

58892

DO NOT WRITE ON THIS FOLD

No. 36-58892

APPLICATION FOR REGISTRATION AS  
PHYSICIAN AND SURGEON

Mark Ira Evans, M.D.

Preliminary Education  
approved \_\_\_\_\_ 19\_\_

Medical Education  
approved \_\_\_\_\_ 19\_\_



Application received \_\_\_\_\_ 19\_\_

Certificate issued 7/20 1977

Certificate forwarded \_\_\_\_\_ 19\_\_

Application declined \_\_\_\_\_ 19\_\_

THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY THE MEDICAL COLLEGE AND THE COLLEGE. IT WILL NOT BE ACCEPTED FROM THE APPLICANT.

CERTIFICATION OF MEDICAL EDUCATION ATTENDED  
(Give exact dates)

June 20, 1974 to June 19, 1979

TO THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that Mark Ira Evans, M.D.

was in regular attendance at the State University of New York Downstate Medical Center

from the 9 day of Sept., 1974 to the 6 day of June, 1975

from the 2 day of Sept., 1975 to the 28 day of May, 1976

from the 13 day of Sept., 1976 to the 3 day of June, 1977

from the 6 day of June, 1977 to the 19 day of May, 1978

from the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_

and was granted a diploma as Doctor of Medicine by State University of New York Downstate Medical Center

located at 450 Clarkson Ave., Brooklyn State of New York

on the 25 day of May, 1978

(Seal of College)

CERTIFICATE OF MORAL CHARACTER

This is to Certify that we, the undersigned, are personally acquainted with MARK I EVANS who is applying for registration as a Physician and Surgeon under the Illinois Medical Practice Act, and we know him to be of good moral character, and that he is the person referred to in this application; and that the attached photograph and signature are his

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Illinois License No. 36-53550

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

Illinois License No. 36-53609



CP882  
JUN 26 1979

fee  
initial 6/27/79  
pr

07500029010

RECEIVED

JUN 29 1979

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
320 WEST WASHINGTON STREET, 3RD FLOOR  
SPRINGFIELD, ILLINOIS 62786

RECEIVED MEDICAL SECTION  
REGISTRATION & EDUCATION

1979 JUN 22 AM 10:26

CASH SECTION

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY UPON  
THE BASIS OF NATIONAL BOARD EXAMINATION

I hereby make application for a license to practice Medicine and Surgery in all their branches in the State of Illinois, and submit the following statements regarding my educational qualifications:

Full name MARK IRA EVANS OK

Present address [redacted]

Intended residence [redacted]

Place of birth [redacted]

Are you a citizen of the United States? [redacted]

Please designate your Social Security Number [redacted] NOTE: Designation of your Social Security Number is not mandatory -- used ONLY to insure identification, accessibility, and accuracy of your application.

Please print your name exactly as you wish it to appear on any Certificate to practice as a Registered Physician and Surgeon which may be issued to you. MARK IRA EVANS M.D.

OK  
app. is  
notarized  
& sealed  
6/27/79  
pr

COLLEGE OR UNIVERSITY EDUCATION

RECEIVED  
JUN 29 1979

Name and location of institution attended Tufts University, Medford, Massachusetts  
At Tufts University, Medford, Massachusetts  
from the 10<sup>th</sup> day of September, 1970, to the 3rd day of June, 1973

MEDICAL EDUCATION

At State University of New York Downstate Medical Center, Brooklyn, N.Y.  
(Name of Medical College)  
from the 10<sup>th</sup> day of September, 1974, to the 20<sup>th</sup> day of MAY, 1978

List any states in which you have ever written a licensure examination to practice Medicine and Surgery MS

List any states in which you have ever been licensed as a Physician and Surgeon none

State of Illinois as MARK I EVANS, being  
County of Cook duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.



(Signature of Applicant)  
Subscribed and sworn to before me this 4<sup>th</sup> day of JUNE, A.D. 1979

My Commission Expires July 7, 1982



ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

MARK IRA EVANS, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: WILLIAM B. HOLDEN  
Chairman of the Board

Philadelphia, Pa.

07/02/79

SEAL

EDITHE J. LEVIT  
President of the Board

Cert. # 193288

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of SUNY DOWNSTATE MED CTR in MAY 1978, whose birth date is 05/14/1952, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

PART I passed 06/76

Anatomy, incl. histology and embryology .....  
Physiology .....  
Biochemistry .....  
Pathology .....  
Microbiology, incl. immunology .....  
Pharmacology and Materia Medica .....  
Behavioral Sciences .....  
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE\*\*

Part II passed 09/77

Internal medicine and the medical specialties .....  
Surgery and the surgical specialties .....  
Obstetrics and Gynecology .....  
Public Health and Preventive Medicine .....  
Pediatrics .....  
Psychiatry .....  
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE\*\*

PART III passed 03/79

A General Test of Clinical Competence .....  
(Minimum Passing Grade 290/75) AVERAGE

GENERAL AVERAGE (Parts I, II, and III) .....

Standard\*  
Score

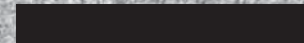
Scale  
Score



RECEIVED

MAY 29 1979

MEDICAL SECTION



(Scale Score)

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Secretary for Certification

05/17/79

Date

SEAL

*[Handwritten signature]*



ACADEMIC  
RECORD OF

MARE ISA EVANS

RECEIVED  
PSY & SOC BLANK

NAME

NUMBER

JUN 28 1973

CRC

DATE

TIME

NEW YORK UNIVERSITY 1969-70

INORGANIC CHEMISTRY

QUAL ANAL LAB

INTRO TO COMP & LIT

CALCULUS I & II

ELEMENTARY RUSSIAN

FIND OF SPEECH

FALL 1970

GEN GENETICS

BIO 41

SOVIET RUSSIA

HET 137

INTR PSYCHOLOGY

PSY 1

INTERMEDIATE RUSSIA

RUS 3

SPRING 1971

EVOLUTION

BIO 002

INTRO TO QUANT METH

PSY 002

RACE AND DEVEL

PSY 050

HIST TOLSTOI IN ENG

RUS 106

WINTER 1971

MICRO GENETIC LAB

BIO 5

FALL 1971

DEVELOPMENTAL BIOLOGY JW/LAB

BIO 23

ORGANIC CHEMISTRY

CHM 53

THEATER OF ARTS

DE 7

SMALL COMPUTERS

PSY 110

SPRING 1972

ORGANIC CHEMISTRY

CHM 54

MAN & HIS MOTIVES

PSY 14

STATE UNIVERSITY

NEW YORK

COLLEGE OF LIBERAL ARTS

MAJOR ~~Psychology~~ Psychology

DEGREE Bachelor of Science

AWARDED June 2, 19 73

HONORS magna cum laude, Special

Honors, Psychology

PREVIOUS INSTITUTIONS ATTENDED

END OF TERM SUMMARY

NO. CREDITS	TOTAL CREDITS	NO. OF COURSES	NO. OF SEMESTERS	NO. OF YEARS
YEAR	CUM	YEAR	CUM	YEAR
1	12	1	1	1
2	24	2	2	2
3	36	3	3	3
4	48	4	4	4
5	60	5	5	5
6	72	6	6	6
7	84	7	7	7
8	96	8	8	8
9	108	9	9	9
10	120	10	10	10



RUS 192

INDIVIDUAL RESEARCH	PSY	121
ASTRO PERSPECTIVE I	AST	021
INTRO PHYSICS	PHY	001
EXPERIMENTAL PSY	PSY	032 A

384 SPRING 1973

INDIVIDUAL RESEARCH	PSY	121
LAS	PSY	002
INTRO PHYS	PHY	002
COGNITION	PSY	047
MODERN DRAMA	DR	004

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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STATUS: DL (Dean's List)  
DA (Dismissal Academic)

This transcript is to be used only for the purposes intended. Unauthorized use may violate Family Education Rights and Privacy Act (1974).

DEGREE	THESIS	GRADUATE	GRADUATION
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
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92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

This record furnishes an impression of Recorder's  
Said oral signature is only a statement of pro-  
posed in fact and is not an official transcript.

JUN 25 1979



7/3/79  
dae

DEPARTMENT OF REGISTRATION AND EDUCATION  
(Medical Section)

Send from Hosp

CERTIFICATION OF CLINICAL TRAINING COVERED BY THE ILLINOIS MEDICAL PRACTICE ACT

This is to CERTIFY:

- (1) That MARK IRA EVANS  
(full name of physician)  
has satisfactorily completed 12 months in  
a program of Obstetrics and Gynecology graduate - specialty - residency  
(strike out whichever is not applicable)  
at University of Chicago Hospitals and Clinics  
(name of hospital)  
extending from June 26, 1978 to June 25, 1979;  
and

- (2) That the physician hereinabove named

(check and complete whichever is applicable)

☒ presently holds Temporary Certificate of Registration No. T- 9472  
issued under the provisions of Section 11a of the Illinois Medical Practice Act.

☐ previously held Temporary Certificate of Registration No. T-  
issued under the provisions of Section 11a of the Illinois Medical Practice Act

☐ does not hold a Temporary Certificate of Registration issued under the  
provisions of Section 11a of the Illinois Medical Practice Act insofar as can be  
determined from the records of this hospital.

SIGNED:

[Signature]  
(Medical Director)  
University of Chicago Hospitals and Clinics  
(Name of Hospital)  
950 East 59th Street, Chicago, Illinois 60637  
(Address)

SEAL OF HOSPITAL

DATED:

6/26/79

When completed, the hospital must forward this form directly to:

Medical Section  
Department of Registration and Education  
320 Washington Street, 3rd Floor  
Springfield, Illinois 62786



# STATE OF ILLINOIS

## Department of Registration and Education

Joan G. Anderson, Director  
320 West Washington  
Springfield, Illinois 62786

328285

Enter all applicable information.

(Use typewriter or print with pressure)

NAME: EVANS MARK IRA

All other names (spell out completely)

Street Address: [REDACTED]

City: [REDACTED]

DATE OF BIRTH: [REDACTED]

CITIZENSHIP: [REDACTED]

MEDICAL DEGREE: Title of degree (M.D., M.B.-B.S., D.O., other) M.D. Date conferred 5/78

MEDICAL SCHOOL: (School(s) attended) (Location) (Dates) (No. of school yrs.)  
(Precise name) State U. N.Y. Downstate Medical Center Brooklyn, N.Y. 9/74-5/78 4

SECONDARY SCHOOL, COLLEGE, UNIVERSITY Tufts University Helford, Mass 9/70-6/73 3

HOSPITAL TRAINING: Hospital(s) Location Position(s) Dates  
Wof Chicago Hosp Chicago Ill Resident in O&G 7/78-Present

Are you a Diplomate of the National Board of Medical Examiners? Yes ☒ No ☐

Are you certified by an American Specialty Board? Yes ☐ No ☒

Board(s) with date(s): [REDACTED]

Licensure: Name the state or states in which you have received an unrestricted license to practice medicine and state whether by examination or endorsement. (Give License No(s).) none

Have you ever taken an E.C.F.M.G. examination? Yes ☐ No ☒ Date(s) [REDACTED] ☐ Passed ☐ Failed

Have you ever taken a FLEX examination? Yes ☐ No ☒ Date(s) [REDACTED] ☐ Passed ☐ Failed

Have you ever been refused admission to a recognized medical or osteopathic organization, or has any disciplinary action been taken against you by such an organization or by any licensing or registering authority?

Yes ☐ No ☒ (If answer is "Yes," explain fully on a separate sheet of paper.)

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the State of Illinois or its licensing or registering authority to transmit to any person, governmental authority or legal entity information contained in this application or information which otherwise may become known or available to any State Board of Medical Examiners, any Medical Examining Committee appointed or otherwise constituted pursuant to statute and the Federation of State Medical Boards of the United States, Inc., or any of them, when written request is made to such State or such authority for such information and such writing states that such information is to be used exclusively in connection with licensure to practice medicine or any problem (describing it) related thereto.

1. Zephree McClinton, Notary Public, DO

HEREBY CERTIFY, that Mark Evans appeared before me this day in person and acknowledged that he signed the above instrument as a free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 30th

day of April, 1979

Notary Public  
My Commission Expires July 7, 1982

NOTE: Accompanying this preliminary application must be two photographs taken within the past six months. They should be at least passport size (2 1/2 x 2 1/2) and be signed on the reverse by the applicant.

Signature of Applicant

Date

PLEASE RETURN ALL COPIES OF THIS PRELIMINARY APPLICATION UPON COMPLETION. CHECK (X) TYPE OF FORMAL APPLICATION DESIRED.  
FLEX EXAM ☐ NATL. BD. ENDORSEMENT ☒ FLEX ENDORSEMENT ☐ REPRODUCTION ☐



# STATE OF ILLINOIS

Enter all applicable information.

