYSICIAN AND SURGEON

SSN= [REDACTED]

F. ☐ YES, I WISH TO CONTRIBUTE
\$25 FOR THE FAMILY PHYSICIAN
TRAINING PROGRAMH. ☐ YES, I WISH TO CONTRIBUTE
\$50 FOR THE S.M. THOMPSON LOAN
REPAYMENT PROGRAMD. 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: Soon Chon Sohn DATE: 1-28-06AMOUNT DUE
NOW

\$790.00

DELINQ FEE IF
POSTMARKED AFTER
05/30/06

\$869.00

VOLUNTARY FEE \$
TOTAL ENCLOSED \$ 790.00E. 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.Soon Chon Sohn
Signature required hereLICENSE NO. A 26668 EXPIRES 04/30/06
ACTIVE SOON CHON SOHN
3050 AIRPORT WAY
LONG BEACH CA 90806

63010100000100002000266684010430060007900000086900

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	

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