

INTERVIEW FILE REPORT

DATE: 06/07/2001

SAMUEL LOUIS AUERBACH

BOARD DATE: 06/27/2001	LICENSE#: 24126
INTENDED LOC: UNKNOWN	
POB: BROOKLYN, NY	DATE: 08/30/1955
ORIG LICENSE: FLEX/NY	DATE: 03/23/1993
PRE-MED: NY U	DEGREE: BA 76
MED SCHOOL: U DEL NORESTE	DATE: 8/76-6/80
INTERNSHIP: VAMC@BRONX/ALBANY MED CTR	DATE: 7/85-6/86-7/87-6/88
RESIDENCY: LUTHERAN MED CTR/SUNY	DATE: 8/88-6/89-7/93-6/94
SPECIALTY:	
MILITARY SERV:	DATE:

EXPERIENCE:

RECEIVED

JUN 4 2001

**SAMUEL AUERBACH MD
18615 BURBANK BLVD
SUITE #214
TARZANA, CA 91356**

ABME

May 31, 2001

Re: SAMUEL LOUIS AUERBACH MD
Applicant for Medical Certificate of Qualification by endorsement

Dear Alabama Board of Medical Examiners, Ms. Baskin & Staff:

As per my discussions with Ms. Baskin I am writing this letter to address the Medical School Certification Document.

I attended Medical school in Mexico at the Universidad del Noreste School of Medicine in Tampico, Mexico. I have sent the Medical School Certification document to "Noreste" for completion. I have contacted "Noreste" on multiple occasions asking them to send this Certification as soon as possible. As of today this certification has not been received.

In order to comply with your request for the Medical School Certification and meet the application deadline I asked the State of Nevada to send a copy of their Medical School Verification to you. Nevada required Medical School Verification directly from Universidad del Noreste before they could issue a Medical License to me. Ms. Baskin informed today that the Alabama State Board had received this document directly from the Nevada State Board.

Alabama issued a limited license of qualification to me when I was in residency training. If "Noreste" was required to fill out a Certification at that time then it should still be in my file and maybe it could be used in the interim until the new Certification arrives

I would appreciate it if you could consider my application for Medical Licensure based on the information you have and the Medical School Verification form sent directly by the Nevada State Board of Medical Examiners. I will continue to contact "Noreste" and ask them to send the Certification form to you as soon as possible. A special thanks to Ms. Baskin for all her help. Please contact me if you need additional information or have any questions.

Sincerely,



Samuel Louis Auerbach MD

mm:SA

**SAMUEL AUERBACH MD
18615 BURBANK BLVD
SUITE #214
TARZANA, CA 91356**

May 31, 2001

Re: Samuel Louis Auerbach MD
Application for Certificate of Qualification by endorsement

Dear Alabama State Board of Medical Examiners, Ms Baskin & Staff:

This letter addresses the periods of time that you asked about in your letter of 3-27-01.

I participated in a family leave from 7-80 to 6-83. I was involved in family matters that included care for family members who had failing health.

During the period of time from 10/91 to 6/92 I was active in the establishment of Vitex Oils Inc. My energies were focused into making this business venture a success.

From the period of 10/95 to 2/96 I took some vacation time for myself. I had just completed my Fellowship. I also used some of the time to complete clerical work and plan my future.

Please inform me if additional information is needed.

Sincerely,

A handwritten signature in black ink that reads "Samuel Louis Auerbach MD". The signature is written in a cursive, flowing style.

Samuel Louis Auerbach MD

mm:SA

POST-GRADUATE MEDICAL TRAINING

9/19/94 - 9/18/95	Preceptorship (Fellowship), Breast Disease Melvin Silverstien, M.D., Medical Director/ Van Nuys, California
7/1/93 - 6/30/94	Fellowship, Advanced Pelvic, Gynecologic & Oncologic Surgery S.U.N.Y. at Buffalo, Hospital Consortium
7/89 - 9/91	Resident, Obstetrics & Gyencology University of Southern Alabama Medical Center Mobile, Alabama
8/88 - 6/89	Resident, Obstetrics & Gynecology Lutheran Medical Center Brooklyn, New York
7/87 - 6/88	Resident, Obstetrics & Gynecology Albany Medical Center Albany, New York
7/86 - 6/87	Resident, Obstetrics & Gynecology S.U.N.Y. at Syracuse, New York Johnson City, New York
7/85 - 6/86	Resident, Internal Medicine Mount Sinai Hospital Bronx VA Medical Center New York, New York
7/84 - 6/85	Resident, Internal Medicine Millard Fillmore Hospital Buffalo, New York

MEDICAL EDUCATION

7/83 - 6/84	Fifth Pathway Program S.U.N.Y. - Buffalo
8/76 - 6/80	Universidad Del Noreste Tampico, Mexico M.D. Degree

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104

Fifth Pathway

RECEIVED

MAY 8 2001

ABME

APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Dennis Nader MD Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of SUNY at Buffalo School of Medicine Hospital at School certify that the records of this School show that Dr. Samuel Averbach has successfully completed 9 5th pathway year (circle one) post graduate education training in this School hospital extending from 8/15 1983 to May 20 1984.