## Department of Registration and Education

Joan G. Anderson, Director  
320 West Washington  
Springfield, Illinois 62786

328285

(Use typewriter or print with pressure)

NAME: EVANS MARK IRA  
Family name All other names (spell out completely)  
Street Address [REDACTED]  
City: [REDACTED] State: [REDACTED] Postal code: [REDACTED]  
Country: [REDACTED] Place of birth: [REDACTED]  
DATE OF BIRTH: [REDACTED]  
CITIZENSHIP: [REDACTED]  
MEDICAL DEGREE: Title of degree (M.D., M.B.-B.S., D.O., other) M.D. Date conferred 5/78  
MEDICAL SCHOOL: (School(s) attended) (Location) (Dates) (No. of school yrs.)  
(Precise name) State U. N.Y. Downstate Medical Center Brooklyn, N.Y. 9/70-5/78 4  
SECONDARY SCHOOL, COLLEGE, UNIVERSITY Tufts University Medford, Mass. 9/70-6/73 3  
HOSPITAL TRAINING: Hospital(s) Location Position(s) Dates  
Wash. Chiropr. Hosp. Chicago, Ill. Resident in O.R. 7/78-Present

Are you a Diplomate of the National Board of Medical Examiners? Yes ☒ No ☐

Are you certified by an American Specialty Board? Yes ☐ No ☒

Board(s) with date(s): \_\_\_\_\_

Licensure: Name the state or states in which you have received an unrestricted license to practice medicine and state whether by examination or endorsement. (Give License No(s).) none

Have you ever taken an E.C.F.M.G. examination? Yes ☐ No ☒ Date(s) \_\_\_\_\_ ☐ Passed ☐ Failed

Have you ever taken a FLEX examination? Yes ☐ No ☒ Date(s) \_\_\_\_\_ ☐ Passed ☐ Failed

Have you ever been refused admission to a recognized medical or osteopathic organization, or has any disciplinary action been taken against you by such an organization or by any licensing or registering authority?

Yes ☐ No ☒ (If answer is "Yes," explain fully on a separate sheet of paper.)

I hereby certify that the information given in this application is true and accurate to the best of my knowledge and belief. I hereby authorize the State of Illinois or its licensing or registering authority to transmit to any person, governmental authority or legal entity information contained in this application or information which otherwise may become known or available to any State Board of Medical Examiners, any Medical Examining Committee appointed or otherwise constituted pursuant to statute and the Federation of State Medical Boards of the United States, Inc., or any of them, when written request is made to such State or such authority for such information and such writing states that such information is to be used exclusively in connection with licensure to practice medicine or any problem (describing it) related thereto.

I, Leopold H. Chiriac, a Notary Public, DO

HEREBY CERTIFY, that Mark Evans appeared before me this day in person and acknowledged that he signed the above instrument as a free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this \_\_\_\_\_

day of \_\_\_\_\_

Notary Public

(Seal)

NOTE: Accompanying this preliminary application must be two photographs taken within the past six months. They should be at least passport size (2 1/2 x 2 1/2) and be signed on the reverse by the applicant.

Signature of Applicant

Date

PLEASE RETURN ALL COPIES OF THIS PRELIMINARY APPLICATION UPON COMPLETION. CHECK (X) TYPE OF FORMAL APPLICATION DESIRED.  
FLEX EXAMINATION ( ) NATL. BO. ENDORSEMENT ( ) FLEX ENDORSEMENT ( ) RECIPROcity ( )



DEPARTMENT OF REGISTRATION AND EDUCATION  
MEDICAL SECTION  
320 WEST WASHINGTON STREET  
SPRINGFIELD, IL. 62786

PERSONAL HISTORY

RECEIVED  
JUN 19 1979  
328285-318  
MEDICAL SECTION

Note: If any of the following questions are answered "YES", full details must be furnished on a separate sheet and attached.

