

MEDICINE AND SURGERY

CERT. NUMBER 12102 DATE 8-3-71 NAME SMITH, Pa
 MEDICAL 12102 DATE 8-3-71 ACCT. NO. 10213
 BASIC SCIENCE DATE 7-6-71 FEE 50.00 DATE 7-6-71

NATIONAL BOARD

MEDICAL EXAMINATION RECIPROCITY FROM
 BASIC SCIENCE EXAMINATION RECIPROCITY FROM

EDUCATION	YR. GRAD.	DEGREE	SCHOOL
COLLEGE			
MEDICAL SCHOOL	1969	M.D.	Univ, of Washington
INTERNSHIP	YEARS	DATE COMP.	HOSPITAL
	1	1970	Univ. of Utah

EXAMINATIONS

BASIC SCIENCE	DATE	NO.	DATE	NO.	DATE	NO.
SUBJECT	GRD.		GRD.		GRD.	
ANATOMY						
BACTERIOLOGY						
CHEMISTRY						
HYGIENE						
PATHOLOGY						
PHYSIOLOGY						
AVERAGE						

MEDICINE	DATE	NO.	DATE	NO.
PHARMACOLOGY				
MEDICINE				
SURGERY				
OB/GYN				
PEDIATRICS				
AVERAGE				

BOARD ACTION

APPLICATION FOR LICENSURE
MEDICINE AND SURGERY

BOARD WORKSHEET

NAME SMITH, Patrick Henry DATE OF RECEIPT 7-6-71

- 1) LICENSURE BY:
- | | | |
|----------------------------|-------------------------------------|-----------------|
| a) National Board Waiver | <input checked="" type="checkbox"/> | <u>COMMENTS</u> |
| b) Reciprocity From _____ | <input type="checkbox"/> | _____ |
| c) Examination _____ state | <input type="checkbox"/> | _____ |
- 2) BASIC SCIENCE REQUIREMENTS
- | | | |
|----------------------------|-------------------------------------|-------|
| a) National Board | <input checked="" type="checkbox"/> | _____ |
| b) Reciprocity From _____ | <input type="checkbox"/> | _____ |
| c) Examination _____ state | <input type="checkbox"/> | _____ |
| d) Partial Examination | <input type="checkbox"/> | _____ |
| Subject(s) _____ | <input type="checkbox"/> | _____ |
- 3) PROOF OF EDUCATIONAL EXPERIENCE
- | | | |
|------------------------|-------------------------------------|-------|
| a) College, University | <input checked="" type="checkbox"/> | _____ |
| b) Medical School | <input checked="" type="checkbox"/> | _____ |
| c) Internship | <input checked="" type="checkbox"/> | _____ |
| d) Chronology | <input checked="" type="checkbox"/> | _____ |
| e) Ob-Gyn-Path | <input checked="" type="checkbox"/> | _____ |
- 4) FOREIGN GRADUATE
- | | | |
|----------------------------|--------------------------|-------|
| a) ECFMG | <input type="checkbox"/> | _____ |
| b) Medical School Subjects | <input type="checkbox"/> | _____ |
- 5) PERSONAL QUALIFICATIONS
- | | | |
|--|-------------------------------------|-------|
| | <input checked="" type="checkbox"/> | _____ |
|--|-------------------------------------|-------|
- 6) LETTERS OF RECOMMENDATION
- | | | |
|--|-------------------------------------|-------|
| | <input checked="" type="checkbox"/> | _____ |
|--|-------------------------------------|-------|
- 7) AMA CLEARANCE 7-20-71
- | | | |
|--|--------------------------|-------|
| | <input type="checkbox"/> | _____ |
|--|--------------------------|-------|
- 8) STATE CLEARANCE 7-20-71
- | | | |
|--|-------------------------------------|-------|
| | <input checked="" type="checkbox"/> | _____ |
|--|-------------------------------------|-------|
- 9) ADMINISTRATIVE RECOMMENDATION
- | | | |
|--|-------------------------------------|-------|
| | <input checked="" type="checkbox"/> | _____ |
|--|-------------------------------------|-------|

RECEIVED

RECEIVED

RECEIVED

BOARD ACTION:

DATE CONSIDERED 8-2-71
REVIEWED BY [Signature]

APPROVED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DISAPPROVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS _____

CERTIFIED FOR THE BOARD

BIOGRAPHICAL DATA ON PHYSICIANS
from the files of
The American Medical Association
535 No. Dearborn St.
Chicago, Illinois 60610

RECEIVED

JUL 28 1971

DEPARTMENT OF

To: Corresponding Officer of Medical Licensing Board:

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state. Please enter on this form data you wish verified and mail to the Circulation and Records Department of the A.M.A. A check mark () indicates that the data given corresponds to that which is in the historical files of the A.M.A.

Executive Officer's Name.....MAX V. BROKAW.....Title.....ADMINISTRATOR

State...Washington.....City...Olympia.....Date...July 20, 1971

Full name of licensure candidate (M.D.).....Patrick Henry Smith

Place of birth.....Seattle, Washington.....Date of birth.....11-3-42

Mailing Address.....1190 Clough Rd., Reno, Nevada 89502

Medical Education-School.....M.D. Degree (Year)

.....Univ. of Washington.....1969

Internships

Hospital.....Location.....Dates
.....Univ. of Utah.....Salt Lake City, Utah.....6/69 to 6/70

.....to.....

Residencies

Hospital.....Location.....Dates
.....to.....

.....to.....

Applicant Licensed to Practice Medicine in the Following States:

State.....Nevada.....Year.....1971; State.....Idaho.....Year.....62; State.....Year.....

Present Application for Licensure

By Examination.....By Reciprocity.....State.....By Endorsement.....N.B. *
.....of Credentials.....

Department of Investigation

Our records do not reveal any derogatory information

See attached memo for comments regarding applicant.

Date.....5-8-71

Robert A. Enlow, Director
Circulation and Records Department

Med. 9

NOT REPORTED HERE TO DATE

July 12, 1971

Patrick Henry Smith, M.D.
1190 Clough Rd.
Reno, Nevada 89502

Dear Doctor Smith: Your medical application received in this office _____.
The next meeting of the medical board will be held on _____
at which time your application will be reviewed. You will then be advised of board
decision. Please allow at least two weeks. **July 6, 1971**
August 6, 1971

Application appears complete _____

Lacks the following _____ ✓

Internship certificate.
State Board certification.
Basic Science certification.
National Board "Certification
of Record".

Fee.
Chronology.
Medical School diploma.
E.C.F.M.G. certificate.
Medical School subjects.

Evidence of some experience in and a practical working knowledge of:

✓ 1. Gynecology ✓ 2. Pathology ✓ 3. Obstetrics.

(Copies of all documents must be certified as true.)

Upon receipt of the above checked items your application

Remarks: **will be complete for board review.**

Very sincerely yours

MAX B. BROKAW
ADMINISTRATOR

By _____
Medical Section Supervisor

Smith
P. H.

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

CERTIFICATION OF RECORD

To: State of Washington - Division of Professional Licensing
Post Office Box 649
Olympia, Washington 98501

THIS CERTIFIES that Patrick Henry Smith, M. D.
has successfully completed all examinations required for certification by the National Board of Medical
Examiners and that his grades were as follows:

PART I		PART II		PART III	
Anatomy, including histology and embryology	91	Internal medicine and the medical specialties	87	A General Test of Clinical Competence	85.8
Physiology	88	Surgery and the surgical specialties	88		
Biochemistry	86	Obstetrics and Gynecology	86		
Pathology	87	Public Health and Preventive Medicine	88		
Bacteriology, including immunology	86	Pediatrics	89		
Pharmacology and Materia Medica	89	Psychiatry	88		

Part I passed September, 1967

General Average 87.2

Part II passed April, 1969

Certificate No. 107790

Part III passed March, 1970

Certificate dated July 1, 1970

John P. Hubbard, M.D.
President

SEAL

June 18, 1971
Date

The University of Washington

To all to whom these Letters shall come, Greeting:

The Regents of the University on recommendation of the Faculty of the School of Medicine
and by virtue of the Authority vested in Them by Law have this day admitted

Patrick Henry Smith

to the degree of

Doctor of Medicine

and have granted all the Rights Privileges and Honours thereto pertaining

Given at Seattle in the State of Washington this fourteenth day of June in the year of our Lord
one thousand nine hundred and sixty-nine and of the University the one hundred and ninth.



With Honor

Les J. Russell M.D.
President of the Board of Regents

Charles E. O'Connell
President of the University

John R. Hogue
Dean of the School of Medicine

Certified to be a true and exact copy,
this 22nd day of June, 1971

Patricia J. Keough



PATRICIA J. KEOUGH
Notary Public — State of Nevada
Washoe County
My Commission Expires Sept. 13, 1973



THE UNIVERSITY OF UTAH
COLLEGE OF MEDICINE
AND AFFILIATED HOSPITALS

Certify that

PATRICK HENRY SMITH, M.D.

SERVED CREDITABLY AS

MEDICINE INTERN

IN THE

UNIVERSITY OF UTAH COLLEGE OF MEDICINE

DURING THE PERIOD

June 23, 1969 - June 22, 1970

June 22, 1970

Date

Lo Elanugh

Dean

Certified to be a true and exact copy
this 22nd day of June, 1971.

Patricia J. Keough
PATRICIA J. KEOUGH

Notary Public — State of Nevada

Washoe County

My Commission Expires Sept. 13, 1973

UNIVERSITY OF UTAH
MEDICAL CENTER
SALT LAKE CITY, UTAH 84112



UNIVERSITY HOSPITAL

June 23, 1971

Professional Licensing Division
P.O. Box 649
Olympia, Washington 98501

Gentlemen:

This will certify that Patrick Henry Smith, M.D.
served as a straight medical intern at the University
of Utah Affiliated Hospitals from June 24, 1969,
to June 24, 1970.

During this training Doctor Smith had experience in
and gained a practical working knowledge of pathology
and obstetrics.

He performed in a most satisfactory manner during his
internship, and we have no hesitancy in commending him
to you for licensure in the State of Washington.

Sincerely yours,

Frank H. Tyler, M.D.

Frank H. Tyler, M.D.
Chairman
Housestaff Committee

FHT:mhw

6-18-71



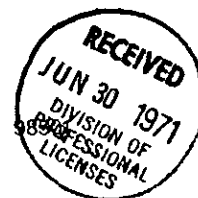
BUSINESS AND PROFESSIONS ADMINISTRATION

Daniel J. Evans, Governor

Jack G. Nelson, Director

DIVISION OF PROFESSIONAL LICENSING

Mail replies to Highways-License Building, P.O. Box 649, Olympia, Washington 98501



Division of Professional Licensing
P.O. Box 649
Olympia, Washington 98501

This is to verify that Patrick H. Smith M.D.,
successfully completed a straight medical Internship
at University of Utah Hospital, from
June 23, 1969, to June 22, 1970.

During this internship, a practical working knowledge of
Obstetrics-Gynecology and Pathology was obtained.

Frank H. Gaylor
Name

Director of Intern Training
Title

University of Utah Medical Center
Hospital

Salt Lake City, Utah
City and State

Re: RCW 18.71.050

Med. 23 (New 1/1971)



WASHOE MEDICAL CENTER

KIRMAN AT MILL STREETS

• RENO, NEVADA •

785-4100/CODE 702

Over One Hundred Years of Community Service

Dr. Frank Tyler
Director of Internship Program
University of Utah Medical Center
50 North Medical Drive
Salt Lake City, Utah 84112

July 19, 1971

Dear Doctor Tyler,

I received your letter in June indicating that you had forwarded a statement to the Division of Professional Licensing of the State of Washington regarding my service as intern at the U. of Utah Medical Center, but in a recent conversation with them they noted no such statement in their files. Would you please affix your signature to the following and forward it to:

Division of Professional Licensing
P.O. Box 649
Olympia, Washington
98501

"Patrick H. Smith, M.D. completed an internship year at the University of Utah Medical Center in June, 1970 and has had 'some experience in, and a practical working knowledge of pathology and obstetrics, and gynecology'."

Signed. Frank H. Tyler
Frank H. Tyler, M.D.
Date July 26, 1971

Thank you, once again, for your consideration in this matter.

