

Michigan State Board of Registration In Medicine

ORIGINAL RECOMMENDATION FOR ENDORSMENT OF SECONDARY AND COLLEGIATE EDUCATION FOR ADMISSION TO MEDICAL SCHOOL APPROVED BY THIS BOARD

It is required that all blank spaces should be filled in completely and accurately, and the blank returned directly to E. C. Swanson, M.D., Secretary of the Board of Registration in Medicine, 118 Stevens T. Mason Building, Lansing, Michigan.

Colleges and other institutions are recognized by the Michigan Board only upon the understanding that their records are accurately kept and can be obtained promptly.

IT IS HEREBY CERTIFIED That

Michael A. Roth

Full name

15719 Hilton Southfield, Mich.

Address

has had a four year high school education, or its full equivalent, and two years of work in a college of literature, science and the arts approved by the Michigan State Board of Registration in Medicine.

That the two years of work in an acceptable college of literature, science and the arts has been a minimum 60 semester hours of collegiate work, exclusive of military and physical education, extending throughout two years of 32 weeks each, exclusive of holidays.

That the following required subjects and semester hours in those subjects have been passed: Chemistry, 12 semester hours; Physics, 8 semester hours; Biology, 8 semester hours; English Composition and Literature, 6 semester hours; Latin, French, Greek, German, Russian or Spanish, two semester sequence in college; or certification of equivalent achievement in a language proficiency examination; other non-science subjects, 12 semester hours.

That the required courses taken and passed are in accordance with the following descriptions of them listed on the reverse side of this document, and that credits for same are on file in this office subject to inspection; and if requested, complete, detailed transcript of same will be furnished the Michigan State Board of Registration in Medicine.

Signed

Mrs. Sharon Ickes

Recorder

~~XXXX~~

(Seal)

Name of College or University
WAYNE STATE UNIVERSITY
COLLEGE OF MEDICINE
1401 RIVARD ST.
DETROIT 7, MICH.

Address

OCT 22 1963

Date

SECONDARY AND COLLEGE GRADE
CREDITS

No. 10700

Name Ruth M. Caldwell

Address _____

Application for Endorsement of
Secondary and Collegiate
Education for Admission
to Medical School

by

Michigan

State Board of Registration
In Medicine

E. C. Swanson, M.D., Secretary
118 Stevens T. Mason Building
Lansing, Michigan

19 _____ Student

of _____
(Medical College)

Received _____
(Certificate) from _____
(Diploma)

Returned _____
(College)

Endorsement issued _____

To _____

The required courses taken and passed must be in accordance with the following descriptions:

(a) Chemistry—Twelve semester hours required, of which at least eight hours must be in general inorganic chemistry, including four semester hours of laboratory work; and four semester hours in organic chemistry, including two semester hours of laboratory work. In the interpretation of this rule, work in qualitative analysis may be counted as general inorganic chemistry.

(b) Physics—Eight semester hours required (including laboratory work). It is urged that this course be preceded by a course in trigonometry.

(c) Biology—Eight semester hours required, of which four must consist of laboratory work. This requirement may be satisfied by a course of eight semester hours in either general biology or zoology, or by courses of four semester hours each in zoology and botany, but not by botany alone.

(d) English Composition and Literature—The usual introductory college of six semester hours, or its equivalent is required.

(e) Latin—Two years of high school, or one year of college must be presented.

(f) Non-science Subjects—Of the sixty semester hours required as the measurement of two years of college work, at least eighteen including the six semester hours of English, should be in subjects other than the physical, chemical or biologic sciences.

(g) In General—This premedical course in both quantity and quality must be such as to make it acceptable as the equivalent of the first two years of the course leading to the degree of Bachelor of Science or Bachelor of Arts in approved Colleges of Arts and Sciences.



STATE OF MICHIGAN
 CERTIFICATE OF ELIGIBILITY IN THE BASIC SCIENCES

Board MEDICAL

Given under the hands and Seal of the Board of Examiners in the Basic Sciences, of the State of Michigan, at Lansing, on the 14th day of June in the year One Thousand Nine Hundred and sixty-six

Dr. L. M. W. Winer President
Anne Sec. Treas. Secretary

28327

7-12-68

Approved by _____

Michigan State Board of Registration in Medicine

EXAMINATION APPLICATION

I hereby apply for a Certificate of Registration under Section Three, Act 237, Laws of 1899, and Acts amendatory thereto:

SWORN STATEMENT:

1. Name MICHAEL ARTHUR ROTH
2. Place of birth BROOKLYN NEW YORK Date of birth [REDACTED] Age [REDACTED]
3. Are you a citizen of the United States? YES
4. Present mailing address 24862 RENSSLAIRE OAK PARK MICH
5. Permanent residence Same as #4
Name, address, of nearest relative MARY MRS B ROTH & 15719 HILAR SOUTHERN
6. Where do you intend to practice? Not sure
7. In what states do you hold a license to practice medicine? NONE
8. Have you ever been denied a license to practice medicine in any state? NO
9. Military service: Date of Entry - Date of Discharge - Branch of service and particulars -
Rank -
10. What was your premedical education?
Name and location of Institution attended Wayne State University Detroit Period and date of study 1959-63
What literary degrees did you obtain, when and from what schools or colleges? B.S.

