

MALCOLM WELLS JONES

MS (F)

THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF ALABAMA

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE  
THROUGH ENDORSEMENT

131  
checked

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 statements concerning my age, moral character, preliminary and medical education and practice.

1. Name in full MALCOLM WELLS JONES
- ✓ 2. Address 3312 PICKWICK DRIVE S, JACKSONVILLE, FLORIDA 32217  
(Give address in state from which you apply. Do not give Alabama address)
3. Place of birth MECOMB, MISS. Date of birth 7-31-51
4. Have you ever been convicted of violation of any Federal, State or Local Statute? If so, give details NO
5. Are you now, or have you ever been addicted to the use of narcotic drugs? NO
6. Have you had a diagnosis of any psychopathic disorder at any time? NO
7. Are you now, or have you ever been an itinerant or advertising doctor, or have ever been directly or indirectly associated with an advertising doctor or with an advertising medical firm? NO
8. Have you ever been denied a certificate by, or the privilege of taking an examination before, any State Medical Examining Board? NO
9. Has any State Medical Examining Board revoked or suspended a certificate issued to you? NO
10. I have practiced medicine and surgery by virtue of a permanent license or certificate issued by a duly constituted State Board of Medical Examiners 1/6 years, as follows:  
From 3-5-79 To Present At JACKSONVILLE, FLORIDA  
From \_\_\_\_\_ To \_\_\_\_\_ At \_\_\_\_\_
11. Military service, branch, \_\_\_\_\_ Years \_\_\_\_\_
12. Is it your purpose to abandon practice at your present location and to become a permanent resident in the State of Alabama? YES
13. Place of intended residence in Alabama MOBILE 3913 MIRUELO CIR., So. J.ville, FL. 32217

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

Name of School or College	Dates Attended	Certificate or Degree Conferred
1. <u>SOUTHWEST MS. JR. COLLEGE</u>	<u>1969-1971</u>	<u>A.A.</u>
2. <u>UNIV. OF MS.</u>	<u>1971-1973</u>	<u>BA</u>
3. _____	_____	_____

II. (A) MEDICAL EDUCATION

I have spent 4 years in the study of medicine in the institutions named below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>8/28/73</u>	to <u>5/5/77</u>	<u>UNIV. OF MS.</u>	<u>JACKSON, MS.</u>
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

(B) CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Malcolm Wells Jones  
of McComb, Mississippi  
matriculated in School of Medicine at Univ. of Mississippi  
Date August 28, 1973 attended four courses of lectures  
of nine months each, and received a diploma from University of  
Mississippi School of Medicine  
conferring the degree of Doctor of Medicine (date) June 5, 1977  
(Seal) Carl Evers M. D.  
(President, Secretary of Dean)  
Date April 30, 1979

(C) PROPER CERTIFIED EVIDENCE

I received the degree of Doctor of Medicine from the UNIV. OF MS. SCHOOL OF MEDICINE College,  
located at JACKSON, MS. on the 5th day of JUNE 1977

I am the person named in the Certificate of Dean or President and am the lawful possessor of  
the diploma referred to. The photograph submitted herewith is a true likeness of myself and was  
taken within sixty days prior to the date of this application.

Dated 5-4-79 Signed Malcolm Wells Jones  
(Name in full)  
County of DuSane State of Florida, ss.  
In Jacksonville in said county on this 4th  
day of May A. D. 1979 personally appeared before me  
Malcolm Wells Jones M.D., who, being duly sworn, deposes  
and says that he has read carefully and truthfully answered the above questions.

Enelyn R. Carl Notary Public.  
My commission expires January 20 1980  
(Seal)

III. RECOMMENDATION OF SUPERINTENDENT OF HOSPITAL

I, Michael J. Wood, Superintendent,  
University Hospital at Jacksonville, Florida,  
certify that the records of this hospital show that Malcolm Wells Jones, M.D.  
has completed an internship in this hospital extending over a period of one year  
from July 1, 1977 to June 30 1978.

I further certify that in so far as the records reveal the said  
Dr. Malcolm Wells Jones  
is a reputable physician. I have carefully examined all the statements made by the applicant and  
believe them to be true in every respect.

I also state that the above photograph is a recent one and the likeness of the said  
Dr. Malcolm Wells Jones  
of Medical Examiners, certify that Malcolm Wells Jones, M.D.

I also state that the above photograph is a recent one and the likeness of the said  
Dr. Malcolm Wells Jones

I, Frank J. Morgan, Jr., M.D.  
of Medical Examiners, certify that Malcolm Wells Jones, M.D.  
was granted certificate No. 8572 to practice medicine in the State of Mississippi  
on the 1st February year 1979 based on FLEX  
day month (Written examination or diploma)  
and that said certificate has never been revoked.

NOTE:—If by written examination the secretary should further certify:

I further certify that the aforesaid Malcolm Wells Jones, M.D.  
in his written examination before this Board, obtained a weighted average of 75.0  
general per cent. in the following branches:

Subject	Per Cent.	Subject	Per Cent.
Anatomy	66	Med.	75
Physiology	61	Surg.	70
Biology	60	OB	81
Pathology	67	PH	86
Microbiology	61	PED	69
Phar.	65	PSY	82
Beh.S.	76		

Acting on behalf of the Mississippi State Board of Medical  
Examiners, I hereby certify to the reputability of Dr. Malcolm Wells Jones  
based on the records, and recommended him to the Alabama  
State Board of Medical Examiners as a fit and proper person to receive a certificate.

(Seal of Board)

F. J. Morgan, Jr., M.D.  
Assistant ~~Chairman~~ Secretary

Place Jackson, Mississippi Date May 24, 1979

#### V. RECOMMENDATION OF SECRETARY OF MEDICAL SOCIETY

I, \_\_\_\_\_, Secretary, \_\_\_\_\_  
Medical Society, certify that \_\_\_\_\_  
(Full name of applicant)  
is personally known to me, and that he is an ethical practitioner and is of good moral and profes-  
sional character.

I further certify that the said Dr. \_\_\_\_\_  
is engaged in the reputable practice of medicine in the State of \_\_\_\_\_  
and, so far as I am informed, he has not been an itinerant or advertising doctor. I have carefully  
examined all the statements made by the applicant and believe them to be true in every respect.

I also state that the above photograph is a recent one and the likeness of the said  
Dr. \_\_\_\_\_

{Seal of}  
{Society}

Secretary

Certificate of internship for recent graduates is accepted in lieu of membership in a society.

ENDORSEMENT CERTIFICATE

Issued by the

Board of Medical Examiners of  
The State of Alabama

Application received

" examined

" approved

No.

Certified to Licensing Board:

Date

Before sending application to the State Board for certification the applicant must paste photograph below.

NOTE:—Recent permanent finish photograph must be pasted below. Must be unmounted and on thinnest paper obtainable. After pasting, place under weight till dry, to insure smooth surface. Must be at least 3x4 inches.



RESIDENCY

Hospital UNIVERSITY HOSPITAL OF JACKSONVILLE  
at JACKSONVILLE, FLORIDA  
extending over a period of ONE years ELEVEN months  
from JULY 1 1978 to PRESENT TIME 19    
Specialty OBSTETRICS - GYNECOLOGY

RECOMMENDED BY: J C LAFLEUR  
R C NUSS  
R J THOMPSON

MOBILE, AL  
JACKSONVILLE, FL  
JACKSONVILLE, FL