Sincerely,

Patrick H. Smith
Patrick H. Smith, M.D.
1190 Clough Road
Reno, Nevada
89502

MAIDA J. PRINGLE, Assistant Administrator

CARROLL W. OGREN, Administrator

WILLIAM T. RUNDIO, Assistant Administrator

BOARD OF TRUSTEES

JACK B. CUNNINGHAM, Vice-Chairman

ERNEST W. MACK, M.D., Chairman

MRS. BEN EDWARDS, Secretary

JOHN C. BECKER, M.D. ROY M. PETERS, M.D.

HOWARD F. McKISSICK, SR.

MARK B. RAYMOND, M.D.

LEO F. SAUER

June 23, 1971

Professional Licensing Division
P.O. Box 649
Olympia, Washington 98501

Gentlemen:

This will certify that Patrick Henry Smith, M.D. served as a straight medical intern at the University of Utah Affiliated Hospitals from June 24, 1969, to June 24, 1970.

During this training Doctor Smith had experience in and gained a practical working knowledge of pathology and obstetrics.

He performed in a most satisfactory manner during his internship, and we have no hesitancy in commending him to you for licensure in the State of Washington.

Sincerely yours,

Frank H. Tyler, M.D.
Chairman
Housestaff Committee

FHT:mhw



BUSINESS AND PROFESSIONS ADMINISTRATION

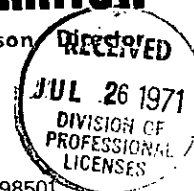
Daniel J. Evans, Governor

Jack G. Nelson

DIVISION OF PROFESSIONAL LICENSING

Mail replies to Highways-License Building, P.O. Box 649, Olympia, Washington 98501

July 20, 1971



Dear Sirs

JUL 22 1971

The following medical doctor has made application for license to practice Medicine and Surgery in the State of Washington:

Patrick Henry Smith, M.D.

The doctor advises that he is licensed to practice his profession in your state. To assist us in evaluating his application we will appreciate receiving the following information.

	Yes	No
Licensed	(X)	()
License current	(X)	()
License permanent	(X)	()
License invalid	()	()

Reason: _____

Deragatory information, if any: None

Mrs. Evelyn Helachida
Signature

Assistant Executive Secretary
Title

Very sincerely yours

Max V. Brokaw
Max V. Brokaw
ADMINISTRATOR

Nevada
State Board



Smith
P.H.

WASHOE MEDICAL CENTER

KIRMAN AT MILL STREETS

• RENO, NEVADA •

785-4100/CODE 702

Over One Hundred Years of Community Service

Division of Professional Licensing
P.O. Box 649
Olympia, Washington
98501

July 1, 1971

Dear Sirs,

Please find enclosed materials necessary for medical licensure in Washington: 1) Diploma copy

2) Internship certificate copy

3) Completed application

4) Two recent photos

5) Personal check for \$50.

Also forwarded from Salt-Lake City and Philadelphia, respectively, are my OB/pathology form and my National Board of Medical Examiners certification.

I hope to receive my license at the August 6th meeting of the Board. Please advise me of any further requirements.

Thank you for your consideration.

Sincerely,

Patrick H. Smith, M.D.

Patrick H. Smith, M.D.
1190 Clough Road
Reno, Nevada
89502
(702) 786-8773

MAIDA J. PRINGLE, Assistant Administrator

CARROLL W. OGREN, Administrator

WILLIAM T. RUNDIO, Assistant Administrator

BOARD OF TRUSTEES

JACK B. CUNNINGHAM, Vice-Chairman

ERNEST W. MACK, M.D., Chairman

MRS. BEN EDWARDS, Secretary

JOHN C. BECKER, M.D. ROY M. PETERS, M.D.

HOWARD F. McKISSICK, SR.

MARK B. RAYMOND, M.D.

LEO F. SAUER

Daniel J. Evans, Governor

JUN 16 1971
DIVISION OF
PROFESSIONAL

Mail replies to Dept. 70000, Capitol Center Building, P. O. Box 649, Olympia, Washington 98501



Smith, P.H.



WASHOE MEDICAL CENTER

KIRMAN AT MILL STREETS

• RENO, NEVADA •

785-4100/CODE 702

Over One Hundred Years of Community Service

Mr. Max V. Brokaw
Administrator
Board of Medical Examiners
P.O. Box 649
Olympia, Washington
98501

7 June, 1971

Dear Mr. Brokaw,

I would like to obtain a Washington State license to practice medicine. Will you please send me the necessary information and application forms?

Thank you for your consideration.

Sincerely,

Patrick H. Smith, M.D.

Patrick H. Smith, M.D.
1190 Clough Road
Reno, Nevada
89502

PHS/cb



MAIDA J. PRINGLE, Assistant Administrator

CARROLL W. OGREN, Administrator

WILLIAM T. RUNDIO, Assistant Administrator

JACK B. CUNNINGHAM, Vice-Chairman

BOARD OF TRUSTEES

MRS. BEN EDWARDS, Secretary

JOHN C. BECKER, M.D. ROY M. PETERS, M.D.

ERNEST W. MACK, M.D., Chairman

HOWARD F. McKISSICK, SR.

MARK B. RAYMOND, M.D.

LEO F. SAUER

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known
Patrick Henry Smith, M.D. for **10 months**

(Applicant's Name in Full)
from **8/79** to **6/71**, during
which period he was engaged in the study or active practice
of medicine. To the best of my knowledge he is of good
moral and professional character, is free from habits which
might interfere with his professional activities and is worthy
of holding a license to practice medicine in the State of
Washington.

Signature **Robert L. Bruce, MD.**

Address **1000 Ryland St. Reno, NEV**

Licensed under the laws of **Nevada**

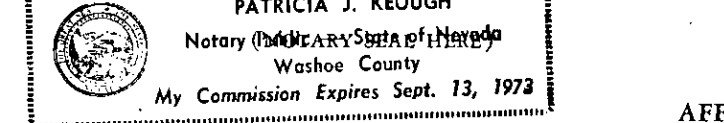
To practice **Medicine & Surgery**

Subscribed and sworn to before me this **22ND** day of

June 19 **71**
Patricia J. Keough

Notary Public for the State of **NEVADA**

Residing at **Reno**



I, **Patrick Henry Smith, M.D.**, being first duly sworn, depose and say that I am the person described and identified;

(Print or type full name of applicant)
that I have not engaged in any of the acts prohibited by the statutes of the State of Washington, particularly those acts set forth in
Chapter 18.71 RCW; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of
said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and
present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, fed-
eral or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my pro-
fessional, ethical and physical qualifications for licensure in the State of Washington.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any
kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I fur-
nish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation
of my license to practice medicine and surgery in the State of Washington.

Subscribed and sworn
to before me this **22ND** day of **June** 19 **71**

Patricia J. Keough

Notary Public for **NEVADA** **Reno** **Washoe**

My commission expires: **9-13-73**

PATRICIA J. KEOUGH
Notary Public — State of Nevada
Washoe County
My Commission Expires Sept. 13, 1973

ALL APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEE.

Schedule of Fees

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

This is to certify that I have known
Patrick Henry Smith, M.D. for **10 months**

(Applicant's Name in Full)
from **8/70** to **6/71**, during
which period he was engaged in the study or active practice
of medicine. To the best of my knowledge he is of good
moral and professional character, is free from habits which
might interfere with his professional activities and is worthy
of holding a license to practice medicine in the State of
Washington.

Signature **Robert L. Bruce, MD.**

Address **3480 Cassill Blvd**

Licensed under the laws of **Nevada**

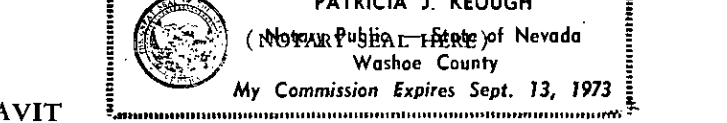
To practice **Medicine & Surgery**

Subscribed and sworn to before me this **22ND** day of

June 19 **71**
Patricia J. Keough

Notary Public for the State of **NEVADA**

Residing at **Reno**



I, **Patrick Henry Smith, M.D.**, being first duly sworn, depose and say that I am the person described and identified;

(Print or type full name of applicant)
that I have not engaged in any of the acts prohibited by the statutes of the State of Washington, particularly those acts set forth in
Chapter 18.71 RCW; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of
said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all hospitals, medical institutions or organizations, my references, personal physicians, employers (past and
present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, fed-
eral or foreign) to release to this licensing Board any information, files or records required by the Board for its evaluation of my pro-
fessional, ethical and physical qualifications for licensure in the State of Washington.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any
kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I fur-
nish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation
of my license to practice medicine and surgery in the State of Washington.

