

Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

PO Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

CONTROLLED SUBSTANCE ADDITIONAL LOCATION
LICENSE APPLICATION

Authority: Public Act

If this form is not complete

PLEASE NOTE: If you only prescribe
you only need one controlled substance
license is required for each business
or dispense controlled substances.
dispense controlled substances in Sched
Automated Prescription System (MAPS)
YOUR ADDITIONAL CONTROLLED
SAME DATE AS YOUR PROFESSIONAL

Tran Info: 530237 18344185-1 02/06/13

Chk#: 3873 Amt: \$55.00

ID: JACOB KALO

Tran Info: 530257 18344185-2 02/06/13

Chk#: 3873 Amt: \$20.00

ID: JACOB KALO

LARA/LPH-095 (04/11)

Tran Info: 430137 18215636-1 12/26/12
Chk#: 3813 Amt: \$120.00
ID: 374785956

Board Use Only

License Number

5315058455

Date of Licensure

2-7-13

Tran Info: 430137 18215636-1 12/26/12

Chk#: 3813 Amt: \$40.00

ID: 374785956

INSTRUCTIONS Type or Print Only

1. ADDRESS CHANGES FOR PRACTITIONERS: If your name and/or address changes please notify the Board in writing. To change a name or address, download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. FEES: If your professional license expires in:

0-12 months the fee is \$85.00(13757) 13-24 months the fee is \$160.00(23757) 25-36 months the fee is \$235.00 (33757)

3. Allow six to eight weeks for your license to arrive.

Your check or money order drawn on a US financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE: (Please Check One):

☐ 29 - 01 DDS 71-5315☒ 43 - 01 MD 71-5315☐ 49 - 01 OD 71-5315☐ 51 - 01 DO 71-5315☐ 59 - 01 DPM 71-5315☐ 69 - 01 DVM 71-5315

FOR LICENSED PROFESSIONAL PRACTITIONERS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? ☐ Yes ☒ No
If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action? ☐ Yes ☒ No

First Name

JACOB

Middle Name

Last Name

KALO

Street Address for Additional Location:

28505 SOUTHFIELD RD

City

LANSING VILLAGE

State:

MI

Zip Code

48276

Michigan Permanent I.D./License Number

JH040053 4301040053-0P

Expiration Date of License

1/31/16

Social Security Number

TYPE OF PHARMACY FACILITY LICENSE: (Please Check One):

☐ 53 - 01 Retail Pharmacy operating automated device in skilled nursing facility 71-5315☐ 58 - 01 Hospital Pharmacy Out-Patient Surgical Facility Only 71-5315

Please list below the information which appears on your PRIMARY FACILITY controlled substance license

Business Name

Michigan Permanent I.D./License Number

Expiration Date of License

Primary Street Address

City

State

Zip Code

I am applying for an additional controlled substance license for the location listed below and declare that the statements and information contained on this application are true.

Signature

Date

Please list below the address for the ADDITIONAL PHARMACY FACILITY controlled substance license

Business Name:

Street Address

City

State

ZIP Code

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.

Michigan Department of Licensing and Regulatory Affairs

Board of Pharmacy

PO Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

LARA/LPH-095 (04/11)

Tran Info: 430137 18215617-1 12/26/12
Chk#: 3814 Amt: \$120.00
ID: 374785956

**CONTROLLED SUBSTANCE ADDITIONAL LOCATION
LICENSE APPLICATION**

Authority: Publ
If this form is not co

PLEASE NOTE: If you only prescri
you only need one controlled s
license is required for each busin
or dispense controlled substance
dispense controlled substances in Sch.
Automated Prescription System (MA
YOUR ADDITIONAL CONTROLLED
SAME DATE AS YOUR PROFESS

Tran Info: 531557 18311767-1 01/24/13

Chk#: 3853 Amt: \$20.00

ID: KALO, JACOB

Tran Info: 531537 18311767-2 01/24/13

Chk#: 3853 Amt: \$55.00

ID: KALO, JACOB

n,
:e
e,
to
n
J),
E

Board Use Only

License Number

5315058314

Date of Licensure

1-29-13

Tran Info: 430137 18215617-1 12/26/12

Chk#: 3814 Amt: \$40.00

ID: 374785956

INSTRUCTIONS Type or Print Only

1. ADDRESS CHANGES FOR PRACTITIONERS: If your name and/or address changes please notify the Board in writing. To change a name or address, download the Data Change/Duplicate License Request Form from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.

2. FEES: If your professional license expires in:

0-12 months the fee is \$85.00(13757) 13-24 months the fee is \$160.00(23757) 25-36 months the fee is \$235.00 (33757)

3. Allow six to eight weeks for your license to arrive.

Your check or money order drawn on a US financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

TYPE OF PROFESSIONAL LICENSE: (Please Check One):

☐ 29 - 01 DDS 71-5315 ☒ 43 - 01 MD 71-5315 ☐ 49 - 01 OD 71-5315
☐ 51 - 01 DO 71-5315 ☐ 59 - 01 DPM 71-5315 ☐ 69 - 01 DVM 71-5315

FOR LICENSED PROFESSIONAL PRACTITIONERS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered? ☐ Yes ☒ No
If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action? ☐ Yes ☒ No

First Name JACOB Middle Name Last Name KALO

Street Address for Additional Location: 11474 E 15 MILE RD City STERLING HILLS State MI Zip Code 48313

Michigan Permanent I.D./License Number 3840053-4301040053-CP Expiration Date of License 11/31/14 Social Security Number [REDACTED]

TYPE OF PHARMACY FACILITY LICENSE: (Please Check One):

☐ 53 - 01 Retail Pharmacy operating automated device in skilled nursing facility 71-5315
☐ 53 - 01 Hospital Pharmacy Out-Patient Surgical Facility Only 71-5315

Please list below the information which appears on your PRIMARY FACILITY controlled substance license

Business Name Michigan Permanent I.D./License Number Expiration Date of License

Primary Street Address

City State Zip Code

I am applying for an additional controlled substance license for the location listed below and declare that the statements and information contained on this application are true.

Signature Date

Please list below the address for the ADDITIONAL PHARMACY FACILITY controlled substance license

Business Name Street Address

City State ZIP Code

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities

State of Michigan
Department of Licensing and Regulation
MEDICAL PRACTICE BOARD
1033 So. Washington Avenue
Lansing, Michigan 48926

LMD-06 (4/74)

(DO NOT WRITE IN THIS SPACE)

JUN 29 1974 76596243 ****25.00

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

FEE \$25.00 Make check or money order, in U.S. currency
payable to:

STATE OF MICHIGAN — MEDICINE

I hereby apply for a Certificate of Registration under Section Eight, Act 185, P.A. of 1973, and Acts
amendatory thereto:

SWORN STATEMENT:

1. Name KALO JACOB
(last) (first) (middle)
2. Place of birth SOFIA BULGARIA Date of birth [REDACTED] Ago [REDACTED]
3. Are you a citizen of the United States? No
4. If not a citizen, what is your visa status in the United States? IMMIGRANT
5. Present mailing address SINAI HOSPITAL of DETROIT, 6767 WEST OUTER DRIVE, DETROIT
6. Permanent residence SINAI HOSPITAL of DETROIT, 6767 WEST OUTER DRIVE, DETROIT.
Name, address, of nearest relative ISRAEL KALO JERUSALEM ST. 12 YAFU TEL-AVIV ISRAEL
7. In what states do you hold a license to practice medicine? ISRAEL
8. Have you ever been denied a license to practice medicine in any state?
9. Military service: Date of Entry 2.2.1966 Date of Discharge 6.2.1976 Branch of service and
particulars ISRAEL AIR FORCE, MEDICAL DOCTOR
Rank CAPTAIN
10. What was your premedical education?
Name and location of institution attended ELEMENTARY GOVERNMENT SCHOOL YAFU 1955 - 1962
HIGH MUNICIPAL SCHOOL "G" YAFU 1962 - 1966

What literary degrees did you obtain, when and from what schools or colleges?
ELEMENTARY SCHOOL ELEMENTARY CARO
HIGH SCHOOL MATRICULATE DEGREE

11. MEDICAL EDUCATION: (Submit dates for each school year)

Day	Month	Year		Day	Month	Year	Name and Address of Medical College
1	10	1968	to	31	9	1969	FACULTY of MEDICINE UNIVERSITY of SIENA ITALY
1	10	1969	to	31	9	1970	FACULTY of MEDICINE, UNIVERSITY of SIENA ITALY
1	10	1970	to	31	9	1971	FACULTY of MEDICINE, UNIVERSITY of SIENA ITALY
1	10	1971	to	31	9	1972	MEDICAL SCHOOL, TEL-AVIV UNIVERSITY ISRAEL
1	10	1972	to	31	9	1973	MEDICAL SCHOOL, TEL-AVIV UNIVERSITY ISRAEL
1	10	1973	to	31	9	1974	MEDICAL SCHOOL, TEL-AVIV UNIVERSITY ISRAEL

**12. POST GRADUATE EDUCATION: NOTE: Please attach complete summary of medical training
and experience since medical school graduation.**

Year		Year	School or Clinic	Degree Obtained
	to			
	to			
	to			
	to			

13. Have you ever attended any other college or school teaching any of the healing arts? No

14. Have you been certified by the Educational Council for Foreign Medical Graduates? YES

Certificate Number NOTE: If yes, please attach properly CERTIFIED COPY

- GOVERNMENT
15. Internship: Rotating at DONOLO ZAHALON V Hospital, located
at YAFU TEL-AVIV, from OCTOBER 1, 1974 to
OCTOBER 30 1975
(Date) (Date)
16. Received degree of Doctor of Medicine from MEDICAL SCHOOL UNIVERSITY of TEL-AVIV
ISRAEL, on TEL-AVIV day of JUNE 17, 1976
17. Have you carefully read Michigan Medical Practice Act No. 185 as amended? YES
18. Have you ever been convicted of any crime in any state? No
19. Have you ever been connected, directly or indirectly, with any concern, company, institution, or in-
dividual medical advertising organization? No
20. Do you hereby agree, should a certificate of registration or license be granted entitling you to practice
medicine and surgery in the State of Michigan, not to become connected, directly or indirectly, with any
medical concern, company, institute, advertising specialty or advertising specialist? YES
21. Do you unreservedly agree to comply with all the provisions in the laws governing the practice of medi-
cine in Michigan? YES
22. Have you been examined by the National Board or any State Board of Medicine? No
- If so, are you licensed in any state? _____

(Signed) Dr. Jacob Kalo

AFFIDAVIT OF APPLICANT

State of _____ }
County of _____ } ss.

Dr. JACOB KALO, being duly sworn, deposes and says that he is
the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the
State of Michigan; that he has read the foregoing application and knows the contents thereof and swears
the same to be true.

Dr. Jacob Kalo
Signature of applicant in my
Subscribed and sworn to before me, Dr. Samuel Degen
a Notary Public, this 15th day of June, 1976
Address Shushat Beit str 6 Tel Aviv
My Commission expires 31.12.1976

Photo of applicant (3" x 3") taken within
60 days next preceding the date of the
application, must be attached here.

I hereby certify that the photograph hereto attached is a
genuine likeness of Dr. Jacob Kalo

Tel Aviv, Israel



Dr. Samuel Degen
Notary

NOTE: No application will be accepted without proper completion of this portion by your medical school (Sec. 23). This applies to all applicants.

23. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

In the application of KALO JACOB for Residency training in SINAI Hospital, of DETROIT, dated JUNE 13th, 1976.

I hereby certify that I have reviewed the answers of the above named applicant. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that said applicant is of good moral and professional character.

I further certify that KALO JACOB, M.D.



matriculated in the MEDICAL SCHOOL UNIVERSITY of TEL-AVIV ISRAEL, Date 1971, and was graduated JUNE 17, 1976, at which time he was M.D.

The degree, Bachelor of Medicine, is conferred upon completion of four years of medical school, further state these conditions and time the degree, Doctor of Medicine, will be granted.

Dr. Kalo was admitted to the fourth year of our 6 year medical program after having previously studied three years of medicine in Siena-Italy. Dr. Kalo has completed a year of rotating internship and has already submitted his M.D. Thesis, which has been approved. The M.D. degree will be conferred upon him on June 17th, 1976.

Dated at Tel-Aviv this 13th day of June, 1976.

Signature of Dean, Secretary or Registrar

Prof. E. Bylan
Associate Dean

Tel-Aviv University Sackler School of Medicine
Name and address of medical college
Ramat-Aviv, Tel-Aviv, Israel.

(SEAL)
Seal of college must be attached



24. HOSPITAL INTERNSHIP:

(This space should be left blank if the required one year of rotating internship has not been completed at the date the application is submitted)

I hereby certify that Dr. KALO JACOB satisfactorily served a rotating internship in WONLO ZHALON GOVERNMENT YAFFO Hospital, from the 1 day of OCTOBER, 1974, to the 30 day of OCTOBER, 1975.

Date 11-6-76 M. RAVID M.D.
MEDICAL DIRECTOR
(SEAL) Yaffo Government Hospital
P.O.B. 41075 TEL AVIV
ISRAEL

(Signed) M. Ravid
(Medical Director or Superintendent)
Yaffo Government Hospital
(Name of hospital)
T.A. - Yaffo, P.O.B. 41075
(Address of hospital)

25. CERTIFICATION OF MEDICAL DIRECTOR OR SUPERINTENDENT OF MICHIGAN TRAINING HOSPITAL

This certifies that Jacob Kalo

has been appointed to the position of INTERN OB/GYN RESIDENT IN Sinai Hospital of Detroit beginning July 1, 1976 and ending June 30, 1977

(SEAL)

Signature of Medical Director or Superintendent

Sydney C. Peimer
Vice President/Administration

26. INSTRUCTIONS TO APPLICANTS:

1. This application will not be accepted unless properly signed and sworn to by the applicant and endorsed by the medical director or superintendent of the hospital in which service is requested.
 2. This application must be completed and on file in the office of the Secretary of the Michigan State Board of Registration in Medicine on or before July 1 of the year in which permit is requested.
 3. Material omissions covering questions in this application will bring the applicant under the provisions of Section 3, Subdivision Second of Act No. 172, P. A. of 1932.
 4. The annual registration fee of \$25.00 must accompany the application, and should be transmitted by CHECK, EXPRESS or MONEY ORDER. No responsibility will be assumed for fees transmitted in any other manner.
 5. Before issuance of a license, a personal appearance with medical school diploma may be required.
- If after a license has been issued on this application, it is ascertained that misrepresentation of facts, or fraudulent statements have been made, the license so issued will be immediately revoked by this Board and the applicant becomes subject to prosecution.

RECORD OF PERMITS ISSUED

Permit No. 1

7-19-76
Number T 31350 for Sinai Hospital
Effective Date from July 1, 19 76 to June 30, 19 77

Permit No. 2

8/9/77
Number T 33292 for Sinai Hosp of Detroit Hospital
Effective Date from July 1, 19 77 to June 30, 19 78

Permit No. 3

6-15-78
Number T 33976 for Sinai Hospital
Effective Date from July 1, 19 78 to June 30, 19 79

Permit No. 4

Number _____ for _____ Hospital
Effective Date from July 1, 19 _____ to June 30, 19 _____

Permit No. 5

Number _____ for _____ Hospital
Effective Date from July 1, 19 _____ to June 30, 19 _____



WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

P. O. BOX 30018

905 SOUTHLAND, LANSING, MICHIGAN 48909

Telephone Area Code 517 373-0680

Macpb Kalo, M.D.
17200 Whitecomb, Apt. #222
Detroit, MI 48235

BOARD MEMBERS

John R. Wilson, M.D., President
Donald H. Kuiper, M.D., Vice President
Mrs. Margaret Thoms, Secretary
F. Ann Pillote, M.D.
James C. Breneman, M.D.
Carol E. Pearson, M.D.
James W. Burdick, Esq.
Arthur Majewski, Esq.
John F. Fennessey, M.D.
James L. Fenton, M.D.
Alma R. George, M.D.
Henry A. Kallat, M.D.
Addison E. Prince, M.D.

Dear Doctor:

Your name has been placed on the eligible roster to write the Michigan State Board FLEX Examination on Tuesday, Wednesday and Thursday, June 13, 14, 15, 1978.

You are to report on Tuesday morning at 8:00 a.m. at the DETROIT EAST LIGHT GUARD ARMORY, located at 4400 East Eight Mile Road, Detroit, Michigan. This is three (3) miles east of Woodward and 1½ miles east of I-75. Parking is free on Armory grounds.

THE EXAMINATION WILL BE HELD IN THE EXHIBITION HALL.

ATTENTION:

NO APPLICANT WILL BE ADMITTED TO THE EXAMINATION WITHOUT THIS LETTER AND ATTACHED PHOTOGRAPH.

Please bring with you three (3) soft lead pencils.
Pens will not be permitted.

YOUR MICHIGAN IDENTIFICATION NUMBER IS 156

YOUR SEAT NO. IN THE EXAMINATION HALL 156

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan
Bert C. Brennan, Executive Director

CANCELLATIONS: IF IT IS NECESSARY FOR YOU TO CANCEL PLEASE RETURN THIS LETTER BEFORE THE EXAMINATION.

RESULTS OF THE EXAMINATION: You will be notified BY MAIL within 12 weeks regarding the results of this examination.
YOU ARE REQUESTED NOT TO CONTACT THIS OFFICE BY TELEPHONE CONCERNING THE RESULTS.





WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD
P. O. BOX 30018
905 Southland Street, LANSING, MICHIGAN 48909
Telephone Area Code 517 373-0680

BOARD MEMBERS

Frederick W. VanDyke, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kulper, M.D., Secretary
Donald F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thoms
James C. Brennan, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeny, Jr., M.D.
Paul T. Lahti, M.D.
James W. Burdick, Esq.

August 21, 1978

TO: Jacob Kalo, M.D.
17200 Whitcomb, Apt. #222
Detroit, Mich. 48235

Dear Doctor:

This is to advise you that you were successful in writing the Michigan State Board FLEX examination on June 13, 14, 15, 1978.

✓ This now completes your requirements for Michigan medical licensure and we will issue your license and forward it on to you within the next 60 days. PLEASE ADVISE THIS OFFICE IMMEDIATELY IF YOU PLAN TO CHANGE YOUR ADDRESS AT THIS TIME.

Your Michigan medical license will be issued when you have submitted the following:

- Certification of one year of postgraduate AMA approved training (Form enclosed)
- Complete resume of training and experience since graduation from medical school.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan
Bert C. Brennan
Executive Director

KALO
JACOB

ST. BO. NO. 00156
TP. NO. 15926

FLEX WEIGHTED AVG

ANAT. PHYS. BIOL. PATH. MICR. PHAR. BEH. S.

BAS SCI

MED. SURG. OB. PH. PED. PSY.

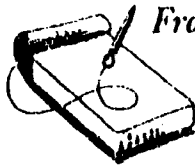
CLIN SCI

CLINICAL COMPETENCE

AVG 1

AVG 2

AVG 3



From the desk of

JACOB KALO M.D.

RECEIVED

MAR 27 1978

Dept. of Lic. & Reg.

Dear Sir

According to your request
enclose two Photographs.

Please waiting for more
details about Location
of date of the exam.

Yours.
J. Kalo.



WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

Nov. 21, 1977

Jacob Kalo, M.D.
17200 Whitcomb, Apt. #222
Detroit, Michigan 48235

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

P. O. BOX 30015

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48909

Telephone Area Code 517 373-0680

NEW ADDRESS
905 SOUTHLAND

BOARD MEMBERS

Frederick W. VanDuyne, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kulper, M.D., Secretary
Donald F. Sarapo, M.D.
F. Ann Pilote, M.D.
Mrs. Margaret Thoms
James C. Brennan, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeney, Jr., M.D.
Paul T. Lahl, M.D.
James W. Burdick, Esq.

Dear Doctor:

Your name has been placed on the eligible roster to write the Michigan State Board FLEX Examination on Tuesday, Wednesday, and Thursday, December 6, 7, 8, 1977.

You are to report on Tuesday morning at 8:00 a.m. to the MAIN AUDITORIUM of the Civic Center, 505 W. Allegan, Lansing, Michigan (downtown Lansing.)

ATTENTION:

NO APPLICANT WILL BE ADMITTED TO THE EXAMINATION WITHOUT THIS LETTER AND ATTACHED PHOTOGRAPH.

Please bring with you three (3) soft lead pencils.
Pens will not be permitted.

YOUR MICHIGAN IDENTIFICATION NUMBER IS

144

YOUR SEAT NUMBER IN THE AUDITORIUM IS

144

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan, Executive Director

RESULTS OF THE EXAMINATION:

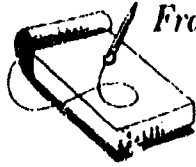
You will be notified BY MAIL within 12 weeks regarding the results of this examination. YOU ARE REQUESTED NOT TO CONTACT THIS OFFICE BY TELEPHONE CONCERNING THE RESULTS.

PLEASE KEEP THIS OFFICE INFORMED OF ANY CHANGE IN YOUR ADDRESS.



EQUAL OPPORTUNITY EMPLOYER





From the desk of

JACOB KALO M.D.

17200 Whitcomb apt #222
Detroit Michigan 48235

Dear S.L.

Due to weather condition I was not
able to attend the Flex Exam
in December 1977.

Please place my name on the
eligible roster for the examination
to be held June 1978.

As I was told no fee should
be added.

RECEIVED

MAR 20 1978

DEPT. OF LIC. & REG.

J. Kalo

מס. 41/76

CERTIFICATION OF TRANSLATION

אישור תרגום

I, the undersigned, *D. S. Dagoni*
Notary at *Tel Aviv, Israel*

אני הח"מ, *ד. ש. דגוני*
נוטריון ב *תל אביב*

hereby declare that I am well acquainted
with the *Hebrew* and *English*
languages and that the document attached
hereto and marked "A" is a correct *English*
translation (prepared by me) of the original
document, drawn up in the *Hebrew*
language, which has been produced to me,
and copy of which is attached
(See "B")

מצהיר כי אני שולט היטב בשפות *העברית והאנגלית*
וכי המסמך המצורף להמסומן *א*
באות "א" הוא תרגום *אנגלי*
מדויק (שהוכן עליידי) של המסמך המקורי הערוך
בשפה *העברית* שהוצג בפני.
ואשר העתק ממנו מצורף
(ראה "ב")

In witness whereof I certify the correctness
of the said translation by my signature and
seal this *17th* day of *June* 1976

ולראיה הנני מאשר את דיוק התרגום הנ"ל בחתימת
די ובחותמי.
היום יום *17* לחודש *יוני* 1976

I. L. *15* fees paid

שכר בסך ל"י *15* שולם.

חותם הנוטריון
Notary's Seal

חתימה
Signature



"A" "S"

Translation from the Hebrew.

Ministry of Health

Permit

to engage in the Profession of Medicine

By virtue of the powers in accordance with Para. 5 of the Law regarding the profession of medicine, 1947, permit is hereby granted to

Jacco Kalo

holder of the Diploma from the University of Tel Aviv dated 6.6.1976 to engage in the profession of Medicine in accordance with the Orders, Regulations, Laws of the State of Israel and the instructions of the Ministry of Health in force or which will be in force in regard to the profession of medicine.

Given under my signature on the 7.6.1976

Seal of Ministry of Health

(-) Director General
Ministry of Health

no. registration Dr.12021



משרד הבריאות

ר ש י ו ן

לעסוק בהקצוע הרפואה

בתוקף הסמכויות לפי סעיף 5 של פקודת המתעסקים ברפואה,
1947,

ניתנת בזה רשות ל _____ יעקב קלו
בעל(ת) דיפלומה מהאוניברסיטה _____ תל-אביב
מתאריך 6.6.76 לעסוק במקצוע הרפואה בהתאם לפקודות,
לחוקים, ולתקנות של מדינת ישראל וההוראות של משרד
הבריאות, שהם תקפים או יהיו תקפים לגבי העיסוק במקצוע
הרפואה.

ניתן בחתימת ידי ביום _____ ס' לחודש _____ ט"ז שנת _____ חש"ו
7.6.1976

המנהל הכללי
של משרד הבריאות

(חותמת)

מס' הרישום:

דר' 12021 №

9/27/11

Dear Sir,

Because of the lack of time, & the special location of my Medical school (University of Tel Aviv Israel) It won't be possible for me to get the Dean's Signature.

Instead I am adding a copy of my Diploma, (the original diploma is at my residence) & a copy of my license to practice Medicine in Israel.

Of Course a check of \$ 105~~00~~ dollars is included

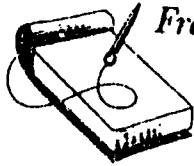
Sincerely J Kohn M.D.

AFTER 5 DAYS RETURN TO

Jacob Kato M.D.
17200 Whitcomb #222
Detroit, Mich. 48235

ZIP CODE

500 0 M



From the desk of

JACOB KALO M.D.

(General Hospital of Detroit)

RECEIVED

AUG 5 1977

DEPT. OF LIC. & REG.

Dear Sir

Please send me an Application
Form for the next Flex
exam 1977.

(I am taking New typing licence)

Sincerely

J. Kalo M.D.

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD
P.O. Box 30018
1033 S. Washington Avenue, Lansing, Michigan 48909

40053

8-25-78

SEP 28 1 77810543 ***105.00

(DO NOT WRITE IN THIS SPACE)

EXAMINATION APPLICATION

FEE \$105.00 - Make check or money order, in U.S. currency,
payable to: STATE OF MICHIGAN - MEDICINE

NAME OF APPLICANT (last) (first) (middle)
17200 Whitcomb apt #122 Detroit 48235 Michygn
Bulgaria.

PLACE OF BIRTH

Approved by _____

INSTRUCTION TO APPLICANT

1. If additional space is necessary, use back of application.
2. The application must be completely filled out.
3. The affidavit must be properly completed.
4. Before a license is issued, a personal appearance before the Board may be required.
5. Examination dates and locations will be determined by the Board.

WHERE DO YOU INTEND TO PRACTICE?

Detroit Michigan

YES

NO

1. Are you a citizen of the United States?

☐☒

If "NO", check one of the following which is applicable:

a. Hold official declaration
of intention no. _____ Dated _____

b. Hold Permanent Visa No. _____ Date of Issue _____

c. Other (Please Explain) _____

2. Have you ever been convicted of any crime in any state?

☐☒

If "YES", give details.

3. Have you been examined by the National Board or any
State Board of Medicine?

☐☒

If "YES", give details.

4. Do you hold a license to practice medicine in any state
or states?

☒☐

If "YES", give states

ISRAEL

5. Have you been a member of any branch of the Armed Forces?

☐☒

If "YES", give dates of service and branch.

6. Have you been connected directly or indirectly with any concern,
company, institution or individual medical advertising organization?

☐☒

If "YES", give details

7. EDUCATIONAL RECORD

	NAME AND LOCATION OF INSTITUTION ATTENDED	Mo/Yr	DATES OF ATTENDANCE	Mo/Yr	Degrees Obtained
PREMEDICAL EDUCATION High School	Tichon Ironi - Jaffa Israel	10/1962	TO	10/1966	Maturational Certificate
	University of Siena Italy Medical School	10/1969		10/1972	
MEDICAL EDUCATION (Submit Dates for Each School Year)	TEL AVIV University Medical School	10/1972		10/1975	M.O. Diploma.
POST GRADUATE EDUCATION	OB/Gyn Sinai Hospital of Detroit	7/1/76		9/27/77	PGT/PGT

Note: Please attach complete summary of medical training and experience

Have you ever attended any other college or school teaching any of the healing arts?

YES ☐ NO ☐

If "YES" give name and location of school.

INTERNSHIP

TYPE

☐ ROTATING

☐ MIXED

☒ STRAIGHT

NAME OF HOSPITAL

DATES OF INTERNSHIP

FROM:

7/1/1976

TO:

6/30/1977

ADDRESS OF HOSPITAL

Outer Drive Detroit 48235

DEGREE OF DOCTOR OF
MEDICINE RECEIVED FROM:

NAME OF MEDICAL SCHOOL

TEK MED University Medical School

DATE RECEIVED

6/1976

8. AFFIDAVIT OF APPLICANT

STATE OF

COUNTY OF

DATE

being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

J. Kalo M.D. *[Signature]*
Signature of Applicant in Full

Subscribed and sworn to before me
NOTARY PUBLIC

this 27 day of
September 1977

Dorothy H. Rowinski
acting in Wayne
MY COMMISSION EXPIRES

PAPERCLIP THREE PHOTOGRAPHS (3" x 3")
OF APPLICANT HERE. PHOTOS MUST HAVE
BEEN TAKEN WITHIN THE LAST 60 DAYS.
ENDORSE PHOTOS ACROSS THE FRONT
WITH YOUR SIGNATURE.

DOROTHY H. ROWINSKI
Notary Public, Oakland County, Mich.
My Commission Expires Sept. 3, 1980

9. HOSPITAL INTERNSHIP / OR FIRST YEAR RESIDENCY 1976-77

(This space should be left blank if the required internship has not been completed at the date the application is submitted)

I hereby certify the Dr. Jacob Kalo.

satisfactorily served twelve months

straight
(Rotating or mixed or straight)

residency

internship in Sinai of Detroit

Hospital from

7/1/1976

6/30/1977
(DATE)

(CHECK ONE OF ABOVE)

SEAL

ADDRESS OF HOSPITAL

Sinai Hospital of Detroit
6767 W. Outer Drive
Detroit, MI 48235

DATE

Sept. 27, 1977

SIGNATURE OF MEDICAL DIRECTOR, SUPERINTENDENT
OR CHIEF OF STAFF

[Signature]

Sydney C. Peimer, Vice President/Administration

10. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

I hereby certify that I have reviewed the answers in the above application. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that I am unaware of information that would suggest that said applicant is not of good moral and professional character.

I further certify that Jacob Kalo, M.D. matriculated in the Medical School Tel-Aviv University
(Name and Address of Medical School) Israel
on 7/1975 (Date) and was graduated 6/1976 (Date), at which time, he was granted the
degree of M.D. If the degree, Bachelor of Medicine is conferred upon completion of
four years of medical school, further state the conditions and time the degree, Doctor of Medicine will be granted.

SEAL

NAME AND ADDRESS OF MEDICAL SCHOOL

DATE

SIGNATURE OF DEAN, SECRETARY OR REGISTRAR

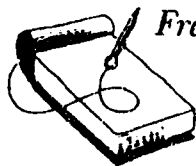
Note: No application will be accepted without proper completion of this portion (Sec. 10)

11. REFERENCES

Names and addresses of three legally registered practitioners of medicine in good standing to whom reference may be made if necessary, relative to applicant's moral and professional character:

	NAME		ADDRESS
1.	<u>Alfred E Sherman</u>	M.D.	<u>4517 Bloughton Birmingham 48010 Michigan</u>
2.	<u>Milton Galtz</u>	M.D.	<u>31074 Oakleaf Franklin 48025 Michigan</u>
3.	<u>Donald Bluff</u>	M.D.	<u>6675 Alderly way West Bloomfield 48033 Michigan</u>

DO NOT WRITE IN THIS SPACE



From the desk of

JACOB KALO M.D.

August 2nd

4 8 77 14443 ***2500

Dear Sir,

Enclose please find
\$25.-, for the renewal
of temporary annual
license.

Appointment signed by
chairman of education
(Dr. A Sherman) was already
sent.

Jacob Kalo M.D.

May 3, 1977

MEMORANDUM

TO: Marty Blackwell

FROM: Gen Dionise

RE: Jacob Kalo, M.D.

As requested I am sending you a copy of the complete temporary license file on Dr. Kalo. You do not need to return this to us.

MAY 17 8 78974443 ***25.00



WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

P. O. BOX 30018

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48909

Telephone Area Code 517 373-0600

May 1, 1978

TO: Jacob Kalo, M.D.
Sinai Hospital of Detroit
6767 W. Outer Dr.
Detroit, Michigan 48235

BOARD MEMBERS

Frederick W. VanDuyn, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kuiper, M.D., Secretary
Donato F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thomas
James C. Breneman, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeny, Jr., M.D.
Paul T. Lahri, M.D.
James W. Burdick, Esq.

SUBJECT: RENEWAL OF MICHIGAN TEMPORARY LICENSE FOR
POSTGRADUATE TRAINING

Our records indicate that your 1977-78 Temporary License for Postgraduate Training will expire on June 30, 1978.

If you plan to continue your training in Michigan beyond that date please have the "CERTIFICATION OF TRAINING" form, which you will find on the reverse side of this letter, completed by your training hospital and return this together with the \$25.00 renewal fee PRIOR TO JUNE 30, 1978.

TEMPORARY LICENSES FOR 1978-79 will be issued during the last week in June and forwarded to you in care of your training hospital.

IF YOU DO NOT INTEND TO CONTINUE YOUR TRAINING IN MICHIGAN BEYOND JUNE 30, 1978 PLEASE INDICATE TERMINATION DATE AND FORWARDING ADDRESS BELOW, AND RETURN THIS NOTICE TO THIS OFFICE AS SOON AS POSSIBLE.

Termination date of service _____

FORWARDING ADDRESS:

FROM: MICHIGAN MEDICAL PRACTICE BOARD
Bert C. Brennan, Executive Director

NOTE: Make checks payable to: State of Michigan - Medicine

NOTE NEW ADDRESS: 905 Southland, P.O. Box 30018
Lansing, Mich. 48909



EQUAL OPPORTUNITY EMPLOYER

MICHIGAN MEDICAL PRACTICE BOARD
905 Southland ., Lansing, Mich. 48909

Bert C. Brennan, Executive Director

CERTIFICATION OF TRAINING APPOINTMENT:

This certifies that Jacob Kalo M.D.
has been appointed to the position of:

Categorical 1st year in _____

Categorical* 1st year in _____

Flexible 1st year _____

Resident in OB/Gyn PG III

Name of Hospital Sinai Hospital of Detroit

beginning 7/1/78 and ending 6/30/79

Date 5/15/78



ALFRED I. SHERMAN, M.D., FACOG
Director of Medical Education
(Please type name below signature)

MICHIGAN MEDICAL PRACTICE BOARD
1033 So. Washington Ave., Lansing, Mich. 48909

Bert C. Brennan, Executive Director

CERTIFICATION OF TRAINING APPOINTMENT:

This certifies that _____ Jacob Kalo, _____ M.D.

has been appointed to the position of:

Categorical 1st year in _____

Categorical* 1st year in _____

Flexible 1st year _____

Resident in _____ Obstetrics and Gynecology

Name of Hospital _____ Sinai Hospital of Detroit

beginning _____ July, 1976 _____ and ending _____ July, 1979 _____

Date _____ May 9, 1977 _____

A. I. Sherman

A. I. Sherman

Director of Medical Education
(Please type name below signature)



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD

1023 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 517 373-0680

May 1, 1977

TO: Jacob Kalo, M.D.
Sinai Hospital
8787 W. Outer Drive
Detroit, Mich. 48235

SUBJECT: RENEWAL OF MICHIGAN TEMPORARY LICENSE FOR
POSTGRADUATE TRAINING

Our records indicate that your 1977-78 Michigan Temporary license for postgraduate training will expire on June 30, 1977.

If you plan to continue your training in Michigan beyond the date please have the "CERTIFICATION OF TRAINING" form, which you will find on the reverse side of this letter, completed by your training hospital and return this together with the \$25.00 renewal fee PRIOR TO JUNE 30th.

TEMPORARY LICENSES FOR 1977-78 will be issued during the last week in June and forwarded to you in care of your training hospital.

IF YOU DO NOT INTEND TO CONTINUE YOUR TRAINING IN MICHIGAN BEYOND JUNE 30, 1977 PLEASE INDICATE TERMINATION DATE AND FORWARDING ADDRESS BELOW, AND RETURN THIS NOTICE TO THIS OFFICE AS SOON AS POSSIBLE.

