

GARY CLAYTON BOYLE

VA (F)

**APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE
THROUGH ENDORSEMENT**

*1/2
ok read*

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 Gary Clayton Boyle *Dr. G. C. Boyle, M.D.*
- ✓ 2. Address 1128 Terrace Circle, North Augusta, South Carolina
(Give address in state from which you apply. Do not give Alabama address) *1128 Terrace Circle, North Augusta, SC 29851*
3. Place of birth Atlanta, Georgia Date of birth 2/23/48
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 3.5 years, as follows:
 From 75 To Present At Virginia (License only, no practice)
 From 75 To Present At South Carolina
 From 78 To Present At North Carolina
11. Military service, branch, Army Reserves Years 6
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 Birmingham

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

Name of School or College	Dates Attended	Certificate or Degree Conferred
<u>University of Richmond</u>	<u>9/66 - 6/68</u>	
<u>Virginia Polytechnic Inst.</u>	<u>9/68 - 12/68</u>	
<u>Virginia Commonwealth Univ.</u>	<u>1/69 - 2/71</u>	

II. (A) MEDICAL EDUCATION

I have spent 8 years in the study of medicine in the institutions named below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>9/1/71</u>	to <u>5/18/75</u>	<u>University of Virginia</u>	<u>Charlottesville, Va.</u>
From <u>7/1/75</u>	to <u>6/30/79</u>	<u>Medical College of Georgia</u>	<u>Augusta, Georgia</u>
From _____	to _____	_____	_____
From _____	to _____	_____	_____

(B) CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Gary Clayton Boyle of Richmond, Virginia matriculated in the School of Medicine at the University of Virginia Date September 1, 1971; attended four courses of lectures of nine months each, and received a diploma from the University of Virginia School of Medicine conferring the degree of Doctor of Medicine (date) May 18, 1975.

(Seal)

James W. Gray M.D. (President, Secretary or Dean) ASSOCIATE DEAN FOR STUDENT AFFAIRS

Date April 5, 1979

(C) PROPER CERTIFIED EVIDENCE

I received the degree of Doctor of Medicine from the Univ. of Virginia College, located at Charlottesville, Va. on the 18th day of May 1975. 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 March 21, 1979

Signed [Signature] (Name in full)

County of Richmond State of Georgia, ss.

In said county on this 21st day of March A. D. 19 79 personally appeared before me

Gary Clayton Boyle, M.D., who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions.

[Signature] Notary Public.

My commission expires July 31 19 79

(Seal)

III. RECOMMENDATION OF SUPERINTENDENT OF HOSPITAL

Donald C. Novak, Administrator

of Medical Examiners, certify that Gary Clayton BOYLE, M. D.

was granted certificate No. 26084 to practice medicine in the State of Virginia

on the 8 day August month year 1975 based on FLEX EXAMINATION
(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 Gary Clayton BOYLE, M. D.
FLEX Flex-weighted 84.8
in his written examination before this Board, obtained a ~~general~~ average of 84.8
per cent. in the following branches:

Subject	Per Cent.	Subject	Per Cent.
Day I, Anatomy	86	Physiology	83
Biochemistry	64	Pathology	88
Bacteriology	81	Pharmacology	86
Day II, Medicine	86	Surgery	88
Obstetrics and Gynecology	93	Public Health and Preventive Medicine	86
Pediatrics	84	Psychiatry	78
Day III, Clinical Competence	85.3		

REGISTERED AND REGISTERED FOR
ACTIVE PRACTICE IN VIRGINIA

Acting on behalf of the Virginia State Board of Medicine of Medical

Examiners, I hereby certify to the reputability of Dr. Gary Clayton BOYLE, M. D.

based on the records, and recommended him to the Virginia State Board of Medicine
State Board of Medical Examiners as a fit and proper person to receive a certificate.

(Seal of Board)

Eugenia K. Dorman
~~Chairman~~ Secretary (Executive)

Place Portsmouth, Virginia

Date April 17, 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 professional 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

RESIDENCY

Hospital Medical College of Georgia
at Augusta, Georgia
extending over a period of 4 years months
from 7/1/75 19 to 6/30/79 19
Specialty Obstetrics & Gynecology

RECOMMENDED BY: W F ADAMS
F G MCDONOUGH
E G BRONSTEIN

BRISTOL, TN
AUGUSTA, GA
AUGUSTA, GA

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.



MENT CERTIFICATE

Issued by the

Medical Examiners of
State of Alabama

received

examined

approved

Licensing Board: