

SEP -5 1990

State of Michigan  
Department of Licensing and Regulation  
**BOARD OF OSTEOPATHIC  
MEDICINE & SURGERY**  
P.O. Box 30016  
Lansing, Michigan 48909  
(517) 373-6850

BOARD USE ONLY

Effective Date 9/3/98  
License Number 010839  
Approved By J. J. [Signature]

# APPLICATION FOR LICENSE

I am applying for licensure based on one of the following (Please check one):

- |                                     |          |  |
|-------------------------------------|----------|--|
| <input checked="" type="checkbox"/> | \$ 90.00 | National Board Examination (contact National Board of Osteopathic Medical Examiners to have scores sent directly to this office) |
| <input type="checkbox"/>            | \$240.00 | Michigan Board Examination (Michigan only examinations)  |

AND I AM APPLYING FOR:

- ☒ \$ 60.00 Michigan Controlled Substance License

Name (last, first, middle) <b>Sharpe, Reginald Dennis</b>	Date of Birth [REDACTED]	Social Security Number [REDACTED]
Residence Address (street and number, city, state and ZIP code) <b>172 Lakewood Dr., MI 48215</b>	County <b>Wayne</b>	
Business Address (street and number, city, state and ZIP code) <b>Martin Luther King Blvd</b>	Daytime Telephone Number <b>(313) 361-8000</b>	

Have you ever been denied examination or a licensure by a state health professionals board? (If yes, give details on separate sheet.)

Yes ☒ No

Have you ever had a license to practice suspended,  
surrendered, revoked or limited by a state licensing board?  
(If yes, give details on separate sheet.)

Yes ☐ No ☒

Have you ever been convicted of a misdemeanor or felony for which you could have gone to jail? (You may exclude traffic violations not involving alcohol or controlled substances. If yes, give details on separate sheet.)

Yes ☐ No ☒

Have you ever had an adverse civil judgement (including malpractice) against you? (You may exclude divorce decrees.) (If yes, give details on separate sheet).

☐ Yes ☒ No

Have you ever previously made application to the Michigan Osteopathic Board (including limited licensure)? ☒ Yes ☐ No

☒ Yes      ☐ No

If yes, give approximate date. 1/89, 1/90

Are any records concerning you filed under another name (a maiden name, for example)?

☐ Yes ☒ No

if yes, what name?

Have you ever been licensed in another state? If yes, give the following information and have each state complete a Verification of Licensure form.

☐ Yes ☒ No

State	License No.	Date of Issue	Basis for License: National Board, State Examination Reciprocity/Endorsement

# OSTEOPATHIC EDUCATION

NAME AND ADDRESS OF INSTITUTION	DATES OF ATTENDANCE		DEGREE OBTAINED
	From	To	
Michigan State Univ. Coll. of Osteo. Med	9/84	6/9/89	D.O.

## TRAINING

	Name of Hospital	Address of Hospital	Dates Attended	
			From	To
INTERN	Mich. Health Center	2700 Martin Luther King Blvd	7/89	7/90
RESIDENCY				
IN <u>Ob/Gyn</u> (Specify)	Mich. Health Center	2700 Martin Luther King Blvd	8/89	

I understand that it is the policy of the Department of Licensing and Regulation to secure conviction criminal history information as part of their pre-licensure screening process, and I authorize the department to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police. I hereby certify that the information in this application is true and correct and I hereby make application for medical licensure in Michigan.

Signature Reginald D. Sherge, D.O. Date \_\_\_\_\_

Subscribed and sworn to before me this 17th day of August, 19 90

Signature of Notary Public Koraine Kay Moore

County of Wayne My commission expires 8-22-93

## CONTROLLED SUBSTANCE LICENSE APPLICATION

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. A separate controlled substance license is required for each business location from which you manufacture, distribute, prescribe, or dispense controlled substances. If you will practice at an additional location or in a methadone program, please request in writing an Application for Additional Location for the Michigan Board of Pharmacy, P.O. Box 30018, Lansing, Michigan 48909.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 357 Federal Building, 231 Lafayette, Detroit, Michigan 48226 (Telephone 313-226-7290).