Termination date of service _____

FORWARDING ADDRESS:

FROM: MICHIGAN MEDICAL PRACTICE BOARD
Bert C. Brennan, Executive Director

NOTE: Make checks payable to: State of Michigan - Medicine

BOARD MEMBERS

Frederick W. VanDuyn, M.D., President
John R. Wilson, M.D., Vice President
John W. Moses, M.D., Secretary
Donato F. Sarapa, M.D.
E. Ann Dillitz, M.D.
Mrs. Margaret Thomas
James C. Breneman, M.D.
Osble J. Herald, M.D.
Donald H. Kulper, M.D.
Carol E. Pearson, M.D.
Robert C. Prohater, M.D.



MICHIGAN The Great Lake State



RECEIVED
MAY 10 1977

DEPT. OF LIC. & REG.

Educational Commission for Foreign Medical Graduates

CERTIFIES THAT

JACOB KALO

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATION JULY 23, 1975

AND HAS BEEN AWARDED CERTIFICATE NO. 227-475-1

Pauline B. Golden

Pauline B. Golden

Notary Public

Oakland Acting in Wayne County

My Commission Expires May 4, 1980

ISSUED

June 24, 1976

PHILADELPHIA, PENNSYLVANIA



John G. L. ...
PRESIDENT

Ray L. ...
DIRECTOR

SINAI HOSPITAL of DETROIT

6767 WEST OUTER DRIVE • DETROIT, MICHIGAN 48235 • 313 / 272-6000

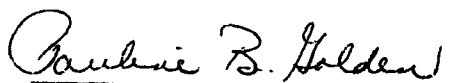
July 12, 1976

JUL 19 1976

DEPT. OF LIC. & REG.

To Whom It May Concern:

This will certify that the enclosed copies of the ECFMG
Certificate and medical diploma from Universitas Tel-Avivensis
issued to Dr. Jacob Kalo are true copies of original documents
witnessed in my presence.



Pauline B. Golden
Notary Public

Oakland County Acting in Wayne County

My Commission Expires May 4, 1980

אוניברסיטת תל-אביב
הפקולטה לרפואה
בית הספר לרפואה על שם סאקלר

universitas tel-avivensis
ordo medicorum
schola medicinae Sackleriana

רקטור האוניברסיטה
ודיקאן הפקולטה לרפואה
מעניקים למר
יעקב קאלו
את התואר

nos universitatis rector
et ordinis medicorum decanus
in dominum clarissimum
Jacob Kalo

דוקטור לרפואה

לאחר שסיים
את חוק לימודיו
ועמד בבחינות כנדרש

iura et honores contulimus
postquam cursu studiorum absoluto
examina legitima sustinuit

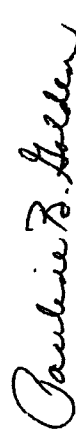
doctoris medicinae

תל-אביב, ביום י"ט לחודש סיון תשל"ז 17 ביוני 1976

tel-aviv, die xvii mensis iunii anni mcm lxxvi


ordinis decanus


universitatis rector



Pauline B. Golden
Notary Public
Oakland Acting in Wayne County
My Commission Expires May 4, 1980



STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0680

WILLIAM G. MILLIKEN, Governor

BEVERLY J. CLARK, Director

July 6, 1976

Jacob Kalo, M.D.
Sinai Hospital of Detroit
6767 W. Outer Drive.
Detroit, MI 48235

BOARD MEMBERS

Frederick W. VanDyke, M.D., President
John R. Wilson, M.D., Vice President
John W. Moses, M.D., Secretary
Donato F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thoms
James C. Braneman, M.D.
Osble J. Herald, M.D.
Donald H. Kulper, M.D.
Carol E. Pearson, M.D.
Robert C. Prophater, M.D.

This will acknowledge receipt of the following:

_____ Completed ☒ Incomplete temporary license application
_____ Certified ☐ Uncertified copies of medical credentials
☒ \$25.00 fee
_____ \$25.00 renewal fee for temporary license

_____ Your Michigan temporary license for postgraduate training for 1976-77 will be issued during the last week in June and forwarded to you in care of your residency hospital.

_____ YOUR APPLICATION IS INCOMPLETE FOR THE FOLLOWING REASONS:

_____ \$25.00 fee not submitted. Please submit with this letter and make check payable to State of Michigan-Medicine

_____ Must submit complete resume of training and experience since graduation from medical school.

_____ Section #23 not completed by the Dean of your Medical School. This is a Board requirement and must be complied with. Second form is enclosed for forwarding to your medical school

☒ Must submit certified copy of original ECFMG Certificate (*copy being returned*)

☒ Must submit certified copy of original Medical Diploma. (if diploma is not in English, please submit certified English translation) (*Copy being returned*)

_____ Section #25 - Medical Director's Certification - concerning training appointment, not completed. Supplemental form enclosed for completion

_____ Must submit letter from the Dean of your medical school certifying the date on which you completed the academic requirements for your M.D. degree, and that the awarding of your M.D. degree awaited only the occurrence of the commencement exercises.

_____ Must submit certification of _____ training (form enclosed)



MICHIGAN MEDICAL PRACTICE BOARD
Bert C. Brennan, Executive Director

MICHIGAN The Great Lakes State



BERLITZ TRANSLATION SERVICE
A DIVISION OF THE BERLITZ SCHOOLS OF LANGUAGES OF AMERICA, INC.



No. 228

4050 WEST MAPLE ROAD
BIRMINGHAM, MICH. 48010

PHONE: (313) 642-9335

This is to certify that the translation No. 228 from Hebrew into English is a true and accurate rendition of the document presented to us, to the best of our knowledge and ability.

BERLITZ TRANSLATION SERVICE

Patricia Gutierrez

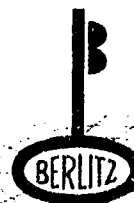
Subscribed and sworn before me the 15th day of July, 1976,

THE NOTARY PUBLIC

Gerald T. Vayko

GERALD T. VAYKO
Notary Public Oakland County, Mich.
Acting in Wayne County, Mich.
My Commission Expires Sept. 21, 1976

BERLITZ TRANSLATION SERVICE
A DIVISION OF THE BERLITZ SCHOOLS OF LANGUAGES OF AMERICA, INC.



No. 228

1050 WEST MAPLE ROAD
BIRMINGHAM, MICH. 48010

PHONE: (313) 642-9335

UNIVERSITY OF TEL AVIV

The Faculty of Medicine

The Sakler Medical School

The Rector of the University and the Dean of the Faculty of
Medicine hereby confer on Mr. Jacob Kalo the title of:

DOCTOR OF MEDICINE

after he has completed the course of studies and passed the
required examination of M. D.

Tel Aviv, June 17, 1976

(signature)
The Dean

(signature)
The Rector

Seal of the University



WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD
P. O. BOX 30018
905 SOUTHLAND, LANSING, MICHIGAN 48909
Telephone Area Code 517 373-0680

BOARD MEMBERS

John R. Wilson, M.D., President
Donald H. Kuiper, M.D., Vice President
Mrs. Margaret Thoms, Secretary
F. Ann Pillote, M.D.
James C. Breneman, M.D.
Carol E. Pearson, M.D.
James W. Burdick, Esq.
Arthur Majewski, Esq.
John F. Fennessey, M.D.
James L. Fenton, M.D.
Alma R. George, M.D.
Henry A. Kallet, M.D.
Addison E. Prince, M.D.

51 40053
KALO, JACOB
17200 WHITCOMB #222
DETROIT MI
48235

82

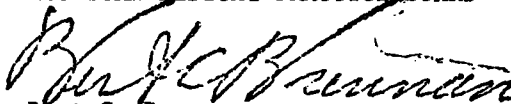
NOV 8 1978

Dear Doctor:

We are enclosing herewith the engraved certificate of your Michigan medical licensure which is to be framed and conspicuously displayed in your business office or consultation room.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD


Bert C. Brennan
Executive Director

Encl.
1st class mail

NOTE: YOU ARE REMINDED TO KEEP THIS OFFICE INFORMED OF ANY CHANGE
IN YOUR ADDRESS





WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD
P. O. BOX 30018
905 SOUTHLAND, LANSING, MICHIGAN 48909
Telephone Area Code 517 373-0680

August 28, 1978

Jacob Halo, M.D.
17200 Whitcomb, Apt. #222
Detroit, Mich. 48235

BOARD MEMBERS

John R. Wilson, M.D., President
Donald H. Kulper, M.D., Vice President
Mrs. Margaret Thoms, Secretary
F. Ann Pillote, M.D.
James C. Breneman, M.D.
Carol E. Pearson, M.D.
James W. Burdick, Esq.
Arthur Majewski, Esq.
John F. Fennessey, M.D.
James L. Fenton, M.D.
Alma R. George, M.D.
Henry A. Kullet, M.D.
Addison E. Prince, M.D.

Dear Doctor:

We are enclosing a certified copy of your Michigan medical registration
40053 dated August 25, 1978

This certificate will enable you to practice legally and apply for your
Controlled Substances Registrations, membership in your county medical
society, and hospital staff privileges.

The engraved certificate of Michigan medical licensure, which is to be
framed and conspicuously displayed in your business office or
consultation room, will be ordered and forwarded as soon as it can
be hand inscribed and the seal and signatures affixed. This usually
takes about four to six months.

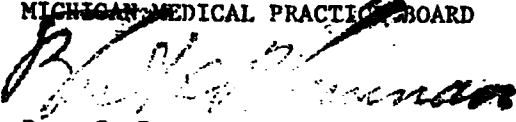
PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN
ADDRESS OTHER THAN THE ONE USED ABOVE.

PLEASE NOTE ENCLOSURES:

1. Re: Annual Re-registration of your medical license in Michigan
2. Re: Registration for controlled substances in Michigan
3. Re: Continuing medical education requirement

Sincerely

MICHIGAN MEDICAL PRACTICE BOARD


Bert C. Brennan
Executive Director

Encls.





WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

NEW ADDRESS

MEDICAL PRACTICE BOARD 905 SOUTHLAND
P. O. BOX 30018
1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48909
Telephone Area Code 517 373-0680

BOARD MEMBERS

Frederick W. VanDuyn, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kulper, M.D., Secretary
Donato F. Sarapa, M.D.
F. Ann Pilote, M.D.
Mrs. Margaret Thomas
James C. Brensman, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeney, Jr., M.D.
Paul T. Lohil, M.D.
James W. Burdick, Esq.

March 27, 1978

Jacob Kalo, M.D.
17200 Whitcomb, Apt. #222
Detroit, Mich. 48235

Dear Doctor:

We have ~~received~~ your: ☒ FLEX examination application
☐ Certified medical credentials
☐ Complete curriculum vitae
☐ \$105.00 fee
☐ Photographs
☐ Fingerprints

☒ Your name will be placed on the eligible roster for the examination scheduled to be held on June 13,14,15,1978 in Detroit. Your admission letter, and information concerning time and place of the examination, will be forwarded to you about May 25, 1978. PLEASE KEEP US INFORMED OF ANY CHANGE IN YOUR ADDRESS.

WE WILL AWAIT RECEIPT OF:

☐ FLEX examination application
☐ \$105.00 fee. (Please make check payable to State of Michigan - Medicine and submit with this letter)
☐ Photographs (3x3) endorsed with your personal signature
☐ Medical credentials returned herewith for certification by a Notary Public that they are true copies of the original documents.
☐ Complete resume of training and experience since graduation from medical school
☐ Certification of one year of AMA approved postgraduate training.
☐ Fingerprints, see enclosed memorandum

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan, Executive Director



EQUAL OPPORTUNITY EMPLOYER



WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

NEW ADDRESS

MEDICAL PRACTICE BOARD 905 SOUTHLAND
P. O. BOX 30018
1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48909
Telephone Area Code 517 373-0680

BOARD MEMBERS

Frederick W. VanDuyn, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kuiper, M.D., Secretary
Donato F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thomas
James C. Breneman, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeny, Jr., M.D.
Paul T. Lahn, M.D.
James W. Burdick, Esq.

March 21, 1978
Jacob Kalo, M.D.
17200 Whitcomb, Apt. #222
Detroit, Mich. 48235

Dear Doctor:

We have ~~received~~ your:

☒ FLEX examination application
☐ Certified medical credentials
☐ Complete curriculum vitae
☐ \$105.00 fee
☐ Photographs
☐ Fingerprints

Your name will be placed on the eligible roster for the examination scheduled to be held on June 13,14,15,1978 in Detroit. Your admission letter, and information concerning time and place of the examination, will be forwarded to you about May 25, 1978. PLEASE KEEP US INFORMED OF ANY CHANGE IN YOUR ADDRESS.

WE WILL AWAIT RECEIPT OF:

- ☐ FLEX examination application
- ☐ \$105.00 fee. (Please make check payable to State of Michigan - Medicine and submit with this letter)
- 2 ☐ Photographs (3x3) endorsed with your personal signature
- ☐ Medical credentials returned herewith for certification by a Notary Public that they are true copies of the original documents.
- ☐ Complete resume of training and experience since graduation from medical school
- ☐ Certification of one year of AMA approved postgraduate training.
- ☐ Fingerprints, see enclosed memorandum

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan, Executive Director

EQUAL OPPORTUNITY EMPLOYER





WILLIAM G. MILLIKEN, Governor
William Ballenger, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

P.O. BOX 30018

LANSING, MICHIGAN 48909

Telephone Area Code 517 573-0680

October 7, 1977

Jacob Kalo, M.D.
17200 Whitcomb, Apt. #222
Detroit, Mich. 48235

Dear Doctor:

We have received your: ☒ FLEX examination application

☐ Certified medical credentials

☐ Complete curriculum vitae

☒ \$105.00 fee

☒ Photographs

☒ Fingerprints

☒ Your name will be placed on the eligible roster for the examination scheduled to be held on December 6,7,8, 1977. Your admission letter, and information concerning time and place of the examination will be forwarded to you about November 21, 1977.

We will await receipt of: ☐ FLEX examination application

☐ \$105.00 fee (Please make check payable to State of Michigan-Medicine and submit with this letter.)

☐ Photographs (3x3) endorsed with your personal signature

☐ Medical credentials being returned herewith for certification by a Notary Public as true copies of the original documents.

☐ Complete resume of training and experience since graduation from medical school

☐ Fingerprints, see enclosed memorandum

BOARD MEMBERS

Frederik W. VanDuyne, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kulper, M.D., Secretary
Donato F. Sarapo, M.D.
F. Ann Piliote, M.D.
Mrs. Margaret Thoms
James C. Broneman, M.D.
Osble J. Herald, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeney, Jr., M.D.
Paul T. Lahti, M.D.
James W. Burdick, Esq.



MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan, Executive Director



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0680

DATE OCT 5 1977

MEMORANDUM

TO: Detroit Police Department
Identification Division
1300 Beaubien
Detroit, Michigan

FROM: Bert C. Brennan,
Executive Director

RE: FINGERPRINT CLEARANCE

Please clear fingerprints for the attached cards

BOARD MEMBERS

C. Allen Payne, M.D., President
Fraderick W. VanDuyns, M.D., Vice President
Irvin J. Kurtz, M.D.
H. Clay Tellman, M.D.
Donato F. Sarapo, M.D.
Donald T. Anderson, M.D.
Joseph J. Berke, M.D.
John R. Wilson, M.D.
John W. Moses, M.D.
Florence A. Philote, M.D.
Mrs. Margaret J. Thoms



אוניברסיטת תל-אביב

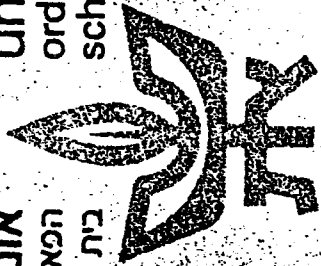
הפקולטה לרפואה

בית הספר לרפואה על שם סאקלר

universitas tel-avivensis

ordo medicorum

schola medicinae Sackleriana



רקטור האוניברסיטה

זדיקאן הפאקולטה לרפואה

מעביקים למר

יעקב קלו

את התואר

nos universitatis rector

et ordinis medicorum decanus

in dominum clarissimum

Jacob Kalo

דוקטור לרפואה

doctoris medicinae

לאחר שסיים

את חוק לימודיו

ועמד בבחינות כנדרש

iura et honores contulimus

postquam cursu studiorum absoluto

examina legitima sustinuit

M.D.

תל-אביב, ביום י"ט לחודש סיון תשל"ו 17 ביוני 1976

tel-aviv, die xvii mensis iunii anni mcmxxvi

הדיקאן ordinis decanus

הרקטור universitatis rector



WILLIAM G. MILLIKEN, Governor
SEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 517 373-0680

BOARD MEMBERS

Frederick W. VonDuyn, M.D., President
John R. Wilson, M.D., Vice President
John W. Moses, M.D., Secretary
Donato F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thoms
James C. Brennan, M.D.
Osble J. Herald, M.D.
Donald H. Kulper, M.D.
Carol E. Pearson, M.D.
Robert C. Prophater, M.D.

August 9, 1977

Jacob Kalo, M.D.
17200 Whitcomb #222
Detroit, Mich. 48235

Dear Doctor:

This is in reply to your recent inquiry concerning the Michigan State Board licensure examinations.

This Board uses the FLEX Examination as their State Board licensure examination and this examination is given twice each year, in June and December. The fee is \$105.00.

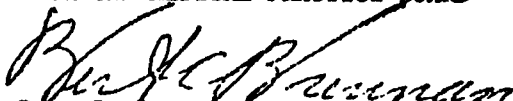
DATES FOR THE JUNE 1977 EXAMINATIONS: June 14, 15, 16, 1977
DEADLINE FOR ACCEPTING APPLICATIONS: April 1, 1977

DATES FOR THE DECEMBER 1977 EXAMINATIONS: December 6, 7, 8, 1977
DEADLINE FOR ACCEPTING APPLICATIONS: October 1, 1977

Our examination application form is enclosed herewith. Please note that you are required to submit three 3x3 endorsed photographs with the application, together with your fingerprints.

Sincerely yours.

MICHIGAN MEDICAL PRACTICE BOARD


Bert C. Brennan
Executive Director



MICHIGAN The Great Lake State





WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD

1673 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48226

Telephone Area Code 517 273-0210

RECEIVED

OCT 10 1977

P. 21 DIV

March 30, 1977

BOARD MEMBERS

Fredrick W. VanDyke, M.D., President
John K. Wilson, M.D., Vice President
John W. Moxon, M.D., Secretary
Donato F. Sorup, M.D.
E. Ann Fillos, M.D.
Mrs. Margaret Thomas
James C. Brennan, M.D.
Oslo J. Herold, M.D.
Donald H. Kuiper, M.D.
Carol E. Pearson, M.D.
Robert C. Prephator, M.D.

To: MICHIGAN STATE POLICE RECORD BUREAU(FINGERPRINTS)

Please initiate a search of your files in accordance with 1973 PA 185 as amended; MCLA 328.1801 et seq; MSA 14.542 (1) et seq. Sec. 6(g) to ascertain whether or not the following named persons have criminal records. If a record is located on any of the following subjects, please disclose portion authorized by law.

Name	Date of Birth	Sex	Race	Social Security Number
------	---------------	-----	------	------------------------

[REDACTED]

MICHIGAN MEDICAL PRACTICE BOARD



MICHIGAN THE GREAT LAKES STATE

BY:





WILLIAM G. MILLIKEN, Governor
William S. Ballenger
Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

P.O. BOX 30018

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48908

Telephone Area Code 517 373-0680

August 8 1977

Jacob Kalo, M.D.
17200 Whitcomb, #222
Detroit, Mich. 48235

BOARD MEMBERS

Frederik W. VanDyne, M.D., President
John R. Wilson, M.D., Vice President
Donald H. Kuiper, M.D. Secretary
Dennis F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thome
James C. Breneman, M.D.
Osble J. Herald, M.D.
Carol E. Pearson, M.D.
Donald N. Sweeney, Jr., M.D.
Paul T. Lahti, M.D.
James W. Burdick, Esq.

This will acknowledge receipt of the following:

- _____ Completed _____ Incomplete temporary license application
- _____ Certified _____ Uncertified copies of medical credentials
- _____ \$25.00 fee
- _____ \$25.00 renewal fee for temporary license
- ✓ Certification of training appointment for 1977-78
- _____ Your Michigan temporary license for postgraduate training for 1977-78 will be issued during the last week in June and forwarded to you in care of your residency hospital.
- ✓ FLEX application will be mailed when you have renewed your temporary lic. for 1977-78

YOUR APPLICATION IS INCOMPLETE FOR THE FOLLOWING REASONS:

- _____ \$25.00 fee not submitted. Please submit with this letter and make check payable to State of Michigan - Medicine.
- _____ Must submit complete resume of training and experience since graduation from medical school.
- _____ Section #23 not completed by the Dean of your Medical School. This is a Board requirement and must be complied with. Second form is enclosed for forwarding to your medical school.
- _____ Must submit certified copy of original ECFMG Certificate.
- _____ Must submit certified copy of original Medical Diploma. (If diploma is not in English, please submit certified English translation)
- _____ Section #25 - Medical Director's Certification - concerning training appointment, not completed. Supplemental form enclosed for completion.
- _____ Must submit letter from the Dean of your medical school certifying the date on which you completed the academic requirements for your M.D. degree, and that the awarding of your M.D. degree awaited only the occurrence of the commencement exercises.
- _____ Must submit certification of _____ training(form enclosed)

MICHIGAN MEDICAL PRACTICE BOARD
Bert C. Brennan, Executive Director

