STATE MEDICAL BOARD OF OHIO APPICATION FOR MEDICAL OR OSTEOPATHIC LICENSURE (ALL RESPONSES MUST BE TYPED)

C

1.4 28.39-19 8.30-84 185-00 pmc

# SECTION I: Identification Information- Answer All Questions

84

Present Lega	al Name: PA	TEL MAR	ESH KUM/	P G.	
	last	first		middle	maiden (if applicable)
Address:	1902,	GORDON		R DRI	νε,
	cua. salee	street & numbe	r	-4. ~	U·S·A·
				-	
	city	state	L L	code	country
Intended pla	ce of practice:_	UN	DECIDE	•	
Talashana	Business (405	) 275 - 282	ارا نا	( 4 a s	country 7) 275 - 3986 (area code)
retepnone:	business V / 1	(area code)	п	ome: ( 7 ° )	(area code)
Place of Birt	the PANSAR.	64 TARAT	INDIA	Date	of Birth: 11 / 19 / 5-2
11000 01 211	city	state	country	<b></b>	of Birth: $11 / 19 / 5^2$ mo. day ye
*Sex: Male	(√) Female	( ) *Optional	: For statis	tical purpos	es only.
Physical des	cription:				
Color of Hai	r BLAC	Color o	of Eyes /	BLACK	Height 5'6" Weight 135 Lb3
Build /	JORMAL	 Marks	HONE		Weight 135 Lb3
	or citizenship st				
J	-				
		ing documents you	currently pos	ssess.	
U.S.	. Birth Certifica	te			
Cer Nu	tificate of Natumber 10972	ralization のんか Date Issue	ed July 3	,1984	_City/State_ Newmk
Dec.	laration of Inten	tion (issued by the	U.S. District	: Court)	Cîty/State
Alie	n Registration R		d by Dept. of	Immigratio	on & Naturalization)
App	roved Petition fo	or Immigrant Visa ( Date Issu	issued by De Jed	pt. of Immi	gration & Naturalization) City/State_
Othe	er, specify				<del></del>
List all name	es other than the	e name given above	AlA b		• • • • • •
denial. You may be a con accompanied	must supply the urt decree or a n	ames. Be sure to in appropriate legal c marriage certificate	clude <u>all</u> nar locument wh •• Any docu	nes. Failure iich authoriz ment in a fo	so indicate the time period to to do so may result in zes the name change. This preign language must be n Paragraph (A)(8), Page 1
denial. You may be a con accompanied General Institution NOTE: Indiv	must supply the urt decree or a not by an official, ructions above.	ames. Be sure to in appropriate legal on arriage certificate certificate certified translation their maiden name	clude <u>all</u> nar focument wh . Any docu n (original) a	nes. Failure ich authoriz ment in a foutlined i	e to do so may result in zes the name change. This preign language must be
denial. You may be a con accompanied General Institution NOTE: Indiv	must supply the urt decree or a naid by an official, ructions above.	ames. Be sure to in appropriate legal of marriage certificate certified translation their maiden names such usage.	clude <u>all</u> nar focument wh . Any docu n (original) a	nes. Failure ich authoriz ment in a fous outlined in ate their ma	e to do so may result in zes the name change. This preign language must be n Paragraph (A)(8), Page laiden and married name ar
denial. You may be a con accompanied General Institution NOTE: Indiv	must supply the urt decree or a naid by an official, ructions above.	ames. Be sure to in appropriate legal of marriage certificate certified translation their maiden names such usage.	clude <u>all</u> nar locument wh e. Any docu n (original) a ne or hyphen	nes. Failure ich authoriz ment in a fous outlined in ate their ma	e to do so may result in zes the name change. This preign language must be n Paragraph (A)(8), Page laiden and married name ar

## SECTION 2: Educational Background

- Preliminary Education- Census Blank You must complete the enclosed census blank in order to apply for your preliminary education number as required by Ohio law.
- 2. List the names of all medical schools attended, the complete addresses, your date of graduation, and the degree that you received. Give the exact degree that appears on your diploma (M.D., D.O.,

3.	You must submit a copy of your original language diploma whether you are an American or foreign
	graduate.

If it is not in English, you must supply an original certified official translation of your medical diploma which will be returned to you. The translation must be on letterhead stationery, notarized and bear both the official seal and signature of the notary. The translation should be made by one of the following individuals or institutions:

- a professor of languages in that language a)
- a priest or cleric only in the case of Latin documents ь)
- c) a recognized translation service, in the United States, e.g., Berlitz
- d) a foreign embassy or consulate authorized to certify translations
- e) your medical school of graduation only in the case of your medical diploma

The translator must attest to the translation, sign, and date the translation in the presence of a notary or officer authorized to administer oaths. This translation must be submitted in addition to the notarized photocopy of your diploma in its original language.

Standard E.C.F.M.G. Certificate 4.

> Graduates of foreign medical schools who were not American citizens prior to entering medical school should possess a valid standard E.C.F.M.G. Certificate if they graduated after 1957. Give the number and date of your certificate if applicable.

Number 233-127-0 Date Sept. 10, 1980

Submit a copy of E.C.F.M.G. Certificate, if applicable. 5.

#### SECTION 3: Postgraduate Training

All applicants are required to complete the chart below indicating the dates and hospitals of all postgraduate training in the U.S. Give the complete address of the hospital where you were employed. Give your position and department in which you served. Account for the percentage of your time spent in clinical and administrative duties. These two numbers should add up to 100 percent.

Date mo/yr-mo/yr	Hospital	Complete Address	Position & Department	% Clin.	% Admin.
7/1/80 to 6/30/84	University Hospital	100, Bergan Street, Hewark, H.I. 07103	RESIDENT, OB-GYN	90	ic
					<del></del>
			_		

Total Number of Months in Approved\* Training: \*Approved by LCME, AOA, or in Canada.

months

#### SECTION 4: Licensure Information- Answer All Questions

l. a	ı)	Are you a	diplomate of	f the National	Board of Medical	Examiners
			-: / -\ -			

Yes ( ) No (✓) If so, specify year

Are you a diplomate of the National Board of Examiners for Osteopathic Physicians and Surgeons?

Yes ( ) No (✓) If so, specify year

Are you a licentiate of the Medical Council of Canada?

Yes ( ) No ( ) If so, specify year

List all FLEX exams which you have taken. Indicate whether you took all three days (place ь) an "X" next to Full) or whether you took only part of the exam (place an "X" next to Partial).

STATE DATE (Mo/Yr.)

	month and yea	r you took the e		tne	exam (pla		an "A" next to	Partial).	Also give	tne
	STATE	DATE (Mo	/Yr.)		<u>e</u>					
			Н	ON	FULL (	)	PARTIAL ( )	PASS (	) FAIL	( )
				-	FULL (	)	PARTIAL ( )	PASS (	) FAIL	( )
				-	FULL (	)	PARTIAL ( )	PASS (	) FAIL	( )
or o	t <u>ALL</u> states in wo steopathic medic he license is prop ck NO.	cine and surgery	y. Indica	ate t	he license	nu	imber and the o	date it was	issued.	
Sta	te	Date of I	ssuance		License	Nu	mber	Curre	nt	
Ok	-lahoma	May	1984		14	64	10	YES (V)	NO (	)
Ne	-lahoma w Jevey	Feb:	1982		40	132	2	YES (~)	NO (	)
		·						YES ( )	NO (	)
								YES ( )	NO (	)
								YES ( )	NO (	)
List	t all foreign coun	tries in which v	ou hold	a fu	ll right to	pra	actice medicin	e and surge	erv.	
	Country	,			Date Co	-		Is Right	Current es or No)	
	INDIA				Ja	n '	96	•	) No	
	-			-	_			Yes (	) No	( )
	ld of Specializati t the field in whic icate if you are B	ch you have spe							gery, etc	.).
			Board	Cert	ified		Year Cert	ified	C	ountry
	Field								11.	$\cdot A \cdot$
	Field OB-UTN				NO ( 🗸		<u> </u>	<del></del>	<b>u</b> ·5	-
							A116	- <del>M</del>	u·5	
					NO ( 🗸		Alus 29	RECEIVE STORY	<u> </u>	
Indi	OB・ロマル I 5: General Info	rmation- Answe	YES ( er <u>All</u> Q	) uesti	NO ( 🗸) NO ( )		70	RECEIVED OHIO STATE MEDICAL TOA		
Indi	0B-47N	rmation- Answe	YES ( er <u>All</u> Q answere	uesti	NO ( ) NO ( ) ons	ra	no answer. Be	RECEIVED STATE to rech a separ	ad each	
TION n of to	15: General Info	rmation- Answerstions must be a firmative answertling you to pra	YES ( er <u>All</u> Q answere ers mus	uesti d wit t be	NO ( )  NO ( )  ons  th a yes of thoroughly  foreign c	ra ye:	no answer Be Atta	ch a separ	ad each ate sheet	of
TION of to the Has	15: General Informer following quescarefully. All afternecessary.	rmation- Answerstions must be a firmative answertling you to prace en suspended, s	YES ( er <u>All</u> Q answere ers mus	uesti d with be	NO ( )  NO ( )  ons  th a yes of thoroughly  foreign coor revoke	r a y ex oun	no answer Be splained. Attantive or in any s	ch a separ tate or ter O (✓) If so	ad each ate sheet ritory of o, give:	: of
TION of the street of the STA	15: General Information for the following question for the following question for the following and the following and license entity United States between the following t	rmation- Answerstions must be a firmative answertling you to prace en suspended, such denied licensur	YES ( er All Q answere ers mus actice in surrende	uestid with be a anyered,	NO ( )  NO ( )  ons  th a yes of thoroughly  foreign coor revoke	r a y ex oun ed?	no answer Be Asta Asta Asta Asta Mitry or in any s YES ( ) N ARGE	tate or ter O ( V ) If so	ad each ate sheet ritory of o, give:	: of
TION of total the STA	I 5: General Information for the following question for the following quest	rmation- Answerstions must be a firmative answertling you to prace en suspended, such denied licensur	YES ( er All Q answere ers mus  actice in surrende DAT	uestid with be anywhered, E	NO ( )  NO ( )  ons  th a yes of thoroughly  foreign coor revoke	r a y ex oun ed?	no answer Be Asta Asta Asta Asta Mitry or in any s YES ( ) N ARGE	tate or ter O (V) If so her state of	ad each ate sheet ritory of o, give:	: of

Have you ever been convicted of a violation of a federal law, state law, or municipal ordinance other than a minor traffic violation? YES ( ) NO ( $\checkmark$ )

4.

5.	Has your narcotic license ever been suspended, surrendered, or revoked?	YES ( )	NO (V)
	If so, specify:  Reason	Date	
6.	Have you ever withdrawn from, or been suspended, dismissed or expelled postgraduate training program? YES ( ) NO ()	from a med	dical school or
	If so, specify: School, Hospital or Institution		
	City/State Country	у	
7.	Have you ever been denied or dismissed from hospital staff privileges?	YES ( )	NO (V)
	If so, specifyHospital or Institution		
	City/State C	ountry	
SEC	TION 6: Resume		
Tict	All activities from modical school graduation to the present time. ACCO	NIAIT EOD	AII

List <u>ALL</u> activities from medical school graduation to the present time. ACCOUNT FOR ALL TIME, WORKING AND NON-WORKING, BY MONTH AND YEAR IN ALL COUNTRIES. Explain what you were doing FOR all nonworking time. PLACE ALL ACTIVITIES IN CHRONOLOGICAL ORDER. DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM. Be sure to indicate the percentage of working time spent in clinical and administrative duties. If you require more space attach separate sheets.

DATES	HOSPITAL OR	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY	PATEL POSITION &	-, · N	· · %
mo/yr-mo/yr	UNIVERSITY	(IF NOT IN THE U.S.)	DEPARTMENT	CLIN.	ADMIN.
1/76 - 5/78	D-34, E.S.I.S. GOVT. DISPENSARY	AHMEDABAD 380008,	MEDICAL OFFICER	95	5
6/78 - 6/80	UNEMPLOYED	) — PREPARING F AND FLEX EXP	OR ECFMG		
7/80 - 6/84	UNIVERSITY HOSPITAL	100, Bergan Street, Newart, H.J. 07103	RESIDENT OB-GYN	90	10
Since 4/1/84	Missiam Hill Mospital	1900, Gordon Couper Brine, Shawner, Ok. 74801	Private Practice OB-GYN	85	15
•					

ii so, specify	<b>6</b> 080	
Hospital or Institution	<b>T</b>	-
	20	
City/State	Country	•
SECTION 6: Resume	ઌ૽ૢ૽	

List <u>ALL</u> activities from medical school graduation to the present time. ACCOUNT FOR ALL TIME, WORKING AND NON-WORKING, BY MONTH AND YEAR IN ALL COUNTRIES. Explain what you were doing FOR all nonworking time. PLACE ALL ACTIVITIES IN CHRONOLOGICAL ORDER. DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM. Be sure to indicate the percentage of working time spent in clinical and administrative duties. If you require more space attach separate sheets.

		•	•		
DATES mo/yr-mo/yr	HOSPITAL OR UNIVERSITY	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY (IF NOT IN THE U.S.)	PATE POSITION & DEPARTMENT	∠, ∧ % clin.	/ % ADMIN.
1/76 - 5/78	D-34, E.s.1.5.	AHMEDABAD 350018,	MEDICAL	95	5
6/78 - 6/50	GOVT. DISPENSARY  UNEMPLOYED	AND FLEX EXA  124 Mt. Vennon Place  APT. 4N  Newark N. J. 0710	MINATION		
7 80 - 6 84	UNIVERSITY HOSPITAL	100, Besgan Street, Newark, H.J. 07103.	RESIDENT	90	10
Since 7/1/84	Missiam Hill Hospital	1900, Gordon Couper Brine, Shawner, Ok. 74501	Private Practice OB-GYN	85	15
•					

x yps

#### FORM 2

## CERTIFICATE OF POST-GRADUATE TRAINING

MUST BE COMPLETED FOR APPLICANTS WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS\*

This certifies that NARESHKUMAR PATEL, N	M.D. has rendered satisfactory
Name of Applica	ant
and continuous service as a RESIDENT	IN OBSTETRICS AND GYNECOLOGY
	Position/Department
at UNIVERSITY HOSPITAL	, 100 BERGEN STREET, NEWARK, N.J.
Hospital	Address of Hospital
from JULY 1, 1980	to JUNE 30, 1984
Beginning mo/day/yr of Service	Ending mo/day/yr of Service
This training was/was-net AMA approved.	
	They of Times
(PLACE HOSPITAL SEAL HERE)	HAROLD A. KAMINETZKY, M.D.  Name
	PROFESSOR AND CHAIRMAN, DEPT. OB/GYN  Position
	FOSILIOII
	JULY 10, 1984
	Date

This form is to be sent to the hospitals at which the above named physician trained. It must be completed by either the director of the training program, the director of the department, the hospital administrator or an individual authorized to verify the requested information. THE HOSPITAL SEAL MUST BE PLACED IN THE APPROPRIATE PLACE.

This information will be used for licensure purposes.

\*Unless the applicant is American-born and holds a full right to practice in a foreign country.

UPON COMPLETION RETURN TO:

STATE MEDICAL BOARD OF OHIO 65 SOUTH FRONT STREET ROOM 510 COLUMBUS, OHIO 43215

MEDICAL POSTS

#### FORM 3

### CERTIFICATE OF RECOMMENDATION

# MUST BE COMPLETED FOR ALL APPLICANTS

This form is to be completed by a fully licensed physician in the state in which the form is notarized. The recommending physician should be sufficiently acquainted with the applicant for at least a six month period as to be able to evaluate and recommend the applicant. No relatives can serve as recommending physician. This form must be notarized. All questions must be answered. In addition, the recommending physician is strongly urged to include additional comments. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to insure that certain information is included.

I, SHETTY SHASHINDRA P., M.D., a licensed Recommending Physician	and practicing physician in the state of			
Chlat. ma affirm that No	areshkeman G. Patel, us has been known			
to me personally and professionally for years				
character. I offer the following in support of his/her a	_			
<del>-</del>				
I rate his/her medical knowledge and techn	ique as			
I rate his/her medical knowledge and technique as				
I rate his/her admity to work well with peer	rs and medical stall as			
His/her relationship with patients is	~~			
In the space below, please add personal comments, evarequired, please attach additional sheets.				
	<b>29</b>			
I hereby recommend NARESMEUMAR G. PATEL, Applicant				
I hereby recommend NARESMEUMAR 6. later,	for full licensure to practice MEDICINE			
in Ohio.				
Set G & rucher Celling, Rombing Irol Medical School of Graduation of	ु र हिन्दिल			
Set G I redical Cities, Rombin Inch	16			
Medical School of Graduation of	Signature of Recommending Physician			
Recommending Physician				
CK (AMORA	SHETTY SHASHINDRA P, MD.			
State of Licensure of Recommending Physician	Name of Recommending Physician (Please print)			
1117 Gi	Shawner, Oklahome 74501  Address of Recommending Physician			
11139	Shawner, Oklahomi 74501			
License No. of Recommending Physician	Address of Recommending Physician			
	(405) 275-6902			
<b>44</b> 2	Telephone Number (Include area code)			
Subscribed and sworn to this <u>20</u> day of	gust, 19 <u>84</u> .			
(SEAL)	Elaine 5. Kieffer			
	5-3-84			
	Date Commission Expires			
	and a summer of the summer of			

UPON COMPLETION, RETURN TO:

STATE MEDICAL BOARD OF OHIO 65 SOUTH FRONT STREET ROOM 510 COLUMBUS, OHIO 43215

#### FORM 3

### CERTIFICATE OF RECOMMENDATION

### MUST BE COMPLETED FOR ALL APPLICANTS

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I, WIT CHAINAKUC, M.D., a license Recommending Physician	ed and practicing physician in the state of
OKLA, affirm that	NARESHKUMAR G. PATEL has been known
to me personally and professionally for year	urs and that he/she is of good moral and ethical
character. I offer the following in support of his/her	application for full licensure:
I rate his/her medical knowledge and tecl	hnique as CAOA
I rate his/her medical knowledge and tech His/her command of the English language I rate his/her ability to work well with pe	e is Qood
I rate his/her ability to work well with pe	ers and medical staff as
His/her relationship with patients is	sood ·
In the space below, please add personal comments, e required, please attach additional sheets.	valuation, and recommendation. If more space is
I hereby recommend NAZESHKUMAL G. PAT	FL, M.D for full licensure to practice MED) CIME
Applicant in Ohio.	
HNLALONGFORN UNIVERSITY - BANGKOK  Medical School of Graduation of THAILAND.	Signature of Recommending Physician
Recommending Physician	WIT CHAINACUE M.)  Name of Recommending Physician (Please print)
State of Licensure of Recommending Physician	Name of Recommending Physician (Please print)
	Wit Chainakul, 200.1.
12549 License No. of Recommending Physician	1902 Gordon Cooper Dr.
License No. of Recommending Physician	Address of Recornine Physician
	(40s) 27s sss Telephone Number (Include area code)
Subscribed and sworn to this 20th day of	) <del></del>
Subscribed and sworn to this 30 day of	<u> </u>
(SEAL)	Notary Public III
•	Date Commission Expires
LIDON COMPLETION DETLIEN TO	

UPON COMPLETION, RETURN TO:

STATE MEDICAL BOARD OF OHIO 65 SOUTH FRONT STREET **ROOM 510** COLUMBUS, OHIO 43215

# CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE

MUST BE COMPLETED FOR APPLICANTS WHO ARE APPLYING FOR ENDORSEMENT OF ANOTHER STATE LICENSE

# (TO ALL STATE MEDICAL BOARDS OR OSTEOPATHIC BOARDS: DO NOT COMPLETE UNLESS LICENSE IS CURRENTLY RENEWED)

(A verbatim copy or wording to follow here, over Seal of State Licensing Board, certified to by the Secretary, President, or Executive Secretary thereof.)

NEW JERSEY BOARD OF MEDICAL EXAMINERS

Certifies that <u>Nareshkumar G. P</u> has passed a satisfactory examinat hereby licensed to practice Medici New Jersey.	cion before this Board and is
No. 40132 Trenton, New Jerse	ey 2/8/82 ·
	•
I hereby certify that the above is a verbatim copy issued to Dr. Nareshkumar G. Patel by the	
	(Name of State Board)
day of <u>February</u> , 19 <sub>82</sub>	Segretary President of Executive Secretary
(Seal)	Charles A. Janousek
B CERTIFICATE AND RECOMMENDATION OF SECR ( DO NOT COMPLETE UNLESS LIC	ETARY, PRESIDENT, OR EXECUTIVE SECRETARY
· Acting in behalf of the <u>NJ State Board of</u> (Name of	Medical Examiners State Board)
I do hereby certify that Dr. <u>N.G. Patel</u>	was on the <u>8th</u> day of <u>February</u>
19 82 , granted a license to practice medicin	ne & surgery in the State of New Jersey
on the basis ofFLEX	K examination
or recip	oard examination, National Board of Examiners, procity/endorsement)
(Include all grades as well as average score)	
To be pr	ovided by FLEX
	KMC
and received an average of percent.	
I do hereby certify that the applicant does hold	a current, valid license in this state.
(Seal)	
8/15/84	Charles A. Clanausek 1xxx
(Date)	Secretary Resident for Executive Secretary Original signature only, name stamps will not be
UPON COMPLETION, RETURN TO:	accepted Charles A. Janousek
STATE MEDICAL BOARD OF OHIO 65 SOUTH FRONT STREET ROOM 510 COLUMBUS, OHIO 43215	RECEIVED OHIO STATE EDICAL FOAS AUG 29 P2:1
	<u>∷</u> ∞

#### FORM 4

# CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE

# MUST BE COMPLETED FOR APPLICANTS WHO ARE APPLYING FOR ENDORSEMENT OF ANOTHER STATE LICENSE

# (TO ALL STATE MEDICAL BOARDS OR OSTEOPATHIC BOARDS: DO NOT COMPLETE UNLESS LICENSE IS CURRENTLY RENEWED)

(A verbatim copy or wording to follow here, over Seal of State Licensing Board, certified to by the Secretary, President, or Executive Secretary thereof.)

NEW JERSEY BOARD OF MEDICAL EXAMINERS
Certifies that <u>Nareshkumar G. Patel</u> has passed a satisfactory examination before this Board and is hereby licensed to practice Medicine and Surgery in the State of New Jersey.
No. 40132 Trenton, New Jersey 2/8/82
I hereby certify that the above is a verbatim copy or wording of license no. 40132, issued to Dr. Nareshkumar G. Patel by the NJ St.Bd. of Med. Examiners on the 8th
day of February , 19 82 . (Name of State Board)
(Seal)  Charles A. Janousek
CERTIFICATE AND RECOMMENDATION OF SECRETARY, PRESIDENT, OR EXECUTIVE SECRETARY  ( DO NOT COMPLETE UNLESS LICENSE IS CURRENTLY RENEWED)
Acting in behalf of the NJ State Board of Medical Examiners (Name of State Board)
I do hereby certify that Dr. <u>N.G. Patel</u> was on the <u>8th</u> day of <u>February</u>
19 82 , granted a license to practice medicine & surgery in the State of New Jersey
on the basis of FLEX examination
(State Board examination, National Board of Examiners, or reciprocity/endorsement)
(Include all grades as well as average score) FLEX_Weighted Average 78%
BAS SCI ANAT 68 PHYS 72 BIO 62 PATH 72 MICR 66 PHAR 71 BEH S 75 AVG 69 4
CLIN SCI MED 82 SURG 82 OB 89 PH 76 PED 82 PSY 77 AVG 81.33 CLIN COMP 80.0
SE THE SECOND SE
and received an average ofpercent.
I do hereby certify that the applicant does hold a current, valid license in this state.
(Seal)
8/15/84 Charles A. Claransek 1KMC
(Date) Secretary Original signature only, name stamps will not be
upon completion, return to:
STATE MEDICAL BOARD OF OHIO  65 SOUTH FRONT STREET  ROOM 510
COLUMBUS, OHIO 43215



# State of New Jersey

# **DEPARTMENT OF LAW AND PUBLIC SAFETY**

#### DIVISION OF CONSUMER AFFAIRS BOARD OF MEDICAL EXAMINERS

28 WEST STATE STREET TRENTON, N.J. 08808 (609) 292-4843

JAMES J. BARRY, JR. DIRECTOR

August 13,1984

Ohio State Medical Board 65 S. Front St. #510 Columbus, Ohio 43215

IRWIN I. KIMMELMAN

ATTORNEY GENERAL

To Whom It May Concern:

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ind	icate that 1	icer	se nur	mber_#4	0132			was	issued	on
2/8	/82	to	Nares	hkumar	G. Pat	el, M.	D.	to p	ractio	:e
all	branches of	Med	licine	& Surg	ery in	the Si	tate of	New	Jersey	
Dr.	Nareshkumar	G.	Patel			_'s l:	icense	is cu	rrentl	У
reg:	istered and	our	files	reveal	no der	ogato	ry info	rmati	on.	
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# FORM 4

# CERTIFIED COPY OF STATE LICENSE OR CERTIFICATE

# MUST BE COMPLETED FOR APPLICANTS WHO ARE APPLYING FOR ENDORSEMENT OF ANOTHER STATE LICENSE

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В

# (TO ALL STATE MEDICAL BOARDS OR OSTEOPATHIC BOARDS: DO NOT COMPLETE UNLESS LICENSE IS CURRENTLY RENEWED)

(A verbatim copy or wording to follow here, over Seal of State Licensing Board, certified to by the Secretary, President, or Executive Secretary thereof.)

NEW JERSEY BOARD OF MEDICAL EXAMINERS

1	
Certifies that Nareshkumar G. I	Patel M.D.
has passed a satisfactory examina	tion before this Board and is
hereby licensed to practice Medic New Jersey.	ine and Surgery in the State of
No. 40132 Trenton, New Jers	ey 2/8/82
<u> </u>	*
I hereby certify that the above is a verbatim copy	or wording of license no. //0122
issued to Dr. Nareshkumar G. Patel by the	
•	(Name of State Board)
day of February, 19 82	
	Carles & Canusek 1414.
	Secretary Presidents of Executive Secretary
(Seal)	Charles A.Janousek
	RETARY, PRESIDENT, OR EXECUTIVE SECRETAR' CENSE IS CURRENTLY RENEWED)
Acting in behalf of the NJ State Board of (Name of	Medical Examiners State Board)
I do hereby certify that Dr. N.G. Patel	•
	ne & surgery in the State of New Jersey
on the basis of FLE	
	Board examination, National Board of Examiners,
or rec	iprocity/endorsement)
(Include all grades as well as average score)	
To be ar	ovided by FLEX
	KMC
and received an average ofpercent.	
I do hereby certify that the applicant does hold	a current, valid license in this state.
(Seal)	
	$\Omega = 1 \cup 1 \cup 1$
8/15/84	Charles A. Caransek 1KNIC
(Date)	Secretary President or Executive Secretary
	Original signature only, name stamps will not be accepted Charles A. Janousek
UPON COMPLETION, RETURN TO:	chailes A.bahousek
CTITE HERIOII ROIDS OF OWN	
STATE MEDICAL BOARD OF OHIC 65 SOUTH FRONT STREET	) <b>½</b> _ <del>_</del>
ROOM 510	AS COLOR
COLUMBUS, OHIO 43215	
	<b>왕</b> (급)
	<b>≥</b> 297
<u> </u>	<b>A1 :46</b>
GRIGINAL GIVEN TO	6.
DR. PATEL AT HIS REQUEST	

8/15/84 CAT/KINE

SECTION /: Examination Scheduling Request (To be completed by applicants for examination only)	
I. I wish to apply for the June ( ) December ( ) FLEX examination. Fill in year	
Indicate which FLEX examination you are applying to take by placing an "X" next to the appropriate month and filling in the appropriate year.	
SECTION 8: Photograph, Photoslip, and Certificates of Recommendation (Form 3)	
Certificates of Recommendation (Form 3) must be completed by two fully licensed physicians. The physicians must be licensed in the state in which the form is notarized. A Form 3 is enclosed for each recommending physician. Each recommending physician must also sign your photoslip as indicated below. The Certificates of Recommendation must be notarized. THE PHYSICIANS MUST HAVE KNOWN THE APPLICANT FOR AT LEAST A SIX MONTH PERIOD. NO RELATIVES CAN SERVE AS RECOMMENDING PHYSICIANS FOR FORM 3.	
You must submit a recent color photograph. Attach the photoslip enclosed in the application to this photo. Sign and date the back of the photo and print your name. Have each of the physicians who signed your recommendation forms also sign the photoslip.	
SECTION 9: Release of Applicant	
STATE OF PELANOMA	
STATE OF <u>PRIANOMA</u> COUNTY OF <u>Pottawatomie</u> ss:	
I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the State Medical Board of Ohio any information, files, or records requested by the Board in connection with this application. I further authorize the State Medical Board of Ohio to release to the organizations, individuals, or groups listed above any information which is material to my application.	
Subscribed and sworn to this 20 day of  Subscribed and sworn to this 20 day of  Signature of Affiant)  Signature of Official Administering Oath)  5-3-87	,4·0.
(SEAL) (Date Commission Expires)	
Must be sworn to before a notary public or other person authorized to admisster comes	
SECTION 10: Affidavit of Applicant STATE OF ORLANDOMA	
COUNTY OF Patlawatonie SS:	
Before me, personally appeared NARESHKUMAL G. PATEL, M.D.  (Affiant)	
who being duly sworn says that _he is the person referred to in the foregoing application for license to practice medicine and surgery or osteopathic medicine and surgery in the State of Ohio; that the statements therein and the documents or copies of documents attached thereto are strictly true in every respect and that _he has read and understands this Affidavit.	
10 200	
(Signature of Addignat)	
Subscribed and sworn to this 20 day of Ougusture of Affiant), 1984.	
(SEAL)  (Signature of Official Administering Oath)	
5-3-8 <del>7</del>	
(Date Commission Expires)	

\*Must be sworn to before a notary public or other person authorized to administer oaths.

# FOR BOARD USE ONLY

# CERTIFICATE OF PRELIMINARY EDUCATION

7/0/0

This is to certify that this applicant has met the preliminary education requirements for the study of medicine in conformity with the statutes of Ohio and the regulations of the State Medical Board of Ohio.

D. C. Bunganey

Entrance Examiner

Secretary

Date Issued

FOR BOARD USE ONLY

Shood A

NAME: Patel, Marshburnars H. n.

CERTIFICATE NO. 51343

DATE ISSUED | |- | 5

FILED 6-20-

FEE

DETERMINATION: C+ PS/ WHE

BOARD ACTION: POND (UDID/10/10)

BASIS OF LICENSURE:

Revised:



I HEREBY CERTIFY THAT I HAVE RECEIVED MY WALL CERTIFICATE NUMBER

57343 NO N

Name

Street Address

City State/Country

Signature

PLEASE CHECK IF THIS IS A CHANGE OF ADDRESS.

# REVIEW SHEET FOR FOREIGN MEDICAL GRADUATES

NAME:	PATEL,	NareshKumar	G		Audit	# 095
		BIRTHPLACE:				
			(	J		
SCHOOL OF GRADUATION:_	NHLA	Innicipal Med	Col/ SCHO	OOL ATION: Ahn	nedabai	d, India
DATE DEGREE CONFERRED:	3/29	/ <sub>76</sub> DEGREE CONFERRED:_		MB	135	
CITIZENSHIP	STATUS:	233-127-0				
E.C.F.M.G. N	UMBER:	233-127-0	DATE IS	SSUED:9	110/80	
INTERNSHIP:_						
RESIDENCY:	Univ Hosp	-08/642	Newar	K, NJ		7/80-6/84
		12/81				
		inical science: 81,3				
		15 2 32				
LETTERS OF R	ECOMMENDAT I O	1: Shetly Shas				wife, OK
		Wit Chaina	Kul, MI)			
SPECIALTY:	OB	IG YN				
SPECIALTY BO	ARDS:					
PLANS OF PRA	CTICE:	<u> </u>				
		FED INFO	ORMATION:	R	EC FORMS:	
STATE BOARD	FORMS: N	OK				
REMARKS: 9/12/84	SAMA	HOCS-MISSIC	in thill	Anio Hos	Б	
(	Resume	must have F	2455-6	178-6/80		
11121845	FORM 4	must have t	IFX sco	res.		
	FLEX	CORES UN	11/05/			

# THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC. 2630 WEST FREEWAY, #138, FORT WORTH, TEXAS 76102-7199

TO: CTES

SUBJECT: FLEX Examination Grades For:

PATEL. MIRES KUMAR G 1900 GOSTON GOOPER DE SEASMIR CE 74811

FIN Birthdate 1 119 / 59
Date of Certification 8 / 30 / 94

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	131	00 31 131 00138	New Jerzen
BASIC SCIENCE Anatomy Physiology Biochemistry Pathology Microbiology Pharmacology Behavioral Science	65 72 32 72 73 71 75	07 74 65 <b>7</b> 5	Nem
BASIC SCIENCE AVERAGE	39.42	55.02	
CLINICAL SCIENCE  Medicine Surgery Obstetrics Public Health Pediatrics Psychiatry	95 95 95 95 97	91 73	
CLINICAL SCIENCE AVERAGE	21.33	72.65	
CLINICAL COMPETENCE AVERAGE	96.73	75.88	
FLEX WEIGHTED AVERAGE	79.02	73.88	

.84 2Eb -4 b5:58

WEDICYT CALL OHIO 2 VIE BECEINED

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

THYANT L. CALUSHA, M.B.
EMEGUTIVE VICE PRESIDENT

# STATE OF OHIO THE STATE MEDICAL BOARD

Suite 510 65 South Front Street Columbus, Ohio 43215

DATE September 12, 1984

Dear Doctor,	
the following evaluation so that we can procattention to this matter will be greatly appr	who is/was <u>0B/GYN private practice 7/1/84-present</u> We would appreciate your assistance in filling out cess his/her papers for licensure. Your immediate reciated by the doctor as well as by us. Information ection 149.43(A)(2)(a), Ohio Revised Code. Thank you
(1) How long have you known the doctor? _	Apperox 4 months
(2) What was/is your supervisory capacity?	Hospital Admidistrator/CEO.
(3) At what hospital? Mission Hil	1 Memorial Hospital
(4) How would you rate this doctor's medica	al knowledge and techniques? Above Average.
(5) In your opinion, is this doctor a person of	of good moral and ethical character?
(6) Does this doctor work well with peers a	nd medical staff? yes
(7) Does he/she relate well to patients?	es
(8) How is his/her command of the English	language? (If applicable) Has good Command of Catalich
(9) Would you recommend this doctor for li	censure? Yes
Additional comments, please: (If needed, as	n extra sheet of paper may be used)
Seems to have good report as	the Hospital personnel, patients, and mention
of the Medical Staff. Secons	to be well trained, proprome Wolfin Delivery
and sungery.	<del></del>
	Please return this form to the Ohio State Medical Board at the above address, Sincerely,
	Renny McKenzie
Bennie With Harles	Penny McKenzie Licensure Assistant
Signature of Doctor, pease type or print name legibly beneath	<b>84</b>
Bennie Witzke	
Administrator	<b>v</b> o
Position	. A11 :57
DATE 10-5-84	7

(Include Area Code)

Telephone No. 405-273-2240

# STATE OF OHIO THE STATE MEDICAL BOARD

Suite 510 65 South Front Street Columbus, Ohio 43215

DATE September 12, 1984

Dear Doctor,					
the following evaluation so that we can proc attention to this matter will be greatly appr	who is/was Resident-0B/GYN 7/80-6/84  We would appreciate your assistance in filling out tess his/her papers for licensure. Your immediate eciated by the doctor as well as by us. Information ction 149.43(A)(2)(a), Ohio Revised Code. Thank you				
(1) How long have you known the doctor? _	5 years				
(2) What was/is your supervisory capacity?	Director of Division of Obstetrics				
(3) At what hospital? University Hospital	al, Newark, New Jersey				
(4) How would you rate this doctor's medica	al knowledge and techniques? <u>Very good</u>				
(5) In your opinion, is this doctor a person o	f good moral and ethical character? Yes				
(6) Does this doctor work well with peers ar	nd medical staff?Yes				
(7) Does he/she relate well to patients?	Yes				
(8) How is his/her command of the English	language? (If applicable) Very good				
(9) Would you recommend this doctor for licensure? Yes					
Additional comments, please: (If needed, ar	n extra sheet of paper may be used)				
Very competent and reliable physician	. He has good clinical judgment and very				
satisfactory surgical skills.					
	Please return this form to the Ohio State Medical Board at the above address, Sincerely,				
	Penny McKenzie				
hushin they	Penny McKenzie Licensure Assistant				
Signature of Doctor, please type or print name legibly beneath	<b>SEP 2</b> SEP 2				
Professor of Obstetrics/Gynecology					
Position	7				
DATE September 20, 1984					
Telephone No. (201) 456-5838	(Include Area Code)				



# STATE OF OHIO THE STATE MEDICAL BOARD Suite 510

65 South Front Street Columbus, Ohio 43215



PΜ

TO: New Jersey

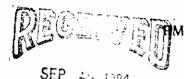
FROM: Penny McKenzie, Licensure Assistant

The following physician has applied for licensure in Ohio. Our files indicate that he is licensed to practice in your state. Please complete the form below, and return it to this office as soon as possible since licensure or eligibility for examination is dependent upon receipt. Thank you for your cooperation.

Date of Birth	n 11/19/52	License Number 40132	Issued	Feb.,	1982	(2/
Is the license	current?	Yes If not, please exp	lain			
What is basis		FLEX (X) Written Exam () Nat Examination		)		
	Endors	ement/Reciprocity ( ) Other (	( )			
Has license b	een revoked,	suspended, or surrendered? No				
Reason	12					
Derogatory I	nformation:_	None				
				_		
	None					
D						
Remarks:						
Remarks:						
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Remarks:		<u> </u>				_
		Signed Charles Q	Juonel	L		
Remarks:		charles A. Janons		L	-	
		Signed				

# STATE OF OHIO THE STATE MEDICAL BOARD Suite 510

65 South Front Street Columbus, Ohio 43215



SEP 24 1394

TO: Oklahoma

FROM: Penny McKenzie, Licensure Assistant

STATE BOARD MEDICAL EXAMINERS

The following physician has applied for licensure in Ohio. Our files indicate that he is licensed to practice in your state. Please complete the form below, and return it to this office as soon as possible since licensure or eligibility for examination is dependent upon receipt. Thank you for your cooperation.

Name Nareshkumar G. Patel
Date of Birth 11/19/52 License Number 14640 Issued May, 1984
s the license current? If not, please explain
What is basis of license? FLEX ( ) Written Exam ( ) National Boards ( )
Endorsement/Reciprocity ( Other ( )
Has license been revoked, suspended, or surrendered?
Reason:
Derogatory Information:
Remarks:
Signed Garale a. Smith
Title administrator

Date 9-11-84

Lithe Characellor, Bice Countello Land Blemberts of the Court, of the District Certify that the withinsigned AUN 29 Nareshkumar Gundalal Fatel of NGCX M. Medical College, having been examined for the Degree of Bachelor of Medicine and Backelor of Surgery and having undergone the prescribed period of housemanship and found qualified for the same, the Degree of Emicion Elicolomic Duckty has be n conferred on him at AMINE VINE . on the twent ininth day of the month of Morch in the year one thousand nine hundred and seventy six. Indestinony whereof are set the Seal of the said University and the Signature of the said Vice Chancelior.

# FOREIGN MEDICAL GRADIATES SHIPS SHIP EDUCATIONAL COMMISSION for

'84 AUG 29 P2:19

CREATERSTAT

# PATEL NARESHKUMAR GANDALAL

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATIONS

AND IJAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 255-127-0

MEDICAL PLANDARY 24, 1979

ENGISH EXAMBATION JANUARY 23, 1980
DATE INTER THE TOTAL OF STATE O

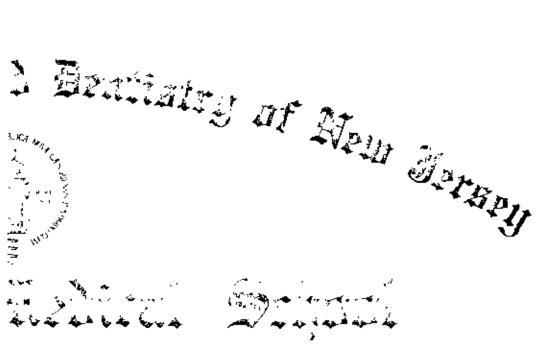
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English Examination
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Valid Indefinitely

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certify that

. G. PATEL, M.D.

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RICS and GYNECOLOGY

, June 30, 1982

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# NARESIRKUMAI

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CHIEF RESIDENT IN OBS

July 1, 1987 h

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UMDNU-Uni Hockenscck

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G. PATEL, M.D.

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June 30, 1984

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Smt. Nathiba Hargovandas Lakhmichand

MUNICIPAL MEDICAL COLLEGE.

OHIO STATE MEDICAL BRARE

Eilis Bridge,
AHMEDABAD-380006

784 AUG 29 P2:21

Date 4 - 9 -1979

# CERTIFICATE

This is to certify that

Mr./Misse Patel Nareshkumar G.
is a bonafide student of Smt. N. H. L. Municipal Medical College,
Ahmedabad which is affiliated to Gujarat University and is recognised by
Medical Council of india.

He/SAME has passed final M.B.B.S. Degree examination in \_October, held by Gujarat University.

He/She has successfully undergone the compulsory rotating ousemanship (internship training) of one year from lst Jan., 1975 o 3 lst Dec. 1975, as under:

Period From	Subject To	Name of the institution / hospital.
1/1/19 <b>7</b> 5	31/3/1975	V.S.General Hospital, Ahmedabad.
1/4/1975	30/6/1975	Rural Health Center, Sabarmati.
1/7/1975	30/9/1975	Maha Gujarat Hospital, Nadiad.
1/10/175	31/12/175	L.G.General Hospital, Ahmedabad.
He / Sa¥e¥ bea	ars a good moral characte	r.

DEAN

N. H. L. Municipal Medical College Ahmedabad-380006. Smt. Nathiba Hargovandas Lakhmichand

# MUNICIPAL MEDICAL COLLEGE

MEDICAL BOARD

Ellis Bridge, AHMEDABAD-6.

Date 4 - 9 -1979

'84 AUG 29 P2:21

Ref. No.

# CERTIFICATE

This is to certify that Dr. Patel Nareshkumar G. was a bonafide student of this college from June 1970 to October 1974. He has passed final M.B.B.S. examination in October 1974, held by Gujarat University.

After having passed the final M.B.B.S. he was posted for one year's compulsory rotating housemanship from 1-1-1975 to 31-12-1975. He is now elegible for full registration after satisfactory completion of his compulsory rotating housemanship.

During the study here as an undergraduate student the following hours of work are required to be put in by a medical student in different subjects. After his admission the attendance of Mr. Patel Nareshkumar G. was regular during the period of his study at this Medical college.

The en wha threed during the chudy at this college:

	Subjects	Hours
I M.B.B.S.	<ol> <li>Anatomy, Embryology</li> <li>Physiology, Biochemistry, Histology</li> </ol>	982 700
	1) Pharmacology 2) Pharmacodynamics and Therapeutics 3) Forensic Medicine 4) Pathology, Bacteriology	416 354 54 354
III M.B.B.S. (	1) Surgery including Ophthal- mology, E.N.T., Orthopaedics, Anaesthesia and Radiology.	850
(	2) Medicine including Paediatrics, Preventive & Social Medicine.	910
(	3) Obstetrics & Gynaecology	530

His conduct and behaviour during the period of study were satisfactory.

He bears a good moral character.

D E A N

# UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

100 BERGEN STREET / NEWARK, NEW JERSEY 07103

July 10, 1984

State Medical Board of Ohio 65 South Front Street Room 510 Columbus, Ohio 43215

In re: Nareshkumar Patel, M.D.

To Whom It May Concern:

I write on behalf of the above mentioned physician who is applying for licensure in the State of Ohio.

I have known Dr. Patel since July, 1980 when he joined our Department as a first year resident in Obstetrics and Gynecology. Dr. Patel completed his residency training on June 30, 1984. During the time that I have known Dr. Patel he has demonstrated above average skills and knowledge of our specialty. He is extremely hardworking, conscientious and highly motivated. He is very thorough in the treatment of his patients and uses sound medical judgement in their diagnosis and treatment.

Dr. Patel is a very pleasant and personable young man and is well liked by our Attending Staff and his fellow house officers.

For the aforementioned reasons it is without hesitation that I support his application for licensure in the State of Ohio.

Sincerely,

Harold A. Kaminetzky, Professor and Chairman

Department of Obstetrics and Gynecology

HAK:sdw

AUG 29 F

S DE T

6-20-84 x

Τ.

sician Staffing Inc.

Ohio State Medical Board 65 South Front Street #510 Columbus, Ohio 43215

\*84 JUN 18 PRE

(614) 466-3934

From

Nareshkumar G. PATEL, M.D. 220, Mt. Vernon PLACE APT- 4N NEWARK, N. J. 07106

Dem Sir,

me an applications forms for the License to practice medicine in this state. At present I am licensed in State of New Jersey. your earlist favourable reply: Maresh & lotel, up

ADDRESS -

NARESHKUMAR G. PATEL, M.D. 220, MT VERNON PL APT - 4 N NEWARL , N.J. 63166 (201) 334-2925

9/12/84	 	o 20 P12:53	STATE OF OHIO THE STATE MEDICAL BOARD Suite 510 65 South Front Street Columbus, Ohio 43215	614-466-3434
Dear Doctor:	N. Patel	SFP		
Your credentian processing of			n for licensure have been review for the Board:	red. However, to complete the
which cont	ferred the d	legree o	your actual medical school diplo of Doctor of Medicine. Document certified, official translation	s not in English must be
translation and signated the foliate the foliate the foliates. The foliates or	on must be o ture of the translation his translat	n lette notary. in the ion mus age. T	ed, official translation of your erhead stationary, notarized, and The translator must attest to presence of a notary or officer at be submitted in addition to the translation should be made be	d bear both the official seal the translation, sign and authorized to administer the photocopy of your diploma
b) a pries c) a recog d) a fores e) your me	st or cleric gnized trans ign embassy edical schoo	only interpretation or considering of great considering from the considering from the constant of the constant	in that language In the case of Latin documents service, in the United States, sulate authorized to perform tra aduation only in the case of yo on are not acceptable in lieu o	nslations ur medical diploma
Submit a r	notarized co	py of y	our standard ECFMG certificate.	
X Your resum	You yea ⊖tim	must a r in al	ly accountable (time period misticcount for all time, working an l countries. Explain what you CE ALL ACTIVITIES IN CHRONOLOGIE exact dates (month and year) complete addresses 6/78-6/80 position and department hospitals where you hold/held s	d non-working, by month and were doing for all non-working
Complete t			wit form. This <u>must</u> be notariz	
This form of the deprequested	must be com	pleted e hospi . The	-Graduate Training (Form 2) fro by either the director of the t tal administrator or an individ hospital seal must be placed in	raining program, the director
			uate Training (Form 2) submitte Enclosed is a duplicate form.	ed by
		_	mpleted by someone of authority	at the hospital who can

\_\_Submit two Certificates of Recommendation (Form 3) from two physicians who have known you at least six months. They must also sign the photoslip. PLEASE USE THE ENCLOSED FORMS.

must have the hospital seal affixed (if no seal, must state so)

attest to the exact dates and capacities served.

must list position and department served in

\_must list exact dates of service must have the original signature

We have received only one Certificate of Recommendation (Form 3) from, you must submit one more. He must also sign the enclosed photoslip.
The Certificate of Recommendation (Form 3) submitted by was not completed properly. Enclosed is a duplicate form.
the form must be notarized  must give full address of recommending physician  was not completed fully  must be completed by someone who is not related to you in any way  must be completed by someone who has known you at least six months
We did not receive a recent <u>COLOR</u> photograph of yourself. Please submit.
We have not received Form 4, which must be certified by the state in which you were licensed by written examination.
We have not received the Certificate of Fifth Pathway (Form 5). Enclosed is a duplicate form to be completed by the school where you completed your Fifth Pathway training.
We have not received a certified copy of your FLEX scores from the Federation of State Medical Boards.
We do not have a training certificate fromUniv. Hosp.  Ye do not have a training certificate fromUniv. Hosp.  Yelease submit a copy. This is the certificate the hospital issues to you after you complete your training. If you do not have a certificate, then have the Director of the department you were in submit a letter stating the dates of training, the position and department you were in and the reason why you do not have a certificate. The letter must be an original on the hospitals letterhead stationary and bear the Director's original signature.
Please submit a copy of your license. Copy Submitted
Why was there a delay between the time you took your examination and the time you were licensed in?
Please explain why you were not licensed in
Part of your credentials are issued in one name, and part in another name. You must supply the appropriate legal document which authorizes the name change, NOTARIZED COPY, (i.e., Marriage Certificate, Divorce Decree). Any documents in a foreign language must be accompanied by an original, certified, official translation.
X Other: The Form 4 completed by the New Jersey Board was not completed properly. The
FLEX scores must be indicated on the form. Enclosed is the Form 4 to be completed
properly.
Form 4 Sent to state Board of Hew Jenny
ONLY THOSE SECTIONS MARKED WITH AN "X" APPLY TO YOU.

Penny McKenzie
Licensure Assistant

# GRADUATES OF FOREIGN MEDICAL SCHOOLS REQUESTING ENDORSEMENT

SCHOOL OF GRADUATION: N.H.L. Municipal Medical College	SCHOOL LOCATION:	Ahmedabad, India
DATE DEGREE CONFERRED: 3/29/76	DEGREE CONFERRED:	MBBS
E.C.F.M.G. NUMBER: 233-127-0		
INTERNSHIP: none		
RESIDENCY: Univ. Hosp.		
DATE FLEX EXAM TAKEN: 12/81	FOR:	New Jersey
FLEX GRADES RECEIVED AS FOLLOWS FROM THE FEDERA		
BASIC SCIENCE: 69.42 CLINICAL SCIENCE: 81.33	CLINICAL COMP: 80	0.03 FLEX WEIGHTED AVG: 78
LICENSED IN: New Jersey 2/82	BASIS:	FLEX
LETTERS OF RECOMMENDATION: Shetty Shasmindra, I	MD	Shawnee, OK
Wit Chainakul, MD		Shawnee, OK
SPECIALTY: OB/GYN		
SPECIALTY: OB/GYN  SPECIALTY BOARDS: none		
SPECIALTY BOARDS: none		
SPECIALTY BOARDS: none  AMA INFORMATION: ok		
SPECIALTY BOARDS: ok  AMA INFORMATION: ok  FEDERATION INFORMATION: ok		

TIMOTHY L. STEPHENS JR., M. D.

Hospital or Institution	₹ DD
. City/State	2 Country
SECTION 6: Resume	7 52

List <u>ALL</u> activities from medical school graduation to the present time. ACCOUNT FOR ALL TIME, WORKING AND NON-WORKING, BY MONTH AND YEAR IN ALL COUNTRIES. Explain what you were doing FOR all nonworking time. PLACE ALL ACTIVITIES IN CHRONOLOGICAL ORDER. DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM. Be sure to indicate the percentage of working time spent in clinical and administrative duties. If you require more space attach separate sheets.

DATES mo/yr-mo/yr	HOSPITAL OR UNIVERSITY	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY (IF NOT IN THE U.S.)	PATEL POSITION & DEPARTMENT	-	% ADMIN
1/76 - 5/78	D-34, E.S.1.5.	AHMEDARAD 350008,	HEDICAL .	95	5
6)78 - 6/80	GEVT. DISPENSARY	PIZEPARING F  AND FLEX EXE  220, Mr. Vennon Place  APT - 4N  Newark N.J. 0710	MINATION	-	
7 80 - 6 84	UNIVERSITY HOSPITAL		RESIDENT OB-GYNS	90	10
Since 4/1/84	Missiam Hill Hospital	1900, Gordon Couper Brine, Shawner, Ok. 74801	Private Practice OB-GYN	85	15
	**				
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# GRADUATES OF FOREIGN MEDICAL SCHOOLS REQUESTING ENDORSEMENT

NAME:	PATEL, Nareshkumar G.		
SCHOOL OF GRADUATION:	N.H.L. Municipal Medical College	SCHOOL LOCATION:	Ahmedabad, India
DATE DEGREE CONFERRED:	3/29/76	DEGREE CONFERRED:_	MBBS
E.C.F.M.G.	NUMBER: 233-127-0	DATE:	9/10/80
INTERNSHIP:	none		
	APPROVED Univ. Hosp.		
DATE FLEX E	XAM TAKEN: 12/81	FOR:	New Jersey
FLEX GRADES	RECEIVED AS FOLLOWS FROM THE FEDER	ATION OF STATE ME	DICAL BOARDS:
BASIC SCIEN	CE: 69.42 CLINICAL SCIENCE: 81.33	CLINICAL COMP: 8	0.03 FLEX WEIGHTED AVG: 78
LICENSED IN	: New Jersey 2/82	BASIS:	FLEX
	: New Jersey 2/82 RECOMMENDATION: Shetty Shasmindra,		
	RECOMMENDATION: Shetty Shasmindra,	MD	
	RECOMMENDATION: Shetty Shasmindra, Wit Chainakul, MD	MD	Shawnee, OK
LETTERS OF I	RECOMMENDATION: Shetty Shasmindra, Wit Chainakul, MD	MD	Shawnee, OK
LETTERS OF I	RECOMMENDATION: Shetty Shasmindra,  Wit Chainakul, MD  OB/GYN  DARDS: none	MD	Shawnee, OK
SPECIALTY: SPECIALTY BO AMA INFORMAT	RECOMMENDATION: Shetty Shasmindra,  Wit Chainakul, MD  OB/GYN  DARDS: none	MD	Shawnee, OK
SPECIALTY: SPECIALTY BO AMA INFORMAT FEDERATION 1	RECOMMENDATION: Shetty Shasmindra,  Wit Chainakul, MD  OB/GYN  OARDS: none  FION: ok	MD	Shawnee, OK
SPECIALTY: SPECIALTY BO AMA INFORMAT FEDERATION 1	RECOMMENDATION: Shetty Shasmindra,  Wit Chainakul, MD  OB/GYN  OARDS: none  FION: ok  INFORMATION: ok	MD	Shawnee, OK
SPECIALTY: SPECIALTY BO AMA INFORMAT FEDERATION 1 RECOMMENDATI	RECOMMENDATION: Shetty Shasmindra,  Wit Chainakul, MD  OB/GYN  OARDS: none  FION: ok  INFORMATION: ok	PLEASE	Shawnee, OK

JOHN E. RAUCH, D.O.

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SECTION 6: Resume	٠ <u>٠</u> , ۲

DATES mo/yr-mo/yr	HOSPITAL OR UNIVERSITY	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY (IF NOT IN THE U.S.)	PATEL POSITION & DEPARTMENT	-, · ∕\ % clin.	% ADMIN
1/76-5/78	D-34, E.S.1.5.	AHMEDABAD 350008,	MEDICAL .	95	5
6/78 - 6/50	GOVI. DISPENSARY	PIZEPARING F  AND FLEX EXP  220, Mr. Vennon Place  APT - 4N  FEWORL N. J. 0710	MINATION		- 14
7/80 - 6/84	UNIVERSITY HOSPITAL	100, Bergan Street,	RESIDENT OB-GYN	90	10
Since 7/1/94	Missiam Hill Mospital	1900, Gordon Couper Torine, Shawner, Ok. 74901	Private Practice OB-GTN	85	1 <b>5</b>
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NAME:	PATEL, Nareshk	umar G.		
SCHOOL OF		al <u>Medical College</u>	SCH00L	Ahmedabad, India
DATE DEGREE CONFERRED:	3/29/76		DEGREE CONFERRED:	MBBS
E.C.F.M.G. NUM	MBER: 233	-127-0	DATE:	9/10/80
INTERNSHIP:	none			
RESIDENCY:	APPROVED Univ. Hosp.		Newark, NJ	7/80-6/84
DATE FLEX EXAM	TAKEN:	12/81	FOR:	New Jersey
FLEX GRADES REG	CEIVED AS FOLL	OWS FROM THE FEDERAT	TION OF STATE MED	DICAL BOARDS:
				DICAL BOARDS:  0.03 FLEX WEIGHTED AVG: 78
BASIC SCIENCE:	69.42 CLINICA		CLINICAL COMP: 80	0.03 FLEX WEIGHTED AVG: 78
BASIC SCIENCE:	69.42 CLINICA	AL SCIENCE: 81.33 (	CLINICAL COMP: 80 BASIS:	0.03 FLEX WEIGHTED AVG: 78
BASIC SCIENCE:	69.42 CLINICA  New Jersey  OMMENDATION: S	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M	CLINICAL COMP: 80 BASIS:	FLEX
BASIC SCIENCE: LICENSED IN: LETTERS OF RECO	69.42 CLINICA  New Jersey  OMMENDATION: S	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M	CLINICAL COMP: 80 BASIS:	FLEX Shawnee, OK Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF RECO SPECIALTY:	69.42 CLINICA  New Jersey  OMMENDATION: S  WOB/GYN	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M	CLINICAL COMP: 80 BASIS:	FLEX Shawnee, OK Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF RECO SPECIALTY:	New Jersey  OMMENDATION: S  DB/GYN  DS: none	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M	CLINICAL COMP: 80 BASIS:	FLEX Shawnee, OK Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF RECO SPECIALTY: CONTROL OF SPECIALTY BOARD	New Jersey  OMMENDATION: S  OB/GYN  DS: none	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M	CLINICAL COMP: 80 BASIS:	FLEX Shawnee, OK Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF RECO SPECIALTY: CONTROL OF THE CONTROL OF	New Jersey  OMMENDATION: S  OB/GYN  DS: none  ORMATION:	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M Vit Chainakul, MD	CLINICAL COMP: 80 BASIS:	FLEX Shawnee, OK Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF RECO SPECIALTY: SPECIALTY BOARD AMA INFORMATION FEDERATION INFO	New Jersey  OMMENDATION:  DB/GYN  DS:  none  ORMATION:  FORMS:	AL SCIENCE: 81.33 ( 2/82 Shetty Shasmindra, M Vit Chainakul, MD	CLINICAL COMP: 80 BASIS:	FLEX Shawnee, OK Shawnee, OK

JOHN H. BUCHAN, D.P.M.

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6: Resume	. <del>7</del>

SECTION

DATES	HOSPITAL OR	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY	PATEL POSITION &	- j · ∕\ %	%
mo/yr-mo/yr	UNIVERSITY	(IF NOT IN THE U.S.)	DEPARTMENT	CLIN.	ADMIN.
1/76 - 5/78	D-34, E.S.1.S. Gevt. DispersARY	AHMEDABAD 350058,	MEDICAL .	95	5
6/78 - 6/80	UNEMPLOTED	AND FLEX EXT	MINATION	-	
7/50 -6/54	UNIVERSITY HOSPITAL	100, Bergan Street, Newark, H.J. 07103.	RESIDENT	90	10
Since 7/1/84	Missiam Hill Mospital	1900, Gordon Couper Torine, Shawner, Ok. 74901	Private Practice OB-GYN	85	15
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NAME: PA	ATEL, Nareshkumar G.		
SCHOOL OF	.H.L. Municipal Medical Collec	SCHOOL	Ahmedabad, India
DATE DEGREE CONFERRED:	3/29/76	DEGREE CONFERRED:_	MBBS
E.C.F.M.G. NUMBI	ER:233-127-0	DATE:	9/10/80
	one		
	PPROVED		
RESIDENCY: UF	iv. Hosp.	Newark, NJ	7/80-6/84
		8	007 23 1984
DATE FLEX EXAM T	TAKEN: 12/81	FOR:	New Jersey
	IVED AS FOLLOWS FROM THE FEDI		
BASIC SCIENCE: 6	9.42 CLINICAL SCIENCE: 81.33	CLINICAL COMP: 80	0.03 FLEX WEIGHTED AVG: 78
	New Jersey 2/82		
LETTERS OF RECOM	MENDATION: Shetty Shasmindra	, MD	Shawnee, OK
SPECIALTY:OB	/GYN		
SPECIALTY BOARDS	:none		
AMA INFORMATION:			
FEDERATION INFOR	MATION: ok		
RECOMMENDATION FO	ORMS:ok		
SEE ATTACHED RES	SUME)		
REMARKS:			CHECK ONE MARGAN COLUMN
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LEONARD L. LOVSHIN, M.D.

Hospital or Institution	SEP 20
City/State SECTION 6: Resume	Country

DATES mo/yr-mo/yr	HOSPITAL OR UNIVERSITY	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY (IF NOT IN THE U.S.)	PATEL POSITION & DEPARTMENT	- , · /V % clin.	% ADMIN.
1/76-5/78	D-34, E.S.1.5-	AHMEDABAD 380008,	MEDICAL .	95	5
6/78 - 6/50	GEVT. DISPENSARY · UNEMPLOJE	AND FLEX EXP 120, Mr. Vennon Place APT. 4N Newark H.J. 0710	MINATION	-	
7/80 -6/84	UNIVERSITY HOSPITAL	100, Bergan Street, Newart, H.J. 07103.	RESIDENT OB-GYN	90	10
Since 4/1/84	Missian Hill Hospital	1900, Gordon Couper Porine, Shawner, Ok. 74801	Private Practice OB-GYN	85	15
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NAME:	PATEL, Nares	hkumar G.		
SCHOOL OF GRADUATION:	N.H.L. Munic	ipal Medical College	SCHOOL LOCATION:	Ahmedabad, India
DATE DEGREE CONFERRED:	3/29/	76	DEGREE CONFERRED:_	MBBS
E.C.F.M.G. N	IUMBER: 2	33-127-0	DATE:	9/10/80
INTERNSHIP:_	none			
_	APPROVED	Ne		
 	AM TAVEN.	12/01	TOP	
DATE FEEN EN	AM TAKEN:	12/81		
	DECEIVED AS ED	LLOUG FROM THE SERENATA	CH CC CT.T.	
FLEX GRADES		LLOWS FROM THE FEDERATI		
FLEX GRADES   BASIC SCIENC	E: 69.42 CLIN	ICAL SCIENCE: 81.33 CL	INICAL COMP: 80	0.03 FLEX WEIGHTED AVG: 78
FLEX GRADES   BASIC SCIENCI LICENSED IN:	E: 69.42 CLIN	ICAL SCIENCE: 81.33 CL	INICAL COMP: 80	0.03 FLEX WEIGHTED AVG: 78  FLEX
FLEX GRADES   BASIC SCIENCI LICENSED IN:	E: 69.42 CLIN  New Jerse  ECOMMENDATION:	ICAL SCIENCE: 81.33 CL ey 2/82 Shetty Shasmindra, MD	INICAL COMP: 80	FLEX Shawnee, OK
FLEX GRADES (BASIC SCIENCILLICENSED IN:_LETTERS OF RE	E: 69.42 CLIN  New Jerse  ECOMMENDATION:	ICAL SCIENCE: 81.33 CL	INICAL COMP: 80	FLEX Shawnee, OK
FLEX GRADES   BASIC SCIENCE LICENSED IN: LETTERS OF RE	E: 69.42 CLIN  New Jers  ECOMMENDATION:  OB/GYN	ICAL SCIENCE: 81.33 CL ey 2/82 Shetty Shasmindra, MD Wit Chainakul, MD	INICAL COMP: 80	FLEX Shawnee, OK
FLEX GRADES IN BASIC SCIENCE IN: LICENSED IN: LETTERS OF RESPECIALTY:	E: 69.42 CLIN  New Jers  ECOMMENDATION:  OB/GYN  ARDS: nor	ICAL SCIENCE: 81.33 CL ey 2/82 Shetty Shasmindra, MD Wit Chainakul, MD	INICAL COMP: 80	FLEX Shawnee, OK
FLEX GRADES IN BASIC SCIENCE IN: LICENSED IN: LETTERS OF RESPECIALTY:	E: 69.42 CLIN  New Jers  ECOMMENDATION:  OB/GYN  ARDS: nor	ICAL SCIENCE: 81.33 CL ey 2/82 Shetty Shasmindra, MD Wit Chainakul, MD	INICAL COMP: 80	FLEX Shawnee, OK
FLEX GRADES IN BASIC SCIENCE IN: LICENSED IN: LETTERS OF RESPECIALTY: SPECIALTY BOAMA INFORMATION IN	E: 69.42 CLIN  New Jers  ECOMMENDATION:  OB/GYN  ARDS: noi	ICAL SCIENCE: 81.33 CL ey 2/82 Shetty Shasmindra, MD Wit Chainakul, MD ne ok	INICAL COMP: 80	FLEX Shawnee, OK
FLEX GRADES IN BASIC SCIENCE IN: LICENSED IN: LETTERS OF RESPECIALTY: SPECIALTY BOAMA INFORMATION IN	E: 69.42 CLIN  New Jers  ECOMMENDATION:  OB/GYN  ARDS: nor  ION:  NFORMATION:	ICAL SCIENCE: 81.33 CL ey 2/82 Shetty Shasmindra, MD Wit Chainakul, MD ne ok	INICAL COMP: 80	FLEX Shawnee, OK

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SECTION 6: Resume	ۺؙ

DATES	HOSPITAL OR	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY	PATEL		
mo/yr-mo/yr	UNIVERSITY	(IF NOT IN THE U.S.)	POSITION & DEPARTMENT	% CLIN.	% ADMIN.
1/76 - 5/78	D-34, E.S.I.S. Gert. Dispensary	AHMEDABAD 350008,	MEDICAL OFFICES	95	5
6)78 - 6/80	UNEMPLOTED	AND FLEX EXP	MINATION	-	•
7 80 -6 84	UNIVERSITY HOSPITAL	HEWORL, H.J. 0710 HEWORL, H.J. 07103.	6 RESIDENT OB-GYN	90	10
Since 4/1/84	Missiam Hill Mospital	1900, Gordon Couper Porine, Shawner, Ok. 74901	Private Practice OB-GYN	85	15
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SCHOOL OF GRADUATION: N.H.L. Municipal Medical College	SCHOOL LOCATION:	Ahmedabad, India
DATE DEGREE CONFERRED: 3/29/76	DEGREE CONFERRED:	MBBS
E.C.F.M.G. NUMBER: 233-127-0	DATE:	9/10/80
INTERNSHIP: none		
RESIDENCY: Univ. Hosp. Newa		
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DATE FLEX EXAM TAKEN: 12/81	FOR:	New Jersey
FLEX GRADES RECEIVED AS FOLLOWS FROM THE FEDERATION	OF STATE MED	DICAL BOARDS:
BASIC SCIENCE: 69.42 CLINICAL SCIENCE: 81.33 CLIN	ICAL COMP: 80	.03 FLEX WEIGHTED AVG: 78
LICENSED IN:New Jersey 2/82		<del></del>
FTTTDA AF BERGINIEWA AFTAN		
LETTERS OF RECOMMENDATION: Shetty Shasmindra, MD		
LETTERS OF RECOMMENDATION: Shetty Shasmindra, MD  Wit Chainakul, MD		Shawnee, OK
		Shawnee, OK
Wit Chainakul, MD		Shawnee, OK
Wit Chainakul, MD SPECIALTY: OB/GYN		Shawnee, OK
Wit Chainakul, MD  SPECIALTY: OB/GYN  SPECIALTY BOARDS: none		Shawnee, OK
Wit Chainakul, MD  SPECIALTY: OB/GYN  SPECIALTY BOARDS: none  AMA INFORMATION: ok		Shawnee, OK
Wit Chainakul, MD  SPECIALTY: OB/GYN  SPECIALTY BOARDS: none  AMA INFORMATION: ok  FEDERATION INFORMATION: ok		Shawnee, OK Shawnee, OK

WILLIAM W. JOHNSTON

Hospital or Institution	20
City/State SECTION 6: Resume	Country

DATES mo/yr-mo/yr	HOSPITAL OR UNIVERSITY	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY (IF NOT IN THE U.S.)	DEPARTMENT	% CLIN.	% ADMIN.
1/76 - 5/78	D-34, E.S.1.5. Gevt. Dispensary	AHMEDABAD 350008, INDIA	MEDICAL .	95	5
6)78 - 6/50	·UNEMPLOJEI	AND FLEX EXT	OR ECFMG MINATION	_	· - #
7/80 -6/84	UNIVERSITY HOSPITAL	100, Bergan Street, Newark, H.J. 07103.	RESIDENT	90	10
Since 4/1/84	Missiam Hill Hospitad	1900, Gordon Couper Brine, Shawner, Ok. 74901	Private Practice OB-GTN	85	15
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SCHOOL LOCATION:	Ahmedabad, India
DEGREE CONFERRED:	MBBS
DATE:	9/10/80
	7/80-6/84
FOR:	New Jersey
	0.03 FLEX WEIGHTED AVG: 78
	——————————————————————————————————————
MD	Shawnee, OK
	Shawnee, OK
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	LOCATION:  DEGREE CONFERRED:  DATE:  Newark, NJ  FOR:  CLINICAL COMP: 8 BASIS:

JOSEPH P. YUT, M. D.

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SECTION 6: Resume	<del>ម៉</del> ាំ

DATES	HOSPITAL OR	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY	PATE L POSITION &	-,·∕\ %	/ %
mo/yr-mo/yr	UNIVERSITY	(IF NOT IN THE U.S.)	DEPARTMENT	CLIN.	ADMIN.
1/76 - 5/78	D-34, E.S.I.S. Gevt. Dispensary	AHMEDABAD 350008,	HEDICAL . OFFICES	95	· 5-
6/78 - 6/50	·4NEMPLOJE[	AND FLEX EXT	MINATION	-	- d - 4
7/80 -6/84	UNIVERSITY HOSPITAL	100, Bergan Street, Newark, H.J. 07103.	RESIDENT	90	10
Since 4/1/84	Missiam Hill Hospital	1900, Gordon Couper Brine, Shawner, Ok. 74901	Private Practice OB-GYN	85	15
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NAME:	PATEL, Nares	hkumar G.				_
SCHOOL OF GRADUATION:	N.H.L. Munic	ipal Medical Colleg	SCHOOL LOCAT	L ION:A	Ahmedabad, li	ndia
DATE DEGREE CONFERRED:		76	DEGRE	E RRED: M	1BBS	
E.C.F.M.G. NUI	MBER:2	233-127-0	DATE:	9	7/10/80	
RESIDENCY:	APPROVED Univ. Hosp.		Newark, NJ		7/80-	-6/84
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DATE FLEX EXAM	TAKEN:	12/81	FOR:	N	lew Jersey	
FLEX GRADES RE	CEIVED AS FO	LLOWS FROM THE FEDE	RATION OF STA	TE MEDIO	CAL BOARDS:	
BASIC SCIENCE:	69.42 CLIN	ICAL SCIENCE: 81.33	_ CLINICAL CO	MP: 80.0	3 FLEX WEI	GHTED AVG: 78
LICENSED IN:	New Jers	ey 2/82	BASIS:	F	LEX	
LETTERS OF REC	OMMENDATION:	Shetty Shasmindra,	MD	\$	hawnee, OK	
		Wit Chainakul, MD		S	hawnee, OK	
SPECIALTY:	OB/GYN					
SPECIALTY BOAR	DS: no	ne				
AMA INFORMATIO	N:	ok				
EDERATION INF	ORMATION:	ok				
RECOMMENDATION	FORMS:	ok	00~			
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PETER LANCIONE, M. D.

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Hospital or Institution	7
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#### SECTION 6: Resume

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DATES mo/yr-mo/yr	HOSPITAL OR UNIVERSITY	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY (IF NOT IN THE U.S.)	PATEL POSITION & DEPARTMENT	-, · ∕\/ % CLIN.	% ADMIN
1/76-5/78	D-34, E.S.1.5-	AHMEDABAD 380008,	MEDICAL OFFICES	95	5
6]78 - 6 50	Gevi. Dispensary  UNEMPLOTES	AND FLEX EXP 220, Mr. Vennon Place APT. 4N Newark N.J. 0710	OR ECFMG MINATION	_	
7/80 -6/84	UNIVERSITY HOSPITAL	100, Bergan Street, Newart, H.J. 07103.	RESIDENT	90	10
Since 4/1/84	Missiam Hill Hospital	1900, Gordon Couper Torine, Shawner, Ok. 74901	Private Practice OB-GYN	85	15
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NAME:	PATEL, Nares	hkumar G.					
SCHOOL OF GRADUATION:	N.H.L. Munic	ipal Medical Colleg	je 🎉	SCHOOL LOCATION:	✓Ahmedabad, Ir	ndia	
DATE DEGREE CONFERRED:	3/29/	76		DEGREE CONFERRED:	MBBS 🗸		
E.C.F.M.G. NUM	MBER:2	33-127-0		DATE:	9/10/80		
INTERNSHIP:	попе						_
DECTORNAL	APPROVED Univ. Hosp.	•	Newa	rk, NJ	7/80-	-6/84 🗸	
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DATE FLEX EXAM	TAKEN:	12/81	<del></del>	FOR:	New Jersey V		
FLEX GRADES RE	CEIVED AS FO	LLOWS FROM THE FEDE	ERATION	OF STATE M	EDICAL BOARDS:		1
BASIC SCIENCE:	69.42 CLIN	ICAL SCIENCE: 81.33	_ CLIN	ICAL COMP:_{	80.03 FLEX WEI	GHTED AVG: 78	.√
LICENSED IN:	New Jers	ey 2/82 /		BASIS:	FLEX V		
LETTERS OF REC	OMMENDATION:	Shetty Shasmindra	, MD		Shawnee, OK		
	•	Wit Chainakul, MD	<u> </u>		Shawnee, OK		
SPECIALTY:	OB/GYN			·			
SPECIALTY BOAR	DS: <u>no</u>	1e					
MA INFORMATIO	N:	ok	·		<u> </u>		
EDERATION INF	ORMATION:	ok					
RECOMMENDATION	FORMS:	ok		<u> </u>			
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EMARKS:			[- -		E CHECK ONE	OCT 221	1984
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SECTION 6: Resume	ن ن

DATES mo/yr-mo/yr	HOSPITAL OR	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY	<del>-</del>	, %	%
	UNIVERSITY	(IF NOT IN THE U.S.)	DEPARTMENT	CLIN.	ADMIN.
1/76 - 5/78	D-34, E.S.1.5.	AHMEDABAD 350008,	MEDICAL .	95	5
	Gert. Dispensary	מופטן	BFF/CE-		•
6/78 - 6/50	HNEMPLOTEL	AND FLEX EXP	MINATION	-	
7 80 - 6 84	UNIVERSITY HOSPITAL	100, Bergan Street, Newark, H.J. 07103.	RESIDENT	90	10
Since 7/1/84	Missiam Hill Mospital	1900, Gordon Couper Brine, Shawner, Ok. 74801	Private Practice OB-GYN	85	15
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NAME:	PATEL, Nare	eshkumar G.		
SCHOOL OF GRADUATION:	N.H.L. Muni	icipal Medical Colleg	SCHOOL LOCATION:	Ahmedabad, India
DATE DEGREE CONFERRED:	3/29	2/16	DEGREE CONFERRED:	MBBS
				9/10/80
	APPROVED			
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DATE FLEX EXAM	M TAKEN:	12/81	FOR:	New Jersey
FLEX GRADES RE	ECEIVED AS F	OLLOWS FROM THE FEDEI	RATION OF STATE ME	DICAL BOARDS:
			_ CLINICAL COMP: 80	0.03 FLEX WEIGHTED AVG: 78
BASIC SCIENCE:	: 69.42 CLI			
BASIC SCIENCE: LICENSED IN:	: 69.42 CLI New Jer	NICAL SCIENCE: 81.33 sey 2/82	BASIS:	
BASIC SCIENCE: LICENSED IN:	: 69.42 CLI New Jer	NICAL SCIENCE: 81.33 sey 2/82	BASIS:	FLEX Shawnee, OK
BASIC SCIENCE: LICENSED IN:	: 69.42 CLI  New Jer  COMMENDATION	NICAL SCIENCE: 81.33 sey 2/82 : Shetty Shasmindra,	BASIS:	FLEX Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF REC	: 69.42 CLI  New Jer  COMMENDATION  OB/GYN	NICAL SCIENCE: 81.33  sey 2/82  : Shetty Shasmindra,  Wit Chainakul, MD	BASIS:	FLEX Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF REC SPECIALTY:	: 69.42 CLI  New Jer  COMMENDATION  OB/GYN  RDS: ne	NICAL SCIENCE: 81.33 sey 2/82 : Shetty Shasmindra, Wit Chainakul, MD	BASIS:	FLEX Shawnee, OK
BASIC SCIENCE: LICENSED IN:_ LETTERS OF REC SPECIALTY:_ SPECIALTY BOAR	: 69.42 CLI  New Jer  COMMENDATION  OB/GYN  RDS: new	NICAL SCIENCE: 81.33  sey 2/82  : Shetty Shasmindra,     Wit Chainakul, MD  one ok	BASIS:	FLEX Shawnee, OK
BASIC SCIENCE: LICENSED IN: LETTERS OF REC SPECIALTY: SPECIALTY BOAR AMA INFORMATIO	: 69.42 CLI  New Jer  COMMENDATION  OB/GYN  RDS: new  ON:	NICAL SCIENCE: 81.33  sey 2/82  : Shetty Shasmindra,  Wit Chainakul, MD  one  ok	BASIS:	FLEX Shawnee, OK
BASIC SCIENCE: LICENSED IN:_ LETTERS OF REC SPECIALTY:_ SPECIALTY BOAR AMA INFORMATIO FEDERATION INF	: 69.42 CLI  New Jer  COMMENDATION  OB/GYN  RDS: new  ON:  FORMATION:  I FORMS:	NICAL SCIENCE: 81.33  sey 2/82  : Shetty Shasmindra,  Wit Chainakul, MD  one  ok	BASIS:	FLEX Shawnee, OK

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DATES	HOSPITAL OR	COMPLETE ADDRESS (INCLUDING STREET, APARTMENT, (IF AP- PLICABLE), CITY, STATE ZIP CODE, AND COUNTRY	PATEL POSITION &	- <sub>1</sub> · N	
mo/yr-mo/yr	UNIVERSITY	(IF NOT IN THE U.S.)	DEPARTMENT	CLIN.	ADMIN.
1/76 - 5/78	D-34 , E.S.I.S - Gert. Dispersary	AHMEDABAD 350008,	MEDICAL OFFICES	95	<i>5</i> .
6/78 - 6/80	HNEMPLOJED	AND FLEX EXT	MINATION	-	- '8
7/80 - 6/84	UNIVERSITY HOSPITAL	100, Besgan Street, Newart, H.J. 07103.	RESIDENT	90	<b>} o</b>
Since 7/1/84	Missiam Hill Hospital	1900, Gordon Couper Brine, Shawner, Ok. 24501	Private Practice OB-GYN	85	15
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State of Ohio THE STATE MEDICAL BOARD Suite 510 65 South Front Street. Columbus, Ohio:45215 418 **CENSUS BLANK** HARESHKUMAR-My name IN FULL is Middle INDIA BANSAR. Place of birth Permanent or home address | Ic1, Ken Del Dr #26, SHAWPEE | Number | Street City Present mailing address 1902, Gordon Corpes Dr. Showner, Ok. 14801

Number Street City State Zip I have attended school as follows: (State name, location, and whether high school, undergraduate school or college) C U SHAM SCIENCE COWCHE, Ahmedeled, INDIA for Lyears, from 68 to 70 NHL. MUN MED COLLEGE, Ahmeded, INDIA for 5/2 years, from 70 to 75 \_\_\_\_\_\_ for \_\_\_\_ years, from \_\_\_\_\_\_ to \_\_\_ located at Ahmedus , INDIA State Zip in 1976 Degree M.B., B. (Signed by applicant) \_\_\_ Dated \_\_\_\_ (OVER)

G: GCRTIFY, UNDER PE AND SURGERY IN THE SONTINUING MEDICAL	TATE MEDICAL BOARD OF OF SOUTH FRONT ST., SUITE 510 GOLUMBUS, OHIO 40 NALTY OF THE LOSS OF MY RIGHT TO PRACTICE MEDICANE STATE OF OHIO. THAT I HAVE COMPLETED DURING THE LAST BEENNIUM THE REQUISITE HOW LE EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ME STATE MEDICAL	1215 IS 8F	1 DO NOT FOLD 2. REVERSE SIDE 3. MAKE CHECK TREASUL 4. PUT IDENTIFIC 5. MARK CORREC 6. SEND PAYMEN	STRUCTIONS OR STAPLE THIS CA : MUST BE COMPLET OR MONEY ORDER P RER, STATE OF OH ATION NUMBER ON CO TO SPECIALTY CODE( IT (DO NOT SEND CA IN ENCLOSED ENVEL IN ENCLOSED ENVEL	- RD. TED. AYABLE TO: GHECK. S) BELOW.
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200/00 mg/4/00 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	toldin one of Arriconia	IDENTIFICATION	REPORT ANY C	HANGE OF ADDRES	SS OF RECORD
	APPLICATION FOR BICHNIAL LICENSE RENEWAL TO PRACTICE AS A DOCTOR OF MEDICINE	NUMBER 35-05-1343		(PLEASE PRINT)	
3	NARESHKUMAR G. PATEL 1902 GURDON COOPER DR. Shawnee OK 74801		LAST NAME	FIRST NAME	INITIAL
	SHARREL OR 14001		STREET ADDRE	SS	
9	MD & DO SPECIALTY CODES	UE DATE DUE			
EDM.14948	SPECIALTY CODES 39 \$100.00		CITY	STATE	ZIP CODE
	(CINIT OF ENCLOSED CARD) (CINIT OF 3)	TION THE ADDITE	L. AND FEE	- Harris	UNTY

TO RECEIVE YOUR RENEWAL CARD BY DECEMBER 31ST, RETURN THIS APPLICATION AND FEE BY NOVEMBER 15

	THE ADDRESS SHOWN ON THE FR	ONT OF THIS CARD WILL BE	MAINT	AINED	) AS YOUR ADDRESS OF RECORD WITH THE BOARD.
	PRINCIPAL PRACTICE ADDRESS - II SHOWN ON FRONT	DIFFERENT FROM THAT			4731.281, OHIO REVISED CODE REQUIRES THAT A E BE GIVEN TO THE FOLLOWING QUESTION. PLEASE
	(PLEASE PRINT)		MAR	K THE	CORRECT BOX.
	LAST NAME FIRST N	AME INITIAL	HAV	O CO	U LAST RENEWED YOUR OHIO MEDICAL LICENSE, J BEEN FOUND GUILTY OR PLEAD GUILTY DNTEST TO:
	ST EE ADDRESS			区	a.) a felony.
	CITY STAT	ZIP CODE		æ	b.) a misdemeanor committed in the course of your
				_	practice, or
<b>5</b>		COUNTY			<ul> <li>c.) a federal or state law regulating the possession,</li> </ul>
4	SOCIAL SECURITY NUMBER				distribution or use of any drug?
-	AT ANY	TIME SINCE THE LAST RENEY	VAL O	F YOU	IR CERTIFICATE HAVE YOU:
EOM	YES O  1.) Been addicted to or any chemical se	or dependent upon alcohol ubstance?	YES	NO K	3.) Surrendered or consented to limitation  up 3: 1 icense to practice medicine, or state or federal privileges to prescribe controlled
	2) Had any disciplina	ry action taken or initiated		_	substances?
	against you by a	state licensing agency?	Ш		4.) Had any hospital privileges suspended or

CERTIFY, UNDER PENALTY OF THE	MEDICAL BO  LOSS OF MY RIGHT TO PRACTICE  HIO, THAT I HAVE COMPLETED DURNING.	SICINE		2. REVERSE SIDE 3. MAKE CHECK C TREASUR	INSTRUCTIONS  DR STAPLE THIS CAR MUST BE COMPLET PR MONEY ORDER PA	ED YABLE TO IIO
CONTIN JING MEDICAL EDUCATION	CERTIFIED BY THE DICAL BOARD AND HEREBY MAKE APPLIE		12/11, 1cm	5. UPDATE SPECIAL 8 SEND PAYMENT APPLICATION IN TREAS	ATION NUMBER ON CI ALTY IF NEEDED. I (DO NOT SEND CAS I ENCLOSED ENVELO SURER, STATE OF 38, COLUMBUS, OHIO	H) AND THIS PE TO: OHIO
عالمان الم	OR BIENNIAL LICENSE RENEWAL TO	35	IDENTIFICATION NUMBER +05-1343	À:	HANGE OF ADDRES (PLEASE PRINT)	
1902 31 AAN		990	DATE DUE	LAST NAME  / 4 - 30 STREET ADDRÉSS	FIRST NAME	INITIAL
030 9 SPECIALTY CO	DES CURRENTLY ON RECORD TO CORRECT. ENTER CODE NUMBERS (NOLOSED CARD) (LIMIT O	*100.00	11/01/88 1446	CITY	STATE	ZIP CODE
THE ADDRESS SHOW	N ON THE FRONT OF THIS					
PRINCIPAL PRACTICE AD SHOWN ON FRONT (PLEASE PRINT)	DRESS-IF DIFFERENT FRO	RESPI MARK SINCE	ON 4731.281, OHK ONSE BE GIVEN T THE CORRECT B YOU LAST RENE	O THE FOLLOWIN OX. WED YOUR OHIO	MEDICAL LICEN	_EASE
			YOU BEEN FOUN CONTEST TO:	D GUILTY OR PLI	EAD GUILTY	

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATION HAVE YOU:

ZIP CODE

COUNTY

CITY

YES I.O

 $\times$ 

SOCIAL SECURITY NUMBER

STATE

1.) Been addicted to or dependent upon alcohol or any chemical substance? You may answer no to this question if you have successfully completed treatment at a program approved by this Board and have subsequently adhered to all statuatory requiraments as contained in Section 4731.224, O.R.C., and related provisions; or are currently enrolled in a Board approved program.

