E min - 9/81

IMPORTANT NOTICE	RETURN APPLICATION TO:	FOR OFFICIAL USE ONLY
Completion of this form is necessary for consideration for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.	STATE OF ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION Attention: Medical Section 320 West Washington Street, 3rd Floor Springfield, Illinois 62786	County Code 86 Graduation Date 6-75 License No. 49444 Certificate Issued 7-30-82 Certificate Mailed 8-4-82

APPLICATION FOR LICENSURE UNDER THE MEDICAL PRACTICE ACT

IN THE BLOCK BELOW, CHECK TYPE OF LICENSURE FOR WHICH YOU ARE APPLYING AND THEN THE BASIS UNDER WHICH YOU ARE APPLYING.

Type of Licensure:	[X] Physician-Surgeon	[ ] Osteopath	[ ] Doctor of Chiropractic
Basis of Licensure:	[X] Flex Endorsement [ ] Flex Examination [ ] Reciprocity	[ ] National Board Endorsement [ ] LMCC Endorsement	[ ] Examination [ ] National Board Diplomate [ ] Reciprocity

All candidates for licensure must complete the following. False or misleading information may be cause for disciplinary action on the grounds of a lack of good moral character.

1. PRINT NAME AS IT SHOULD APPEAR ON CERTIFICATE (Limited to 20 characters first name, middle initial and 20 characters last name): Ronald L. Kissel M.D

2. SOCIAL SECURITY NUMBER: [redacted]
Designation of number is not mandatory—used only to ensure identification, accessibility, and accuracy of the application.

3. HOME STREET ADDRESS: [redacted] | 4. CITY | 5. COUNTY | 6. STATE | 7. ZIP CODE

8. INTENDED STREET ADDRESS (if different): [redacted] | 9. CITY | 10. COUNTY | 11. STATE | 12. ZIP CODE

13. TELEPHONE NO. (Area Code): [redacted] | 14. PLACE OF BIRTH | 15. DATE OF BIRTH (Month/Day/Year)

EDUCATION – Official transcripts must be submitted with this application.

17. COLLEGE EDUCATION *(Do not include medical schooling.)*

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE	CREDIT HOURS
Northwestern University	Evanston, Illinois	From Sept, 1967 To June, 1971	[ ] ___ Semester [X] 45 Quarter
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From To	DATE OF GRADUATION June, 1971

18. MEDICAL COLLEGE OR UNIVERSITY – *Exact copy of diploma of said institution must be attached.*

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE
Autonomous University of Guadalajara	Guadalajara, Mexico	From Aug, 1971 To June, 1975
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From To
TYPE OF DEGREE GRANTED	NAME OF INSTITUTION GRANTING DEGREE	DATE DEGREE WAS GRANTED
M.D.	Autonomous University of Guadalajara, Mexico	June, 1975

19. SPECIALTY/RESIDENCY TRAINING – *For applicants desiring licensure as a physician-surgeon.*

NAME OF INSTITUTION	LOCATION (City and State)	TYPE OF PROGRAM	DATES OF ATTENDANCE
St. Francis Hospital of Evanston - Internship and Residency	Evanston, Illinois	OB/GYN	From July, 1977 To June, 1981

20. PERSONAL HISTORY – *If any of the following questions are answered "YES" a detailed explanation must be furnished on a separate sheet and attached.*	YES	NO
A. Do you hold a license in any of the other healing arts?		✓
B. Have you ever been denied a certificate, or the privilege of taking an examination, before any State Medical Board? *If yes, the State Medical Board must submit a certified statement of the charge and its disposition.*		✓
C. Are you now, or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?		✓
D. *If the answer is yes to either of the following, attach a statement from the treating psychiatrist and a copy of his board certification or, if he is not board-certified, his curriculum vitae.*		
1. Have you ever been a patient (voluntarily or otherwise) in any institution for the treatment of mental or emotional illness, drug addiction, or inebriety?		✓
2. Have you ever been treated, but not hospitalized, for mental or emotional illness, drug addiction, or inebriety?		✓
E. Have you ever been convicted of any criminal offense(s) in Illinois or in another state or in federal court (other than minor traffic violations)?		✓
F. Have you ever been denied hospital staff privileges? *If yes, please attach an explanation from the hospital administrator.*		✓
G. Do you have any physical impairment or disability that could interfere with your ability to practice your profession?		✓
H. Have you ever applied for a certificate of registration as a physician-surgeon or chiropractor?		✓
I. Have you ever written a licensure examination to practice medicine and surgery or chiropractic in Illinois or any other state? *If yes, complete the following:*	✓	

List state(s) in which you took examination	Type of Examination Taken	Date of Examination
Oklahoma	FLEX	6/1981

J. Have you ever been licensed as a physician-surgeon or chiropractor in Illinois or in another state? *If yes, complete the following and attach a certification of original licensure, with state seal affixed.*	✓	

List state(s) in which you have ever been licensed.	License Number	Dates of Licensure From	Dates of Licensure To	Is license current?	Has license ever been revoked or otherwise disciplined?
Oklahoma	13314	9/1981	Present	[✓] YES [ ] NO	[ ] YES [✓] NO
Arizona	13057	10/1981	Present	[✓] YES [ ] NO	[ ] YES [✓] NO
				[ ] YES [ ] NO	[ ] YES [ ] NO

[redacted]

STATE OF ARIZONA)
COUNTY OF MARICOPA)

I hereby certify that I personally completed this application and that the answers appearing herson are true and correct to the best of my knowledge and belief.

[redacted]

Signature (In full-Use no initials)

Subscribed and sworn before me this 30th day of July, 1982. NOTARY SEAL

[redacted]

Signature of Notary Public

My Commission Expires Oct. 14, 1984

IMPORTANT NOTICE

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DEPARTMENT OF REGISTRATION AND EDUCATION

STATE OF ILLINOIS

CERTIFICATION OF CLINICAL TRAINING

DEC 14 1982

DEPARTMENT OF REGISTRATION AND EDUCATION

NAME OF APPLICANT: Ronald L Kissel M.D

ILLINOIS TEMPORARY CERTIFICATE NUMBER (If applicable):

This is to certify that the above-named applicant has satisfactorily completed 48 months in a program of specialty/residency training from July, 1977 to June, 1981 at the following hospital.

NAME OF HOSPITAL: St. Francis Hospital of Evanston

NUMBER AND STREET: 355 Ridge Ave

CITY, STATE, AND ZIP CODE: Evanston, Illinois 60202

SEAL OF HOSPITAL

DATE:

SIGNATURE OF MEDICAL DIRECTOR: [redacted]

IL 486-0265 7/81 (MD)

IMPORTANT NOTICE

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STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
Attention: Medical Section
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

CERTIFICATION OF LICENSURE

APPLICANT

APPLICANT: Complete the top of this page and forward it to the state in which you hold a license.

NAME (Last, First, Middle)	MAIDEN NAME
Kissel Ronald Lee	

ADDRESS (Street, City, State, and ZIP Code) [redacted]

ORIGINAL LICENSE NUMBER	TYPE OF REGISTRATION	DATE ISSUED
13314	[X] Physician-Surgeon [ ] Osteopath [ ] Chiropractor	Sept 1981

I hereby authorize the Oklahoma State Board of Medical Examiners (Name of State Medical Board or State Agency to which Form 4 Being Sent) to furnish to the Illinois Department of Registration and Education the information requested below.