Subscribed and sworn
to before me this **22ND** day of **June** 19 **71**

Patrick H. Smith, MD
(Signature of Applicant)

PATRICIA J. KEOUGH
Notary Public — State of Nevada
Washoe County
My Commission Expires Sept. 13, 1973

ALL APPLICATIONS MUST BE ACCOMPANIED BY APPLICABLE FEE.

Schedule of Fees

6-18-71

DIVISION OF PROFESSIONAL LICENSING
STATE OF WASHINGTON

APPLICATION FOR LICENSE TO
PRACTICE MEDICINE AND SURGERY

DO NOT WRITE IN THIS BOX

252	09	10213	07 02 71	13	75		1
Source	Sub.	Account	MO DA YR	Date	Code	County	Associate

Please type or print clearly.

NAME **Smith, Patrick Henry** **male** **11** **02** **71** **13** **75** **1**

ADDRESS **1190 Clough Road** BIRTHPLACE **Seattle, Washington** - **King**

Reno, Nevada **U.S.A.**

Nevada **89502**

State **Zip**

I hereby apply for a license to practice medicine and surgery in

Application is made for licensure by

- A. National Board waiver. ☒
B. Reciprocity from ☐
C. Examination ☐

IDENTIFICATION

Height **5'9"**
Weight **140 lb**
Color of hair **Brown**
Color of eyes **Brown**
Complexion **Light**
Distinguishing marks **None**

INSTRUCTIONS

- This application, together with supporting documents, must be filed with the Professional Licensing Division, P. O. Box 649, Olympia, Washington 98501 at least 60 days prior to date of examination or 30 days prior to the Board meeting at which it is to be reviewed.
- Please type or print clearly in ink.
- Answer all questions. If answer is "no" or "none", so state.
- If additional space is required, attach separate sheets, indicating section to which they refer.
- All applicants must provide the following:
 - Copy of diploma issued by a medical school accredited and approved to the treatment of medical, surgical, gynecological and special diseases.
 - Evidence of some experience and practical working knowledge of obstetrics.
 - Evidence of experience in and practical working knowledge of pathology.
- Foreign medical school graduates must also provide:



TAX **4-3-71** **Pat H. Smith, MD**

1. PROFESSIONAL TRAINING AND EXPERIENCE

List in chronological order all professional education and experience including college and/or university, medical school, internship, residencies and practice. Include ALL periods of time from the date of graduation from medical school to the present, whether or not engaged in activities related to medicine.

[illegible]

List licenses applied for on

	State of
	Other
	Nevada

4. ~~CERTIFICATION~~

✓ Applicants for licensure b
"Certification of Record."

Applicants for licensure by
To be executed by the
reciprocal registration in V

I certify that the aforesaid

of this state attained a gener:

[illegible]

I do further certify that a certificate to practice _____
was issued to said applicant on the _____ day of _____, 19____, upon the following qualifications:

and said certificate has not been revoked or suspended and that, from the records now on file in this office, I believe h_____ to be of good moral character and worthy of professional recognition, and recommend h_____ to the Division of Professional Licensing of the State of Washington as a fit and proper person to receive recognition as an applicant for a reciprocity certificate permitting h_____ to practice_____.

In testimony thereof, witness my hand and seal this _____ day of _____, 19____

[Seal]

SECRETARY OF THE _____
(State Board or Department)

Post Office Address _____

5. PERSONAL DATA

If any of the following questions are answered "Yes", full details must be furnished on separate sheet and attached.

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| 1. Do you hold a license in any of the other healing arts?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Have you ever been called before any state board for interrogation concerning any violation of the Medical Practice Act or unethical conduct?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Have you ever had a license to practice medicine revoked or suspended?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Have you ever been convicted of a felony or misdemeanor other than traffic violations?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Have you ever been addicted to or treated for addiction to narcotic drugs?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- SMITH, PATRICK MD 00012102 APPLICATION PAGE



6/23/71 Dtk Smith, NY

Redaction Summary (0 redactions)

0 Privilege / Exemption reason used:

Redacted pages: