

State of Nebraska
DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS
APPLICATION FOR LICENSE TO PRACTICE MEDICINE

8/17/94

To State Board of Medical Examiners:

I hereby apply for certificate of registration to practice Medicine and Surgery in the State of Nebraska, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Present Legal Name: WHITEHEAD CLAY CARLTON
 (PLEASE PRINT) (Last Name) (First Name) (Middle Name) (Maiden Name)
- * Permanent address 2903 Ashland Ave St. Joseph MO 64506
 Zip Code
2. Place and date of birth Palo Alto, Calif 12/12/42 Age 51
3. Present residence St. Joseph MO 64506 Intended residence Lincoln, N.E.
 Zip Code
- * 4. Telephone: (816) 232-7711 (816) 279-5797
 (daytime) (home)
5. Have you ever sought or been granted medical licensure under another name?
 () YES (X) NO If yes, indicate other names used: _____

6. Preliminary and Pre-medical Education:
 Give name and location of institutions attended, beginning with high school, with concise statement of period of study, giving date of diplomas or certificates received Cibola Senior High School, Palo Alto, Calif 1957-60
Univ. Calif. Berkeley 1960-64
UCLA School of Medicine Los Angeles, Calif 1964-68 M.D.

7. Medical Education:
 I have spent 4 years in the study of medicine in the institutions named below:

| Day, Month, Year | Day, Month, Year | Name of School | Location |
|---|-------------------|---|---------------------------|
| From <u>July 64</u> | to <u>June 68</u> | <u>UCLA School of Medicine</u> | <u>Los Angeles, Calif</u> |
| I received the degree of <u>M.D.</u> | | from the <u>UCLA School of Medicine</u> | |
| College located at <u>Los Angeles Calif</u> | | on the <u>13</u> day of <u>June</u> <u>1968</u> | |

If you are a foreign medical graduate, do you hold a permanent SPMG certificate?
 () YES () NO Number: _____
 753110 \$2.01
 753110 \$2.01
 753110 \$201.00
 CHECK \$201.00

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that See attached notarized copy of diploma
 of _____ matriculated in _____
 at _____ Date _____ attended _____
 _____ course of lectures of _____ months each, and received a
 diploma from _____ conferring the degree of Doctor of
 Medicine (date) _____
 (SEAL) _____ M.D.
 (President, Secretary or Dean)

Post-Graduate Medical Education:

| | | | |
|------------|------------------------------|---------------------------|----------------|
| | <u>Hospital/Institution</u> | <u>Location</u> | <u>Dates</u> |
| Internship | <u>Queens Medical Center</u> | <u>Honolulu, Hawaii</u> | <u>1968-69</u> |
| Residency | <u>UCLA-NPI</u> | <u>Los Angeles, Calif</u> | <u>1969-72</u> |

CERTIFICATE OF POST-GRADUATE MEDICAL EDUCATION

This certifies that Dr. Whitehead has rendered satisfactory and continuous service as an intern or resident in the see attached notarized copies for Internship, Residency Hospital at _____ from _____ to _____ Dated _____

Superintendent of Hospital

RECIPROCITY AND NATIONAL BOARD

If this application is for reciprocity, the following must be completed and notarized.

1. Upon what license or certificate do you base this application? _____
STATE BOARD of California
(Give name of board issuing certificate)

2. Have you ever been examined by FLEX or National Board? () YES (X) NO
Location: _____ Date: _____

3. Have you ever been granted medical licensure by any State or Territory?
(X) YES () NO If yes, please list:

| State or Territory | License Number | Effective Dates | Current? |
|--------------------|----------------|-------------------|----------------|
| <u>Hawaii</u> | <u>1826</u> | <u>68-69</u> | () YES (X) NO |
| <u>Calif</u> | <u>A23543</u> | <u>68-88</u> | () YES (X) NO |
| <u>MO.</u> | <u>R2300</u> | <u>88-present</u> | (X) YES () NO |
| _____ | _____ | _____ | () YES () NO |
| _____ | _____ | _____ | () YES () NO |

4. List locations and dates of previous medical practice, including present:
Location _____ Dates _____

| Location | Dates |
|---|---------------------|
| <u>11985 San Vicente Blvd. Los Angeles, Calif</u> | <u>1974-1983</u> |
| <u>1014 W. St. Martins St. Joseph, MO. 64506</u> | <u>1988-present</u> |
| _____ | _____ |
| _____ | _____ |

5. Address of present practice:
Address 1014 W. St. Martins Telephone (816) 232-7111
City St. Joseph State MO. Zip Code 64506

6. As a result of this application, do you intend to change the location of your medical practice or activity? (X) YES () NO If yes, give location and date of intended establishment of practice:
Location Lincoln, NE. Date Aug. Sept 1994

7. Have you ever had a medical license denied, revoked, suspended, or limited by any State or Territory of the United States? () YES (X) NO
If yes, explain circumstances and outcome:

8. Are you now, or have you ever been, dependent upon the use of alcohol, stimulants, or habit-forming drugs? () YES (X) NO
If yes, explain circumstances and outcome:

9. Have you ever had any action taken against you by the Narcotics Bureau of the Treasury Department or the Drug Enforcement Agency of the Department of Justice? () YES (X) NO If yes, explain circumstances and outcome:

10. Have you ever been a) notified by any agency of any complaint relative to the practice of Medicine? () YES (X) NO
b) reprimanded by any agency of any complaint relative to the practice of Medicine? () YES (X) NO

Give particulars: _____

11. Have you ever been charged with the violation of any law relative to the practice of medicine or have you ever been charged with or convicted of a felony? () YES (X) NO
Give particulars:

12. Affidavit: CLAY C. WHITEHEAD, being duly sworn, deposes
(Applicant)
and says that the foregoing statements are true.

I further solemnly swear upon my honor that if granted a license to practice within the State of Nebraska, that I shall abide by the laws of the State.

Dated JUNE 6, 1994

Signed Clay C. Whitehead
(Signature of applicant)

State of MISSOURI

County of BUCHANAN

In ST. JOSEPH MISSOURI in said county on this 6TH day of JUNE A.D. 1994, personally appeared before me, and being duly sworn, deposes and says that he has carefully and truthfully complied with the above.

(SEAL)

Julie A. Bennett
Notary Public

JULIE A. BENNETT, NOTARY PUBLIC
STATE OF MISSOURI, BUCHANAN COUNTY
MY COMMISSION EXPIRES OCT. 13, 1995

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE
OR ATTACH CERTIFICATION OF NATIONAL BOARD SCORES

I, _____, Secretary of the _____
certify that _____ was granted Certificate No. _____
to practice medicine in the State of _____
on the _____ day of _____ 19____ based on written examination, and
that said certificate has never been revoked. DATE OF EXAMINATION: _____

(Note:--If by written examination for re-registration Secretary should so state.)

I further certify that the aforesaid _____
in his written examination before this Board, obtained a general average of _____
in the following branches:

| Subject | Per Cent | Subject | Per Cent |
|---------|----------|---------|----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

I hereby certify to the reputability of Dr. _____
and, based on the records in this office, recommend him to the Department of Health as a fit and proper person to receive Nebraska Reciprocity License.

I also certify that the photograph, as appears on this application, is a likeness of the said Dr. _____ and the person named in the above statement, and our records show he received the following diplomas from medical schools:

| Name of School | Date of Issue |
|----------------|---------------|
| _____ | _____ |
| _____ | _____ |

(SEAL OF STATE BOARD)

Place _____

Date _____

Secretary _____

RECOMMENDATION OF SECRETARY OF STATE, LOCAL, OR COUNTY MEDICAL SOCIETY

I hereby certify that the records of my office show that Dr. _____
has been a member and in good standing of the _____
for the past _____ years, and that he is
now in good standing. Given under my hand and the seal of _____
this _____ day of _____ 19____

Secretary _____

(Note:--If Society has no seal the signature _____)

License No. _____

Date _____

STATE OF NEBRASKA
Department of Health

Practice of Medicine

For Use of Department Only

Name _____

Address _____

Application received _____

Fee _____ Paid _____

High School credits filed _____

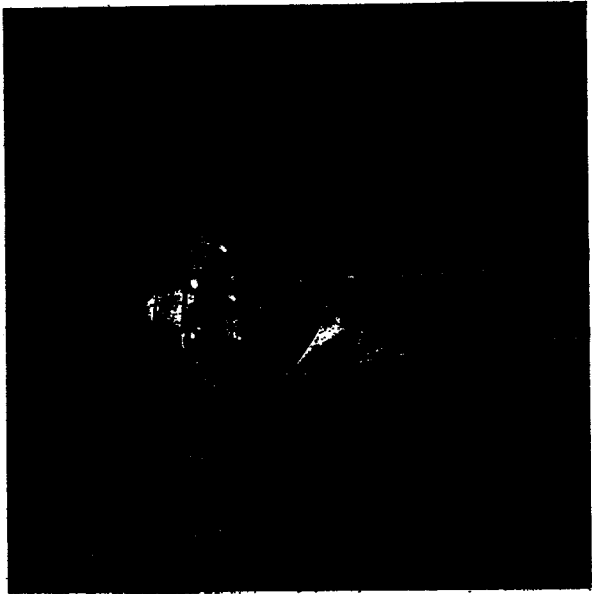
Photo of applicant _____

Photo of diploma _____

Approved _____

Passed _____

Failed _____



state, local or county medical society.

Cey Whitt

(Signature of Applicant)

State of MISSOURI

County of BUCHANAN ss

In ST. JOSEPH MISSOURI in said county on this 6TH day of
JUNE A.D. 1994, personally appeared before me, and being duly
sworn, deposes and says that he has carefully and truthfully complied with the
above.

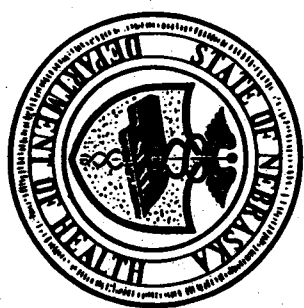
(SZAL)

Julie A. Barnett

Notary Public

JULIE A. BARNETT, NOTARY PUBLIC
STATE OF MISSOURI, BUCHANAN COUNTY
MY COMMISSION EXPIRES OCT. 13, 1996

State of Nebraska



Department of Health
Lincoln, Nebraska

This is to Certify That CLAY CARLTON WHITEHEAD, M.D.

Having submitted satisfactory evidence of compliance with the laws of the State of Nebraska is hereby granted

License No. 19578 to practice

Medicine and Surgery

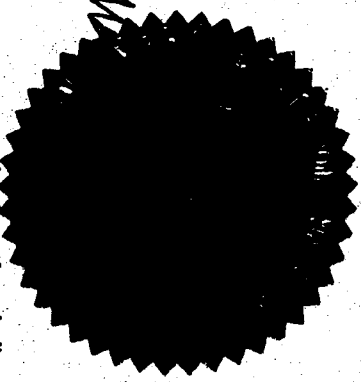
BY: RECIPROCITY WITH CALIFORNIA

Board of Examiners in Medicine and Surgery

W. H. P. D. M. D.
Chairman

Edmund King M.D.
Vice-Chairman

W. H. P. D. M. D.
Secretary



Given under the name and Seal of the Department of

Health of the State of Nebraska, at Lincoln, on
the 16TH day of AUGUST

in the year one thousand nine hundred and 94.

W. H. P. D. M. D.
Director of Health

W. H. P. D. M. D.
GOVERNOR

This license shall be kept on display in the place where the license practices.

SPECIAL NOTES:

DOB: 12/12/42

POB: California

NAME: Clay Carlton Whitehead DEGREE MD

PRESENT MAILING ADDRESS: 2903 Oakland Ave., St. Joseph, MO 64506

Intended address: Lincoln, Veterans Administration Hospital 600 S. 70th 68510

date rcvd now complete

6/13 ✓ ✓

6/13 ✓ ✓

6/13 ✓ ✓

6-24 ✓ ✓

6-29 ✓ ✓

6-13 ✓ ✓

6-13 ✓ ✓

Medical Application

MEDICAL SCHOOL DIPLOMA Cert. copy / Cert. on app

RESIDENCY/INTERNSHIP - Cert. copy / Cert. on app

Schaaf

Gondring

Letters of Recommendation

Application fee (\$201.00)

Medical Society Statement on back / inside app

SCHOOL OF GRADUATION

SCHOOL CODE 00514 * Location:

Date:

UCLA School of Medicine

Los Angeles, CA

6/13/68

IF FOREIGN GRADUATE

E.C.F.M.G. CERTIFICATE

Sent:

Rcvd:

Cert. copy - Certificate #

Issued:

VALID THROUGH:

FEDERATION CHECK LETTER:

Sent: 6-22

o.k.

Rcvd: 6-27

BATCH # 560

A.M.A. PROFILE:

Sent: 6-14

Rcvd: 6-27

OTHER LICENSES

state date rcvd.

HI 8-8

CA 7-6

MO 6-13

DATES OF OUR CORRESPONDENCE

7-14

PRELIMINARY REVIEW: Application

Correspondence

MEDICAL BOARD APPROVAL:

Mail Ballot of (date)

Re-affirmed at (date) Bd. Mtg.

Board Meeting of (date)

LICENSE # 19578

DATED: 8-16

ISSUED BY: Recipro CA

Authority letter sent 8-19

Added to Computer 8-18

Date License Mailed- 11-15

1st Performance Cert. and other requirements

1968 no on file but 1966 is exactly the

#27

AFFIDAVIT

STATE OF MISSOURI

COUNTY OF BUCHANAN

CLAY C. WHITEHEAD, being first duly sworn upon oath, states and
Applicant

deposes that the attached is a true and correct copy of the original
document. NAME OF DOCUMENT POST GRADUATE MEDICAL STUDY

Clay Whitehead MD
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 6TH day of JUNE, 1994.

(Seal)

Julie A. Barnett
NOTARY PUBLIC

JULIE A. BARNETT, NOTARY PUBLIC
STATE OF MISSOURI, BUCHANAN COUNTY
MY COMMISSION EXPIRES OCT. 13, 1998

301 Centennial Mall South • P.O. Box 95007 • Lincoln, Nebraska 68509-5007 • Fax (402) 471-0383

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University of California at Los Angeles
School of Medicine
Certificate of Postgraduate Medical Study

CLAY C. WHITEHEAD, M.D.

has completed successfully academic and clinical studies in the field of

PSYCHIATRY

while registered as a graduate student of the University of California at
Los Angeles between the dates- July 1, 1969 and June 30, 1972

Herman M. Muller, M.D.
Dean School of Medicine

Los Angeles, California

F. West
Physician Chairman

AFFIDAVIT

STATE OF MISSOURI

COUNTY OF BUCHANAN


CLAY C. WHITEHEAD, being first duly sworn upon oath, states and
Applicant

deposes that the attached is a true and correct copy of the original
document. NAME OF DOCUMENT MEDICAL INTERN CERTIFICATE


SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 6TH day of JUNE, 1994.

(Seal)


NOTARY PUBLIC
JULIE A. BARNETT, NOTARY PUBLIC
STATE OF MISSOURI, BUCHANAN COUNTY
MY COMMISSION EXPIRES OCT. 13, 1998

The Queen's Medical Center

Honolulu, Hawaii

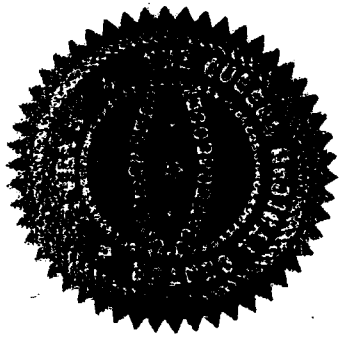
This certifies that

Clay W. Whitehead, M.D.

has satisfactorily completed 12 months as

MEDICAL INTERN

In Witness Whereof the undersigned have affixed their signatures this 22nd day of June, 1969



/s/ J. Orbison
Director of Medical Education
Department of Medicine

Marion S. Beck M.D.
Chief of Staff

/s/ Uno I. Goto, M.D.
Chief of Service

/s/ Will Henderson
Hospital Administrator

JOHN WAIHEE
GOVERNOR



ROBERT A. ALM
DIRECTOR

NOE NOE TOM
LICENSING ADMINISTRATOR

BOARD OF MEDICAL EXAMINERS

STATE OF HAWAII
PROFESSIONAL & VOCATIONAL LICENSING DIVISION
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
P. O. BOX 3489
HONOLULU, HAWAII 96801

RECEIVED

AUG 05 1994

CLAY C. WHITEHEAD, M.D.
PSYCHIATRY-DEVELOPMENTAL PSYCHOANALYSIS
1014 WEST ST. MAARTENS DRIVE
ST. JOSEPH MO 64506

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

Pursuant to your ~~the~~ physician's request received
on JUNE 13, 1994, this is to certify
that CLAY C. WHITEHEAD, M.D. license number
MD 1826, was first licensed to practice medicine in
Hawaii on 7/31/69. This license was
current until 1/31/76 when it became forfeited
due to the nonpayment of renewal fees and/or noncompliance with
the Board's continuing medical education requirements.
We have no derogatory information on this physician.