I further certify that in so far as the records reveal the said Dr. Averbach is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 5-1-01

School
(SEAL OF HOSPITAL)

[Signature]
Administrator of Hospital
Medical Education Director
Director of Residency Training

U B Buzzalo Sch Med
8/8/8

* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

PHILADELPHIA OFFICE

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215 386-5900 • FAX: 215 386-6327 • INTERNET: www.ecfm.org



EXECUTIVE DIRECTOR
ALABAMA STATE BOARD OF MEDICAL EXAMINERS
P.O. BOX 946
MONTGOMERY, AL 36101-0946

State Board Code:

001

Please include this
number on all requests.

ECFMG CERTIFICATION STATUS REPORT

ECFMG/USMLE Identification Number: 0-312-430-2

Applicant's Name: Samuel Louis Auerbach

Applicant's Date of Birth: 08/30/1955

ECFMG Certified: No

Certificate Issue Date: NA

Clinical Skills Assessment Valid-Through Date: NA

English Test Valid-Through Date: NA

Passing Performance on Medical Science Examination for Certification:

Examination Type	Date	Component	Two-Digit Score	Three-Digit Score	Comments
ECFMG 1-DAY	JAN 1983	MEDICAL SCIENCE	75	NA	

* Most Current Passing Performance on Clinical Skills Assessment: NA

Most Current Passing Performance on English Test: January 1983

Name of Medical School and Country: UNIVERSIDAD DEL NORESTE, MEXICO

Degree Year: 1980

† Medical Education Credential Status: Incomplete

This information is reported directly from ECFMG computer records and is current as of 24 April 2001.

* The purpose of this Status Report is to indicate whether this individual is ECFMG certified. This Status Report is not a complete score history of all examinations this individual may have taken. It reflects only passing scores on the examination(s) used to fulfill the Medical Science Examination requirement for ECFMG certification. It also includes the most current passing performance on the Clinical Skills Assessment (CSA), regardless of whether CSA was required for ECFMG certification.

† Since July 1986, ECFMG has verified medical school credentials directly with the medical schools or through a reasonable alternative which has been approved by the ECFMG Medical Education Credentials Committee.

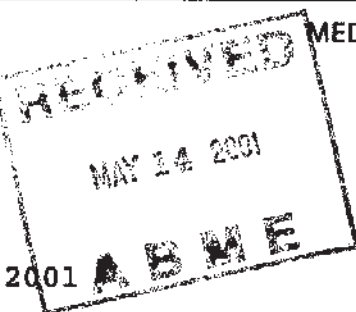
Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG certification for the purpose for which the physician provided authorization.

001:1166

Form 282B - 8/99

ECFMGSM is an organization committed to promoting excellence in international medical education



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE, SUITE 56
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944

www.medbd.ca.gov



May 8, 2001

ALABAMA STATE BOARD OF MEDICAL EXAMINERS
PO BOX 946
MONTGOMERY AL 36102

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician:	SAMUEL LOUIS AUERBACH
License No.:	A 53310
Issued:	July 27, 1994
Exam Type:	A written examination
Expiration Date:	August 31, 2001
Status:	Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.


M. ELIZABETH WARE
Chief, Division of Licensing

SEAL

STATE OF ALABAMA
BOARD OF MEDICAL EXAMINERS

RECEIVED

Complete top section of the form and mail to the Board of each State in which you are now or have ever been licensed to practice. If needed, you may make machine copies of this form for additional copies.

Gentlemen:

I am applying for an Alabama license to practice MEDICINE. The Alabama Board requires that your Board complete this form in order that I may be considered for licensure.

This is your authority to release any information in your files, favorable or otherwise, to the State of Alabama Board of Medical Examiners.

