



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

June 13, 2013

**RE: FOIA Request – John Hebert, III, M.D.
License No. 43-01-036973 (Expires: 01/31/2015)**

Dear :

Your email dated June 2, 2013 addressed to BHP-FOIAINFO@michigan.gov and received June 3, 2013 has been forwarded to me. In accordance with the Michigan Freedom of Information Act (FOIA), 1976 PA 442, as amended, please be advised that your request is granted in part and denied in part.

Enclosed please find a copy of the Department's licensure file regarding John Hebert, III, M.D. Be advised that personal information, such as home telephone number, date of birth, academic or examination grades, have been redacted on the grounds that release would constitute a clearly unwarranted invasion of the personal privacy of the licensee. An exemption from release of this information is hereby claimed under section 13(1)(a) of the FOIA.

Please note that Dr. Hebert does hold a controlled substance license which he obtained on June 18, 1985. The department did not film the controlled license applications until 1990, when the "Applications for Licensure" contained the medical and controlled substance licenses together. I do not have a copy of the controlled substance application available.

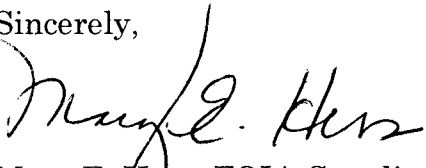
Therefore, please be advised that under Section 5(4)(b) of the FOIA, I certify that the information you are requesting does not exist in the form of a public record currently in the possession of the Bureau of Health Care Services, Administrative Support Division within the Department of Licensing & Regulatory Affairs (LARA).

Further, please be advised that a search of the disciplinary records maintained by this Bureau reveals that there are no allegations, formal complaints or disciplinary actions on file regarding the above-referenced licensee.

Page #2

Pursuant to section 10 of the FOIA, you may submit a written appeal of these claimed exemptions to Steve Arwood, Director, Department of Licensing & Regulatory Affairs (LARA), Attention: Mike Zimmer, Chief Deputy Director, Ottawa Building, 4th Floor, P.O. Box 30004, Lansing, Michigan 48909. This written appeal must specifically state the word "appeal" and identify the reason(s) for reversal of the denial. Alternatively, you may seek judicial review, including reasonable attorney fees, costs, disbursements, and damages if deemed appropriate, in circuit court within 180 days after a public body's final determination to deny the request.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary E. Hess". The signature is fluid and cursive, with a large initial "M" and a stylized "H".

Mary E. Hess, FOIA Coordinator
Administrative Support Division
Bureau of Health Care Services

Enclosures



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0650

BOARD MEMBERS

Frederick W. VanDuyn, M.D., President
John E. Wilson, M.D., Vice President
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F. Ann Pillote, M.D.
Mrs. Margaret Thomas
James C. Brennan, M.D.
Osble J. Herald, M.D.
Donald H. Kulper, M.D.
Carol E. Pearson, M.D.
Robert C. Prophater, M.D.

51 56273
HERBERT III, JOHN
HURLEY MED CTR
FLINT MI
48502

25

Dear Doctor:

We are enclosing herewith your engraved certificate of Michigan medical licensure which is to be framed and conspicuously displayed in your business office or consultation room.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan

Bert C. Brennan
Executive Director

Encl.



MICHIGAN The Great Lake State





WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1035 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48226
Telephone Area Code 517 373-0680

September 17, 1976

John Hebert III, M.D.
Hurley Medical Center
Sixth Ave. & Bagley
Flint, MI 48502

BOARD MEMBERS

Frederick W. VanDyne, M.D., President
John R. Wilson, M.D., Vice President
John W. Moses, M.D., Secretary
Donato P. Sarupo, M.D.
F. Ann Pillole, M.D.
Mrs. Margaret Thoms
James C. Breneman, M.D.
Osble J. Herald, M.D.
Donald H. Kulper, M.D.
Carol E. Pearson, M.D.
Robert C. Froehner, M.D.

Dear Doctor:

We are enclosing a certified copy of your Michigan medical registration
36973 dated September 17, 1976

This certificate will enable you to practice legally and apply for your
Controlled Substances Registrations, membership in your county medical
society, and hospital staff privileges.

The engraved certificate of Michigan medical licensure, which is to be
framed and conspicuously displayed in your business office or
consultation room, will be ordered and forwarded as soon as it can
be hand inscribed and the seal and signatures affixed. This usually
takes about four to six months.

PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN
ADDRESS OTHER THAN THE ONE USED ABOVE.

PLEASE NOTE ENCLOSURES:

1. Re: Annual Re-registration of your medical license in Michigan
2. Re: Registration for controlled substances in Michigan
3. Re: Continuing medical education requirement

Sincerely,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan
Bert C. Brennan
Executive Director

Encls.



MICHIGAN The Great Lake State





WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 817 373-0680

August 25, 1976

TO: John Hebert, III, M.D.
1022 Vincent Ave. Apt. 18
Flint, Mi. 48503

BOARD MEMBERS

Frederick W. VanDuyne, M.D., President
John R. Wilson, M.D., Vice President
John W. Moses, M.D., Secretary
Donato F. Sarapo, M.D.
F. Ann Pillote, M.D.
Mrs. Margaret Thom
James C. Breneman, M.D.
Osble J. Harold, M.D.
Donald H. Ki Iper, M.D.
Carol E. Pearson, M.D.
Robert C. Prophater, M.D.

Dear Doctor:

This is to advise you that you were successful in writing the Michigan State Board FLEX examination on June 15, 16, 17, 1976.

— This now completes your requirements for Michigan medical licensure and we will issue your license and forward it on to you within the next 60 days. PLEASE ADVISE THIS OFFICE IMMEDIATELY IF YOU PLAN TO CHANGE YOUR ADDRESS AT THIS TIME.

✓ Your Michigan medical license will be issued when you have submitted the following:

- ✓ Certification of one year of postgraduate AMA approved training (Form enclosed) 1975-76
- Complete resume of training and experience since graduation from medical school.
- Set of fingerprints per memorandum enclosed.
(Please note that clearance of fingerprints must be obtained before issuance of license)

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Robert C. Brennan
Robert C. Brennan
Executive Director



MICHIGAN The Great Lake State



HEBERT III JOHN

ST.BD.NC.00202
TP.NC.43504

FLEX WEIGHTED AVERAGE

BASIC SCIENCE	ANAT	PHYS	BIO	PATH	MICR	PHAR	B.S.AVG
CLINICAL SCIENCE	MED	SURG	OB	PH	PED	PSY	C.S.AVG
CLINICAL COMPETENCE AVERAGE							

MICHIGAN MEDICAL PRACTICE BOARD
CERTIFICATION OF AMA APPROVED TRAINING IN U.S.A.

RECEIVED
SEP 14 1976
DEPT. OF LIC. & REG.

1975-76

This is to certify that John Hébert III, M.D.
satisfactorily completed Obstetrics & Gynecology
internship ~~XXXXXX~~ in the Hurley Medical Center Hospital
extending from July 1, 1975 to June 30, 1976
in conformance with the requirements of the Michigan Medical Practice Board.

SIGNED: *Franklin J. Brennan, M.D.*
(Medical Director or Superintendent)

Hurley Medical Center

(Name of Hospital)

Flint, Michigan 48502

(Address)

DATE: 9/9/76

to be returned when completed to the address below:
ON WILL NOT BE ACCEPTED IF DATED EARLIER THAN June 15
DAYS PRIOR TO COMPLETION WHICH IS TIME ALLOWED FOR
TION. Your certificate of registration will be mailed
which you indicate below.

MICHIGAN MEDICAL PRACTICE BOARD
1033 South Washington Avenue
Lansing, Michigan 48926
Bert C. Brennan, Executive Director

ADDRESS: John Hébert III, M.D.
(Name) Hurley Medical Center
Sixth Avenue & Begole Street
(Street)
Flint, Michigan 48502
(City and State)

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD
1033 S. Washington Avenue, Lansing, Michigan 48926

36973

LMD-06 (4/74)

MAR 30 1 76181243 000:105.00

9-17-76

(DO NOT WRITE IN THIS SPACE)

EXAMINATION APPLICATION

FEE \$100.00 -- Make check or money order, in U.S. currency,
payable to: STATE OF MICHIGAN -- MEDICINE

Approved by _____

INSTRUCTION TO APPLICANT

1. If additional space is necessary, use back of application.
2. The application must be completely filled out.
3. The affidavit must be properly completed.
4. Before a license is issued, a personal appearance before the Board may be required.
5. Examination dates and locations will be determined by the Board.