Very truly yours,

CONSTANCE CABRAL
"EXECUTIVE OFFICER"

STATE OF NEBRASKA

BUREAU OF EXAMINING BOARDS
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

INSTRUCTIONS FOR COMPLETION:

- 1. Please legibly type or print applicant portion and forward one to EACH State Medical Board where you hold OR have held a Medical license. You may make photocopies of this blank form if needed. If basing licensure upon Reciprocity, you need not submit this form to the Board that will be endorsing your scores directly on your Nebraska Medical Application.
2. Verification will only be accepted if received directly from the State Board.
3. To AVOID unnecessary delay in processing, contact the appropriate boards in advance, as most will charge a fee prior to completion.

APPLICANT: PLEASE COMPLETE AND FORWARD

Date: 6 June 94
To: State Medical Board

Name: Clay C. Whitehead, MD

Birth Date: 12/12/42

Address: 2903 Ashland Ave
St. Joseph, MO 64506

License # 1826
Current: YES / (NO)

TO BE COMPLETED BY THE STATE BOARD

School of Graduation Date

License Number: Issued: BY: () National Board
() FLEX/State Board
() Recip w/
EXPIRATION DATE:

License is in good standing () Yes () No

License has been revoked or suspended () Yes () No
IF YES---REASON:

Derogatory information () Yes () No
IF YES---EXPLAIN/ATTACH COPY OF ACTION:

Remarks:

SIGNED BY: SIGNATURE STAMPS ARE NOT ACCEPTABLE DATE

(SEAL OF BOARD)

NOT VALID WITHOUT SEAL



MEDICAL BOARD OF CALIFORNIA

1426 HOWE AVENUE
SACRAMENTO, CA 95825-3236

(916) 263-2653

July 1, 1994

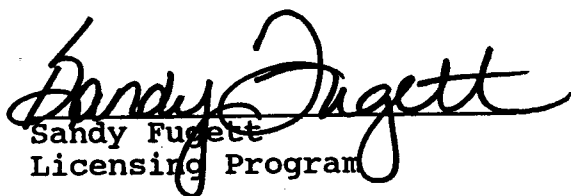
RECEIVED

JUL 06 1994

Nebraska Medical Examiners
301 Centennial Mall South
Lincoln, NE 68509-5007BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

TO WHOM IT MAY CONCERN:

This is to verify that Dr. Clay Carlton Whitehead, born on 12/12/42, was issued California physician and surgeon's certificate #A 23543, on 9/19/69, based on written examination. The individual is no longer licensed in the State of California. The license was allowed to expire through non-payment of fee more than five years ago and under California statute, the licensee is not eligible to renew their certificate without completing a new application and passing the required examinations. There is no current record of accusation and/or disciplinary activity.



Sandy Fugett
Licensing Program

To expedite the verification process, the above is the standard format used by the Medical Board of California.

SEAL



MEDICAL BOARD OF CALIFORNIA

1426 HOWE AVENUE
SACRAMENTO, CA 95825-3236

(916) 263-2653



Date: 6/29/94

Name: CLAY CARLTON WHITEHEAD

Examination Held In:

Sacramento _____

San Francisco X _____

Los Angeles _____

Examination No. 282

Date: JUNE 11-13, 1968

| | |
|---|------------|
| 1. Anatomy, Incl. Histology..... | <u>83</u> |
| 2. Physiology..... | <u>89</u> |
| 3. Bacteriology and Pathology..... | <u>75</u> |
| 4. Biochemistry..... | <u>100</u> |
| 5. Obstetrics and Gynecology..... | <u>81</u> |
| 6. Pediatrics..... | <u>78</u> |
| 7. General Medicine and Therapeutics..... | <u>97</u> |
| 8. General Surgery and Therapeutics of Surgery..... | <u>85</u> |
| 9. Public Health and Preventive Medicine..... | <u>88</u> |
| General Average..... | <u>86</u> |

Sandy Fugett
Sandy Fugett
Medical Board of California
Licensing Program

SEAL



RECEIVED

JUN 13 1994

State of Missouri

Mel Carnahan, Governor

Department of Economic Development
Division of Professional Registration

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

State Board of Registration for the Healing Arts

P.O. Box 4
Jefferson City, Missouri 65102
Telephone 314/751-0098
FAX: 314/751-3166
TTD: 800-735-2966