I hereby make application for a Michigan controlled substance license.

Signature Reginald D. Sherge, D.O. Date 8/8/90

# National Board of Osteopathic Medical Examiners

2700 River Road, Suite 407, Des Plaines, Illinois 60018 (708) 635-9955

TRANSCRIPT

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SEP 27 1990  
REPT. OF LIC. & REG.

## Part I passed

Scaled  
Score\*1

Standard  
Score\*2

Anatomy  
Physiology  
Biochemistry  
Pharmacology  
Pathology  
Microbiology  
Osteopathic Principles

SEP 27 1990

HEALTH SERVICES  
LICENSING DIVISION

Scaled Score Average OR Minimum Total Passing Score

## Part II passed

Surgery  
Obstetrics & Gynecology  
Psychiatry  
Community Medicine & Medical Humanities\*3  
Pediatrics  
Internal Medicine  
Medical Jurisprudence\*3  
Osteopathic Principles

Scaled Score Average OR Minimum Total Passing Score

## Part III passed

General Test of Clinical Competence

Scaled Score Average OR Minimum Total Passing Score

- \*1 Examinations taken prior to February 1987 are reported as scaled scores.  
\*2 Beginning in 1987 NBOME criteria for certification are based upon candidate's total score in Part I, Part II and Part III and not scores of individual subjects within each Part.  
\*3 Prior to March 1990, Part II included the areas of 'Preventive Medicine and Public Health' and 'Medical Jurisprudence'. Currently, those are combined in the area of 'Community Medicine and Medical Humanities'.

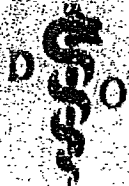
I, Joseph F. Smoley, Ph.D., Executive Director of the National Board of Osteopathic Medical Examiners, Inc., do hereby certify the above to be a true report of the record of

Reginald D. Sharpe, D.O.

awarded Diplomate Certificate No. 18345 on September 1, 1990.

September 25, 1990  
Date Prepared

*Joseph F. Smoley*  
Joseph F. Smoley, Ph.D.  
Executive Director



## National Board of Osteopathic Medical Examiners, Inc.

2700 River Road, Suite 407  
Des Plaines, Illinois 60018  
(708) 635-9955

TO: State Licensure Boards

FROM: Department of Administration

SUBJECT: NBOME Diplomate Certificate Awarded July 1, 1990 and  
Score Interpretation

### Diplomate Certificates

The NBOME original certificate will be sent to diplomates in August. Any copies required for your files should be requested of and provided by the candidate.

### Score Interpretation

**STANDARD SCORES** - Standard scores are reported on a scale which may range from [REDACTED]. The scale has an average of [REDACTED] for the reference group of examinees. This reference group is made up of examinees who were taking that examination for the first time.

**SCALED SCORES** - Scaled scores are reported on a scale used by NBOME for years. The scores may range from [REDACTED]. This scale has an average of [REDACTED] for the current reference group of examinees. A score of [REDACTED] represents the passing score. Examinations taken prior to February 1987 are reported as scaled scores.

**MINIMUM PASSING SCORE** - Passing Part I or Part II is based solely upon achieving a total standard score of [REDACTED]. Passing Part III is based solely upon achieving a total standard score of [REDACTED]. The total score is derived from the number of questions answered correctly in the entire examination and not by averaging the subject scores. Passing scores are not established for individual subjects. The examinee who fails to obtain a passing score and takes the test again must repeat the entire examination regardless of the scores obtained in the individual subjects. Beginning in 1987 NBOME criteria for certification are based upon candidate's total score in Part I, Part II and Part III and not scores of individual subjects within each Part.

NAME: SHARPE REGINALD DENNIS

Student Number: 09-56951

Card No. 1

Federal law prohibits the release of information from this document to a third party without the student's written consent.

Previous School: WAYNE STATE UNIV DETROIT MI

Date of Graduation	Admitted	College	Major
FALL 84		OSTEOPATHIC MEDICINE	OSTEOPATHIC MEDICINE

Credits Required for Degree: Professional Osteopathic Medicine Prog.

BACHELOR OF DEGREE GRANTED  
Doctor of Osteopathy Degree Granted 6-9-89

Teacher's Certificate Granted	Endorsements	Endorsements

Dept. Code	Description Title	Cr. Hr.	Course No.	Term	Grade	Points	Gr.
L18	F 1984 09-56951	9	S1				
BCH	MEDICAL BIOCHEM	501					
CMS	EPIDEMI & BIOSTAT	512					
OST	COMP PATIENT EV 1	530					
ANT	MEDICAL HISTOLOGY	560					
ANT	INTRO HUM GR ANAT	565					

Dept. Code	Description Title	Cr. Hr.	Course No.	Term	Grade	Points	Gr.
L18	H 1985 09-56951	9	S1				
PSC	INTRO BEHAV MED	520					
OST	BASIC CONC BIOMEC	500					
OST	COMP PATIENT EV 2	531					
MPH	MED MICRO IMMUNO	521					
PTH	HUMAN PATHOLOGY 1	502					
L18	SP 1985 09-56951	9	S1				
RAD	FUND X-RAY INTERP	525					
CMS	GERONT MED PRAC	522					
OST	COMP PATIENT EV 3	532					
ANT	OST MED NEURIANAT	563					
L18	F 1985 09-56951	9	S1				
HPE	DUAL SPORTS 2	107K					
OST	COMP PATIENT EV 4	533					
PHM	MEDICAL PHM 1	520					
PSL	INTRO PSL FOR MED	500B					

Dept. Code	Description Title	Cr. Hr.	Course No.	Term	Grade	Points	Gr.
L18	W 1986 09-56951	9	S1				
BCH	MEDICAL BIOCHEM	502					
OST	THE OSTEO EXAM 1	614					
PTH	INTRO LAB MED	540					
PSL	INTRO PSL FOR MED	500C					

Dept. Code	Description Title	Cr. Hr.	Course No.	Term	Grade	Points	Gr.
L18	SP 1986 09-56951	9	S1				
PSC	PSYCHOPATHOLOGY	521					
OST	NRML ENDO STR FUN	520					
OST	SPECIAL PROBLEMS	590					
PTH	LAB MED CLKSP	609					
PHM	INTRO HUMAN PHM	350					

Dept. Code	Description Title	Cr. Hr.	Course No.	Term	Grade	Points	Gr.
L18	SUM 1986 09-56951	9	S1				
HNF	HALF TERM NUTRITION FOR HUMNN	102					



# MICHIGAN STATE UNIVERSITY

Office of the Registrar

East Lansing, Michigan, 48824

Official Record

RECEIVED

Academic Scholarship Action

SEP 26 1990

HEALTH SERVICES  
LICENSING DIVISION

Dept. Code	Description Title	Cr. Hr.	Course No.	Term	Grade	Points	Gr.
L18	SUM 1986 09-56951	9	S1				
OST	SYS BIO INTEGUMNT	552					
OST	SYS BIO MUSCULSK	560					
OST	THE OSTEO EXAM 2	615					
L18	F 1986 09-56951	9	S1				
CMS	MED JURISPRUDENCE	513					
OST	GROWTH AND DEVELP	558					
OST	SYS BIO REPRODUC	559					
L18	W 1987 09-56951	9	S1				
F M	PRIN FAM PRAC 1	652					
PHM	MED PHARMACOLGY 2	521					
L18	SP 1987 09-56951	9	S1				
F M	PRIN FAM PRAC 2	662					
OST	SYS BIO CARVASCUL	554					
L18	SUM 1987 09-56951	9	S1				
PHL	KNOWL & REALITY	102					
F M	PRIN FAM PRAC 3	672					
OST	SYS BIO RESPIRAT	555					
OST	THE OSTEO EXAM 3	616					
L18	F 1987 09-56951	9	S1				
F M	PRIN FAM PRAC 4	682					
OST	SYS BIO NERV SYS	553					
OST	SYS BIO URINARY	556					
L18	W 1988 09-56951	9	S1				
OST	SYS BIO GASTROINT	557					
L18	SP 1988 09-56951	9	S1				
I M	DIRECTED STUDIES	620					
I M	MEDICINE CLRKSHIP	650					
I M	MEDICINE CLRKSHIP	650					
O M	DIRECTED STUDIES	620					
L18	SUM 1988 09-56951	9	S1				
I M	DIRECTED STUDIES	620					
I M	MEDICINE CLRKSHIP	650					
O M	OB/GYN CLERKSHIP	651					
O M	OTORHINOLAR CKSP	658					
L18	F 1988 09-56951	9	S1				
O M	DIRECTED STUDIES	620					
O M	SURGERY CLERKSHIP	653					
O M	ANESTHESIO CLKSHP	654					
PED	PEDIATRICS CKSP	600					

Official Only With University Seal And On Paper With Green Ink Background

9-24-90

Horace C. King  
Horace C. King, Registrar

Name: SHARPE REGINALD D 09-56951

### Undergraduate Credit Statement Made

Admission Date to Graduate Studies

Total claims accepted

Level

Size: 10

College

Major:

Denise Hald

—*Leguminosae* *Wright*

123

Grade encircled indicates course has been repeated

- O - Indicator on campus events
- H - Indicator honor's society
- A - Indicator a repeat offender

Course:  
Appled,  
Previous Grade: -

NUMERIC GRADES FOR COURSES CARRIED ON THE CREDIT-NO CREDIT SYSTEM

Class Code	Description Title	Credits	Course No.	Term	Grade	Points	Class Code	Description Title	Credits	Course No.	Term	Grade	Points
L18	W 1989 09-56951	9	S1										
PSO	PSO BEHV SCI CLK	608											
RAD	RADIOLOGY GKSP	609											
O.M	DIRECTED STUDIES	620											
L18	SP 1989 09-56951	9	S1										
F.M	CLINICAL PRACT	600											
J.M	DIRECTED STUDIES	620											

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Paper With Green Ink Background

9-24-90

*Horace C. King*  
Horace C. King, Registrar

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Paper With Green Ink Background

9-24-90

*Horace C. King*  
Horace C. King, Registrar

LCS 049-1-99

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY  
P O. BOX 30018  
LANSING, MI 48909

5101-010839

RECEIVED  
JUL 10 1990

RECEIVED

CERTIFICATION OF INTERNSHIP

Date July 16, 1990

RECEIVED  
JUL 10 1990

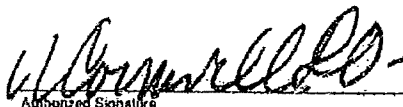
This is to certify that Dr. Reginald Sharpe

☒ will complete. ☐ has completed) one year of internship

beginning July 1, 1989 and ending July 31, 1990

at Michigan Health Center Hospital, in Detroit (city)  
Michigan (state).

I certify that this internship is one year in duration; of a rotating type, with services in the organized departments of Medicine, Surgery, and Obstetrics or Obstetrics and Gynecology; and that this Hospital is currently approved for the training of interns by the American Osteopathic Association. I further certify that the above named physician has served an apportioned time in each of the named services, has satisfactorily performed his/her duties, and has evidenced good moral and ethical character.

  
Authorized Signature

Director of Medical Education

Title

Subscribed and sworn to before me  
this 16th day of July,  
19 90.

Loraine Kay Moore  
Notary Public

County Wayne

State Michigan

My Commission Expires: 10-22-93

THIS CERTIFICATE MAY NOT BE DATED EARLIER THAN FIFTEEN (15) DAYS PRIOR TO THE COMPLETION OF A FULL YEAR'S INTERNSHIP.



