

STATE OF MARYLAND BOARD OF PHYSICIAN QUALITY ASSURANCE

D3994
LICENSE NUMBER

ENDORSEMENT/FLEX APPLICATION

1. FOR FLEX EXAM CANDIDATES ONLY	<input type="checkbox"/> COMPONENT 1 ONLY <input type="checkbox"/> COMPONENT 2 ONLY <input type="checkbox"/> COMPONENTS 1 & 2	Control # 3077 A
2. BASIS OF APPLICATION	2.1 How Licensed <input checked="" type="checkbox"/> N-National Boards <input type="checkbox"/> F-FLEX <input type="checkbox"/> R-Reciprocity (State Exam) <input type="checkbox"/> L-LMCC	2.2 If reciprocity or Flex with State of: Use postal abbreviation
3. NAME	SURNAME AND GENERATIONAL INDICATORS 3.1 Eisenberg FIRST NAME AND MIDDLE NAME 3.2 David Lee MAIDEN NAME (will not show on license) 3.3 NAME UNDER WHICH ORIGINALLY LICENSED IF DIFFERENT FROM ABOVE 3.4 SOCIAL SECURITY NUMBER (used to assure identification) 3.5 XXXXXXXXXX	BOARD USE ONLY BD CODE: A 08 TRANS CODE: B A LIC. DUE: C L DATE ISSUED: D 050990 STATUS: E A YOLI: F 8
4. ADDRESS	4.1 ADDRESS—IF APPLICABLE 4.2 STREET ADDRESS 4.3 CITY 4.4 STATE 4.5 ZIP CODE 4.6 FOREIGN COUNTRY (IF APPLICABLE) TELEPHONE (AC)	5. SEX: <input checked="" type="checkbox"/> M—Male <input type="checkbox"/> F—Female 6. RACE: 1. WHITE 2. BLACK 3. AMERIND 4. ORIENTAL 5. OTHER EDUC: H 10
7. DATE OF BIRTH	MONTH: DAY: YEAR: CITIZENSHIP AT BIRTH: <input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> CANADA <input type="checkbox"/> OTHER: 	
9. UNDER-GRADUATE SCHOOL	NAME: University of Illinois LOCATION: Champaign, Ill. YEAR OF GRADUATION: 81 DEGREE RECEIVED: BS	
10. PROFESSIONAL SCHOOL	NAME: Chicago medical school ADDRESS: North Chicago, Ill. YEAR OF GRADUATION: 85 DEGREE RECEIVED: MD	
1. COUNTRY OF MEDICAL SCHOOL	<input checked="" type="checkbox"/> U.S.A. <input type="checkbox"/> CANADA <input type="checkbox"/> OTHER—NAME OF COUNTRY:	
2. OTHER EXAMS TAKEN	EXAMINATIONS: <input type="checkbox"/> ECFMG <input type="checkbox"/> VOE/PMGEMS <input checked="" type="checkbox"/> NBME <input type="checkbox"/> STATE WRITTEN EXAM <input type="checkbox"/> NONE OF THE ABOVE	MOST RECENT DATE TAKEN (MONTH:YEAR) /19 5/198 /19
ACTIVITIES SINCE GRADUATION	NAME/LOCATION OF PRACTICE OR ACTIVITY: JFK Hospital - Phil, Pa DATES: FROM 7/88 TO 2/90 TYPE OF TRAINING, PRACTICE OR ACTIVITY: Medical Clinic - Internist	

87-88

14. When do you intend to begin practicing in Maryland? May/June - 1990
 Where? Baltimore
15. Do you hold a license (current/expired) in any state? yes If so, list the state and license number for each state. PA - MD - 036445-E
16. Have you ever been charged with violation of any law relative to practice of medicine or relative to any crime (felony)? no
17. Have you ever been found guilty in a malpractice suit or settled a malpractice claim? no
18. Have you ever taken an examination without receiving a license from any medical licensing agency or been denied a license by, or denied the privilege of taking an examination by any medical licensing agency? no
19. Have you ever been notified by any medical licensing agency or medical society of a complaint against you or of an investigation related to the practice of medicine? no
20. Have you ever had your medical license revoked, suspended or placed on probation or have you surrendered a (local, state, or federal) permit to prescribe controlled substances? no
21. Have you ever been discharged from or had a contract voided by any hospital service or training program or had any restrictions or withdrawals of hospital privileges based upon disciplinary action? no
22. Have you ever had a physical or mental illness requiring professional attention? no
23. Have you ever been addicted to or treated for an addiction to or abuse of any chemical substance? no
24. Have you ever been separated from any service of the United States Government for less than honorable cause(s)? no If yes, _____ Branch: _____ Date of Discharge _____
 _____ Type of discharge.

If you answer "yes" to any question 14 through 24, attach a separate page with a complete explanation of each occasion

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 am aware that, if I become licensed in the State of Maryland, according to Health Occupations Article, Section 14-502 Annotated Code of Maryland, in return for the privilege to practice medicine in the State of Maryland, I consent to submit to an examination if requested by the Board of Physician Quality Assurance.

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

David Eisenberg 2/26/90
 Signature Date

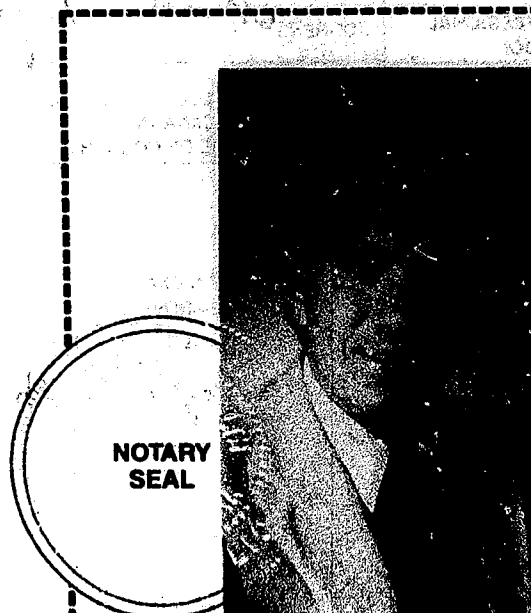
AFFIDAVIT OF APPLICANT

DAVID EISENBERG M.D. of PHILA

being duly sworn says that he 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 attached photograph bearing my notarial seal is that of the person, here present, making the above application.

Sworn before me this 5th day of March, 1990

Glenn Weinstein
 NOTARIAL SEAL
 Notary Public GLENN WEINSTEIN, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires Dec. 14, 1993



4201 Patterson Ave
PO Box 2571

BOARD OF PHYSICIAN QUALITY ASSURANCE

BALTIMORE, MD. 2121

CERTIFICATE OF PRELIMINARY AND MEDICAL
EDUCATION AND IDENTIFICATION

MAR 90 15 21

PRELIMINARY EDUCATION: The Board reserves the right to make further investigation as it may deem necessary.

I was admitted to the study of medicine upon the following evidence of preliminary Education _____

University of Illinois - Champaign 1976-1981

Give Dates

MEDICAL EDUCATION:

Months	Years	Months	Years	Print legal name and location of institution in full on e:
1st Year	8/1981	to	6 1982	Chicago Medical School North C
2nd Year	8 1982	to	6 1983	Chicago Medical School
3rd Year	7 1983	to	6 1984	Chicago Medical School
4th Year	7 1984	to	6 1985	Chicago Medical School

I received the Degree of Doctor of Medicine from Chicago Medical School
at North Chicago, Ill. June 14 6 1985
(Date of degree)

David Eisenberg
(Print name in full)

David Eisenberg
(Sign name in full)

M.D. (App)

Dated at North Chicago, Illinois Feb. 20 19 90

CERTIFICATION BY MEDICAL SCHOOL:

I hereby certify:

- A. The above statements of Applicant to be correct and in accord with the records upon which he has admitted the degree of Doctor of Medicine and
- B. That the photograph hereunto attached, and upon which our official seal has been impressed, is that person making this application, DAVID EISENBERG

(if the officer making certification A is unable personally to identify Applicant he will strike out certification B and must not impress seal upon photograph)

L. Bruce C. Norstrom

President
Secretary
Dean
of School
Conferring
Medical Degree

Director of Admissions & Records

Please place seal



BOARD OF PHYSICIAN QUALITY ASSURANCE
4201 Patterson Ave, PO Box 2571
BALTIMORE, MD. 21215-0002

ENDORS

764-4777

CERTIFICATE OF PHYSICIANS

We hereby certify that David Eisenberg
residing in Phil, PA
personally known to us and to the best of our knowledge and belief, he is of good character and free from mental defects and drug habits likely to interfere with the practice of medicine and surgery. We further certify that the photograph affixed to his application is a recent one and a genuine likeness of David Eisenberg
_____, M.D. PRINT NAME

Signature and address of voucher David M Miller
PRINT NAME: 1936 Cottman Ave
Phila PA 19111
(date) 3-5-90

Licensed in State of Pennsylvania

Signature and address of voucher LABORDE TITUC
Print Name: 1335 W Taber Rd Sta 1
(date) 3-5-90 Phil. 19141

Licensed in State of Pennsylvania 030020

Hahnemann University Hospital
Philadelphia, Pennsylvania

This is to Certify that

David Eisenberg, M.D.

has faithfully and satisfactorily performed the duties of

Resident in Internal Medicine

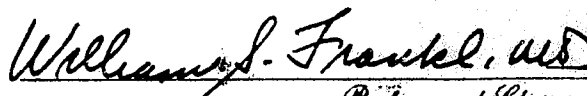
87-88 ✓

in Hahnemann University Hospital from July 1, 1986 to June 30, 1988.

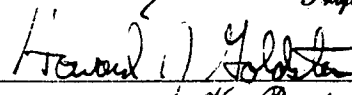


President





Professor and Chairman



Vice President for Health Affairs



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P.O. BOX 2649
HARRISBURG, PA 17105-2649

RECEIVED
30 MAR 90 13 29
BOARD OF PHYSICIAN
QUALITY ASSURANCE

DAVID LEE EISENBERG



MARCH 26, 1990

STATE BOARD OF MEDICINE

DAVID LEE EISENBERG

MEDICAL PHYSICIAN AND SURGEON

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT THE ABOVE NAMED PERSON IS LICENSED AND CURRENTLY REGISTERED IN THE COMMONWEALTH OF PENNSYLVANIA, DEPARTMENT OF STATE, STATE BOARD OF MEDICINE.

THE RECORDS OF THE PENNSYLVANIA STATE BOARD OF MEDICINE SHOW NO DEROGATORY INFORMATION AGAINST THIS PERSON.

ORIGINAL LICENSURE DATE: AUGUST 6, 1986
EXPIRATION DATE: DECEMBER 31, 1990
LICENSE NUMBER: MD-036445-E

George L. Shevlin

George L. Shevlin
Commissioner

BOARD OF PHYSICIAN QUALITY ASSURANCE

4201 PATTERSON AVENUE
P O BOX 2571
BALTIMORE MD 21215-0022

ENDORSEMENT

LICENSE VERIFICATION

TO: PENNSYLVANIA State Medical Board

I have applied for medical licensure to the Maryland State Board of Medical Examiners. Please fill in the lower portion of this form and mail directly to the Maryland Board. I have given my permission to release this information.

NAME: David Eisenberg
(Please Print)

Professional School of Graduation Chicago Medical School Year 1985

License Number MD-036445-E Date Issued Aug. 86

Licensed by: Flex Other written examination Reciprocity National Boards

David Eisenberg
(Signature)

TO BE COMPLETED BY STATE BOARD:

License is in good standing

License has been revoked Suspended

Reason _____

Other Derogatory Information or Pending Charges:

Remarks: _____

Date: _____

Signed _____
(Authorized Signature)