Date July 3, 1982 Signature [redacted]

LICENSING AGENCY ONLY

This is to certify that the above-named individual was issued license number 13314

to practice: medicine and surgery Date of issuance: 9-15-1981

Licensed by:
- [ ] Oral Examination
- [X] Written Examination
- [ ] Endorsement
- [ ] Exemption
- [ ] Reciprocity

Current licensure status:
- [X] Active
- [ ] Inactive
- [ ] Lapsed

Date license expires: June, 1983

Is there any disciplinary action now pending concerning this license or has this license ever been revoked, suspended, surrendered, restricted, limited, or placed on probation? [ ] Yes [X] No If yes, explain on reverse side.

Does your state grant the same privilege of reciprocal registration to Illinois registrants? [X] Yes [ ] No

SEAL

Signature [redacted]

Title Administrator

State Oklahoma

Date July 9, 1982

TO THE BOARD: Return this form directly to the applicant named above or, if agency policy prohibits you from following this procedure, it may be forwarded to the Department of Registration and Education at the above address.

IL 486-0280 7/81 (MD)

IMPORTANT NOTICE

Completion of this form is required for applicant to be considered for licensure under Chapter 111 of the Illinois Revised Statutes. This form has been approved by the Forms Management Center.

RECEIVED 1982 JUL 14 AM 9 47

DEPARTMENT OF REGISTRATION AND EDUCATION

MEDICAL SECTION

STATEMENTS OF IDENTITY

TO BE COMPLETED FOR APPLICANTS APPLYING FOR REGISTRATION AS A PHYSICIAN-SURGEON ONLY.

INSTRUCTIONS TO APPLICANT: Please attach a photograph in the space provided [illegible] be completed by two licensed physicians who can [illegible] submitted with your application.

FIRST STATEMENT

This is to certify that I, John H. Isaacs, M.D. (Print name) am personally acquainted with Ronald L. Kissel, M.D., who is applying for licensure as a physician-surgeon in the State of Illinois, and I hereby attest that the attached photograph is a true likeness of him/her.

[redacted] (Signature of Physician) — 7-9-82 (Date)

[redacted] (Number and Street / City / State / ZIP Code)

Illinois (State of Licensure) — #036-028031 (License Number)

SECOND STATEMENT

This is to certify that I, Herbert H. Beck, III, M.D., am personally acquainted with Ronald L. Kissel, M.D., who is applying for licensure as a physician-surgeon in the State of Illinois, and I hereby attest that the attached photograph is a true likeness of him/her.

[redacted] (Signature of Physician) — 7-9-82 (Date)

[redacted] (Number and Street / City / State / ZIP Code)

Illinois (State of Licensure) — # 36-55025 (License Number)

IL 486–0267 7/81 (MD)

THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.
2626-B WEST FREEWAY, FORT WORTH, TEXAS 76102

TO: ILLINOIS

SUBJECT: FLEX Examination Grades For:
KISSEL, RONALD LEE
[redacted]

FIN [redacted]
Birthdate [redacted]
Date of Certification 07/28/82

It is certified that the named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following grades.

EXAMINATION DATE	06/81	12/80	06/80	12/79	06/79
FOR STATE	137	137	137	137	137
STATE ID #	OK087	OK-67	OK-80	OK-81	OK-45
BASIC SCIENCE					
Anatomy	[redacted]				
Physiology					
Biochemistry					
Pathology					
Microbiology					
Pharmacology					
Behavioral Science					
BASIC SCIENCE AVERAGE					
CLINICAL SCIENCE					
Medicine					
Surgery					
Obstetrics					
Public Health					
Pediatrics					
Psychiatry					
CLINICAL SCIENCE AVERAGE					
CLINICAL COMPETENCE AVERAGE					
FLEX WEIGHTED AVERAGE					

-581 average

237 57
136 82
60 70
75 81
-75 81

We have no unfavorable information regarding the above named physician.

