

STATE OF MICHIGAN



JAMES J. BLANCHARD, Governor

MICHIGAN BOARD OF MEDICINE
P.O. Box 30018
Lansing, Michigan 48909
Telephone: (517) 373-0680

DEPARTMENT OF LICENSING AND REGULATION

March 24, 1988

RAYMOND W. HOOD, SR., Director

Stanley Michael Berry, M.D.
7807 Delmar Blvd.
University City, MO 63130

RE: MICHIGAN MEDICAL LICENSURE

Dear Doctor:

This is to advise you that you have been issued Michigan medical licensure # 052533, dated March 23, 1988, and effective to January 31, 1989. You should expect to receive a Certificate of Licensure in four to six weeks. In the interim this letter will serve as your authority to practice medicine and apply for your Controlled Substance License, and hospital staff privileges.

The engraved certificate of medical licensure will be ordered and forwarded to you when it has been obtained from the engraver, and the proper seal and signatures affixed.

YOU ARE ADVISED TO KEEP THIS OFFICE INFORMED OF ANY CHANGE IN ADDRESS, WITHIN 30 DAYS OF THE CHANGE.

Please note the following enclosures:

1. Copy of the Michigan Public Health Code, Act 368 of 1978, as amended.
2. Continuing Medical Education Rules - R338.2371 - R 338.2382
3. General Rules - Standards of Practice Regarding Sympathomimetic Amine Drugs, Including Amphetamines - R 338.2303
4. Informational Material from the Michigan Department of Public Health

Sincerely yours,

MICHIGAN BOARD OF MEDICINE

Florestine Beasley
Florestine Beasley
Board Secretary

NOTE: If you have not applied for your Controlled Substance License please contact the Michigan Board of Pharmacy, P.O. Box, 30018, Lansing, MI (517/373-0620).

Enclosures

OK
3/23/89
kb

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF MEDICINE
P.O. BOX 30012
LANSING, MICHIGAN 48909
(517) 373-0880

This form is required by P.A. 368 of 1978 in order for you to be licensed in Michigan.

JAN 27 89

APPLICATION FOR MEDICAL AND CONTROLLED SUBSTANCE LICENSES

I am applying for the following:

License by examination
Fee: \$165.00

License by endorsement
Fee: \$105.00

Controlled Substance license
Fee: \$30.00

MEDICAL LICENSE APPLICATION

I am applying on the basis of the following examination:

FLEX

NATIONAL BOARDS

OTHER

NAME OF APPLICANT (last, first, middle)

Berry Stanley Michael

ADDRESS (no. street, city, state, zip)

7807 Delmar Blvd, University City, MO 63130

DATE OF BIRTH

SOCIAL SECURITY NUMBER

CHECK THE APPROPRIATE ANSWER TO EACH OF THE FOLLOWING QUESTIONS. ATTACH DETAILED EXPLANATION FOR ANY YES ANSWER YOU CHECK.

- Have you ever been convicted of a crime? YES NO
- Have you ever been under treatment for addiction or insobriety? YES NO
- Are you now or have you ever been a defendant in a medical malpractice civil suit? YES NO
- Have you ever been refused a license to practice professionally for any reason by any state or federal agency? YES NO
- Have you ever been denied the privilege of taking an examination by any state medical board? YES NO
- Have you ever had your medical or controlled substance license, certificate, registration or approval revoked or suspended, or have you ever been otherwise disciplined by a medical board or a board responsible for regulating controlled substances? YES NO
- Do you currently have any charges or complaints pending against you before a medical board or a board responsible for regulating controlled substance? YES NO
- Have you ever held a restricted state or federal license, certificate, registration, or approval? YES NO

List each state in which you hold or have ever held a license and the date such license was issued: Missouri Licence Issued July 04, 1985

Provide a complete chronological record of all your educational preparation and work experience from secondary or high school to the present date, including all undergraduate clinical clerkships you completed. Attach additional sheets if necessary.

NAME AND ADDRESS OF INSTITUTION	DATES OF ATTENDANCE		DEGREE OBTAINED
	From	To	
Sterling School (High School) ^{Essexboro Vermont}	Sept 1968	June 1971	H.S. Diploma
Kenyon College, Gambier, Ohio	Sept 1971	June 1972	
Macalester College, St. Paul, Minnesota	Oct 1972	May 1978	
Creighton University, Omaha, Nebraska	Sept 1978	April 1979	Post B.S. Pre-Med Certificate
Mayo Medical School	Sept 1979	May 1984	M.D.

I hereby certify that the information in this application is true and correct and I hereby make application for medical licensure in Michigan.

Signature Stanley M. Berry, M.D. ✓ Date Jan 25, 1988

Subscribed and sworn to before me this 25th day of January, 1988

Signature of Notary Public Maria Kasenheg

County of St. Louis, Missouri My commission expires 6/17/91

CONTROLLED SUBSTANCE LICENSE APPLICATION

A controlled substance license is required for every person who manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. A separate controlled substance license is required for each business location from which you manufacture, distribute, or prescribe, or dispense controlled substances. If you will practice at an additional location or in a methadone program, please request an Application for Additional Location from the Michigan Board of Pharmacy, P.O. Box 30018, Lansing, Michigan 48909 (Telephone 517-373-0620).

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 357 Federal Building, 231 Lafayette, Detroit, Michigan 48226 (Telephone 313-226-7290).

I hereby make application for a Michigan controlled substance license.

Signature Stanley M. Berry, M.D. Date January 25, 1988

RECEIVED

FEB 12 1988

State of Michigan
Department of Licensing and Regulation DEPT of LICENSING & REG.
BOARD OF MEDICINE
P.O. Box 30018
Lansing, Michigan 48909

CERTIFICATION OF MEDICAL EDUCATION

RECEIVED

APPLICANT INSTRUCTIONS

1. Complete Section I. Enter your name exactly as it appears on your application.
2. Send this form to the dean of the medical school you attended for completion of Section II. This certification must be submitted directly to the Board by the Medical School.
3. If you attended more than one medical school, certifications must be submitted from each school. You may photocopy this form if necessary.

FEB 12 1988

DEPT. OF LIC. & REG.
BOARD OF MEDICINE

SECTION I: APPLICANT INFORMATION

NAME OF APPLICANT (last, first, middle) Berry Stanley Michael

ADDRESS (no., street, city, state, zip) 7807 Delmar Blvd. University City, MO 63130

DATE OF BIRTH [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

DATE OF ADMISSION September 1979 DATE OF GRADUATION May 1984

SECTION II: CERTIFICATION OF MEDICAL EDUCATION

NAME OF DEAN OR REGISTRAR OF MEDICAL SCHOOL Leslie A. Litwiller, Registrar

NAME OF MEDICAL SCHOOL Mayo Medical School

ADDRESS OF MEDICAL SCHOOL 200 First Street S. W.
Rochester, MN 55905

This is to certify that Stanley Michael Berry,
attended medical school at Mayo Medical School, Rochester, Minnesota
from September 4 19 79 through May 18 19 84 and was
granted the degree of medicine on May 19 19 84 ✓
Signature Leslie A. Litwiller Date 2/10/88

NOTE: Please return this completed certification directly to the Michigan Board of Medicine at the address listed above.

NATIONAL BOARD OF MEDICAL EXAMINERS •• 3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104
 ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA

Stanley Michael Berry, 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 C. WILLIAM DAESCHNER, JR., M.D.
 Chairman of the Board

SEAL EDITHE J. LEVIT, M.D.
 Philadelphia, Pa. President of the Board

07/01/85 Certificate # 303610

RECEIVED
 DEC 14 1987
 DEPT. OF LIC. & REG.

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from MAYO MEDICAL SCHOOL in MAY 1984 and whose birth date is [REDACTED]. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score	
<u>PART I passed</u> <u>09/82</u>			
Anatomy, incl. histology and embryology			
Physiology			
Biochemistry			
Pathology			
Microbiology, incl. immunology			
Pharmacology and Materia Medica			
Behavioral Sciences			
TOTAL TEST (Minimum Passing Score 380/75)			
<u>Part II passed</u> <u>04/84</u>			
Internal medicine and the medical specialties			
Surgery and the surgical specialties			
Obstetrics and Gynecology			
Public Health and Preventive Medicine			
Pediatrics			
Psychiatry			
TOTAL TEST (Minimum Passing Score 290/75)			
<u>PART III passed</u> <u>03/85</u>			
A General Test of Clinical Competence			
TOTAL TEST (Minimum Passing Score 290/75)			
GENERAL AVERAGE (Parts, I, II, and III Scale Score)			

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Melanie Valente
 Secretary for Certification
 12/11/87

 Date

SEAL



State of Missouri

John Ashcroft, Governor

Department of Economic Development
Division of Professional Registration

Carl M. Koupal, Jr., Director
Gregg L. Hartley, Director

State Board of Registration for the Healing Arts
P.O. Box 4
Jefferson City, Missouri 65102
Telephone 314/751-2534

Gary P. Clark, Executive Secretary

March 10, 1988

RECEIVED
MAR 15 1988
DEPT. OF LIC. & REG.

Michigan Board of Medicine
Department of Licensing & Regulations
611 W. Ottawa Street
P.O. Box 30018
Lansing, MI 48909

RECEIVED

MAR 15 1988

DEPT. OF LIC. & REG.

Dear Sir/Madam

This is to certify that Stanley M. Berry, M.D. was granted state license number R8E28 to practice as a physician and surgeon in the state of Missouri on July 1, 1985 on the basis of National Board endorsement. Dr. Berry's license is current through January 31, 1989.

I further certify that Dr. Berry's license is in good standing and there is no derogatory information concerning him on file with this office.

If we can be of further assistance, please do not hesitate to contact this office.

Sincerely,

GARY R. CLARK
EXECUTIVE SECRETARY

Jo Ann Leslie
Licensure Technician

STATE SEAL

GRC/rle

STATE OF MICHIGAN



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JAMES J. BLANCHARD, Governor

FEB 26 1988

DEPARTMENT OF LICENSING AND REGULATION.

RAYMOND W. HOOD, SR., Director

P.O. Box 30018
Lansing, Michigan 48905
Telephone: (517) 273-1870

February 26, 1988

MEMO TO: Board of Medicine
FROM: Claudette Pardee, ^{CP/cw} Supervisor
Malpractice Unit
SUBJECT: DR. STANLEY MICHAEL BERRY, M.D.

RECEIVED
FEB 26 1988
DEPT. OF LICENSING AND REGULATION
BOARD OF MEDICINE

Malpractice information received. Continue processing application.

CP/cw



PRINTED ON
RECYCLED PAPER

January 25, 1988

Explanation of "Yes" response to the Question: "Have you ever been a defendant in a medical malpractice civil suit?"

I was named as a defendant in a civil law suit alleging negligence. The alleged negligence took place in the course of caring for a woman who wound up having a shoulder dystocia during her delivery. The incident occurred while I was a second year resident as part of my resident training. The suit was filed in November of 1987. The incident occurred in March of 1986. It has not yet been resolved.

Very Truly Yours,

Stanley M. Berry, M.D.
Stanley M. Berry, M.D.

January 25, 1988

To Whom It May Concern:

Please find enclosed a notarized application for Medical and Controlled Substance Licenses. Also enclosed is the Certification Of Postgraduate Training which has been signed by my department chairman. I have included a check for \$135.00 to cover the fees for both license by endorsement and a controlled substance license.

You should have received my Endorsement of National Board Certification last month as I received notification that NBME had sent it.

I have sent my certification of medical education form to my medical school and you should be receiving it soon.

Lastly, I have enclosed an explanation of one of the questions to which I answered yes.

Very Truly Yours,

Stanley M. Berry, M.D.
Stanley M. Berry, M.D.

State of Michigan
Department of Licensing and Regulation
BOARD OF MEDICINE
P.O. Box 30018
Lansing, Michigan 48909

CERTIFICATION OF POSTGRADUATE TRAINING

APPLICANT INSTRUCTIONS

1. Complete Section I. Enter your name exactly as it appears on your application.
2. Send this form to the director of medical education of the hospital in which you completed your postgraduate clinical training for completion of Section II.

SECTION I: APPLICANT INFORMATION

NAME OF APPLICANT (last, first, middle) Berry, Stanley, Michael
ADDRESS (no., street, city, state, zip) 7807 Delmar Blvd, University City, MO. 63130
DATE OF BIRTH [REDACTED] SOCIAL SECURITY NUMBER [REDACTED]

SECTION II: HOSPITAL CERTIFICATION OF TRAINING

NAME OF DIRECTOR OF MEDICAL EDUCATION Matt H. Backer Jr, M.D.
HOSPITAL NAME Saint Louis University Hospital
HOSPITAL ADDRESS 1325 Grand Blvd, St. Louis, Mo 63104

This is to certify that Stanley M. Berry, M.D.,
a graduate of Mayo Medical School Medical School,
successfully completed postgraduate clinical training offered by
Saint Louis University Hospital
from July 1 1984 through June 30 1987 in the clinical
area of Obstetrics and Gynecology.

Signature [Signature] Date 1/15/88
Matt H. Backer, Chairman, Dept. OB/GYN St. Louis University

NOTE: DO NOT CERTIFY COMPLETION OF POSTGRADUATE TRAINING IF TRAINING HAS NOT BEEN COMPLETED.