SAMUEL L. AUERBACH

Please print or type your full name

MA-65075

License Number

12-2-96

Date Issued

Samuel L. Auerbach

Signature

18615 BURBANK BLVD #214

Address

TARZANA

City

CA

State

91356

Zip Code

THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Return to:

State of Alabama Board of Medical Examiners

P.O. Box 946

Montgomery, Alabama 36102

This is to certify that the records of the Board of Medical Examiners of the State of

New Jersey indicate that Samuel L. Auerbach, M.D.
was issued license number MA 65075 dated 12-2-96 to practice med & surge

on the basis of State Exam FLEX ☒ Reciprocity/Endorsement ☒ National Boards

This license is current and in good standing: Yes ☒ No

Derogatory information NONE

Remarks NONE

Date MAY 09 2001

BOARD SEAL

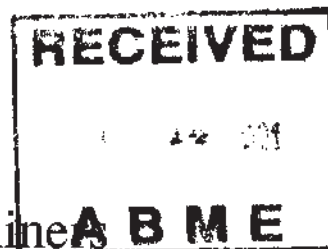
Signed: William V. Roemer

Title: Exec. Dir.

State Board

LICENSE IN GOOD STANDING
NO DEROGATORY INFORMATION

WILLIAM V. ROEMER
EXEC. DIR.



Nevada State Board of Medical Examiners

VERIFICATION OF LICENSURE

This is to certify that the records of the Nevada State Board of Medical Examiners indicate the following information regarding:

Samuel L Auerbach, M.D.
18615 Burbank Blvd # 214
Tarzana, CA 91356

LICENSE TYPE: Medical Doctor
LICENSE NUMBER: 7617
EFFECTIVE DATE: 11/22/1995
EXPIRATION DATE: 06/30/2001

CURRENT STATUS: Active
DISCIPLINARY ACTION: NONE
EXAMINATION LICENSED BY*: FX

* KEY: FX = Federation Licensing Examination
NB = National Boards
USMLE = United States Medical Licensing Examination
LMCC = Canadian Medical Licensing Examination
State Abbreviation = If Licensed by a State's Basic Sciences Examination

We are not in a position to advise whether the above person is currently under investigation by the Nevada State Board of Medical Examiners. Until such time as an investigation of any person licensed by the board is culminated by the filing of a formal complaint, we are not in a position to reveal the facts or the nature of any investigation. We have, however, searched our records and do not find that any formal disciplinary action has been taken against the above person by the board.

To expedite the verification of licensure process, the above is the standard format for verification of licensure of all persons licensed by the Nevada State Board of Medical Examiners.


Larry D. Lessly, J.D., Executive Director

Dated: 05/01/2001

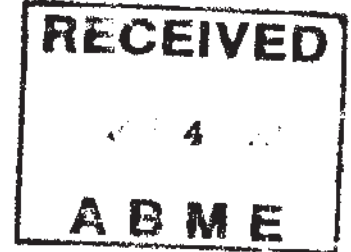


Copy A

Nevada State Board of Medical Examiners

May 30, 2001

Jackie Baskin/Licensing
Alabama Board of Medical Examiners
P O Box 946
Montgomery, AL 36101-0946



Re: Samuel Auerbach, M.D.
Nevada License No: 7617

Dear Ms. Baskin:

Per Dr. Auerbach's request, we are forwarding a photocopy of the Certificate of Medical Education that was received in our office on September 25, 1995, from the Universidad del Noreste Escuela de Medicina.

Please contact me should you have any questions regarding Dr. Auerbach's licensure in the state of Nevada.

Sincerely,

Rebecca Gaul-Richard

Rebecca Gaul-Richard
Senior License Specialist

Enclosure

*NY State Board Med Ex
JHB*

COPY

5/30/01

FORM 1

NEVADA STATE BOARD OF MEDICAL EXAMINERS
CERTIFICATE OF MEDICAL EDUCATION

RECEIVED
SEP 25 1980

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

This certifies that SAMUEL LOUIS AUERBACH
of Calie 16 # 405 Col. Monte Verde Cd Madero Tamps Mexico was initially enrolled
in Universidad del Noreste Escuela de Medicina on the 16 day of AGOSTO/1976
on the 16 day of AGOSTO/1976
Name of Applicant
Address when enrolled
Name of Medical School
Location
Month/Year

The undersigned further certifies that the records of this institution show that the applicant attended this institution
159 weeks.
Specify Number of Weeks

☒ The applicant was granted a medical degree by

☐ The applicant withdrew from

the above named medical school on the 6 day of JUNIO/1980
Month/Year

ADVANCED CREDITS - Credits Granted Upon Admission

UNIVERSIDAD DEL NORESTE
Medical or Professional School

539
Total Credits

16/AGOSTO/76-6/JUNIO/80
Dates Attended



DIRECCION GENERAL DE
SERVICIOS ESCOLARES

Signed and the college seal affixed this 05 day
of SEPTIEMBRE/1995
Month/Year

By LIC. MARIO A. LIZARRAGA BOLIO.
Typed Name and Title of President, Registrar or Dean
DIRECTOR GENERAL DE SERVICIOS ESCOLARES.

Signature, President, Registrar or Dean

Each school where professional medical instruction was received must complete one of these forms. If more than one school was attended, photocopies of this blank form may be made and used.

Completed form is to be returned by verifying school directly to:

Nevada State Board of Medical Examiners
P.O. Box 7238, Reno, NV 89510

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 - Montgomery, Alabama 36101

APPENDIX A
MEDICAL SCHOOL CERTIFICATION

RECEIVED
MAY 24 2001
ABME

CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Averbach Adler Samuel Louis of Alumno
matriculated in Escuela de Medicina at Universidad Noreste from Agosto 1976
to Junio de 1980 and received a diploma from 06 de Junio de 1980
conferring the degree of DIPLOMA DE MEDICO CIRUJANO Y PARTERO.

Date 21 de Mayo del 2001.

LIC. MARTO L. LIZARRAGA BOLIO.
DIRECTOR GENERAL DE SERV. ESCOLARES.
President, Secretary or Dean

(SEAL)

DIRECTOR GENERAL DE
SERVICIOS ESCOLARES

No good

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
130 West Kingsbridge Road
Bronx, New York 10468

Cypp B
RECEIVED
MAY 7 2001
ABME

April 30, 2001

In Reply Refer To: 526 (00ED/IM)

Alabama Board of Medical Examiners
P.O. Box 946
Montgomery, AL 36101

SUBJ: Residency Verification

Dear Sir or Madam:

The verification of the resident/fellow in question is complete. After a complete review of this individuals personnel records for the time period requested, I can verify that this individual completed the training for such time in the correct subspecialty, at the Bronx VAMC. Please note, this medical center does not use a seal to authenticate documents. If you have any questions or comments, please feel free to contact me at (718) 584-9000/x6938.

RE: Samuel L. Auerbach, M.D.

PERIOD: 7/1/85 → 6/30/86

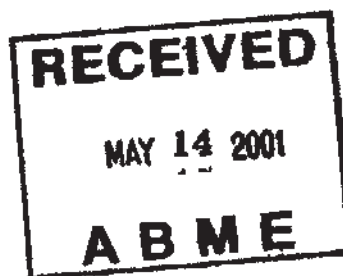
PROGRAM: Medical Service/Internal Medicine

Sincerely,

David Jaipersaud
Clinical Programs Coordinator

*1 letter again Med Ctr
JTB*

ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101
848 Washington Avenue - 36104



APPENDIX B
POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, James Jewell MD, ~~Administrator, Medical Education Director or Director of Residency Training Program~~ (indicate which one) of Internal Medicine Residency
Wilson Regional Memorial Hospital at Johnson City, NY certify that
the records of this Hospital show that Samuel Louis Auerbach, MD has successfully completed 1 (circle one) year / 3 years) post graduate education training in this hospital extending from 7/1 19 86 to 6/30 19 89.

I further certify that in so far as the records reveal the said Dr. Auerbach is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 5/9/01

James Jewell MD
Administrator of Hospital
Medical Education Director
Director of Residency Training

Wilson Memorial Regional Health
Center



* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

Rev. 5/99



ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101

848 Washington Avenue - 36104

APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, CATHERINE ECKART, Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of ALBANY MEDICAL CENTER Hospital at ALBANY, NY certify that the records of this Hospital show that SAMUEL AUERBACH, MD has successfully completed (1 year / 3 years) post graduate education training in this hospital extending from JULY 1 19 87 to JUNE 30 19 88.

I further certify that in so far as the records reveal the said Dr. AUERBACH is a reputable physician and our records do not reflect any derogatory information concerning this physician.

Date 5/1/01

(SEAL OF HOSPITAL)

Catherine Eckart Catherine Eckart
Administrator of Hospital
Medical Education Director
 Director of Residency Training
5/1/01

Albany med Ctr Hosp
JEB

* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

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ALABAMA BOARD OF MEDICAL EXAMINERS
P.O. Box 946 — Montgomery, Alabama 36101
840 Washington Avenue - 36104

RECEIVED

MAY 7 2001

ABME

APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Donald M. Zarou, MD, Administrator, Medical Education, Director or Director of Residency Training Program
gram (indicate which one) of Lutheran Medical Center Hospital at 150 55th Street
Brooklyn, NY, 11220 certify that
the records of this Hospital show that Samuel Auerbach, MD has successfully com-
pleted *(1 year / 3 years) post graduate education training in this hospital extending from 8/24/88 19 to
6/30/89 19 6/30/89 (circle one)

I further certify that in so far as the records reveal: said Dr. Samuel Auerbach, MD is a reputable physician
and our records do not reflect any derogatory information concerning this physician.

Date 4/30/01

Donald M. Zarou, MD
Administrator of Hospital
~~Medical Education Director~~
Director of Residency Training

(SEAL OF HOSPITAL)

Lutheran Med Ctr
8/24/88

* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

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ICUTHERAN MEDICAL CENTER

BROOKLYN, NEW YORK

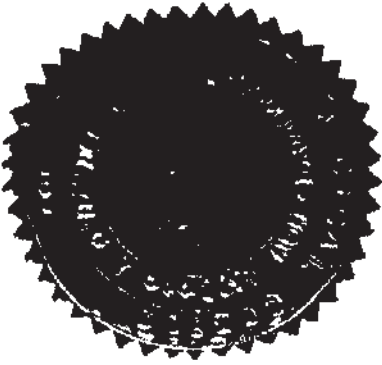
This Certifies that

Samuel Louis Auerbach, M.D.

has served as
PGY-3 Resident in Obstetrics & Gynecology

at this Hospital from August 24, 1988 to June 30, 1989
and has satisfactorily performed the duties of that position.

In Witness Whereof, the undersigned have affixed their signatures
and the Seal of the Hospital this 30th day of June 1989.



Howard Smith
Chairman, Board of Trustees

Wm. Lerner
President

H. P. Reading
President, Medical Staff

Donald W. Price M.D.
Director of Medical Education

George M. Mazer
Director of Obstetrics/Gynecology

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, Alabama 36101

848 Washington Avenue - 36104

RECEIVED

MAY 14 2001

ABME

APPENDIX B

POST GRADUATE EDUCATION CERTIFICATE

CERTIFICATE OF POST GRADUATE EDUCATION TRAINING

I, Dennis Weppner, MD Associate Residency Program
Director
 Administrator, Medical Education Director or Director of Residency Training Program (indicate which one) of Children's Hospital at Buffalo, New York certify that
 the records of this Hospital show that Dr. Samule Auerbach has successfully completed *(1 year / 3 years) post graduate education training in this hospital extending from July 1 1993 to
—(delete one)
June 30 1994.

I further certify that in so far as the records reveal the said Dr. Auerbach is a reputable physician
 and our records do not reflect any derogatory information concerning his physician.

Date 5/9/2001

Administrator of Hospital
 Medical Education Director
 Director of Residency Training

(SEAL OF HOSPITAL)

BUFFALO CHILDREN'S HOSPITAL
 BUFFALO, NEW YORK

U. Buzzala
9/85

* Candidates who graduated from an LCME accredited medical school or AOA approved College of Osteopathy need one (1) year certified.

*Candidates who graduated from a NON-LCME accredited medical school or NON-AOA accredited College of Osteopathy need three (3) years certified.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certificate unless it is received directly from the institution.

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CERTIFICATION & VERIFICATION UNIT
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

appc
RECEIVED

MAY 7 2001

ABME

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION
OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT,
ALBANY, NEW YORK, AUERBACH SAMUEL LOUIS
WAS ISSUED LICENSE/CERTIFICATE NUMBER 191774 FOR THE PRACTICE OF
MEDICINE ON 03/23/93.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: 08/30/55
SCHOOL ATTENDED: UNIVERSITY DEL NORESTE
DATE OF GRADUATION: 06/06/80
DEGREE EARNED: PHY&SR

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS
OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE
TIME OF LICENSURE.

BASIS OF LICENSURE:

DATE	COMP1	COMP2	FLEX EXAMINATION
12/92	00075		
12/90	00072	00075	

EXMS TAKEN=09

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED,
ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST
REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 07/31/01
ADDRESS: P O BOX 090365 BROOKLYN NY 11209-0000

DEROGATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST
THIS LICENSEE.

COMMENTS:

I FRANK GEBOSKY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL
LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT,
DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE
LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF
PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE,
THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

OP026 029

NY State Edu Dept
JHB

Frank Gebosky 05/02/01
PRINCIPAL CLERK



FEDERATION LICENSING EXAMINATION (FLEX) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Alabama State Board of Medical Examiners
ATTN: Larry D. Dixon, Executive Director
P O Box 946
Montgomery, AL 36101-0946

RECEIVED

MAY 10 2001

EXAMINEE: Auerbach, Samuel Louis
USMLE ID#: 2-145-594-4
DOB: 08 / 30 / 1955
ALTERNATE NAME(S):

It is certified that the above 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 scores:

FIN: 550830013

Date of Certification: 05/09/2001

Date of Exam	State Exam Taken For	State ID	Comp 1	Comp 2
12 / 1992	NEW YORK	00187	75	
6 / 1992	NEW YORK	00153	73	
12 / 1991	NEW YORK	00430	74	
6 / 1991	NEW YORK	00739	73	
12 / 1990	NEW YORK	00328	72	75
6 / 1990	NEW YORK	00003	73	74

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic and clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent responsibilities for the general health care of patients.

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

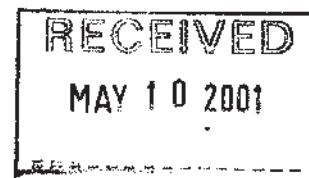




FEDERATION LICENSING EXAMINATION (FLEX) Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Alabama State Board of Medical Examiners
ATTN: Larry D. Dixon, Executive Director
P O Box 946
Montgomery, AL 36101-0946



EXAMINEE: Auerbach, Samuel Louis
USMLE ID#: 2-145-594-4
DOB: 08 / 30 / 1955
ALT. NAME(S):

It is certified that the above 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 scores:

FIN: 550830013

Date of Certification: 5/9/01

Examination Date: 06/83
State Taken For: 005

12/82
005

BASIC SCIENCE

Anatomy: 69.00
Physiology: 64.00
Biochemistry: 69.00
Pathology: 77.00
Microbiology: 69.00
Pharmacology: 76.00
Behavioral Science: 70.00

62.00
64.00
67.00
72.00
67.00
74.00
76.00

Basic Science Avg: 70.57

68.85

CLINICAL SCIENCE

Medicine: 74.00
Surgery: 75.00
Obstetrics: 76.00
Public Health: 75.00
Pediatrics: 82.00
Psychiatry: 70.00

76.00
69.00
76.00
72.00
69.00
69.00

Clinical Science Avg: 75.33

71.83

Clinical Comp Avg: 73.57

73.25

Flex Weighted Avg: 73.00

72.00

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.



Patent 5636874

ALABAMA BOARD OF MEDICAL EXAMINERS

P.O. Box 946 — Montgomery, AL 36101

848 Washington Avenue - 36104

(334) 242-4116

8175.00
rec'd

RECEIVED

DEC 5 2005

ABME

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSEMENT

To The Board of Medical Examiners of the State of Alabama:

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in Full SAMUEL LOUIS AUERBACH MD
 2. Address 18615 BURBANK BLVD; STE # 214 TARZANA, CA 91356
Street City State Zip
 3. Place of Birth BKLYN NY USA Date of Birth 8-30-55
State
 Social Security # _____ Sex M Telephone (H) 818-609-9070 (W) 818-609-9070

	YES	NO
4. Have you ever been convicted of a felony?	_____	<input checked="" type="checkbox"/>
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	_____	<input checked="" type="checkbox"/>
6. Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	_____	<input checked="" type="checkbox"/>
7. Have you ever been denied a state or federal controlled substance certificate?	_____	<input checked="" type="checkbox"/>
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	_____	<input checked="" type="checkbox"/>
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	_____	<input checked="" type="checkbox"/>
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	_____	<input checked="" type="checkbox"/>
11. Have you ever had a judgement rendered against you, or action settled relating to the performance of your professional service?	_____	<input checked="" type="checkbox"/>
12. To your knowledge, are you the subject of an investigation by any licensing Board/Agency as of the date of this application?	_____	<input checked="" type="checkbox"/>
13. Within the past two years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder?	_____	<input checked="" type="checkbox"/>
14. Do you currently have any mental or physical condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or mental, emotional, or nervous disorder or condition) which in any way currently affects, or if untreated could affect your ability to practice in a competent and professional manner?	_____	<input checked="" type="checkbox"/>
15. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution; employer; government agency, professional organization or licensing authority?	_____	<input checked="" type="checkbox"/>
16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	<input checked="" type="checkbox"/>
17. Are you currently engaged in the illegal use of controlled dangerous substances?	_____	<input checked="" type="checkbox"/>
18. If your answer to the preceding question is yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?	_____	<u>N/A</u>
19. Have you been within the past five years, convicted of driving under the influence (DUI) or have you been charged with DUI and been convicted of a lesser offense such as reckless driving?	_____	<input checked="" type="checkbox"/>
20. Has your medical training or medical practice been interrupted or suspended for a period longer than 60 days for any reason other than a vacation?	_____	<input checked="" type="checkbox"/>

The term "currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the condition referred to may have an ongoing impact on one's functioning as a physician within the past two years.

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAILS ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD, HOSPITAL, ETC.

21. Military Service, Branch _____ Dates _____
 22. Place of Intended Residence in Alabama _____

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

List all schools attended, elementary through college and post-graduate work other than medical school.

	Name of School	Dates Attended	Degree Conferred
1.	PS 102	9-60 to 6-67	DIPLOMA
2.	McKinley Junior High School	9-67 to 6-69	ACADEMIC
3.	Fort Hamilton High School	9-69 to 6-72	ACADEMIC
4.	NEW YORK UNIVERSITY	9-72 to 6-76	BA
5.			
6.			
7.			

II. MEDICAL EDUCATIONList all medical schools attended, dates, and complete addresses of institutions. Do not list post graduate medical education training.

	Name of School	Address
1. From	8-76 to 6-80 Universidad del Noreste	in USA at: PO Box 130 McAllen Texas 78505-0130
2. From		
3. From		

III. POST GRADUATE MEDICAL EDUCATION TRAINING

List all post graduate medical education training since graduation from medical school with dates and complete addresses of institutions. Do not list practice experience.

	Hospital/Institution	Address
1. From	to	PLEASE SEE ATTACHED SHEET
2. From	to	
3. From	to	
4. From	to	
5. From	to	
6. From	to	
7. From	to	
8. From	to	

Specialty(s) _____

IV. ORIGINAL LICENSE

(If Applicable)

I was issued my original (first) license in the State of New York on MARCH 23 1993
 license number 191774 based upon FLEX examination. I certify that this

license has not been the subject of any disciplinary action. If so please explain on attached sheet.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete address. Use separate sheet if necessary.

			Place	Address
1. From	<u>2-96</u>	to	<u>EUREKA CA</u>	<u>ST JOSEPH HOSP.; EUREKA CA (LOCUM TENENS)</u>
2. From	<u>3-96</u>	to	<u>5-96</u>	<u>UMC QUICK CARE</u>
			<u>LAS VEGAS NV</u>	<u>1769 Russell Road 89119</u>
3. From	<u>6-96</u>	to	<u>2-97</u>	<u>Orchard Urgent CARE } PENDING</u>
			<u>RENO, NV</u>	
4. From	<u>2-97</u>	to	<u>6-97</u>	<u>Ranbow Medical Center - Dr Pollard</u>
			<u>LAS VEGAS NV</u>	<u>1341 S. Ranbow Blvd Ste #101 LV, NV 89146</u>
5. From	<u>1-97</u>	to	<u>PRESENT</u>	<u>S Auerbach MD + M Mesler MD</u>
			<u>ENCINO CA</u>	<u>18055 VENTURA BLVD ENCINO CA</u>
6. From		to		
7. From		to		
8. From		to		
9. From		to		
10. From		to		

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

			Hospital	Address	
1. From	3-96	to	5-96	UMC Medical Center	1800 W. Charleston
2. From	2-96	to		ST JOSEPHS HOSPITAL	LAS VEGAS NV 89102
3. From	9-94	to	9-95	NORTHIDGE HOSP (AKA VALLEY HOSPITAL)	ST JOSEPH HOSP., EUREKA CA
4. From	4-94	to	4-96	MILLARD FILLMORE HOSP	Northridge Hosp Med Ctr; 14500 Sherman Circle Van Nuys CA 91405
5. From		to			3 GATES CIRCLE; BUFFALO, NY 14209
6. From		to			
7. From		to			
8. From		to			
9. From		to			
10. From		to			
11. From		to			
12. From		to			
13. From		to			
14. From		to			

VII. STATE LICENSURE
(If Applicable)

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

<u>NEW YORK</u>	<u></u>	<u></u>
<u>NEW JERSEY</u>	<u></u>	<u></u>
<u>CALIFORNIA</u>	<u></u>	<u></u>
<u>NEVADA</u>	<u></u>	<u></u>

VIII. SPEX

1. Have you successfully completed a written licensing examination within the last ten years? YES ☒ NO ☐
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years? YES ☐ NO ☒

IX. AFFIDAVIT AND RELEASE

I, Samuel Louis Auerbach, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted is a true likeness of myself and was taken within sixty days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of my license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connect with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

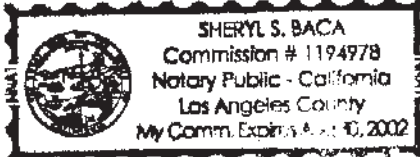
I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or any organization from any liability for the release of information.