Michigan Department of Licensing and Regulation  
**BOARD OF OSTEOPATHIC MEDICINE AND SURGERY**  
 P.O. Box 30018  
 Lansing, Michigan 48909  
 (517) 373-8850

**APPLICATION FOR LIMITED LICENSE FOR INTERNSHIP  
 OR RESIDENCY TRAINING IN AN APPROVED TRAINING HOSPITAL**

Use of this form is required by Act 308 of 1978, in order for you to become licensed.

**RECEIVED**

**JUN 27 1988**

Check type of license sought:

- ☒ Internship  
☐ Residency

**SWORN STATEMENT**

I hereby apply for a limited license under Section 17512, Act 368 of 1978:

DEPT. OF LIC. & REG.  
 BUREAU OF  
 HEALTH SERVICES

Name <u>Reginald Dennis Sharpe</u>	Social Security No. [REDACTED]	Date of Birth [REDACTED]
Present Mailing Address (street and number, city, state and ZIP code) <u>172 Lakewood Det., MI 48215</u>		
Permanent Mailing Address (street and number, city, state and ZIP code) <u>172 Lakewood Det., MI 48215</u>		Daytime Telephone No. <u>(313) 361-8070</u>

**EDUCATION**

Pre-Osteopathic Education		Dates of Attendance						
Name of Institution	Address	Day	Month	Year	Day	Month	Year	
<u>Wayne State University</u>	<u>Det., Mich</u>	<u>20</u>	<u>9</u>	<u>74</u>	to	<u>1</u>	<u>JAN</u>	<u>83</u>
					to			
Osteopathic Education (Have school send official transcript.)		Dates of Attendance						
Name of Institution	Address	Day	Month	Year	Day	Month	Year	
<u>Mich State Coll. of Osteo. Med</u>	<u>East Lansing</u>	<u>9</u>	<u>25</u>	<u>84</u>	to	<u>6</u>	<u>9</u>	<u>89</u>
					to			

**INTERNSHIP TRAINING**

(If you are applying for a limited intern's license, please disregard this section.)		Dates of Attendance					
Name of Hospital	Address	Day	Month	Year	Day	Month	Year
					to		
					to		

Have you ever been convicted of a felony or misdemeanor for which you could have gone to jail? (You may exclude traffic violations)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, do NOT give details at this time.
Have you ever had an adverse civil judgment (including malpractice)? (You may exclude divorce decrees.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, give details on separate sheet.
Have you been examined by the National Board or any State Board?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details.



Are you licensed to practice osteopathic medicine in any other state?

☐ Yes

☒ No

If yes, give states and license numbers.

Have you ever been denied a license to practice osteopathic medicine in any other state? Or, has another state issued a disciplinary action against you? Or, is disciplinary action pending against you in another state?

☐ Yes

☒ No

If yes, give details.

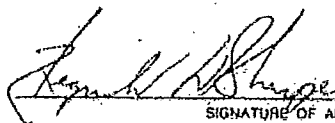
### CERTIFICATE AND AFFIDAVIT

#### I HEREBY CERTIFY THAT:

- ☒ I am the applicant named in this application and the statements made herein are true to the best of my knowledge and belief;
- ☒ I understand that any false statement knowingly made by me this application is cause for rejection of the application or disciplinary action against any license I may obtain;
- ☒ Upon my licensure in this state, I will uphold the law, rules and regulations governing my practice in Michigan in their entirety;
- ☒ I have read and understand the law and rules which will govern my practice.
- ☒ I shall consider it my duty to report to the Department of Licensing and Regulation all violators within and outside the profession, and that,
- ☒ I am at least 18 years of age.

Further, I hereby expressly waive all provisions of law forbidding a physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he or she thereby acquires, and I hereby consent that he or she may disclose such information or knowledge to the Department of Licensing and Regulation.

In full understanding of the foregoing certification and affidavit, I do hereby apply for licensure to practice in the State of Michigan.

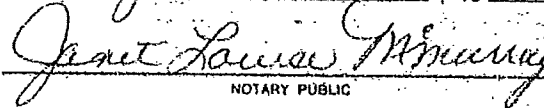


SIGNATURE OF APPLICANT

DATE OF SIGNATURE AND NOTARIZATION

STATE OF Michigan, COUNTY OF Wayne

SUBSCRIBED AND SWORN TO BEFORE ME THIS 20 DAY OF June, 19 89



NOTARY PUBLIC

MY COMMISSION EXPIRES: Oct 6, 1990

JANET LOUISE McMURRAY  
Notary Public, Wayne County, Mich.  
My Commission Expires Oct. 6, 1990

RECEIVED

(Do Not Detach)  
FEE PAYMENT SLIP

To help us process your application more quickly, please complete the following information about the application and your fee payment:

APPLICANT'S NAME <i>Reginald A. Sharpe</i>	SOCIAL SECURITY NUMBER [REDACTED]	DATE OF APPLICATION
---	--------------------------------------	---------------------

(51-01-05) Intern's or Resident's Limited License

Your check or money order must accompany the application. Make it payable, in U.S. currency, to STATE OF MICHIGAN — Osteopathic Medicine.  
DO NOT SEND CASH. Fees are earned upon receipt and can only be refunded under refund rules promulgated by the department.

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JUN 27

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269234750327

JUN 27 1988

DEPT. OF LIC. & REG.  
BUREAU OF  
HEALTH SERVICES

MICHIGAN STATE UNIVERSITY

COLLEGE OF OSTEOPATHIC MEDICINE  
OFFICE OF STUDENT AFFAIRS • EAST FEE HALL  
TELEPHONE (517) 353-7741

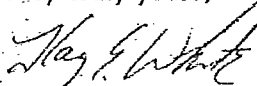
EAST LANSING • MICHIGAN • 48824-1316

June 30, 1989

TO WHOM IT MAY CONCERN:

This is to verify that Reginald Sharpe received the D.O. degree from Michigan State University College of Osteopathic Medicine on June 9, 1989.

Very truly yours,



Kay E. White, Ph.D.  
Assistant Dean for Student Affairs

pyw

RECEIVED

JUN 30 1989

DEPT. OF LIC. & REC.  
BOARD OF OSTEOPAT

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY  
P.O. BOX 30018  
LANSING, MI 48909  
(517) 373-6650

# CERTIFICATION OF TRAINING

TO THE APPLICANT: COMPLETE PART I AND FORWARD THIS FORM TO THE MEDICAL DIRECTOR OR SUPERINTENDENT OF THE MICHIGAN TRAINING HOSPITAL WHERE YOU EXPECT TO COMMENCE TRAINING.

TO THE MEDICAL DIRECTOR OR SUPERINTENDENT: THE APPLICANT LISTED BELOW HAS APPLIED FOR A MICHIGAN LIMITED EDUCATIONAL LICENSE FOR INTERNSHIP OR RESIDENCY TRAINING IN AN APPROVED TRAINING HOSPITAL. PLEASE COMPLETE PART II OF THIS FORM AND RETURN IT DIRECTLY TO THE MICHIGAN BOARD OF OSTEOPATHIC MEDICINE AND SURGERY AT THE ABOVE ADDRESS.

## PART I

1. FULL NAME (first, middle, last, maiden/alias, if applicable)

Reginald Dennis Sharpe

2. PROGRAM (internship or residency)

Internship

3. HOSPITAL

Michigan Health Center

RECEIVED

JUN 27 1988

DEPT. OF LIC. & REG.  
BUREAU OF  
HEALTH SERVICES

## PART II

This certifies that Reginald Dennis Sharpe has  
(name of applicant)

been appointed to the position of Intern in  
(intern or resident)

at Michigan Health Center  
(specialty) (name of training hospital)

beginning 7/1/89 and ending 6/30/90  
(date) (date)

(SEAL)

Robert Cornwell

(Signature of Medical Director or Superintendent)

Robert Cornwell, D.O., Director of Medical Education

(Printed name of Medical Director or Superintendent)

USE OF THIS FORM IS REQUIRED BY ACT 368 OF 1978, IN ORDER FOR THE APPLICANT TO BECOME LICENSED.