PAGE ONE

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes (Chapter 111 of the Illinois Revised Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

A. Type or print legibly with black ink only.

B. The licensure and application fee are NOT refundable.

C. Disclosure of Social Security number is not mandatory. It is used only to ensure identification, accuracy and to expedite processing of your application.

D. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change - copy of marriage license, divorce decree, affidavit or court order.

PART I: Application Category Information

A. SEE **REFERENCE SHEET, CHART I,** PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE	3. LICENSURE METHOD	4. FEE
PHYSICIAN	036	Endorsement	$ 300.00

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- ☒ This is the first time I have made application for this profession in Illinois.
- ☐ I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.
- ☐ Other: _____
- ☐ My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.
- ☐ I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

EXAMINATION
APR 2 0 1994
REGULATION

PART II: Applicant Identifying Information - You must notify the Department of Professional Regulation and/or Continental Testing Service in writing of address changes after you file this application in order to receive any further information.

1. NAME LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. SOCIAL SECURITY NUMBER
FERNANDEZ	LOUIS	M	M.D.	[redacted]

4. PERMANENT MAILING ADDRESS — STREET — CITY STATE/COUNTRY — ZIP CODE — COUNTY

[redacted]

5. [illegible]

NONE

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED (SEE D ABOVE)

NONE

7. PLACE OF BIRTH CITY	STATE/COUNTRY	8. DATE OF BIRTH	9. AGE
[redacted]			

[redacted]

Area Code

IL 486-1019 8/93 (LT)

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 (12)

Graduated High School? ☒ Yes ☐ No

Received OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION
Wheeling H.S	Wheeling Il.	06/81 (Month/Year)

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 (8)

Graduated? ☒ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM (Month/Year)	DATES OF ATTENDANCE TO (Month/Year)	TYPE OF DEGREE EARNED
Northwestern University	Evanston, Il.	09/81	06/85	B.S.
University of Illinois	Chicago, Il.	09/85	06/89	M.D.

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM (Month/Year)	DATES OF ATTENDANCE TO (Month/Year)	Did You Complete Training?
Harbor - UCLA Medical Center	Torrance, Ca	07/89	06/94	☒ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure California	PHYSICIAN And SURGEON	G71660	06/25/91	ACTIVE
State of Current Licensure where you most recently have been practicing				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state, for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS (Passed, Failed, Absent)
National Board I	Il.	06/87	Passed
National Board II	Il	06/88	Passed
National Board III	Ca	03/90	Passed

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information *(This part must be completed by all Applicants)*	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a statement for each conviction including date and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*		✓
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		✓
3. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		✓
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		✓
5. Are you a U.S. citizen OR a lawfully admitted alien of the United States?	✓	

PART VII: Examination Coding Information *(This part is for Examination Applicants only)*

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes. TEST CODES

b) CHART III - Select the examination site you desire and enter Test Center Code. TEST CENTER CODE

c) CHART IV - Find your School of Graduation and enter school code. SCHOOL CODE

d) Record the number of times you have taken this exam in Illinois or any other state. EXAM ATTEMPTS

e) Do you authorize the Department to release your Licensure Examination Scores to the education program from which you graduated? ☐Yes ☐No

PART VIII: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

[redacted]
Signature of Applicant

4/1/94
Date

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

IL486-1019 5/93 (LT)

PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS
PRINTED ON RECYCLED PAPER

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CERTIFICATION OF POSTGRADUATE CLINICAL TRAINING

SUPPORTING DOCUMENT

TN-MED

(DPR)

APPLICANT: *Complete the applicant section. The remainder of this form must be completed by the postgraduate training program director of the institution at which you completed your training.*

1. NAME LAST	FIRST	MIDDLE	2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER
FERNANDEZ	LOUIS	MANUEL	[redacted]	

4. ADDRESS STREET, CITY, STATE, ZIP CODE: [redacted]

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.

Physician — Profession Name: 036 — Profession Code

6. MAIDEN OR GIVEN SURNAME: —

7. ILLINOIS TEMPORARY LICENSE NUMBER (If applicable):

8. ISSUANCE DATE:

POSTGRADUATE CLINICAL TRAINING PROGRAM DIRECTOR

Complete the remainder of this form. Return the completed form directly to:
Illinois Department of Professional Regulation, 320 West Washington - HSS1, Springfield, Illinois 62791

NOTE: ***Certification of postgraduate clinical training will not be accepted if certified more than 15 days prior to date of actual completion.***

This is to certify that the above-named applicant has/will have satisfactorily completed 48 months of postgraduate clinical training in Harbor-UCLA Obstetrics & Gynecology
(Name of Accredited Postgraduate Clinical Training Program)

from 6/24/90 to 6/30/94 at the following hospital:

Hospital: Harbor-UCLA Medical Center

Number and Street: 1000 West Carson Street

City, State and Zip Code: TORRANCE, CA 90509

I further certify that at the time of such training and completion the program was accredited by:

- [x] the Accreditation Council for Graduate Medical Education;
- [ ] the Accreditation Council on Canadian Graduate Medical Education; or
- [ ] the American Osteopathic Association.

Name of Postgraduate Clinical Training Program Director: Charles R. Brinkman, III, M.D.

Signature of Postgraduate Clinical Training Program Director: [redacted]

Date of this Certification:

SEAL

Telephone No:

IL486-1535 8/93 (MD)

JUN 21 1994

By authority of the Board of Trustees of the

UNIVERSITY OF ILLINOIS

and upon recommendation of the Senate

at Chicago

Louis Manuel Fernandez

has been admitted to the Degree of

Doctor of Medicine

and is entitled to all rights and honors thereto appertaining

Witness the Seal of the University and the signatures of its Officers

this eleventh day of June, nineteen hundred and eighty-nine.

President of the Board of Trustees

Secretary of the Board of Trustees

President of the University

Chancellor

JUL 18 1989

CEEB-APP AND/OR ACHIEVEMENT TESTS
CHEM A02
MATH B14-1,2

[redacted]

FALL QTR 1981-82

ARTH	A01	0	FRESHMAN SEMINAR
CHEM	A70	0	PRINC OF CHEM
CLAS	B20	1	ANCIENT WORLD
MATH	B14	3	CALCULUS III

[redacted]

WINTER QTR 1981-82

CHEM	B18	1	HONORS ORGANIC
MATH	B16	0	MULTIDIM CALC
FREN	A04	1	INTEN ELEM FREN
SOC	A10	0	INTRO SOCIOLOGY

[redacted]

SPRING QTR 1981-82

CHEM	B18	2	HONORS ORGANIC
CLAS	B20	3	ANCIENT WORLD
HIST	A01	0	INTRO EUROPEAN
MATH	B18	0	MULTIDIM CALC

[redacted]

FALL QTR 1982-83

PHYX	A35	1	GENERAL PHYSICS
BMCB	C01	0	BIOCHEM MOL BIOL
HLR	A10	0	MAN-RELIGION
ENG	B60	0	20TH CENT BR LIT

[redacted]

WINTER QTR 1982-83

BMCB	B02	0	GEN & MCL BIOL
CHEM	B10	3	ORGANIC CHEM
PHYX	A35	2	GENERAL PHYSICS

[redacted]

SPRING QTR 1982-83

BMCB	B03	0	CELL DEV BIOL
HUM	B15	0	ROMANTIC PERIOD
PHYX	A35	3	GENERAL PHYSICS

[redacted]

FALL QTR 1983-84

BMCB	C15	0	CELL BIOLOGY
N P	B04	0	NEUROB & PHYSIOL
PSY	A10	0	INTRO PSYCHOLOGY
ARTH	B80	1	INTRO HIST

[redacted]

WINTER QTR 1983-84

EEE	B05	0	EVOL BIOL
BMCB	C90	0	MOLECULAR BIO I
N P	C34	0	VERT HIST
N P	C99	0	INDEPEN STUDY
N P	D80	0	MAMMAL REPRODUCT

[redacted]

SPRING QTR 1983-84

BMCB	C55	0	INTRO IMMUNOL
BMCB	C91	0	MOLECULAR BIO
N P	C56	0	VERTEBRATE ENDO
N P	C99	0	INDEPEN STUDY

[redacted]

FALL QTR 1984-85

N P	C38	0	CELL NEUROBIO
HIST	B10	1	HIST OF THE U.S.
PSY	C42	1	NEUROBIOL BEHAV

[redacted]

CANDIDATE B.A. JUNE 1985

WINTER QTR 1984-85

N P	C35	0	COMP VERT ANAT
CLAS	B60	1	GK MYTH GODS
HIST	B60	1	ENGLAND

[redacted]

SPRING QTR 1984-85

GEOG	C13	0	NORTH AMERICA
ART	A25	0	BASIC DRAW

[redacted]

BIRTH
AGE Jan. 4, 1963; Havana, Cuba
OR Balbino & Flora Fernandez
N

DEPARTMENT OF PROFESSIONAL REGULATION
RECEIVED
MAY 16 1994
STATE OF ILLINOIS

Wheeling H.S.
Wheeling, IL
1981

Biological Sciences

Bachelor of Arts
JUN 15 1985

[redacted]

MAY 11 1994

Harold G. Shapiro
REGISTRAR

MAY 23 1994

NORTHWESTERN UNIVERSITY · Office of the Registrar

EXPLANATORY LEGEND PRINTED ON BACK

BROWN STAINS INDICATE UNAUTHORIZED ALTERATIONS

NORTHWESTERN UNIVERSITY
Evanston - Chicago, Illinois
EXPLANATORY NOTES

EVANSTON NOTES

The Office of the Registrar [illegible] scripts of records for the following Schools in the University:

Arts and Sciences	Management
Education and Social Policy	Music
Journalism	Graduate Nursing School
School of Engineering & Applied Science	Speech

CHICAGO CAMPUS

The offices of the Schools [illegible] East Chicago Avenue, Chicago, Illinois. The Office of the [illegible] records for these Schools of the University:

Law [illegible]
Dental
Medicine

These explanatory notes [illegible] Evanston Campus.

TRANSFER CREDIT

[illegible] recorded. If such grades are [illegible] the institution concerned.

EXPLANATION OF GRADES AND GRADE POINTS

I. Beginning September 1982

Grade Points	Grade		Grade Points	Grade	
4 =	A	Excellent	[illegible]	C+	
3.7 =	A-		[illegible]		Satisfactory
3.3 =	B+		[illegible]		
3 =	B	Good	[illegible]	D	Poor but passing
2.7 =	B-		[illegible]		Fail

II. September 1947 - [illegible]

Grade Points	Grade	
4 =	A	Excellent
3 =	B	Good
2 =	C	Satisfactory
1 =	D	Poor but Passing [illegible] in the Graduate School)
0 =	F	[illegible]
	K	[illegible]
	N	No grade [illegible]
	P	Pass with credit
	R	For Doctoral students only
	S	Satisfactory [illegible]
	T	Full academic credit [illegible]
	U	Unsatisfactory [illegible]
	V	Visitor (auditor)
	W	Withdrew with permission
[illegible]	X	Absent from final examination [illegible]
[illegible]	Y	Incomplete [illegible]
[illegible]	Z	Dropped without permission [illegible] (discontinued September [illegible])

[illegible] N Grade Option [illegible] September [illegible]
[illegible] Neither K, T, P, or N is included in [illegible] on the cumulative grade point average.

[illegible] Previous to September 19[illegible] provisional grade was requested in cases of incomplete and/or absent from final [illegible] as the provisional grade was used in computing the quarterly average. If no provisional grade was reported, grade "C" was used in computing the quarterly average. Both the quarterly and cumulative average, as well as hours and grade points [illegible] grade was reported.

III. [illegible] 1936 - August 1947

Grade Points	Grade		Grade Points	Grade	
7 =	A+	Superior	[illegible]	D	Poor, barely passing
6 =	A		[illegible]	E	Condition; [illegible]
5 =	B+	Good			
4 =	B				
3 =	C+	Fair			
2 =	C				Failure [illegible]

IV. Previous to June 19[illegible]

Grade Points	Grade		Grade Points	Grade	
3 =	A	Superior	[illegible]	E	Condition; [illegible]
2 =	B	Good			
1 =	C	Fair		F	Failure [illegible]
0 =	D	Poor			

ABBREVIATIONS

[illegible] Incomplete
Abs [illegible] Absent from examination [illegible]
Drp [illegible] Course dropped [illegible]
[illegible] Dropped [illegible]
[illegible] Provisional grade
[illegible] Work completed [illegible]
Aud [illegible] Auditor

SYMBOLS

* Grades [illegible]
** Duplication [illegible]
\#\# Not applicable toward degree

COLLEGE CREDIT

I. Beginning September 1969 - on a course system - "1" denotes one course and "½" denotes 1/2 course. For the purpose of transfer credit, one course during the academic year should be considered to be the equivalent of four quarter hours or 2 2/3 semester hours.

The Summer Session combines the course offerings of the University College (semester system) and the Evanston Campus (quarter system). For purposes of transfer credit, courses taken during the Summer Session should be considered to be the equivalent of four quarter hours or three semester hours.

II. September 1947 to August 1969 - on quarter system (exception - during World War [illegible] 1943-45 Navy [illegible] Program was on semester system).

[illegible] semester hour was the work done in a fifty minute lecture or recitation once a week for a quarter (or a semester), or a laboratory for a minimum of two hours a week for a quarter (or a semester). 2 semester hours equal 3 quarter (or term) hours.

[illegible] 1942 [illegible] system (exception [illegible]) [illegible] quarter system.

[illegible] quarter hours (or 1[illegible] semester hours) was required for graduation.

STATUS OF UNDERGRADUATES

In good standing - This indicates student is entitled to honorable dismissal in every sense of the word and may continue his course in Northwestern University at any time. No separate letter of honorable dismissal is issued by this institution.

Academic Dismissal - A student whether on probation or not, may be dismissed for academic deficiency whenever the faculty committee decides that such action is [illegible] by a record of poor scholarship. A student may be re-admitted at the discretion of the faculty committee.

COURSE NUMBERING SYSTEM

A level - Courses primarily for freshmen and sophomores usually without college prerequisite.

B level - Courses primarily for sophomores and juniors usually with the prerequisite of an A course in the same or a related department.

C level - Courses primarily for upperclassmen and graduates, often with the prerequisites of an A and/or B course in the same or a related department.

D level - Courses or seminars primarily for graduates, in which the major part of the work is not research.

E level - Courses for graduates only, [illegible] research [illegible] research by the individual student under faculty direction.

DEGREES AWARDED

Graduate School of Management
Master of Business Administration
Master of Management
Master of Manufacturing Management (Joint Program with the School of Engineering)
Bachelor of Business Administration (Chicago Campus - discontinued June 1970)
Bachelor of Science in Business Administration (Evanston Campus - discontinued June 1972)

College of Arts and Sciences
[illegible] - Bachelor of Arts
1942 - [illegible] - Bachelor of Arts (Special [illegible] Liberal Arts) (classical language no longer required)
Bachelor of Science
1852-1942 - Bachelor of Arts Honors Degree[illegible] (1904-1942)
Bachelor of Arts (classical language required)
Bachelor of Science Honors Degree[illegible] (1934-1942)
Bachelor of Science (1876-1954)

School of Education and Social Policy
[illegible] - Master of Science in Education and Social Policy (formerly Master of Science in Education)
[illegible] - Bachelor of Science in Education and Social Policy (formerly Bachelor of Science in Education)
[illegible] - Master of Science in Education

School of Journalism

Master of [illegible]	Master of Science in Advertising
Master of Science in Journalism	Bachelor of Science in Journalism

School of Music

Doctor of Music	Bachelor of Music
Master of Music	Bachelor of Music Education (discontinued 19[illegible])
Master of Sacred Music	Bachelor of Arts in Music

School of Speech

Master of Science in [illegible] ([illegible] present)	
Master of Arts in [illegible] Speech [illegible]	Bachelor of Science in Speech

School of Engineering and Applied Science

Master of Manufacturing Engineering	Bachelor of Science in Computer Science
Master of Engineering Management	Bachelor of Science in Electrical Engineering
Master of Urban and Regional Planning	Bachelor of Science in [illegible] Engineering
Bachelor of [illegible]	Bachelor of Science in Mechanical Engineering
Bachelor of Science in Applied Mathematics	Bachelor of Science in Materials Science and Engineering
Bachelor of Science in Chemical Engineering	Bachelor of Science in Nuclear Engineering
Bachelor of Science in Civil Engineering	

Graduate School

Doctor of Philosophy	Master of Arts in Teaching
Doctor of Education [illegible]	Master of Fine Arts
Master of Arts	Master of Science

University Senate
[illegible]
A degree [illegible] on recommendation of the University Senate, to the [illegible] graduate schools of the University who completed the required [illegible] unable to meet all specific degree requirements because their college [illegible] World War II.

TRANSCRIPT EXPLANATION PRINTED ON REVERSE SIDE

UNIVERSITY OF ILLINOIS AT CHICAGO

SOCIAL SECURITY NUMBER [redacted]

NAME: FERNANDEZ LOUIS M

Address at Time of Admission: [redacted]

DEGREE AND DATE: DOCTOR OF MEDICINE JUNE 11, 1989.

DATE OF BIRTH: 01/04/63

RESIDENCE CLASSIFICATION: RESIDENT

COLLEGE AND CURRICULUM AT TIME OF ADMISSION: COLLEGE OF MEDICINE

ACCEPTED FROM:

NORTHWESTERN UNIVERSITY, B.A. JUNE 1985

FERNANDEZ LOUIS M

DESCRIPTIVE TITLE OF COURSE	COURSE NUMBER	CREDIT	GRADE
FERNANDEZ LOUIS M (9/23/85 - 5/31/86)			(FIRST YEAR)
ANATOMY	BMS		
BIOCHEMISTRY	BMS		
PHYSIOLOGY	BMS		
BEHAVIOR SCI	BMS		
GENETICS	BMS		
IMMUNOLOGY	BMS		
CLINICAL CONF	BMS		
FERNANDEZ LOUIS M (9/22/86 - 6/			
MICROBIOLOGY			
PATHOLOGY			
PHARMACOLOGY			
PREV/SOC MEDICINE			
INTRO TO PATIENT			
INTRO CLIN MED/ CLIN PATH/RAD			
NATIONAL BOARD PART I - JUNE, 1987			

COURSE GRADING SYSTEM

O = OUTSTANDING
S = SATISFACTORY
U = UNSATISFACTORY

DESCRIPTIVE TITLE OF COURSE	COURSE NUMBER	CREDIT	GRADE
CLINICAL CLERKSHIPS FERNANDEZ, LOUIS M			
06-15-87 08-08-87 OB GYNE			
08-10-87 10-03-87 PEDIATRICS			
10-05-87 11-28-87 PSYCHIATRY			
11-30-87 12-19-87 MEDICINE			
01-04-88 03-05-88 MEDICINE			
03-07-88 05-28-88 SURGERY			
SENIOR CLERKSHIPS FERNANDEZ, LOUIS M			
06-06-88 07-02-88 CHEM-STRESS UNIT			
07-25-88 08-20-88 ADV PSYCHIATRY			
08-22-88 09-17-88 PSYCHOPHARMACOLOG			
10-03-88 10-15-88 SURG PATHOLOGY			
10-17-88 11-12-88 ANESTH			
11-14-88 11-26-88 CLIN PATHOLOGY			
11-28-88 12-24-88 CARDIOLOGY			
01-09-89 02-04-89 RADIOLOGY			
02-06-89 03-04-89 GASTROENTEROLOGY			
03-06-89 04-01-89 PRIM CARE FAM PRA			
04-02-89 04-29-89 NEUROLOGY			
05-01-89 05-27-89 CLIN DERMATOLOGY			
NATIONAL BOARD PART II - SEPT. 1988			S
SENIOR COMPREHENSIVE EXAM - JAN., 1989			S

CLINICAL GRADING SYSTEM

O = OUTSTANDING
AA = ABOVE AVERAGE
A = AVERAGE
BA = BELOW AVERAGE
U = UNSATISFACTORY
INC = INCOMPLETE
/ = DEFERRED GRADE

JUN 08 1994

THE NAME OF THE UNIVERSITY IS PRINTED IN RED ACROSS THE FACE OF THE 8 1/2 X 11 DOCUMENT

TRANSCRIPT EXPLANATION

The University of Illinois at Chicago
Office of Admissions and Records (M/C 018)
Box 5220, Chicago, Illinois 60680
(312) 996-4380

1. ACCREDITATION

The University of Illinois at Chicago is accredited by the North Central Association of Colleges and Schools, and by many other agencies. For specific program accreditation information, refer to the University catalog.

2. ACADEMIC CALENDAR/UNIT OF CREDIT

Effective Fall 1991: Semester Calendar

The academic year consists of the Fall and Spring semesters and an eight-week Summer session (ten weeks in the Health Sciences Colleges). Each regular semester includes fifteen weeks of instruction and one week of final examinations. The unit of credit is the semester hour.

September 1965-August 1991: Quarter Calendar

The University of Illinois at Chicago operated under the quarter calendar consisting of the Fall, Winter and Spring quarters and an eight week Summer session (ten weeks in the Health Sciences Colleges). Each quarter consisted of ten weeks of instruction and one week of final examinations. The unit of credit was the quarter hour.

September 1946-September 1965: Semester Calendar

3. RELEASE OF INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, this transcript is released to you on the condition that you will not release any information to any other party without the written consent of the student.

4. AUTHENTICITY OF TRANSCRIPT

Official transcripts are printed on red SCRIP SAFE™ security paper and carry the signature of an administrative official and the seal of the university.

5. ACADEMIC STATUS

A. In Good Scholastic Standing: The student has met the scholastic requirements of the college or curriculum.
B. On Scholastic Probation: The student's cumulative average and/or most recent term average is below the requirement of the college or curriculum.
C. Dropped for Poor Scholarship: The student has failed to meet the scholastic requirements of the college and curriculum and is not eligible to continue in the University.
D. Status Undetermined: A student who has received a grade of "IN" may be placed on this status until a letter grade is assigned.
E. Withdrew: A student who left the University before establishing credit.

6. GRADING SYSTEM

	Grade	Grade Point Value
A	Excellent	5 points per hour
B	Good	4 points per hour
C	Average	3 points per hour
D	Poor but passing	2 points per hour
E	Failure	1 point per hour
ER	E by Rule	1 point per hour
Ab	Failure because of absence from final examination without excuse. (This grade was eliminated from the grading system as of Fall 1970.)	

Other Grade Symbols (not included in GPA computation)

P	Pass	For courses taken under the Pass/Fail option, P is recorded on the transcript if the letter grade A, B, C or D is assigned.
F	Fail	For courses taken under the Pass/Fail option, F is recorded on the transcript if the letter grade E is assigned.
W	Withdrew	Officially withdrew from the course without penalty.
I	Incomplete	For undergraduates, converts to ER (E by Rule) if not removed by the end of the subsequent term of enrollment, or no later than one calendar year if the student is not enrolled.
DF	Deferred	Used for thesis courses, continuing seminar, sequential courses, certain study abroad courses, and certain courses that require extended work beyond the term. At the end of the continuing course sequence the DF must be converted to a regular letter grade, to an IN, or to an S or U.
S / U	Satisfactory / Unsatisfactory	Used in graduate thesis research courses, in zero hour graduate courses and in specifically approved courses.

7. SPECIAL NOTATIONS OR SYMBOLS IN USE ON TRANSCRIPT

(immediately preceding course number, grade, or credit entry)

- G — Graduate Credit
- H — Honors course section or honors credit
- E — Extramural courses-administered by the Office of Extension
- X — Correspondence courses-administered by the Office of University Continuing Education
- # — Official grade correction
- * — Credit earned by proficiency or special examination
  1. Proficiency examinations: Examinations for advanced standing in regular University courses. (Only Pass results reflected.)
  2. Special examinations: Examinations in courses previously taken in residence at the University of Illinois in which failing grades have been received or in University of Illinois correspondence courses in which a grade of U or E has been received. (Results reflected as either Pass or Fail.)
- ** — A failure was given because the required work was not submitted to remove a previously assigned Incomplete grade.

8. COURSE NUMBERING SYSTEM (Prior to Fall 1991)

100-199 Open to all undergraduates

200-299 Open only to juniors, seniors and those students meeting course prerequisites

300-399 Courses for graduate and advanced undergraduate students

400-499 Courses for graduate students

9. TRANSFER CREDIT

Undergraduate credit earned at another accredited university or college is recorded in quarter hours until Fall 1991. The total amount of credit accepted is indicated parenthetically in the course number column on the last line of the entry. The cumulative grade point average earned in courses completed at other schools is recorded below the listing of transfer credit.

Graduate credit earned at another school and accepted by the Graduate College is recorded in quarter hours until Fall 1991. The total hours accepted are indicated.

10. HONORS COLLEGE AND HONORS RECOGNITION

A. Honors College: Honors College participation is indicated on the top of the transcript. Honors College students are also Edmund J. James Scholars.

B. Undergraduate Honors: Academic excellence is recognized by the academic units and by the University in a number of ways.

Honors (Dean's) Recognition is awarded in the spring term to students who have been on the Dean's List of their college during at least three of the preceding four terms.

Honor Society: Membership in honors societies is recorded for students accepted by honor societies recognized by the Senate Committee on Academic Programs.

C. Honors at Graduation
University Honors: Students in the top 3 percent of the graduating class in each college are awarded University Honors and their names are listed in the Book of Academic Honors.

College Honors are awarded by each college to its outstanding graduates.

Departmental Distinction: Distinction, high distinction or highest distinction is awarded by academic departments to their outstanding students who meet the special department requirements.

D. Awards: Scholastic awards are listed if approved by the Senate Committee on Academic Programs.

TO TEST FOR AUTHENTICITY: The face of this document has a red background and the name of [illegible] appears in small print. [illegible] to the sample background below. [illegible]

THE UNIVERSITY OF ILLINOIS AT CHICAGO•THE UNIVERSITY OF ILLINOIS AT CHICAGO•THE UNIVERSITY OF ILLINOIS AT CHICAGO•THE UNIVERSITY OF ILLINOIS AT CHICAGO•THE UNIVERSITY OF ILLINOIS AT CHICAGO•THE UNIVERSITY OF ILLINOIS AT CHICAGO•[illegible]

[illegible] black and white, the word COPY appears [illegible] ALTERATION OR FORGERY OF THIS DOCUMENT [illegible] A black and white document is not an official [illegible]

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes (Chapter 111 of the Illinois Revised Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed. This form has been approved by the Forms Management Center.

WORK HISTORY

B 9 5 7 0 7 0 U 7 L

SUPPORTING DOCUMENT

WH

APPLICANT: *Complete Work History. If you have never been employed you may stop at box 8. You are authorized to photocopy this form if additional space is required.*

1. NAME LAST FIRST MIDDLE: Fernandez Louis Manuel

2. DATE OF BIRTH: [redacted] Month Day Year

3. SOCIAL SECURITY NUMBER: [redacted]

4. ADDRESS STREET, CITY, STATE, ZIP CODE: [redacted]

5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.
Physician — Profession Name
036 — Profession Code

6. MAIDEN OR GIVEN SURNAME:

7. CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED ☐

8. DATE FORM COMPLETED: 4/1/94

9. RECORD WORK HISTORY CHRONOLOGICALLY - *Complete Work History beginning with present employment and concluding with graduation. You must account for the entire time period including periods of unemployment and volunteer work, etc.*

A. NAME OF BUSINESS/INSTITUTION: Harbor-UCLA Medical Center
ADDRESS STREET, CITY, STATE, ZIP CODE: 1000 W. Carson St Torrance Ca 90509
SUPERVISOR NAME: Charles Brenkman III M.D
DATE OF EMPLOYMENT/ATTENDANCE: From 07/01/90 (Month/Day/Year) To 06/30/91
HOURS WORKED PER WEEK: >40
TYPE OF EMPLOYMENT: ☒ Full-time ☐ Part-time
TOTAL TIME WORKED (Yr./Mo.): 4yrs/0months
JOB TITLE: Residency in OB GyN
DESCRIPTION OF DUTIES PERFORMED: TRAINING in OB-GyN 4yr

B. NAME OF BUSINESS/INSTITUTION: Harbor-UCLA Medical Center
ADDRESS STREET, CITY, STATE, ZIP CODE: 1000 W. Carson St. Torrance Ca 90509
SUPERVISOR NAME: IRA Lesser M.D
DATE OF EMPLOYMENT/ATTENDANCE: From 07/01/89 (Month/Day/Year) To 06/30/90
HOURS WORKED PER WEEK: 40
TYPE OF EMPLOYMENT: ☒ Full-time ☐ Part-time
TOTAL TIME WORKED (Yr./Mo.): 1yr/0months
JOB TITLE: Internship Psychiatry
DESCRIPTION OF DUTIES PERFORMED: 1st yr TRAINING

IL486-1071 6/93 (LT-A)

COMPLETE THE REVERSE SIDE OF THIS FORM

C. NAME OF BUSINESS/INSTITUTION

JOB TITLE

ADDRESS STREET, CITY, STATE, ZIP CODE

DESCRIPTION OF DUTIES PERFORMED

SUPERVISOR NAME

DATE OF EMPLOYMENT/ATTENDANCE

From __ __ / __ __ / __ __ (Month / Day / Year)

To __ __ / __ __ / __ __ (Month / Day / Year)

HOURS WORKED PER WEEK

TYPE OF EMPLOYMENT

☐ Full-time ☐ Part-time

TOTAL TIME WORKED (Yr./Mo.)

D. NAME OF BUSINESS/INSTITUTION

JOB TITLE

ADDRESS STREET, CITY, STATE, ZIP CODE

DESCRIPTION OF DUTIES PERFORMED

SUPERVISOR NAME

DATE OF EMPLOYMENT/ATTENDANCE

From __ __ / __ __ / __ __ (Month / Day / Year)

To __ __ / __ __ / __ __ (Month / Day / Year)

HOURS WORKED PER WEEK

TYPE OF EMPLOYMENT

☐ Full-time ☐ Part-time

TOTAL TIME WORKED (Yr./Mo.)

E. NAME OF BUSINESS/INSTITUTION

JOB TITLE

ADDRESS STREET, CITY, STATE, ZIP CODE

DESCRIPTION OF DUTIES PERFORMED

SUPERVISOR NAME

DATE OF EMPLOYMENT/ATTENDANCE

From __ __ / __ __ / __ __ (Month / Day / Year)

To __ __ / __ __ / __ __ (Month / Day / Year)

HOURS WORKED PER WEEK

TYPE OF EMPLOYMENT

☐ Full-time ☐ Part-time

TOTAL TIME WORKED (Yr./Mo.)

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY PETE WILSON, Governor

Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
1426 HOWE AVENUE
SACRAMENTO, CA 95825-3236

(916) 263-2653

0 0 9 5 7 0 7 0 0 7 2

May 10, 1994

Illinois Medical Examiners
320 W. Washington Street
Springfield, IL 62786

TO WHOM IT MAY CONCERN:

This is to verify that Dr. Louis Manuel Fernandez, born on 1/4/63, was issued California physician and surgeon's certificate #G 71660, on 6/25/91, based on National Board Credentials. The license is current and renewal fees are paid through 1/31/95. There is no current record of accusation and/or disciplinary activity.

[redacted]
Sandy Fugett
Division of Licensing

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

SEAL

MAY 13 1994

NATIONAL BOARD OF MEDICAL EXAMINERS®

ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME®) in the lower left corner certifies the authenticity of this document.

0 0 9 5 7 1 7 0 0 7 4

Diplomate Name: Louis Manuel Fernandez, MD

Date of Birth: 01/04/1963

Certification Date: 07/01/1990 **Certificate #:** 376689

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/ Fail	Anat	Phys	Bioc	Path	Micr	Phar	Beh Sci
NBME PART I	Jun 1987	[redacted]		PASS	[redacted]						
NBME PART II	Sep 1988			PASS	Med	Surg	Ob/Gyn	PM/PH	Ped	Psych	
NBME PART III	Mar 1990			PASS	[redacted]						

DATE: 05/16/1994

SEE OTHER SIDE FOR SCORE INFORMATION

MAY 27 1994

IL0469

This NBME *Endorsement of Certification* may include scores for Step 1 and Step 2 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE will replace both the current Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. Implementation of USMLE began with the administration of Steps 1 and 2 in 1992. The first administration of Step 3 will occur in June 1994. The NBME accepts passing scores on Parts I, II, and III as meeting the examination requirements for its certification program and the following combinations of passing scores on NBME examinations and USMLE: Part I or Step 1 **plus** Part II or Step 2 **plus** Part III or Step 3.

INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

The most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a three digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

NBME Part I and Part II Examinations June 1991 and Thereafter

The most recent total test score is reported. This score is on a three digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE)

The complete USMLE examination history is given. A total test score is reported on a three digit scale with a mean of 200 and a standard deviation of 20, in increments of 1.

All NBME Part III Examinations

The most recent total test score is reported. This score is on a three digit scale with a mean of 500 and a standard deviation of 100, in increments of 5.

Two-Digit Scores

For all examinations, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

EXPLANATION OF COMMENTS

For USMLE Step 1 and Step 2, this document is annotated to reflect special circumstances regarding the score report.

If you wish to obtain further information about individual examinees who have notations under "Comments," please write the NBME Supervisor of Examinee Records.

Indeterminate – Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

Incomplete – The examinee sat for some but not all of the scheduled test books. **No score is reported.**

Irregular Behavior – Determination was made by the USMLE Committee on Irregular Behavior that the examinee engaged in such behavior. Irregular behavior includes all actions on the part of applicants and/or examinees, or by others when solicited by an applicant and/or examinee, that subvert or attempt to subvert the examination process.

Score Not Yet Available – Score not available pending further review and/or analysis.

Special Testing Accommodations – Following review and approval of a request from the examinee, special testing accommodations were provided in the administration of the examination.

Profession: 036

Date: 6-17-94 Initials: LL

DEFICIENCY NOTICE FOR TEMPORARY/PERMANENT PHYSICIAN LICENSURE APPLICATION

TO:

Louis N. Fernandez MD

[redacted]

Return this form with the requested materials to:

State of Illinois
Department of Professional Regulation
320 West Washington Street
MED 1
Springfield, Illinois 62786

1. Submit the required fee of $_____ made payable to the Department of Professional Regulation. This fee is not refundable.	21. Complete **AF-MED** form (Certification of Affiliation). Submit along with copies of affiliation agreement(s) from the following hospital(s): 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
2. Your application is being returned for completion of Part _____	23. Affidavit of verbal affiliation agreement. See attached for specific information that must be submitted.
3. Submit a copy of your marriage certificate, divorce decree, or court order showing change of name from: _____ to _____	24. The Department is unable to verify completion of 54 months of combined premedical and medical education. Submit proof in the form of official educational documents verifying you meet the minimum education requirements.
4. All documents in a foreign language must be accompanied by original, notarized translations by a person other than yourself who is fluent in both English and the language of the document(s).	25. Submit a list of your work experience from _____ to _____. You must account for entire time period since graduation from medical school (Supporting Document WH).
5. Submit proof that you are a lawfully admitted alien.	26. Submit documentation evidencing maintenance of clinical skills since graduation from medical school. See attached instructions.
6. You are referred to Step 1, Question #7 of the enclosed application filing instructions. Have applicable documentation submitted for each positive personal history response.	27. Submit proof of professional capacity. See copy of attached instructions for specific information required to be submitted.
7. When your application is complete, the Medical Licensing Board will review your qualifications.	28. Have your _____ scores forwarded directly from _____.
8. Your application will be reviewed by the Medical Licensing Board on _____	29. Submit evidence of remedial training.
9. Submit completed **CA-MED** form which indicates beginning and ending program dates.	X 30. Submit **TN-MED** form signed by program director, with seal of hospital.
10. Submit CA-LTD form.	31. University / Hospital seal must be affixed to form. (If institution does not have a seal, form must be notarized and a letter on official stationary must be attached verifying no seal exists.)
11. Submit **ED-MED** form (certification of education).	32. Sign form(s) where indicated.
12. Submit **ED-NON** form completed in its entirety.	33. Submit certification of original/current licensure (Supporting Document CT) from _____.
13. Affidavits, (**ED-AFF** forms) must be completed in accordance with DPR policy. Copy of policy attached.	34. Submit proof that you are Board-certified in a specialty.
14. **Verification of Pass/Fail Exam History**—Request appropriate board(s) or council(s) to forward official transcript of your pass/fail exam history (FLEX, National Board, USMLE) directly to this Department. Must include date and results for each exam attempt.	35. Submit restoration questionnaire (Supporting Document RS).
15. Submit official premedical/medical transcript with school seal affixed.	36. Submit VE form. If in private practice, submit sworn statement attesting to your active practice.
XX 16. Submit photocopy of your degree.	37. Returning original documents.
17. Submit proof of Title or Acta.	
18. Submit proof of Social Service or Fifth pathway.	
19. Submit proof of E.C.F.M.G. certification.	
20. Submit copy of evaluation form for each of the following core rotations: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____	

Other Instructions:

Application No. 036-356-66 7264
Prof. Code SSN/FEIN

Louis M. Fernandez

or Label Space:

APPLICATION REVIEW FINDINGS

AMF 2

1. DATE: 06,17,94
2. EMPLOYEE: 0305
3. PERSONAL HISTORY: _____ (Y OR N)
4. STATUS: 01
5. DEFICIENCIES - ADD: 099,256
   CLEAR: _____
6. LAST CORRESPONDENCE RECEIVED DATE: 06,08,94
7. LAST CORRESPONDENCE SENT DATE: 06,17,94
8. IL APPRENTICE TRAINING LICENSE NO.: _____

EDUCATION INFO:

9. School Name The University of IL @ Chicago
10. School Code _____ 11. Foreign School NO (Yes or No) 12. Date Graduated 06,11,89
13. City/County School Located Chicago 14. State School Located IL

RECIPROCITY INFO:

15. Original Licensure State CA 16. Licensure Date 06,91 (Month, Year)
17. Current Licensure State CA 18. Licensure Date 06,91 (Month, Year)
19. No. of States Licensed in 1

ACCEPTANCE OF EXAM INFO:

20. Who Gave Exam _____ 21. Examination Date ___/___/___
22. Grades: 23. No. of Times Exam Taken: _____

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

MISC. INFO:

24. Related License No.:

1. _____ D___ 2. _____ D___ 3. _____ D___ 4. _____ D___

25. License Specialty Code _____ 26. Bond Insurance Expire Date ___/___/___
27. Agency Manager Name _____ 28. Telephone No. _____
29. Renewal Fee Exempt _____ 30. Experience Requirement Complete _____

LICENSE ASSIGNMENT INFO:

31. Original IL License No _____ 32. Issuance Date ___/___/___

IL486-1323 12/92 (LT)

Application No. _____ _____
Prof. Code SSN/FEIN

or Label Space:

APPLICATION REVIEW FINDINGS

AMF 2

0 0 3 3 7 7 7 0 7 2

1. DATE: 07.19.94

2. EMPLOYEE: 0308 KDE

3. PERSONAL HISTORY: N (Y OR N)

4. STATUS: C

5. DEFICIENCIES - ADD: _____

CLEAR: 099.256

6. LAST CORRESPONDENCE RECEIVED DATE: 7.18.94

7. LAST CORRESPONDENCE SENT DATE: ___/___/___

8. IL APPRENTICE TRAINING LICENSE NO.: _____

EDUCATION INFO:

9. School Name _____

10. School Code _____ 11. Foreign School _____ (Yes or No) 12. Date Graduated ___/___/___

13. City/County School Located _____ 14. State School Located _____

RECIPROCITY INFO:

15. Original Licensure State _____ 16. Licensure Date ____/____ (Month / Year)

17. Current Licensure State _____ _____ 18. Licensure Date ____/____ (Month / Year)

19. No. of States Licensed in _____

ACCEPTANCE OF EXAM INFO:

20. Who Gave Exam _____ 21. Examination Date ___/___/___

22. Grades: 23. No. of Times Exam Taken: _____

1. _____ 2. _____ 3. _____ 4. _____ 5 _____ 6. _____

7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____

MISC. INFO:

24. Related License No.:

1. _____ D___ 2 _____ D ___ 3. _____ D ___ 4. _____ D___

25. License Specialty Code _____ 26. Bond Insurance Expire Date ___/___/___

27. Agency Manager Name _____ 28. Telephone No. _____

29. Renewal Fee Exempt _____ 30. Experience Requirement Complete _____

LICENSE ASSIGNMENT INFO:

31. Original IL License No. _____ 32. Issuance Date ___/___/___

0 0 5 0 0 0 0 3 | | 0336-050891
036-089058

IMPORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes (Chap. 56 1/2, of the Ill. Rev. Stat. 1985). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application. This form has been approved by the Forms Management Center.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

RECEIVED HEALTH SERVICES SECTION MAY 1 1994 DEPARTMENT OF PROFESSIONAL REGULATION

A Controlled Substances license will not be issued until your professional license has been issued.

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substance registration is required for each place of professional practice or business where controlled substances are stored or located.
3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

A. Type or print legibly with black ink only.

B. The fee is $5 - Make check payable to the Department of Professional Regulation. The fee is not refundable. (Separate application/fee required for each registration.)

C. Submit application and fee to:

Department of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☒ First Time Applicant ☐ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME	2. PROFESSIONAL CODE	3. LICENSURE METHOD	4. FEE
Controlled Substances	0 0 3	Registration	$5

MAY 2 1994 DEPARTMENT OF PROFESSIONAL REGULATION

PART II: Application Identifying Information

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g. M.D., D.D.S. etc.)	3. SOCIAL SECURITY NUMBER
Fernandez Louis Manuel	M.D.	[redacted]

4. LOCATION WHERE DRUGS ARE STORED Columbus - Bethesda Medical Center.
[redacted]

5. STREET [redacted] CITY STATE/COUNTRY ZIP CODE COUNTY

6. MAIDEN OR GIVEN SURNAME (if applicable)	7. PLACE OF BIRTH CITY STATE/COUNTRY	8. DATE OF BIRTH
[redacted]		

PART III: Professional Activity

1. CHECK AND COMPLETE ONE OF THE FOLLOWING

Practitioner *(Give Professional License No.)*

- ☒ Physician 036 - 089058
- ☐ Dentist 019 - _____
- ☐ Podiatrist 016 - _____
- ☐ Veterinarian 090 - _____

8-5-94 cs

2. DRUG SCHEDULES (Circle the schedule(s) for which you are applying)

II IIN III IIIN IV V

IL486-0500 6/93 (CS)

REVERSE SIDE MUST BE COMPLETED

PART IV: Personal History Information *(This part must be completed by all Applicants)*	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*		X
2. Do you now suffer, have you suffered from, been diagnosed as having, or been treated for any disease or condition which is generally regarded by the medical community as chronic, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and (3) physical disease or condition that could interfere with your ability to practice your profession? *If yes, attach a detailed statement, including a statement whether or not you are currently under treatment.*		X
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*		X
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		X
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? *If yes, attach a detailed statement for each action, including [illegible] and place of incident, and the nature of the offense.*		X

PART V: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Louis M. Fernandez
Print Name of Applicant

[redacted]
Signature of Applicant

4/1/94
Date of Application

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

IL426-0500 6/93 (CS)

Application must be completed in its entirety.

If not completed, it will be returned to the address noted on front of application.

Electronic Renewal Record

Exit | Find Another

License Number	[redacted]
Pin	[redacted]
Phone	[redacted]
Authorization	[redacted]
SSN	[redacted]
Address Change (IVR only)	N
Perjury Disclaimer	Y
Transaction Dt	4/11/2011
Renewal Fee	$600.00
Fee Type	R
Service Fee	$10.00

Method | I | Credited:

User Responses

1	SSN		9	MD2	N
2	IA1	N	10	MD3	N
3	PH1	N	11	CS1	N
4	PH2	N	12	CE1	Y
5	PH3	N	13		
6	PH4	N	14		
7	MD1	N	15		
8	MD1A	N			

Memo

Print Record

Next Record

Electronic Renewal Record

Exit | Find Another

License Number	[redacted]
Pin	[redacted]
Phone	[redacted]
Authorization	[redacted]
SSN	[redacted]
Address Change (IVR only)	N
Perjury Disclaimer	Y
Transaction Dt	7/16/2008
Renewal Fee	$300.00
Fee Type	R
Service Fee	$5.00

Method | Credited:

User Responses

1	SSN		9		
2	IA1	N	10		
3	PH1	N	11		
4	PH2	N	12		
5	PH3	N	13		
6	PH4	N	14		
7	CS1	N	15		
8	CE1	Y			

Memo

Print Record

Next Record