	YES	NO
1. Do you hold a license in any of the other healing arts?	_____	<u>X</u>
2. Have you ever been called before any state board or any medical association for interrogation concerning any violations of The Medical Practice Act or unethical conduct?	_____	<u>X</u>
3. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?	_____	<u>X</u>
4. Have you ever been addicted to or treated for addiction to drugs?	_____	<u>X</u>
5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law or any narcotic law?	_____	<u>X</u>
6. Have you ever received psychiatric treatment or received treatment for mental illness?	_____	<u>X</u>
7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?	_____	<u>X</u>
8. Have you ever engaged in the practice of medicine in a state, territory or district wherein you did not hold a valid license?	_____	<u>X</u>
9. Have you ever had an application for licensure refused or rejected by a licensing board?	_____	<u>X</u>

IMPORTANT:

Any false or misleading information in or in connection with any application, may be cause for debarment on the grounds of lack of good moral character.

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application including accompanying statements and transcripts are true, complete and correct.

STATE OF

Illinois

COUNTY OF

Cook

\_\_\_\_\_ being duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this  
30th day of May, 1979.

NOTARY PUBLIC SEAL

NOTARY PUBLIC

My Commission Expires July 7, 1982



55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810



320 West Washington  
Springfield, Illinois  
62786  
(217) 785-0800

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN C. ANDERSON  
DIRECTOR

IN REPLY REFER TO: Medical Section  
Springfield Office

Date: June 28, 1979

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON IN ILLINOIS

NAME Mark Ira Evans, M.D.

ADDRESS [REDACTED]

This is to advise you that your application is incomplete. Before your application may be given further consideration, you must submit the additional material checked below. ONLY THE PARAGRAPH(S) CHECKED BELOW REFER TO YOUR APPLICATION:

1. ☐ A transcript of your National Board grades.
2. ☐ Your Flex Examination grades.
3. ☒ Proof of your twelve months of clinical training. (upon completion)
4. ☐ Your original M.D. degree with official translation if not in the English language. (70-73)
5. ☒ Your original ~~medical~~ and premedical transcripts, together with official translations if not in the English language.
6. ☐ College Attendance form completed by the medical school and returned to this Department (form enclosed).
7. ☐ Recommendation forms signed by two physicians licensed to practice medicine in the United States (forms enclosed).
8. ☐ Enclosed photoslips must be completed and signed. Please return with two photographs attached.
9. ☐ Enclosed Personal History Sheet must be completed.
10. ☐ Fee in the amount of \$150.
11. ☐ Fee in the amount of \$75.
12. ☐ Social Security Number \_\_\_\_\_
13. ☐ If American Board Certified, please forward proof.
14. ☐ You will be scheduled for reexamination upon receipt of your fee in the amount of \$50. Your retake fee must be received by \_\_\_\_\_.
15. ☐ The next examination will be held in Chicago on \_\_\_\_\_.

wpc

dal



55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810



320 West Washington  
Springfield, Illinois  
62786  
(217) 785-0800

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN G. ANDERSON  
DIRECTOR

IN REPLY REFER TO: Medical Section  
Springfield Office

July 3, 1979

Mark Ira Evans, M.D.  
[REDACTED]

Dear Doctor:

You have been scheduled to report for an interview at the Chicago Office of the Department, 55 East Jackson Boulevard, 17th Floor, Chicago, Illinois, in connection with your application for licensure in Illinois. This interview is for identification purposes only and may not be considered as an oral medical examination.

Please report on Wednesday, July 11 between 10:30 and 11:30.

When reporting, please present a recent photograph to be signed at the time of the interview and your original medical degree with translation if applicable, if you have not already forwarded it in the mail.

After your interview, it normally takes two-three weeks before your license number can be issued.

If you require further information, you may write or call the Medical Section.

Very truly yours,  
[REDACTED]

Marilyn Yokem  
Unit Supervisor

MY:wpc



55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810



04190  
320 West Washington  
Springfield, Illinois  
62726  
(217) 785-0800

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN G. ANDERSON  
DIRECTOR

IN REPLY REFER TO: Medical Section  
Springfield Office

July 23, 1979

Mark Ira Evans, M.D.



Dear Dr. Evans:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 36-58892.

You may use this as your authority to practice as a licensed physician and surgeon until such time as your certificate is issued and mailed.

The Illinois Controlled Substances Act (Illinois Revised Statutes 1975, Chapter 56½ - Section 1109 to 1603) requires that every person who manufactures, distributes or dispenses any controlled substances within this State must annually obtain a registration issued by this Department. Enclosed please find a letter of explanation and an application for controlled substances registration.

If you require further information, you may write or call this Department.

Very truly yours,

Jerry D. Sternstein  
Deputy Director

JDS:t/64

Enclosures

SEAL