EXAM.NED

APPLICATION OF

Mr. MICHAEL ROBERT STELLUTO

TO

The Board of Medical Examiners

of the

STATE OF MARYLAND

For the regular Spring Examination, 19

Second	Year Examination			
Received	MAY 2 5 1956	19		
Assigned to,	and to be known	as No.		
	Remarks:			

APPLICATION FOR EXAMINATION

I hereby apply to the President of the Board of Medical Examiners for an Examination to be to en by myself for a License to Practice Medicine and Surgery in the State of Maryland. In so doing I admit full browledge of the disqualification from participation in the Examination and forfeiture of fee resulting from any false statement or violation of Rules governing the Examination and that an attempt, successful or otherwise, to have the Examination taken for me by another person, will subject both substitute and myself to criminal prosecution by the State of Maryland.

THIS APPLICATION, WITH FEE OF THIRTY-FIVE DOLLARS (Money Order, Registered Letter or Certtified Chock, payable to The Board of Medical Examiners of Maryland), must be presented to the Secretary, 1215 Cathedral Street, Bultimore 1, Maryland, at least ben'days prior to the date for examination.

1. NAME MILESTIFE A DESCRIPTION Address Address
2. Present address
3. Place of birth Date of birth
4. I am a citizen of the 2. Am
5. There been exertined by the State(s) of Makisavo Jefful. June 1156 Posted
These (heen never been) revoked.
7. PRELIMINARY EDUCATION: The Board is printed in thick forther I have admitted to the study of medicine apon the following evidence of Preliminary Education:
6.2. Unit. of Mass Sept. (120 San 1154
A MINISTER PROPERTY.
8. MEDICAL EDUCATION: Print light name and location of institution attended in fact on varia light
Months Years Months Years
Let Year O.S. 1997. 19.3 % to James 19.3 " J. 2346 A. 19.6 16.5 Mills All 20.6 Com Mal. 2004 Year O.S. 19.5 10 July 19.5 1
3rd Year (1802) 19.5 & to 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4
4th Year and 183 to Jan 19 5 Jull 115 Hopkies I'm So How Lived All
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The same in tall a second and a straight
Dated at
AND THE PROPERTY OF THE PROPER
 CERTIFICATE OF PRELIMINARY AND MEDICAL EDUCATION AND IDENTIFICATION: A. Transaccasilly the above decreased of Applicant to be correct and in occord with the records upon which he was admitted to the degree
A. President and Medicine, 1884

B. That the photograph interests attached, and upon which our affected and has been impressed, in that of the person making the application,





EXAMINERS' IDENTIFICATION SLIP.



Applicant No. 204

Spring Examination, 19.56

BE EXAMINERS IDENTIFICATION CARD



Pall livemingther, 15

Board of Medical Examiners Maryland

APPLICATION FOR EXA	014	EMISTRY	The state of the s	
The undersigned, a studen	or John	s Hopkins A	ledical School	located
at Balfinere,	Mary lon	with the scal thereof	ents berewith a certif	cate from
Physiology and Medical Chemi Board of Medical Examiners considered as part of the flua THIS APPLICATION, WI Letter or Certified Check, payab be presented to the Secretary, a	stry in said Co for examination Examination of TH FEE OF TV le to the BOARI	has successfully con llege and does hereby a m in said studies—the re or a License to Register VENTY DOLLARS, (P. DOF MEDICAL EXAMI	impleted the Study of poly to the President study of said examina as Physician and Sur. O. Money Order, NERS OF MARYLA	Anatomy, or OF THE ation to be geon, Registered
1. MY PULL NAME IS MI	chael K	obert St	elleto	50.6
2. PLACE OF BIRTH		DATE OF BIRTH	STATE OF THE PARTY	
B. I AM A CITIZEN OF U. S	- A		A COMPANY OF THE PARTY OF THE P	-
4. MY HOME ADDRESS IS	The same	The state of the s	AND DESCRIPTION OF	
5, PRESENT P. O. ADDRESS JO	has Hopk	us Medical Sc	4001, Balt, MO	4
6. PRELIMINARY EDUCATION: I was admitted to the study B. S. Univers	of medicine upo		of Preliminary Educ	
Dated at May 24 Applicant No. 204	PKIMS Me Name of Medical Sign	ature Michael J	Swar Statted	19.5 6
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	Das			9

Maryland Board of Physicians Practitioner Profile System

This data was extracted on 03/19/2008

Stelluto, Michael

Primary Practice Setting

License and Education

D10630

Accepts Medicaid:

No

Graduated:

License No.:

License Status:

Nonrenewed

Date License

Issued:

04/20/1971

License Expiration: 0

09/30/1991

Graduated from:

Public Address

21 Brier Rd

Gloucester

MA 01930

Known Disciplinary Actions by any state medical board (within the past 10 years)

Summary:

No actions reported during the last ten year period.

Download all Maryland Disciplinary Actions

None

Malpractice (Information to be taken into consideration when reviewing a Licensee's profile)

Malpractice Judgments and Arbitration Awards (within the past 10 years)

None Reported

Malpractice Settlements

(If there are 3 or more settlements of \$150,000 or greater within the past 5 years)

None Reported

Convictions for any crime involving moral turpitude

None reported by the courts

Glossary of Terms

Notice to Credential Verification Professionals

Return to Practitioners Profile Search