Alden M. Henrickson
Executive Director

June 9, 1994

State of Nebraska
Bureau of Examining Boards
301 Centennial Mall South
Lincoln, NE 68509

To Whom It May Concern:

This is to certify that the records of the individual named below indicate the following with the Missouri Board of Registration for the Healing Arts:

| | |
|----------------------|-----------------------------|
| NAME: | Clay Whitehead, M.D. |
| LICENSE NUMBER: | MDR2J00 |
| ISSUE DATE: | 9/22/88 |
| EXPIRATION DATE: | 1/31/95 |
| CURRENT STATUS: | active |
| LICENSE METHOD: | Reciprocity with California |
| DISCIPLINARY ACTION: | None |
| MEDICAL SCHOOL: | UCLA |
| GRADUATION DATE: | 1968 |

If we can be of further assistance, please do not hesitate to contact the Board office at (314) 751-0098.

Sincerely,

Sara Perrigo
Sara Perrigo
Secretary

BOARD SEAL

/sp

RECEIVED

JUN 09 1994

BOARD OF HEALING ARTS

STATE OF NEBRASKA

BUREAU OF EXAMINING BOARDS
301 Centennial Mall South
P.O. Box 95007
Lincoln, NE 68509-5007

INSTRUCTIONS FOR COMPLETION:

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2. Verification will only be accepted if received directly from the State Board.

3. To AVOID unnecessary delay in processing, contact the appropriate boards in advance, as most will charge a fee prior to completion.

APPLICANT: PLEASE COMPLETE AND FORWARD

Date: 6 June 94
To: State Medical Board

Name: Clay C. Whitehead, MD

Birth Date: 12/12/42

Address: 2903 Ashland Ave
St. Joseph, MO. 64506

License # 2500
Current: YES/NO

TO BE COMPLETED BY THE STATE BOARD

School of Graduation Date

License Number: Issued: BY: () National Board
() FLEX/State Board
() Recip w/

License is in good standing () Yes () No

License has been revoked or suspended () Yes () No
IF YES--REASON:

Derogatory information () Yes () No
IF YES--EXPLAIN/ATTACH COPY OF ACTION:

Remarks:

SIGNED BY: SIGNATURE STAMPS ARE NOT ACCEPTABLE DATE

(SEAL OF BOARD)

NOT VALID WITHOUT SEAL

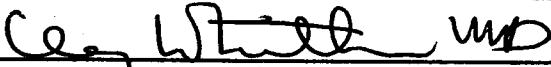
AFFIDAVIT

STATE OF MISSOURI

COUNTY OF BUCHANAN

CLAY C. WHITEHEAD, being first duly sworn upon oath, states and
Applicant

deposes that the attached is a true and correct copy of the original
document. NAME OF DOCUMENT THE DEGREE OF DOCTOR OF MEDICINE


SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 6TH day of JUNE, 1994.

(Seal)



NOTARY PUBLIC

JULIE A. BARNETT, NOTARY PUBLIC
STATE OF MISSOURI, BUCHANAN COUNTY
MY COMMISSION EXPIRES OCT. 13, 1996

301 Centennial Mall South • P.O. Box 95007 • Lincoln, Nebraska 68509-5007 • Fax (402) 471-0383

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

ON THE NOMINATION OF THE FACULTY OF THE SCHOOL OF MEDICINE
HAVE CONFERRED UPON

CLAY CARLTON WHITEHEAD

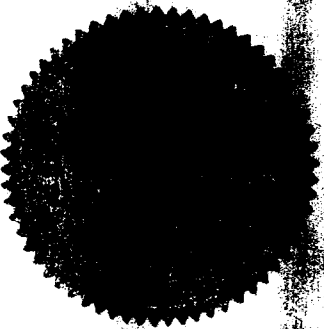
THE DEGREE OF DOCTOR OF MEDICINE

WITH ALL THE RIGHTS AND PRIVILEGES THERE TO PERTAINING

GIVEN AT LOS ANGELES THIS THIRTEENTH DAY OF JUNE IN THE YEAR
NINETEEN HUNDRED AND SIXTY-EIGHT

Rowland P. Rippey
GOVERNOR OF CALIFORNIA AND
PRESIDENT OF THE REGENTS

E. M. Wittke
PRESIDENT OF THE UNIVERSITY



Frank S. Murphy
CHANCELLOR AT LOS ANGELES

Thomas M. Hollister
DEAN OF THE SCHOOL