11. MEDICAL EDUCATION: (Submit dates for each school year)

Day	Month	Year		Day	Month	Year	Name and Address of Medical College
1	9	63	to	22	5	62	Wayne Medical School - Detroit, Mich
			to				
9	26	63	to	6	10	64	
9	21	64	to	5	28	65	
8	9	65	to	6	4	66	
7	28	66	to	5	17	67	

12. POST GRADUATE EDUCATION:

Year		Year	School or Clinic	Degrees Obtained
	to			
	to			
	to			
	to			

13. Have you ever attended any other college or school teaching any of the healing arts? NO

14. Have you been certified by the Michigan State Board of Examiners in the Basic Sciences? YES

Certificate Number 14905

26. (For Secretary's Use Only)

SUBJECTS	Question	NO. OF MARKS		
		Primary	Final	
1. Anatomy, Gross, Microscopic and Neuro.....	10			
2. Biological-Chemistry.....	5			
3. Bacteriology, Microbiology and Immunology.....	5			
4. Physiology.....	10			
5. Pathology.....	10			
6. Medicine, includes Dermatology.....	10			
7. Preventive Medicine and Public Health.....	5			
8. Obstetrics and Gynecology.....	5			
9. Materia Medica, Pharmacology and Therapeutics.....	10			
10. Medical Jurisprudence.....	5			
11. Eye, Ear, Nose and Throat.....	5			
12. Surgery, includes Anesthesiology and Radiology.....	10			
13. Neurology and Psychiatry.....	5			
14. Pediatrics.....	5			

Answers Marked on Scale of 1 to 10 Each Question

Number of questions, 100. Possible number of marks, 1000. Necessary to pass 750, or 75 per cent, with not less than 65 per cent on each subject.

	Marks	Average Percentage
<i>Detroit</i>		
Date Primary Examination.....		
Date Final Examination..... <i>June 5-7, 1967</i>		
(Total)		

REMARKS:

27.

Names and addresses of three legally registered practitioners of medicine in good standing to whom reference may be made, if necessary, relative to applicant's moral and professional character:

<i>Manuel S. KARR</i>	M. D.	<i>Sima Hoop</i>	P. O. Address
<i>Robert Leach</i>	M. D.	<i>Beaumont Hoop</i>	P. O. Address
<i>Robert Sarge</i>	M. D.	<i>OAKWOOD Hoop</i>	P. O. Address

EXAMINATION APPLICATION

Certificate No.
 Name *Rich, M. A.*
 Address

MICHIGAN
 STATE BOARD OF REGISTRATION
 IN MEDICINE
 E. C. Swanson, M.D., Secretary,
 118 Stevens T. Mason Building
 Lansing, Michigan

Office Record
 Examination Fees

Complete Examination, Ann Arbor, \$30.00.....
 Complete Examination, Detroit, \$30.00.....
 Complete Examination, Lansing, \$30.00.....
 Certificate sent.....
 License sent.....
 Personal appearance with medical school diploma.....

Status Michigan Basic Science Board—

Certified (.....) Exempt (.....)

2-4-63-2,565

15. Internship: Rotating at Los Angeles County Genl Hospital, located
(Rotating, Mixed or Straight)
at Los Angeles California from June 28, 1967 to
(Date)
June 24, 1968
(Date)
16. Received degree of Doctor of Medicine from _____
on _____ day of _____, 19____
17. Have you carefully read Michigan Medical Practice Act No. 237 as amended? YES
18. Have you ever been convicted of any crime in any state? NO
19. Have you ever been connected, directly or indirectly, with any concern, company, institution, or individual medical advertising organization? NO
20. Do you hereby agree, should a certificate of registration or license be granted entitling you to practice medicine and surgery in the State of Michigan, not to become connected, directly or indirectly, with any medical concern, company, institute, advertising specialty or advertising specialist? YES
21. Do you unreservedly agree to comply with all the provisions in the laws governing the practice of medicine in Michigan? YES
22. Have you been examined by the National Board or any State Board of Medicine? NO
If so, are you licensed in any state? ?

(Signed) Michael A. Roth

AFFIDAVIT OF APPLICANT

State of Michigan } ss.
County of Wayne

MICHAEL ARTHUR ROTH, being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

Signature of applicant in full _____
Subscribed and sworn to before me, Charles B. Goldfarb
a Notary Public, this 28th day of June, 1967
Address 1401 TREAUER ST
My Commission expires 9/7/70
CHARLES B. GOLDFARB
Notary Public, Wayne County, Mich.
My Commission Expires 9/7/70

I hereby certify that the photograph hereto attached is a
genuine likeness of _____

MICHAEL ARTHUR ROTH
of 24862 REWESSLAER
CAK PARK Mich

(SEAL)

Photo of applicant (3" x 3") taken within
60 days next preceding the date of this
application, must be attached here.

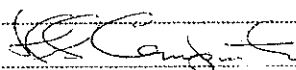
23. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

In the application of Michael Arthur Roth, of
Brooklyn, New York, dated April 19, 1967, 19

I hereby certify that I have reviewed the answers of the above named applicant. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that said applicant is of good moral and professional character.

I further certify that Michael Arthur Roth, M.D.
matriculated in the Wayne State University School of Medicine,
Name of medical school
September 26, 1967, and was graduated June 20, 1967, at which time he was
Date Date
granted the degree, Doctor of Medicine

If the degree, Bachelor of Medicine, is conferred upon completion of four years of medical school, further state the conditions and time the degree, Doctor of Medicine, will be granted.



Signature of Dean, Secretary or Registrar

Dated at Detroit, Michigan

Rolland G. Charpentier, Registrar
Wayne State University
School of Medicine
1400 Chrysler Freeway

Name and address of medical college

this April 19, 1967, 19

Detroit, Michigan 48207

(SEAL)

Seal of college must be attached

24. INSTRUCTIONS TO APPLICANTS:

1. Written examinations are conducted by the Board at such times and places as the Board may from time to time designate.
2. This application will not be accepted unless properly signed and sworn to by the applicant and unless all blank spaces are properly filled in.
3. Examination application and required fee must be on file at the Michigan State Board of Registration in Medicine, Lansing, Michigan, at least 30 days prior to the date of the examination.
4. Material omissions covering questions in this application will bring the applicant under the provisions of Section 3, Subdivision Fourth to Seventh inclusive of Act No. 368, P. A. 1913.
5. The examination fee must accompany the application, and should be transmitted by POSTAL MONEY ORDER, EXPRESS MONEY ORDER, or CERTIFIED or CASHIER'S CHECK. No responsibility will be assumed for fees transmitted in any other manner.
6. Before issuance of a license, a personal appearance with medical school diploma may be required.
7. The filing of this application does not grant any special privileges.
8. Graduates of foreign medical schools are required to comply with one of the extra educational requirements set forth under Paragraph H of the Board's Administrative Rules and Regulations and serve one year of rotating internship in a United States or Canadian hospital approved for internship training.
9. If after a license has been issued on this application, it is ascertained that misrepresentation of facts, or fraudulent statements have been made, the license so issued will be immediately revoked by this Board and the applicant becomes subject to prosecution.

25. HOSPITAL INTERNSHIP:

(This space should be left blank if the required internship has not been completed at the date the application is submitted)

I hereby certify that Dr. _____ satisfactorily
served _____ internship in
(12 months rotating, or 12 months mixed or straight)
_____ Hospital

from the _____ day of _____, 19____, to the _____ day of _____, 19____

(Signed) _____

(Medical Director, Superintendent or Chief of Staff)

Date _____

(Name of hospital)

[SEAL]

(Address of hospital)

Certified
to
California
7-15-68

May 20, 1970

Michael A. Roth, M.D.
521 B. South Moore Loop
West Point, N.Y. 10996

28327

Dear Doctor Roth:

In compliance with your request we are enclosing
herewith the list of grades and subjects covered
in your Michigan State Board examination.

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

John M. Wellman, M.D.
Executive Secretary

Encl.

POOR
DOCUMENT

RECEIVED

MAY 20 1969

MICHIGAN DEPARTMENT OF
LICENSING & REGISTRATION

Dear Sirs

I would appreciate a copy of scores
for the Michigan Board of Public Examiners
which I took in 1967. I am in need only
in the percentages for each subject and
not a copy of the exam.

Sincerely yours,
Michael A Roth MD
5213 South Wood Loop
West Point N.Y. 10996

military

RECORD
DOCUMENT

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE

PERSONAL INTERVIEW

DATE July 7 1968
NAME Michael Arthur Roth NATIONALITY U.S.
ADDRESS 5446 Newcastle Ave Apt 186 Encino California
AGE MARITAL STATUS M.
MEDICAL SCHOOL Wayne State University
DEGREE RECEIVED AND DATE M.D. 1967
TYPE OF VISA OR CITIZENSHIP - U.S. PORT OF ENTRY
DATE OF ENTRY INTO U.S. DATE OF ARRIVAL IN MICH.

HOSPITAL TRAINING IN THE UNITED STATES OR CANADA:

<u>Hospital & Location</u>	<u>Type of Service</u>	<u>Dates</u>
<u>Los Angeles County Genl Hosp</u>	<u>Rotating</u>	<u>June 1967 - June 1968</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

MICHIGAN BASIC SCIENCE CERTIFICATE

STATE BOARD LICENSURE EXAMINATIONS

EVER STUDIES IN A SCHOOL OF ANY OTHER HEALING ART No

MEDICAL TRAINING OR PRACTICE DESIRED IN MICHIGAN:

REMARKS:

POOR
DOCUMENT

July 2, 1962

Gentlemen:

I'm sorry for so many irregularities
and delays but am enclosing certificates
of completion of internship. I would
certainly appreciate ~~was~~ a quick return of
application for ~~that~~ California license if
at all possible so I may ~~be~~ practice
Medicine here till I enter the Army -
Thank you very much.

Sincerely yours
Dr. Michael A. Rosen
5446 New Castle Ave Apt 106
Encino California

June 9, 1968

POOR
DOCUMENT

RECEIVED

JUN 11 1968

MICHIGAN DEPARTMENT OF
LICENSING & REGULATION

Dear Sirs

Please fill out the appropriate
part of application for California Medical
License. In addition I would appreciate
any forms for Michigan Medical License.
I would appreciate the return of the
California License as soon as possible -
Thank you!

Sincerely yours,
R. Michael M. Roth

POOR
DOCUMENT

July 12, 1968

Michael Arthur Roth, M.D.
5446 Newcastle Avenue Apt. 106
Encino, California

Dear Doctor Roth:

We are enclosing a certified copy of your Michigan medical registration
28327 dated July 12, 1968

This certificate will enable you to practice legally and apply for your
narcotic licenses, membership in your county medical society, and hospital
staff privileges. This number should be immediately registered with the
medical director of the hospital concerned.

The certificate of Michigan medical licensure, which is to be framed and
conspicuously displayed in your business office or consultation room, will
be forwarded as soon as it can be hand inscribed and the seal and signatures
affixed.

PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN ADDRESS
OTHER THAN THE ONE USED ABOVE.

We are also enclosing for your information a memorandum which explains
Annual Re-registration in Michigan.

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

Luther R. Leader, M.D.
Executive Secretary

lrl:mec

Enclosures

DAVID ODELL
ADMINISTRATOR

COUNTY OF LOS ANGELES
GENERAL HOSPITAL
DEPARTMENT OF HOSPITALS

WILLIAM A. BARR
DIRECTOR OF HOSPITALS

ADDRESS REPLY TO:
ADMINISTRATIVE OFFICES
LOS ANGELES COUNTY GENERAL HOSPITAL
1200 NORTH STATE STREET
LOS ANGELES, CALIFORNIA 90033

June 10, 1968

RECEIVED

JUL 1 1968

MICHIGAN DEPARTMENT OF
LICENSING & REGULATION

Gentlemen:

This certifies that Dr. Michael Arthur Roth has rendered
satisfactory and continued service as a rotating intern
in the Los Angeles County General Hospital, 1200 No. State St.,
Los Angeles, California 90033,
from June 24, 1967 to June 24, 1968
and to the best of my knowledge and belief is a person of good
moral character. Length of internship contract - 12 months.

Very truly yours,

William D. Evans, M.D.
Medical Director

By: William E. Nerlich
William E. Nerlich, M.D.
Director of Intern Training

WEN:le

June 28, 1968

Michael A. Roth, M.D.
14340 Addison
Sherman Oaks, California

Dear Doctor Roth:

This is to acknowledge receipt of your \$25.00 fee for certification of your Michigan medical licensure to California.

However, our records indicate that we have still not issued your permanent Michigan medical licensure since we have not recorded certification of your internship in California. Upon receipt of this on the enclosed form we will issue your Michigan medical license and also complete our portion of your California application and forward both forms on to you.

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

Luther R. Leader, M.D.
Executive Secretary

lrl:sacd



Michigan State Board of Examiners in the Basic Sciences

STEVENS T. MASON BLDG. - ROOM NO. 116

LANSING 15, MICHIGAN

GEORGE ROMNEY
GOVERNOR

June 14, 1966

ANNE BAKER
SECRETARY-TREASURER

LAWRENCE WEINER, PH.D.S. PRES.
BACTERIOLOGY

EDWIN STEEN, PH.D.
PHYSIOLOGY

DR. MAJOR M. ASH, D.D.S., VICE PRES.
PATHOLOGY

DEAN W. RUMBOLD, PH.D.
ANATOMY

HAROLD HART, PH.D.
CHEMISTRY

Michael Arthur Roth
24862 Rensselaer
Oak Park, Mich.

Dear Mr. Roth:-

We have enclosed herewith your Certificate of Eligibility in the Basic Sciences, and have this day filed a duplicate copy of your credentials with the Secretary of the State Board of Medicine.

Following is a list of the grades you received on the examinations taken on May 13th and 14th:-

Anatomy - [REDACTED]
Bacteriology - [REDACTED]
Chemistry - [REDACTED]
Pathology - [REDACTED]
Physiology - [REDACTED]

The passing grade is [REDACTED]

Sincerely yours, *Anne*

Sec. - Treas.

Anne Baker
Secretary-Treasurer

ab
encl.



GEORGE ROMNEY
GOVERNOR

MICHIGAN
STATE BOARD OF REGISTRATION
IN MEDICINE

NOTE CHANGE OF ADDRESS
1033 S. WASHINGTON AVE.
LANSING, MICHIGAN 48910

118 STEVENS T. MASON BLDG.
LANSING, MICHIGAN

E. C. SWANSON, M. D., EXECUTIVE SECRETARY
TELEPHONE 373-0880

MEMBERS

HOWARD H. McNEILL, M.D., PRESIDENT
BERNARD A. O'HORA, M.D., VICE PRES.
RAYMOND A. SOKOLOV, M.D.
FRADLEY M. HARRIS, M.D.
THOMAS M. BATCHELOR, M.D.
IRVIN J. KURTZ, M.D.
DON W. McLEAN, M.D.
C. ALLEN PAYNE, M.D.
FRED C. BABIN, M.D.
GILBERT BALTONSTALL, M.D.

Michael Arthur Roth, M.D.
Los Angeles County General Hospital
Los Angeles, Calif.

Dear Doctor Roth:

This is to advise you that you were successful in writing
the Michigan State Board licensure examination on
June 5, 6, and 7, 1967.

Upon receipt of the enclosed Certification of Internship
form, which can be accepted fifteen (15) days prior to
completion, we will issue your permanent Michigan Medical
License.

Sincerely yours,

Executive Secretary
Luther R. Leader, M.D.

ecs:j
encl.



Michael Arthur Roth, M.D.
Los Angeles County General Hospital
Los Angeles, Calif.

Dear Doctor Roth:

This is to advise you that you were successful in writing
the Michigan State Board licensure examination on
June 5, 6, and 7, 1967.

Upon receipt of the enclosed Certification of Internship
form, which can be accepted fifteen (15) days prior to
completion, we will issue your permanent Michigan Medical
License.

Sincerely yours,

E. C. Swanson, M.D.
Executive Secretary
Luther R. Laader, M.D.

ecs:j
encl.

Please note new address:
1033 South Washington Avenue
Lansing, Michigan 48910

May 22, 1967

Mr. Michael Arthur Roth
24862 Rensselaer
Oak Park, Michigan

Dear Mr. Roth:

Your name has been placed on the eligible roster to write the Michigan State Board licensure examinations on Monday, Tuesday and Wednesday, June 5, 6 and 7, 1967 in Detroit and Ann Arbor.

_____ You are to report on the first morning at 8:00 a.m.
to Room _____, Medical Science Building, Ann
Arbor.

_____ ~~XX~~ You are to report on the first morning at 8:00 a.m.
to Room _____, Rackham Educational Memorial
Building, located at 60 Farnsworth Avenue, Detroit,
Michigan (in the city block just south of the Detroit
Art Institute.

We are enclosing a schedule of examinations for your information.

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

Bradley M. Harris, M.D.
Acting Executive Secretary

bmh:mec

Enclosure

STATE OF MICHIGAN
Board of Registration in Medicine
LANSING

Official Receipt

Nº 55864

Received of

Michael A Roth
Thirty

Dollars on account of:

100

FOR WHAT	Quality	Unit	Amount	Account No.
<i>State Boards</i>			<i>30 -</i>	<i>llk</i>

Date.....

5 3 67

Signed - E. C. SWANSON, M.D., Executive Secretary

Per.....

me

10-11-66