Date 12/01/00

County of Los Angeles

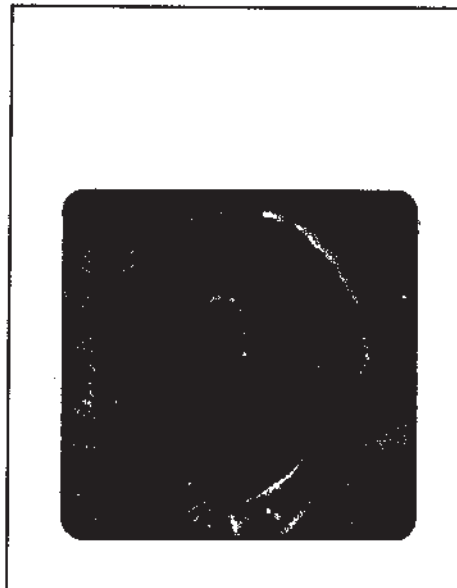
State of California

SWORN to and subscribed before me this 1st day of December 2000



Samuel Louis Auerbach
Applicant's Signature

Sheryl S. Baca
Notary Public
My Commission Expires: Aug 30, 2002





Auerbach
✓

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
FAX: (334) 242-4155
E MAIL: bmejbaskin@aol.com

December 5, 2000

Samuel Louis Auerbach, M.D.
18615 Burbank Boulevard Ste 214
Tarzana, CA 91356

Dear Dr. Auerbach:

Your endorsement application was received in this office today. Before it can be considered by the Board, at its meeting 12/20/2000 the following items must be submitted by 12/6/2000. You will be notified once your application is complete.

_____ Check for \$175	5/10 ✓X	FLEX Scores (from Federation)
_____ Completion of Section I	_____	NBME Endorsement of Certification
_____ Completion of Section II	_____	NBOME Endorsement of Certification
_____ Completion of Section III	_____	USMLE Scores
_____ Completion of Section IV	_____	SPEX Scores (from Federation)
_____ Completion of Section V	_____	LMCC Certification
_____ Completion of Section VI	_____	ECFMG Certification (from ECFMG) <i>ECFMG Certificate not certified</i>
5/14 ✓X	_____	Board Certification (from AMA/AOA approved Specialty Board)
We have not yet received verification from the state(s) of <u>NI, CA, NV</u>	5/4 ✓X	<i>Flight Pathway</i> Photograph
_____ Completion of Section VIII	_____	Report from Malpractice Carrier
5/31 ✓X	_____	PRN Recommendation (see enclosed)
5/7 ✓X	6/4 ✓X	Period Unaccounted For 7/80-6/83; 10/91-6/92; 10/95-2/96
5/7 ✓X	_____	
Appendix A (medical school)	_____	
Appendix B (post graduate training) (3 yrs.)	_____	
Appendix C (original state board) (NY)	_____	

Sincerely,

Jackie Baskin



ALABAMA STATE BOARD OF MEDICAL EXAMINERS

JACKIE BASKIN, DIRECTOR OF LICENSURE

P.O. BOX 946
MONTGOMERY, ALABAMA 36101-0946

TELEPHONE: (334) 833-0165
FAX: (334) 242-4155
E MAIL: bmejbaskin@aol.com

June 4, 2001

Samuel Louis Auerbach, M.D.
18615 Burbank Boulevard Ste 214
Tarzana, CA 91356

Dear Dr. Auerbach:

This will acknowledge receipt of your completed application for endorsement. Your application will be considered by the Board of Medical Examiners at its meeting on **June 27, 2001**.

If you are approved by the Board a certificate of qualification will be issued to the Medical Licensure Commission, the agency responsible for the issuance of your license to practice medicine/osteopathy in this state. Enclosed please find an application for licensing by the Commission. **In order to expedite your application, please complete the enclosed form and return to this office with the required fee of \$75.** The Commission will meet on **June 27, 2001**.

Also enclosed is an application for your Alabama Controlled Substances Certificate (ACSC). Once you receive your Alabama license please complete the application, **to include your full name and correct address**, and return it with the required fee of \$100. In Alabama you are required to possess an ACSC and a DEA Certificate if you dispense and/or prescribe controlled substances.

I am enclosing an information sheet which contains important information. Also enclosed is information relative to the requirement of continuing medical education. If you have any questions or if this office can be of further assistance to you please contact us.

Sincerely,

Jackie Baskin
Director of Licensure

/jb

Encs.