



STATE OF MARYLAND
BOARD OF PHYSICIAN QUALITY ASSURANCE
4201 Patterson Avenue, P.O. Box 2571
Baltimore, MD 21215-0095
410-764-4777; 1-800-492-6836

4978

741 550
C# 347



APPLICATION FORM FOR INITIAL MEDICAL LICENSURE

Instructions: Please print legibly or type the required information. Do not leave any item unanswered. If an item does not apply to you, write "N/A" ("NOT APPLICABLE"). An incomplete application will delay the processing of your application. **Notify the Board in writing if you move during the application period.**

1. Name Under Which You Wish to Be Licensed (Name change: See Application Instruction Sheet, #1)
Surname and generational indicators (e.g., Jr., Sr., II, III)

M A S E

First name and middle name

F R A N C I S N J E U M A

Maiden name (will not show on license)

Name under which originally licensed in another state, if different from above

2. Full Mailing Address and Telephone Number:

C/O address, if applicable

Street address (Please do not use a Post Office Box address.)

1 3 3 - G H I G H L A N D B L V D

City

State

Zip Code

N E W C A S T L E D E 1 9 7 2 0

Telephone Number

3 0 2 - 3 2 8 - 1 3 5 9

3. Gender:

2

1. Female
2. Male

4. Date of Birth:

(month) (day) (year)

5. Race:

2

1. Caucasian 2. African American
3. American Indian 4. Asian 5. Other

6. Federal Employer Identification Number:

7. Social Security #:

For Board Use Only

License #:

D 4 7 9 6 7

Control #:

Date Issued

1 0 0 1 9 5

School Code:

6 9 0 0 0 1

Board Code: 08

Trans Code: A

Lic. Due: L

Status: A

Lic. Requested By:

KLORAT

How Licensed:

FLEX

I am ABMS certified.



Activities	Inclusive Dates	Locations
① GENERAL PRACTITIONER	9/88 - 5/92	MEXICO - SOCIAL HOSPITAL AND MINISTRY OF PUBLIC HEALTH - YAOUNDE CAMEROON
② 1 ST YEAR RESIDENCY IN PEDIATRICS	7/92 - 6/93;	HOWARD UNIVERSITY HOSPITAL, 2041 GEORGIA AVE, NEW WASHINGTON D.C. 20060
③ 2 ND / ₃ YEAR RESIDENCY IN PEDIATRICS	7/93 - PRESENT;	THOMAS JEFFERSON UNIVERSITY HOSPITAL/ A.I. DUPONT INSTITUTE, P.O. BOX 269 ROCKLAND ROAD, WILMINGTON, DE. 19899

Hospitals

Addresses

Dates

Print Name: MASE, FRANCIS NJEUMA

Date: 7/21/95

- ✓ 11. **Medical School Diploma:** Attach a copy of your medical school diploma to this application. If your medical school diploma is in a language other than English, attach a copy of the certified translation. (See "Application Instructions," #1.) If you received your medical education from a medical school/college that was affiliated with the university that conferred the medical degree on you, attach a copy of the certificate of your medical education and examinations taken leading to the medical degree. Also, attach a copy of the certified translation of the certificate, if applicable.

- ✓ 12. **Certificate of Receipt of Medical Degree/Doctor of Osteopathy, BPOA Form IML2 2/95:** Complete part 1 of the form and send it to the institution that conferred a medical degree/doctor of osteopathy on you for completion of part 2 and mailing directly to the Board. Complete the section below.

Name: UNIVERSITY OF IBADAN

Institution That Conferred A Medical Degree/Doctor of Osteopathy on You

Address, including country: UNIVERSITY COLLEGE HOSPITAL, P.M.B. 5116 - IBADAN,
NIGERIA

Degree Received: MB, B.S. Date of Graduation (mo./day/year) 8/7/86

Inclusive Dates of Attendance: From (mo./year) 9/81 to (mo./year) 8/86

Language(s) of Instruction: ENGLISH

Your Citizenship During Medical Education: NEROONIAN

13. **Accredited Training Programs, BPOA Form IML3 12/94:** Complete part 1 of the form and send it to each of the program directors of the clinical postgraduate medical education programs that you attended in this country for completion of part 2 and mailing directly to the Board. The Accreditation Council for Graduate Medical Education (ACGME) and the American Osteopathic Association (AOA) accredit clinical postgraduate medical education programs. The requirements for accredited training program are listed below of the items below that apply to you.