2.) Had any disciplinary action taken or initiated against you by a state ticenaing agency? b.) a federal or state law regulating the possession, distribution or use of any drug?

YES NO 3.) Surrendered or consented to limitation upon a license to practice med i a c state or federal privileges to prescribe controlled subsidiaces:

 Had any clinical privileges suspended or revoked for other than failure to maintain records or attend staff meetings.

QT-00224-O3

STATE MEDICAL BOARD OF OHIO	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315	39 OBSTETRICS & GYNECOLOGY
CERTIFICATION	
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIUM THE REOUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN	SPECIALTY CODE(S) CORRECT AS LISTED  IF THE SPECIALTY CODE(S) ARE IN EBROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE? CODES
EVERY RESPECT.	
( SIGNATURE OF APPLICANT ) ( DATE )	CHANGE OF ADDRESS
IDENTIFICATION NUMBER: AMOUNT DUE DATE DUE  35-05-1343 \$160.00 11/01/90  NARESHKUMAR G. PATEL, M.D.  1902 GORDON COOPER DR.  SHAWNEE OK 74801	STREET  STREET  CITY  STATE ZIP CODE  COUNTY
:19696969621 <b>:</b>	0935051343# #0000016000#

YOUR CERTIFICATE HAVE YOU: AT ANY TIME SINCE SIGNING YOUR

YES NO

Been addicted to or dependent upon alcohol or any chemical substance? You

I YES NO

or initiated against you by any state licensing board?

2.) Had any disciplinary action taken

concerning approval can be directed approved program. Any questions or you are currently enrolled in a board requirements as contained in section have subsequently adhered to all statutory at a program approved by this board and have successfully completed treatment may answer "no" to this question if you

to the board offices.

4731.224, O.R.C., and related provisions,

3.) Surrendered, or consented to limitation

upon: a) A license to practice medicine: OR b) State or federal privileges to

prescribe controlled substances?

4.) Had any clinical privileges suspended or revoked for reasons other than failure to

maintain records or attend staff meetings?

LAST APPLICATION FOR RENEWAL OF A B.) A federal or state law regulating the possession, distribution or use of any drug?

YES

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A.) A felony

PLEAD CHILTY OR NO CONTEST TO: HAVE YOU BEEN FOUND GUILTY OF, OR County State Zip Code

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

DETACH HERE AND REMIT THIS PORTION WITH FEE

	DETACH HERE AND REMIT THIS	PORITON WITH FEE	
	•	MD & DO SPECIALTY CODES CUR	RENTLY ON RECORD
77 SOUTH HIGH STREET, 17TH FLOOR, COLU	EDICAL BOARD OF OHIO JMBUS, OHIO 43266 - 0315	OBG OBSTETRICS & GYNECOLOGY	•
CERTIFICATION  I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED OR WILL HAVE COMPLETED OF CONTINUING MEDITAL AS	ETED DURING THE 1992-1994 DICAL EDUCATION CERTIFIED SOCIATION	SPECIALTY CODE(S) CO	DRRECT AS LISTED
AND APPROVED BY THE STATE MEDICAL BOARD, AND T PROVIDED ON THIS APPLICATION FOR BENEWAL IS TRU RESPECT.	JE AND CORRECT IN EVERY	IF CORRECTIONS ARE NECESSARY, PLEASE LENTER ALL SPECIALTY CODES.	ODE1 CODE2 CODE3
X	5/12/54	REPORT ANY CHANGE O	F ADDRESS
(SIGNATURE OF APPLICATION NUMBER AMOUNT DUE 35-05-1343 \$250.00 NARESHKUMAR G. PATEL, M.D. 1902 GORDON COOPER DR. SHAWNEE OK 74801	ANT) (DATE)  DATE DUE  05/01/94  2.6 64-7-4 7.94 2.70.00 7696969621: 10	STREET  STREET  O K L M M C M M C M M C M M C M M C M M C M M C M M C M M C M M C M M M C M	STATE ZIP CODE

YES

staff meetings?

than failure to maintain records or attend restricted or revoked for reasons other 7.) Had any clinical privileges suspended,

participated in an arrangement or scheme for 8.) After January 14, 1993, referred a patient, or

referral of a patient, for clinical laboratory

compensation arrangement?

you or a member of your immediate family has an ownership or investment interest, or any services to a person or facility in which either YES

8

prescribe controlled substances? upon: a) A license to practice medicine; OR b) State or federal privileges to ΥES

Board of Ohio?

 $\overline{\mathsf{x}}$ Š

Surrendered, or consented to limitation

YES

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premiums?

5.) Had any disciplinary action taken or

initiated against you by any state licensing board other than the State Medical

or limited for other than failure to pay

Had malpractice insurance cancelled

enrolled in a board approved program. Any

sections 4731.224 and 4731.25 O.R.C., and all statutory requirements as contained in board and have subsequently adhered to question if you have successfully completed suffering from, drug or alcohol dependency been treated for, or been diagnosed as

related provisions, or you are currently

directed to the board offices. questions concerning approval can be treatment at a program approved by this or abuse? You may answer "no" to this YES

drug?

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alcohol or any chemical substance; or Been addicted to or dependent upon YES

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2.) Been found guilty of, or pled guilty or no

contest to a federal or state law regulating

the possession, distribution or use of any

Been found guilty of, or pled guilty or no

contest to a felony or misdemeanor.

OKLAMOMA CITTY OL

7.5.1 3.2. Zip Code

CIRICIA NOIMA

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

612112 N.W. 61320 STACET

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION

FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU :

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			MD & DO SPECIALTY CODES CURRENTLY ON RECORD
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77 SOUTH HIGH STREET	, 17TH FLOOR, COLUMBUS		OBG OBSTETRICS & GYNECOLOGY
CERTIFY, UNDER PENALTY OF	CERTIFICATION	CE IN THE STATE OF	-
OHIO, THAT I HAVE COMPLETED	OR WILL HAVE COMPLETED D	URING THE 1994-1996	# 496 5t
BIENNIUM THE REQUISITE HOUR BY THE OHIO STATE	MEDICAL ASSOCI	ATION ' "" '	* SPECIALTY CODE(S) CORRECT AS CISTED **
AND APPROVED BY THE STATE I PROVIDED ON THIS APPLICATIO	MEDICAL BOARD, AND THAT TH IN FOR RENEWAL IS TRUE AND	IE INFORMATION CORRECT IN EVERY	IF CORRECTIONS ARE NECESSARY, PLEASE
RESPECT.		1 1	ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3
X (SIG	NATURE OF APPLICANT )	3/8/56 (DATE)	REPORT ANY CHANGE OF ADDRESS
DENTIFICATION NUMBER	AMOUNT DUE	DATE DUE	<u> </u>
35-05-1343	\$250.00	05/01/96	STREET
NARESHKUMAR G.	•	00, 02, 50	STREET
6112 NW 63RD S	-		
OKLAHOMA CITY	OK 73132		CITY STATE ZIP CODE
			COUNTY
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YES	YES		Ses 00032 03146, 00087 2 2 20100 00 831294 9350513 SAX 464 4: DATE 8604 JRC+ SAMOHNT BATCHDATE ACCOUNT
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or partices or you comments and any comments and comments are comments and comments	nse private	sections 4731,234 and 4731.2 related provisions, or you are enrolled in a based approved questions concerning approv directed to the board offices. 4.) Had malpractice insurance or limited for other than failur premiums?	FRC State ATL
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staff meetings?  8.) Referred a patient, or participated in arrangement?  by the immediate family has an ownership investment interest, or any compensation arrangement?	sus	82 CB 27 CB	TIME SINCE SIGNING YOUR LAST APPLIED CONTEST TO A FEOREST TO A FEOREST OF YOUR STATE HAVE YOUR LAST APPLIED CONTEST TO A FEOREM OF YOUR SENTIFICATE HAVE YOUR LONG TO BEEN FOUND TO STATE HAVE YOUR LONG TO BEEN FOUND TO STATE HAVE YOUR SENTIFICATE HAVE YOUR SENTIFICATE HAVE YOUR CONTEST TO A FEOREM OF, or pled guilt contest to a federal or state law regit the possession distribution or use of drug?  3.) Been addicted to or dependent use of contest of the possession of you have successfully contestion if you have successfully contestion if you have successfully contestion and have subsequently adher all statutory redifferences as contain all statutory redifferences as contain
than failure to maintain records or attenthan failure to maintain records or attenthan failure to maintain records or attenthan failure to patient, or participated in an arrangement or scheme for referral of a patient for clinical laboratory services to a person or facility in which either you or a member or your immediate family has an ownership or investment interest, or any compensation arrangement?	initiated against you by any state licens board other than the State Medical Board of Ohio?  6.) Surrendered, or consented to limita upon: a) A license to practice medicine OR b) State controlled substances?  7.) Had any clinical privileges suspend	sections 4731,274 and 4731.25 U.K.C., related provisions, or you are currently enrolled in a baserd approved program questions concerning approval can be directed to the board offices.  4.) Had malpractice insurance cancell or limited for other than failure to pay premiums?	ADDRESS SHOWN ON FRONT:
than failure to maintain records or attend staff meetings?  8.) Referred a patient, or participated in an arrangement or scheme for referred of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?	'5.) Had any disciplinary action taken or initiated against you by any stete licensing board other than the State Medical Board of Ohio?  6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  7.) Had any clinical privileges suspended,	sections 4731.234 and 4731.25 O.H.C., and related provisions, or you are currently enrolled in a based approved program. Any questions concerning approval can be directed to the board offices.  4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?	TIME SINCE SIGNING YOUR LAST APPLICATION NEWAL OF YOUR DEATHFICATE HAVE YOU :  2.) Been found guilty of, or pled guilty or no contest to a felderal or state law regulating the possession, distribution or use of any drug?  3.) Been addicted to or dependent upon elicohol or any chemical substance; or been treated for, or been diagnosed as suffering from drug answer "no" to this question if you have successfully completed treatment at a throgram approved by this board and have subsequently adhered to all statutory redifferences as contained in
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פססוגוי פרסווסידי שו אחדה	8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?	7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?	6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?	5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?	4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?	question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731,224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions doncerning approval can be directed to the board offices.	3.) Been addicted to or dependent upon alcohol or shy chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this	2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?	WAL OF YOUR CERTIFICATE HAVE YOU:  1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.	State	ADDRESS S

YES RACHOTAS THUDHA FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: AT JAR TIME SINCE SIGNING YOUR LAST APPLICATION 10 10 FROM THE ADDRESS SHOWS ON FRONT: THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL ΥES PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT ACCOUNT **632027343** ₹ Š ₹ አ X ス 7.) Had any clinical privileges or other in any jurisdiction: a) A license to practice medicine;OR b) State or federal privileges 6.) Surrendered, or consented to limitation department, agency, or other body including those in Ohio, other than this board, of any investigation concerning 5.) Been notified by any board, bureau premiums? authority to practice suspended, restricted or limited for other than failure to pay 4.) Had malpractice insurance cancelled 2.) Been found guilty of, or pled guilty or no Been found guilty of, or pled guilty or no contest to, or teceived treatment in lieu or revoked for reasons other than failure to complaints filed against you? directed to the board offices. Been addicted to or dependent upon contest to a federal or state law regulating of conviction of, a felony or misdemeanor? maintain records or attend staff meetings? to prescribe controlled substances? you, or any charges, allegations or questions concerning approval can be enrolled in a board approved program. sections 4731.224 and 4731.25 O.R.C., related provisions, ar you are currently board and have subsequently adhered to treatment at a program approved by this question if you have successfully completed or abuse? You may answer "no" to this suffering from, drug or alcohol dependency been treated for, or been diagnosed as alcohol or any chemical substance; the possession, distribution or use of any all statutory requiratgents as contained in SOCIAL SECURITY NUMBER -Zip Code and 3

MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127 OBG OBSTETRICS & GYNECOLOGY CERTIFICATION I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO. THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1999-2001 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED SPECIALTY CODE(S) CORRECT AS LISTED IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3 ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT. 1015101 RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL. ( SIGNATURE OF APPLICANT ) (DATE) PLUMTHICKIET KOAD IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After 35-05-1343-P \$305.00 01/01/02 04/01/02 NARESHKUMAR G. PATEL, M.D. C/157 - 0 1 7 3/6 2 6112 NW 63RD ST OKLAHOMA CITY OK 73132

0935051343 30500