[redacted]

~~HAROLD E. JERVEY JR., M.D.~~
EXECUTIVE DIRECTOR - SECRETARY

Swedish Covenant Hospital
5145 North California Avenue
Chicago, Illinois 60625
(312) 878-8200

DIVISION OF MEDICAL EDUCATION

July 7, 1982

Department of Registration and Education
320 West Washington Street
Springfield, Illinois 62786

Attention: Ms. Nancy Melton
Medical Section

Dear Ms. Melton:

This is to certify that Ronald L. Kissel, M.D., who has applied for medical licensure in the State of Illinois, successfully completed the Fifth Pathway Program, sponsored by Rush Medical College, at Swedish Covenant Hospital between the dates of July 1, 1976 and June 30, 1977.

Sincerely,

[redacted]

Walten I. Baba, M.D., Ph.D.
Director of Medical Education

WIB/nc

CURRICULUM VITAE

NAME: Ronald Lee Kissel

BIRTH: [redacted]

MARITAL STATUS:

EDUCATION:

HIGH SCHOOL: Rock Island Senior High School
June 1967

COLLEGE: Northwestern University
Evanston, IL
B.A. Sociology (Pre-Med)
June 1971

MEDICAL SCHOOL: Autonomous University of Guadalajara
Guadalajara, Mexico
M.D. June 1975

PROFESSIONAL EXPERIENCE:

Rotating Externship
(SAMA-MECO)
Franciscan Medical Center
Rock Island, IL
June - August 1972

Rotating Externship
(SAMA-MECO)
St. Francis X. Cabrini Medical Center
(via Columbus Medical Center)
Chicago, IL
June - August 1973

Surgical Assistant
St.Francis X. Cabrini Medical Center
Chicago, IL
June - August 1974

Eighth Semester Rotation
Columbus Medical Center
Chicago, IL
February - May 1975

Pathology Externship
(Teaching Assistant - Histology)
Rush-Presbyterian Medical Center
Rush Medical College
Chicago, IL
September 1975 - June 1976

Fifth Pathway (Rush Medical College)
Swedish Covenant Hospital
Chicago, IL
July 1976 - June 1977

Categorical* Internship (Obstetrics & Gynecology)
St. Francis Hospital
Evanston, IL
July 1977 - June 1978

Residency - Obstetrics and Gynecology
St. Francis Hospital
July 1978 - June 1981

SOCIETIES: Junior Fellow
American College of Obstetrics & Gynecology

PAPERS: CORRELATION OF DATA FROM THE
CURITY-ISAACS ENDOMETRIAL CELL SAMPLER
AND ENDOMETRIAL CARCINOMA
(Paper in progress)

Work Experience continued:

Scottsdale OB/GYN, PC
Scottsdale, Arizona
Sept - Dec, 1981

INA
Phoenix, Arizona
Jan - Aug, 1982

Private Practice
Evanston, Northbrook, Illinois
Aug, 1982 →

STATE OF ILLINOIS

Department of Registration and Education

Attention: Medical Section
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

(Use typewriter or print with pressure)

Enter all applicable information.

E.C.F.M.G. No. [redacted]
Visa Type and No.
DBI No.
Full name before marriage
Social Security No. [redacted]

NOTE: Designation of your Social Security Number is not mandatory — used ONLY to ensure identification, accessibility and accuracy of your application.

NAME: Kissel (Family name) Ronald Lee (All other names (spell out completely))

Street Add: [redacted]
City: [redacted]
Country: USA Place of birth: Davenport, Iowa (City — Province — Country)

DATE OF BIRTH: Date [redacted] Month [redacted] Year [redacted] Sex: Male X Female ____
CITIZENSHIP: At birth: USA Now: USA
MEDICAL DEGREE: Title of degree (M.D., M.B.-B.S., D.O., other) M.D. Date conferred 6/1975

MEDICAL SCHOOL: (Precise name)	(School(s) attended)	(Location)	(Dates)	(No. of school yrs.)
	Autonomous University of Guadalajara	Guadalajara, Mexico	8/31-6/75	4

SECONDARY SCHOOL, COLLEGE, UNIVERSITY Northwestern University Evanston, Ill. 9/67-6/71 4

HOSPITAL TRAINING: Hospital(s)	Location	Position(s)	Dates
St Francis Hospital	Evanston, Ill.	Intern	7/77-6/78
St Francis Hospital	Evanston, Ill.	Resident Surgery	7/78-6/81
Swedish Cov. Hosp (Rush Medical College)	Chicago, Ill.	Fifth Pathway	7/76-6/77

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).) Oklahoma - 13314 - FLEX Exam; Arizona - 13057 - FLEX ENDORSEMENT
Have you ever taken an E.C.F.M.G. examination? Yes ✓ No ____ Date(s) 7/76 ☐ Passed ☒ Failed
Have you ever taken a FLEX examination? Yes ✓ No ____ Date(s) 10/81 ☒ 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 X (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, Joseph P. Radigan III, a Notary Public, DO HEREBY CERTIFY, that R. Kissel MD 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 3rd day of July A.D. 1982

Joseph P. Radigan III (Seal)
Notary Public
My Commission Expires Oct. 14, 1984

IL 486-0740

NOTE: Accompanying this preliminary application must be two photographs taken within the past six months. They should be at least passport size (2½ x 2½) and be signed on the reverse by the applicant.

[redacted]
Signature of Applicant

July 3, 1982
Date

(MD 157)

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

Diploma

Universidad Autónoma de Guadalajara.
Estado de Jalisco. República Mexicana.

A todos aquéllos que estas letras vieren
comunicamos:

El Rector de la Universidad, el Director y Cuerpo de Profesores de la Escuela de Medicina, de conformidad con los Tribunales de Exámenes, hacen constar que:

Ronald Lee Kissel

por el tiempo acostumbrado y sujeto a las pruebas semestrales cursó y aprobó los estudios previstos en el plan oficial vigente para la carrera de:

Médico Cirujano

En consecuencia se le ha dado todo derecho, honor y dignidad que a tal carrera corresponde.

En testimonio de lo cual se expide este Diploma sellado por la Universidad el día 12 de junio de 1975.

El Rector
de la U. A. de G.

Dr. Luis Gutiérrez Gutiérrez

El Director de la Escuela
de Medicina

Dr. Héctor Velasco Pérez

DIPLOMA

Universidad Autónoma de Guadalajara
State of Jalisco, Republic of Mexico.

To all who witness these letters
let it be known that:

The Rector of the University, the Director and Faculty of the School of Medicine, in conformity with the Examining Tribunals certify that:

(name)
Ronald Lee Kissel

Per the required time and having been subjected to the [illegible] examinations, has taken and passed those theoretical studies required in the official curricula in effect for the career of

PHYSICIAN-SURGEON

In consequence thereof, he has been granted all rights, honors and dignity corresponding to such career.

In testimony whereof, this Diploma is awarded, sealed by the University this 12th day of June 1975.

THE RECTOR
OF THE U. A. OF G.

THE DIRECTOR OF THE
SCHOOL OF MEDICINE

THIS IS THE FAITHFUL TRANSLATION OF THE DIPLOMA, TRANSLATION GIVEN BY THE UNIVERSIDAD AUTONOMA DE GUADALAJARA.

UNIVERSIDAD AUTONOMA DE GUADALAJARA

CERTIFICATE OF COMPLETION

presented to

RONALD LEE KISSEL

Who has satisfactorily concluded

one academic year of supervised Clinical Training

at

Swedish Covenant Hospital

Chicago. Illinois

under the direction of

Rush Medical College

in a Fifth Pathway Program

established pursuant to the

Medical Practice Act of the State of Illinois as amended.

June 22. 1977

Philip O. Anderson
Program Director
Swedish Covenant Hospital

Dean, Rush Medical College

Administrator
Swedish Covenant Hospital

President, Rush-Presbyterian-St. Luke's Medical Center

Board of Medical Examiners
of the
State of Arizona

LICENSE **Nº 13057**

This Is To Certify, That RONALD LEE KISSEL, M. D.

a graduate of FACULTAD de MEDICINA de la UNIVERSIDAD AUTONOMA de GUADALAJARA

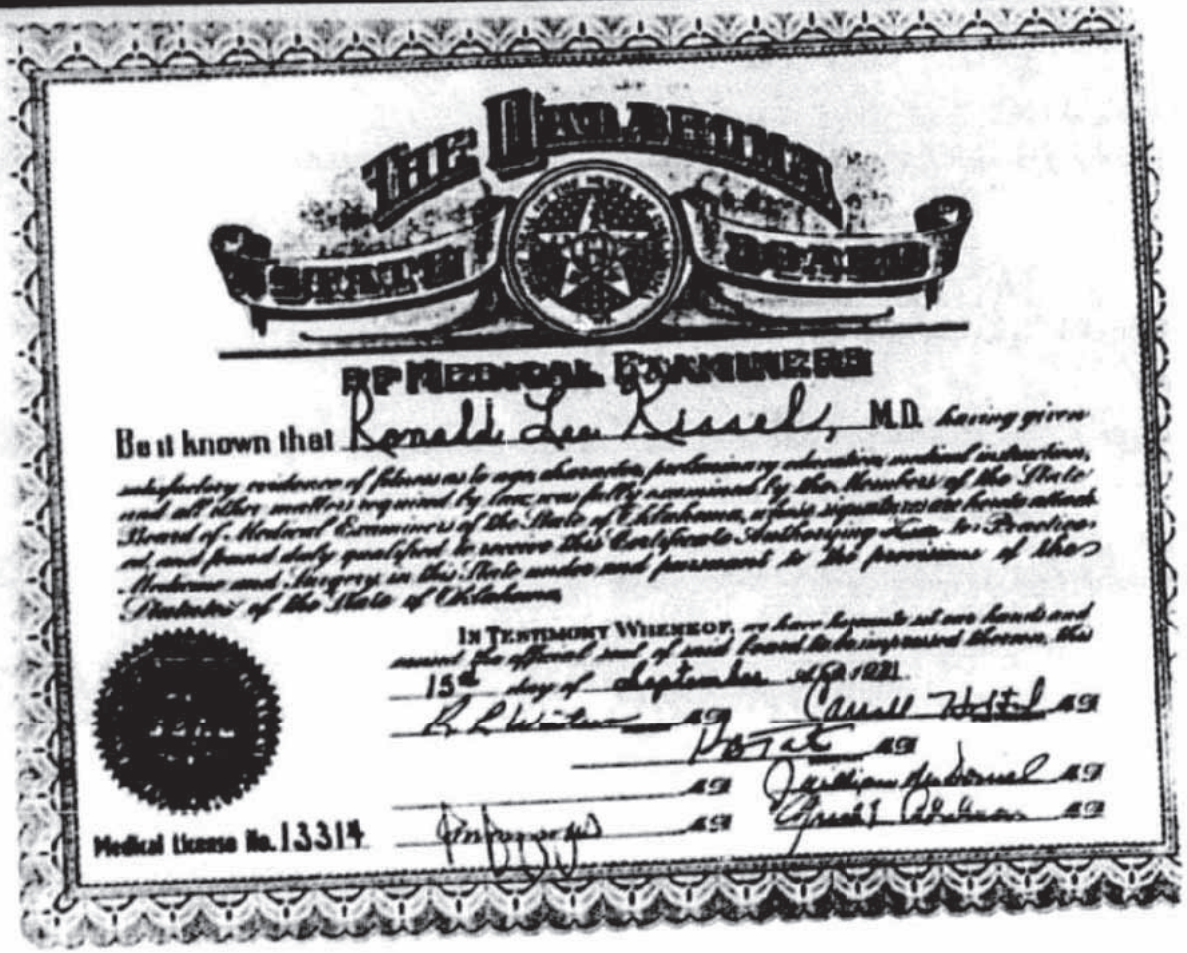
having a diploma thereof dated JUNE 12, 1975 has complied with the applicable provisions of Chapter 13, Title 32, Arizona Revised Statutes, as amended, required to practice Medicine in the State of Arizona, and, therefore, is entitled so to practice. This license shall be evidence thereof unless or until suspended or revoked.

In testimony whereof, the BOARD OF MEDICAL EXAMINERS of the STATE OF ARIZONA has issued this LICENSE and caused the same to be signed by its PRESIDENT and its SECRETARY-TREASURER, and its SEAL to be hereto affixed this 2ND day of OCTOBER, A. D., 19 81.

BOARD OF MEDICAL EXAMINERS
of the STATE OF ARIZONA

Phillip J. Lubr M. D.
PRESIDENT

James C. Bradley Jr. M. D.
SECRETARY-TREASURER



THE OKLAHOMA STATE BOARD OF

BY MEDICAL EXAMINERS

Be it known that Ronald Lee Russell, M.D. having given satisfactory evidence of fitness as to age, character, preliminary education, medical instruction, and all other matters required by law, was duly examined by the Members of the State Board of Medical Examiners of the State of Oklahoma, at their regular meeting and found duly qualified to receive this Certificate Authorizing Him to Practice Medicine and Surgery in this State under and pursuant to the provisions of the Statutes of the State of Oklahoma.

IN TESTIMONY WHEREOF, we have hereunto set our hands and caused the official seal of said Board to be impressed thereon, this 15th day of September A.D. 1921.

Medical License No. 13314

M.D.
M.D.
M.D.
M.D.
M.D.

Saint Francis Hospital

Evanston, Illinois

An Affiliate of
Loyola University Stritch School of Medicine

Be it Known That

Ronald L. Kissel, M.D.

has served in the capacity of

Resident-Obstetrics/Gynecology

for a period of 36 months ending June 30, 1981

In Witness Whereof, the undersigned have affixed their signatures

this 30th day of June, 1981

John H Bacco MD
Chief of Department

Fred C Lee MD
President Medical Staff

Sister Mary Conde, D.S.T.
Chief Executive Officer

Saint Francis Hospital

Evanston, Illinois

An Affiliate of
Loyola University Stritch School of Medicine

Be it Known That

Ronald E. Kissel, M. D.

has served in the capacity of

First Postgraduate Year-Obstetrics/Gynecology

for a period of 12 months ending June 30, 1978

In Witness Whereof, the undersigned have affixed their signatures
this 30th day of June, 1978

John H Brace M D
Chief of Department

SAINT FRANCIS HOSPITAL
EVANSTON ILLINOIS

President Medical Staff

Chief Executive Officer

Electronic Renewal Record

Exit | Find Another

License Number	036064944
Pin	[redacted]
Phone	
Authorization	[redacted]
SSN	[redacted]
Address Change (IVR only)	Y
Perjury Disclaimer	Y
Transaction Dt	5/9/2005
Renewal Fee	$300.00
Fee Type	R
Service Fee	
Memo	

Method I

Credited:

User Responses

1	SSN		9		
2	1	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			

Electronic Renewal Record

Exit | Find Another

License Number	036064944
Pin	[redacted]
Phone	[redacted]
Authorization	024837
SSN	[redacted]
Address Change (IVR only)	Y
Perjury Disclaimer	Y
Transaction Dt	4/24/2008
Renewal Fee	$300.00
Fee Type	3
Service Fee	$5.00

Method: I

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			

Electronic Renewal Record

Exit | Find Another

License Number	036064944
Pin	[redacted]
Phone	[redacted]
Authorization	[redacted]
SSN	[redacted]
Address Change (IVR only)	N
Perjury Disclaimer	Y
Transaction Dt	5/26/2011
Renewal Fee	$300.00
Fee Type	R
Service Fee	$5.00

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	Y	15		
8	MD1A				