- ☐ a. successful completion of one year (12 continuous months) of accredited training program for an applicant with an M.D. from a medical school that is accredited by the Liaison Committee on Medical Education at the time of your graduation.
- ☐ b. successful completion of one year (12 continuous months) of accredited training program for an applicant with a D.O. from a school of osteopathy in the U.S., its territories or possessions, Puerto Rico, or Canada that has standards for graduation equivalent to those established by the AOA.
- ☒ c. successful completion of one year (12 continuous months) of accredited training program for an applicant who received an M.D. before July 1, 1992, from an approved medical school and has obtained an Educational Commission for Foreign Medical Graduates (ECFMG) certification.

An approved medical school means a foreign medical school that the Board or its predecessor agency, the Board of Medical Examiners, determined before July 1, 1992, had standards for graduation equivalent to those standards established by the LCME.

- ☐ d. successful completion of three years of accredited training program for an applicant who received an M.D. on or after July 1, 1992, from an approved medical school and has obtained ECFMG certification.
- ☐ e. successful completion of three years of accredited training program for an applicant who received an M.D. from any other medical school and has obtained ECFMG certification.

- ☐ f. successful completion of two years of accredited training program for an applicant who has successfully completed an approved Fifth Pathway Program.
- ☐ g. successful completion of additional one year of accredited training program for an applicant who fails the examination or any part of the examination three or more times, with none of the additional year of accredited training program being taken before the last failure.

On a case by case basis, the Board may consider full-time teaching in an LCME accredited medical school in the United States as an alternative to the accredited training program. If you have this experience, complete part 1 of BPQA Form IML4 2/95 and send it to each of the institutions where you held academic appointments for completion of part 2 and mailing directly to the Board. Also, complete the section below. If you need more space, use attachments with your name in print, signature, and date on each page. If you do not have teaching experience, please write "N/A" on the first line below.

Name of School: N/A

Names of Department and Chairman: _____

Address: _____

Inclusive Dates of Teaching: _____

Specific Duties: _____

14. SPEX Examination: Check the statements that apply to you.

- ☐ I successfully completed my medical licensing examination more than 15 years before making this application;
- ☐ During the past 10 years, I have **NOT** maintained continuous licensure in each state, in the United States, that ever issued a medical license to me; and
- ☐ In the past 10 years before this application, I have not been certified or recertified by a Board-recognized specialty board.

If all three statements above apply to you and you have achieved a passing score on SPEX Examination, complete part 1 of the BPQA Form IML5 2/95 and send it to the Federation of State Medical Boards. Please apply for medical licensure only if you have a score of at least 75 on SPEX Examination.

- ☒ All three statements above do not apply to me. I do not need to take the SPEX Examination.

Print Name: WASE FRANCIS NJEUMA

Date: 5/21/95

15. Medical Licensing Examination(s) You Will Use For Licensure*: Check the box that applies to you.

- 15 MAY 95 10 05
BOARD OF PHYSICIAN
QUALITY ASSURANCE
- ☐ 1. FLEX weighted average
 - ☒ 2. FLEX Components 1 and 2
 - ☐ 3. NBME Parts I, II, and III (I have requested NBME to send directly to the Board the endorsement of certification.)
 - ☐ 4. NBOME Parts I, II, and III (I have requested NBOME to send directly to the Board the endorsement of certification.)
 - ☐ 5. USMLE Steps 1, 2, and 3
 - ☐ 6. State Board examinations
 - ☐ 7. USMLE 1 + NBME II + NBME III
 - ☐ 8. USMLE 1 + USMLE 2 + NBME III
 - ☐ 9. USMLE 1 + NBME II + USMLE 3
 - ☐ 10. NBME I + USMLE 2 + USMLE 3
 - ☐ 11. NBME I + USMLE 2 + NBME III
 - ☐ 12. NBME I + NBME II + USMLE 3
 - ☐ 13. FLEX 1 + USMLE 3
 - ☐ 14. FLEX 2 + USMLE 1 + NBME II
 - ☐ 15. FLEX 2 + USMLE 1 + USMLE 2
 - ☐ 16. FLEX 2 + NBME I + USMLE 2
 - ☐ 17. FLEX 2 + NBME I + NBME II

* The requirement is either to: (1) achieve a FLEX weighted average of at least 75 on a FLEX exam taken before 1985; or (2) achieve a score of at least 75 on each part of the FLEX exam with all passing scores being achieved within 5 years of each other; or (3) achieve a passing score on all parts of the examination of the National Board of Medical Examiners (NBME) as evidenced by an endorsement of certification; or (4) achieve a passing score on all parts of the examination of the National Board of Osteopathic Medical Examiners as evidenced by an endorsement of certification, if the applicant's certificate was issued after January 1, 1971; or (5) achieve a passing score on all parts of the United States Medical Licensing Examination (USMLE) with all the passing scores being achieved within a 7-year period beginning when the examinee first passes either Step 1 or 2; or (6) achieve a passing score on all parts of the examination of any state board or the District of Columbia Board of Medicine in the United States; or (7) through (17) if completed before the year 2000, achieve passing scores on any of the acceptable examination combinations listed above, with all the passing scores being achieved within a 7-year period beginning with a month and year when the examinee first passes a part or a component or a step of the applicable examination combination.

16. **Complete Medical Licensing Examination History and Scores:** Use BPQA Form IML5 2/95 for national medical licensing examinations and BPQA Form IML6 2/95 for state board examinations that you have taken in the U.S. Complete part 1 of the appropriate form and send it to each of the medical licensing examination authorities that administered a medical licensing examination to you. Request that your **complete history and scores** be sent directly to the Board. However, if prior to October 1, 1992, you passed a medical licensing examination or any part of an examination that you previously failed three or more times, you do not need to have the complete history of the said examination sent directly to the Board. (Md. Code Ann., Health Occ. §14-307 (g))

Please contact the medical licensing authorities for the **fees** for the complete history of each medical licensing examination or part of the examination that you took and passed on or after October 1, 1992, and the scores you have achieved.

- ☒ I have never failed any medical licensing examination in the U.S. three or more times.
- ☐ I have failed _____ (names of examinations failed) three or more times. However, I passed _____ (names of examinations passed) before October 1, 1992.
- ☐ I have failed _____ (names of examinations failed) three or more times. However, I passed _____ (names of examinations passed) on or after October 1, 1992. I requested the medical licensing examination authorities send directly to the Board the complete history and scores of my examinations. I understand that an additional year of accredited training program is required for each examination or part of an examination that I failed three or more times and that program should follow the last failure.

Identify all the medical licensing examination authorities that administered the examinations to you by checking the items below that apply to you.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Federation of State Medical Boards (FLEX; SPEX) | <input type="checkbox"/> State Medical Boards |
| <input type="checkbox"/> National Board of Medical Examiners | <input type="checkbox"/> USMLE |
| <input type="checkbox"/> National Board of Osteopathic Medical Examiners | |

17. **Questions:** Check either YES or NO.

YES NO

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | a. Has a state licensing or disciplinary board, or a comparable body in the armed services, denied your application for licensure, reinstatement, or renewal? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | b. Has a state licensing or disciplinary board, or a comparable body in the armed services taken an action against your license, including but not limited to limitations of practice, required education, admonishment, reprimand, suspension, or revocation for an act that would be grounds for disciplinary action under Md. Code Ann., Health Occ. §14-404? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | c. Has an investigation or charge been brought against you by a licensing or disciplinary body or comparable body in the armed services? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | d. Has your application for a medical or health professional license been withdrawn for reasons that would be grounds for disciplinary action under Md. Code Ann., Health Occ. §14-404? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | e. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system that would be grounds for action under Md. Code Ann., Health Occ. §14-404? |

Print Name: MASE FRANCIS NJEUMA

Date: 4/21/95

YES NO

☐ ☐ f. Have you had any limitation or loss in privileges in a hospital, related health care facility, or alternative health care system that would be grounds for disciplinary action under Md. Code Ann., Health Occ. §14-404?

15 MAY 95 10 05

☐ ☐ g. Have you had a plea of guilty, nolo contendere, conviction, or receipt of probation before judgment for a criminal act?

QUALITY ASSURANCE

☐ ☐ h. Have you had a plea of guilty, nolo contendere, conviction, or receipt of probation before judgment for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?

☐ ☐ i. Are there any pending criminal charges against you in any court of law, excluding minor traffic violations?

☐ ☐ j. Do you illegally use drug(s)?

☐ ☐ k. Do you have a physical or mental condition that currently impairs your ability to practice medicine?

☐ ☐ l. Have you been named as a defendant in a filing or settlement of a medical malpractice action within the past 5 years?

☐ ☐ m. Are you in default of a service obligation resulting from your receipt of State or federal funding for your medical education?

☐ ☐ n. Have you failed to make arrangements to satisfy State or federal loans that financed your medical education?

If you answered "YES" to any of the questions (a) through (n), attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

18. **Verification of Medical Licensure in Other State(s), BPQA Form IML7 2/95, If applicable:** Complete part 1 of the form and send it to each of the state medical boards that ever issued you a license (current/expired). Request the state medical boards to complete part 2 of the form and send it directly to the Board. Check the item below that applies to you.

☐ a. I have completed part 1 of the BPQA Form IML7 2/95 and sent it to the following state medical board(s) (List each state and corresponding license number.)

☒ b. I have never been licensed by a state medical board in this country.

19. **Verification of Surrender of Medical License, BPQA Form IML8 2/95, If applicable:** Complete part 1 of the form and send it directly to each of the state medical boards to which you surrendered your licenses while they were in good standing and not under disciplinary charges or investigation and where you no longer hold licenses. Request the state medical boards to complete part 2 of the form and send it directly to the Board. Check the item below that applies to you.

☐ a. I have completed part 1 of the BPQA Form IML8 2/95 and sent it to these state medical boards: (List each state.)

☒ b. I have never surrendered my license, while it was in good standing and not under disciplinary charges or investigation, to any state medical board where I no longer hold a license.

20. **English Language Competency, BPQA Form IML9 2/95:** Every applicant for medical licensure is required to demonstrate oral and written English language competency. If you graduated from either: (a) a high school, including GED, or undergraduate college or university, where English was the language of instruction throughout your attendance, after at least three years of enrollment; or (b) a professional school, where English was the language of instruction throughout your inclusive dates of attendance, complete part 1 of the form and send it to your school for completion of part 2. School must return form directly to the Board. In addition, complete the section below.

Name and Mailing Address of School: COLLEGE OF MEDICINE, UNIVERSITY OF IBADAN
PM-B 5116, IBADAN, NIGERIA

Degree Received: MB, BS Date of Graduation (month/day/year): 8/7/86

Inclusive Dates of Attendance: From (mo./yr.): 9/81 to (mo./yr.): 8/86

Language(s) of Instruction: ENGLISH

If neither (a) nor (b) above applies to you, you must achieve a score of at least 220 on the Test of Spoken English (TSE) and a score of at least 550 on the Test of English as a Foreign Language (TOEFL).

Check the items below that apply to you.

- ☒ a. I have met the statutory and regulatory requirements on English language competency as listed above and understand that the Board may conduct direct source verification of my English language competency.
- ☐ I have attached evidence of my GED to this application. (This applies only to applicants who have GED.)
- ☐ b. I have achieved the required scores on TOEFL and TSE and have requested that my scores be sent directly to the Board by TOEFL/TSE.

INFORMATION FOR THOSE WHO DO NOT MEET THE REQUIREMENTS:

Apply for medical licensure only after achieving scores of at least 220 and at least 550 on the TSE and the TOEFL, respectively.

If you never taken the TSE, you may take the Interagency Language Roundtable (ILR) Oral Proficiency Interview (OPI) instead. Within 24 hours of receipt of payment, LTI can schedule your interview. Contact the Language Testing International (LTI) at 914-235-8400 and the Board's Chief of Physician Licensure Programs at 410-764-4760 to arrange specific date, time, location, and obtain current information. The current cost of OPI is \$150.00 per test. You need to make a special request to LTI to send your score directly to the Board within 3 to 4 business days of taping the interview. In addition, you will pay the Board for the phone charge that is estimated at \$10.00. This amount will be confirmed with the building supervisor. You must bring with you two primary picture ID's (e.g. current driver's license, current passport, current employment ID card with your picture, signature, and current address on it.) You must also have a current application for initial medical licensure in Maryland.

A score of 3 on OPI is considered equivalent to a score of 220 on the TSE for individuals who have never taken TSE. Check the item that applies to you.

- ☐ a. I have never failed the TSE.
- ☐ b. I failed TSE and understand that I am not qualified to take the OPI.
- ☒ c. This item does not apply to me.

Print Name: MASE FRANCIS NTEUMA Date: 5/21/95

21. **Attestation to Applicant's Good Moral Character, BPQA Form IML10 2/95:** Complete part 1 of the form and send it to two individuals who are not related to you and who will vouch for your good moral character. Each of the two individuals must complete part 2 of the form and send it directly to the Board.
22. **Claims of Speech Impairment, BPQA Form IML11 2/95 and BPQA Form IML12 2/95, if applicable:** If you will claim speech impairment, complete parts 1 of the forms and send them to the appropriate individuals for completion of parts 2. These individuals must return the forms directly to the Board.

If you failed the TSE once, you must submit, with your application form and before your second attempt at passing the TSE, the documentation of your ability to communicate with patients and health care providers.

After the second examination, documentation of an impairment may not be submitted or accepted unless there has been an intervening medical/surgical event which has caused the impairment.

You will be allowed to claim the impairment only if you reported to the Board before the third examination the intervening medical/surgical event which has caused the impairment and the Board determines that the medical/surgical event did indeed cause the impairment.

If you have properly claimed and documented a speech impairment, the Board shall accept the documentation if you are able to prove the ability to communicate with allied health personnel and patients. Proof shall include documentation from 3 licensed physicians that you can communicate in a professionally competent manner with patients and health care providers or a hearing before the Board where you will be asked to describe the manner in which you would obtain a history and physical examination from a typical patient.

Check the item that applies to you.

- ☐ I am claiming speech impairment.
- ☒ I am not claiming speech impairment.

23. **Additional Information:** Check the items listed below that apply to you. Attach the documents required by (a), (b), and (c) to this application. For (d), complete part 1 of the forms identified below and request each of the appropriate agencies and individuals to complete part 2. Forms must be returned directly to the Board.

- a. copies of complaints, pleadings, and judgments in all malpractice claims, if you have had 3 or more claims in the 5 years before filing this application.

- ☐ I have attached the copies to this application.
- ☒ This item does not apply to me.

- b. copies of all arrests, disciplinary actions, judgments, and final orders which occurred or were issued within the 7 years before submitting the application for licensure for driving while intoxicated, driving while under the influence of a chemical substance or medication, or any license probation, suspension, or revocation.

- ☐ I have attached copies to this application.
- ☒ This item does not apply to me.

- c. your statement listing all disciplinary or adverse actions taken against you by a hospital, medical board, licensing authority, court, or adjudicatory body. Use BPQA Form IML13 2/95.

Print Name: MASE FRANCIS NJEUMA

Date: 2/21/95

d. if reasonable questions on your current ability to practice medicine or professional competency will be raised by the information provided in this application, have you:

requested the chief of staff of a hospital where you practiced to send directly to the Board the completed form about your competency? Use BPQA Form IML14 2/95.

☐ Yes, I have requested the chief of staff of a hospital where I have practiced.

☒ This item does not apply to me.

requested all of the hospitals at which you have practiced or had privileges to send directly to the Board original letters of reference, describing the kind of experience you received, your performance, and explanation on the circumstances under which those privileges were limited, revoked, or allowed to lapse. Use BPQA Form IML15 2/95.

☐ Yes, I have requested all hospitals where I have practiced or had privileges.

☒ This item does not apply to me.

Under Md. Code Ann., Health Occ. §14-402, the Board may require you to submit to an examination by a physician or evaluation program for treatment of impaired physicians, or both, chosen by the Board to determine your ability to practice medicine. You shall pay the costs of these evaluations.

24. Other Requirements for International/Foreign Medical Graduates: Check the item that applies to you.

☐ This item does not apply to me.

☒ I have attached to this application a copy of my ECFMG certification.

☐ I have attached to this application a copy of my Fifth Pathway Program certificate.

25. Attachments to this application. Check the item that applies to you.

☐ I have attached to this application a total of 2 pages. Each page has my name in print, signature, and date.

☐ I have not attached anything to this application.

IMPORTANT

COMPLETE # 26 AND #27 ON NEXT PAGE

Print Name: MASE FRANCIS NJEUMA

Date: 4/21/95

26. **Certification:** Please read this section carefully before signing your name.

I agree that I will cooperate fully with any request for information, inspection of my medical practice or investigation, including the subpoena of documents or records, incident to my medical practice while licensed in the State of Maryland.

I agree that anybody, including but not limited to government agencies, the National Practitioner Data Bank, hospitals, and other licensing bodies, can release to you any information necessary for the processing of my application for medical licensure in Maryland. I understand and agree that a person may not practice, attempt to practice, or offer to practice medicine in Maryland unless licensed by the Board. (Md. Code Ann., Health Occ. §14-601)

I shall inform the Board within 30 days of any action that would be grounds for disciplinary action under Md. Code Ann., Health Occ. §14-404, that occurred at any time during the application period. I shall also inform the Board within 30 days of any arrest or conviction that occurred at any time during the application period. I shall also inform the Board within 30 days of any change in any answer that was originally given in this application.

I certify that the information supplied in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

27. **Affidavit of Applicant** (This must be completed in front of a notary public.)

MASE, FRANCIS NJEUMA, M.D., of NEWCASTLE, DELAWARE, USA.
(county/city, state, country)

hereby affirms that he/she is the person referred to in the above application for license to practice Medicine and Surgery in the State of Maryland; and that all statements made in this application are true. The physician's signature bearing my notarial seal or stamp is that of the person, here present, making this application.

Signature of Applicant

Date

Notary public's signature:

Notary public's name in print:

Notary public's commission expires on:

Date of notarization:

University of Ibadan

RECEIVED

15 MAY 95 10 05

BOARD OF EXAMINERS
QUALITY ASSURANCE



*This is an exact copy
of the original.*
Joan S. Ojo
NOTARY 5/12/95

Francis Njenuwa Mase

having fulfilled all the requirements of the University
and passed the prescribed examinations has this day

been admitted to the degree of

Bachelor of Medicine

and

Bachelor of Surgery

VICE-CHANCELLOR

DATE *August 7, 1986*

REGISTRAR

BOARD OF PHYSICIAN QUALITY ASSURANCE

4201 Patterson Avenue, P. O. Box 2571
Baltimore, Maryland 21215-0095

APPLICATION FOR INITIAL MEDICAL LICENSURE

Certificate of Receipt of Medical Degree/Doctor of Osteopathy

17 JUL 95 10 05
BOARD OF PHYSICIAN QUALITY ASSURANCE

Part 1 - Applicant, please complete this part of the form and send it to the institution that conferred M.D./D.O. on you.

Name: MASE FRANCL NJEUMA
(Print) Last name and generational indicator, if applicable First name Middle name

Birthdate: [REDACTED] Social Security Number: [REDACTED]
Month/day/year

Name of Institution That Conferred the Medical Degree/Doctor of Osteopathy*: UNIVERSITY OF IBADAN - NIGERIA

Degree Received: MB, B.S. Date of Graduation: 8/7/86
Month/day/year

Inclusive Dates of Attendance: From 9/81 To 8/86
Month/year Month/year

[Signature] 6/15/95
Signature of Applicant Date

* If this institution is different from the medical school(s) where you obtained your medical education, write the name(s) of your medical schools and the inclusive dates of your attendance here: _____

Part 2 - Authorized official in the educational institution that conferred the medical degree or doctor of osteopathy on the applicant, please complete this part of the form and send it directly to the Board of Physician Quality Assurance at the above address.

I hereby certify that the above information provided by the applicant are correct and in accord with the records upon which he/she was admitted to the degree of Doctor of Medicine or Doctor of Osteopathy.

Dr. C. A. Adebamowo

Name of Medical School Official in Print

[Signature]
Signature of Medical School Official

Sub-Dean (Undergraduate)

Title of Medical School Official

26/06/95

Date

**SUB-DEAN (UNDERGRADUATE)
FACULTY OF CLINICAL SCIENCES
& GEN. SERV.**

**COLLEGE OF MEDICINE
UNIVERSITY OF IBADAN,
IBADAN NIGERIA.**

SEAL OF THE EDUCATIONAL INSTITUTION

This is an exact copy of the original.

15 MAY 95 10 02
JAN M. JENNIFER
NOTARY 5/12/95

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,
SUCCESSFULLY PASSED ITS EXAMINATIONS
AND HAS BEEN AWARDED THIS CERTIFICATE.

447-492-0

JANUARY 22, 1991

JULY 18, 1990

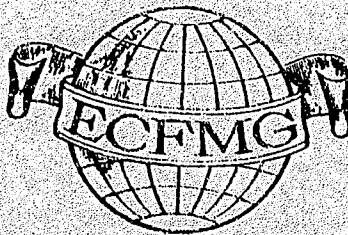
JULY 18, 1990

English Examination

July-18, 1990

Valid Indefinitely

No 3046



W. Roy Schwan
CHAIRMAN, BOARD OF TRUSTEES

Robert K. H. ...
PRESIDENT, CHIEF EXECUTIVE OFFICER

DATE ISSUED

JAN 16 1992