NAME OF APPLICANT (last)	(first)	(middle)
Hebert	John	III
ADDRESS (No., Street, City, State, Zip)		
1222 Vincent Av. Apt 18 Flint, Mich. 48503		
PLACE OF BIRTH	DATE OF BIRTH	WHERE DO YOU INTEND TO PRACTICE?
		New Mexico or Michigan

	YES	NO
1. Are you a citizen of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/> If "NO", check one of the following which is applicable: a. Hold official declaration of intention no. _____ Dated _____ b. Hold Permanent Visa No. _____ Date of Issue _____ c. Other (Please Explain) _____
2. Have you ever been convicted of any crime in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give details.
3. Have you been examined by the National Board or any State Board of Medicine?	<input checked="" type="checkbox"/>	<input type="checkbox"/> If "YES", give details. National Board Part II
4. Do you hold a license to practice medicine in any state or states?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give states
5. Have you been a member of any branch of the Armed Forces?	<input checked="" type="checkbox"/>	<input type="checkbox"/> If "YES", give dates of service and branch. Army Reserve
6. Have you been connected directly or indirectly with any concern, company, institution or individual medical advertising organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give details.

7. EDUCATIONAL RECORD

	NAME AND LOCATION OF INSTITUTION ATTENDED	Mo/Yr	DATES OF ATTENDANCE	Mo/Yr	Degrees Obtained
PREMEDICAL EDUCATION	University of New Mexico	9-67	TO	6-71	BA
	Albuquerque, New Mexico				
MEDICAL EDUCATION (Submit Dates for Each School Year)	Meharry Medical College	9-71		6-75	MD
	Nashville, Tenn.				
POST GRADUATE EDUCATION	None				

Note: Please attach complete summary of medical training and experience

Have you ever attended any other college or school teaching any of the healing arts?

YES ☐ NO ☒

If "YES" give name and location of school.

INTERNSHIP	TYPE <input type="checkbox"/> ROTATING <input checked="" type="checkbox"/> MIXED <input type="checkbox"/> STRAIGHT	NAME OF HOSPITAL Hurley Medical Center
ADDRESS OF HOSPITAL 6th Av. And Begole Flint, Mich 48502		DATES OF INTERNSHIP FROM: July 1975 TO: June 1976
DEGREE OF DOCTOR OF MEDICINE RECEIVED FROM: Name of Medical School Meharry Medical College		DATE RECEIVED June 3, 1975

8. AFFIDAVIT OF APPLICANT

STATE OF Michigan	COUNTY OF Genesee	DATE March 29, 1976
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John Robert, III, M.D., being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

John Robert, III
Signature of Applicant in Full

Subscribed and sworn to before me
NOTARY PUBLIC Frances A. Pope

January 20, 1979
MY COMMISSION EXPIRES

PAPERCLIP THREE PHOTOGRAPHS (3" x 3") OF APPLICANT HERE. PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST 60 DAYS. ENDORSE PHOTOS ACROSS THE FRONT WITH YOUR SIGNATURE.

9. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

I hereby certify that I have reviewed the answers in the above application. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that I am unaware of information that would suggest that said applicant is not of good moral and professional character.

I further certify that _____, M.D. matriculated in the _____ (Name and Address of Medical School) on _____ (Date), and was graduated _____ (Date), at which time, he was granted the degree of _____. If the degree, Bachelor of Medicine is conferred upon completion of four years of medical school, further state the conditions and time the degree, Doctor of Medicine will be granted.

SEAL

NAME AND ADDRESS OF MEDICAL SCHOOL	
DATE	SIGNATURE OF DEAN, SECRETARY OR REGISTRAR

Note: No application will be accepted without proper completion of this portion (Sec. 9)

10. HOSPITAL INTERNSHIP / OR FIRST YEAR RESIDENCY

(This space should be left blank if the required internship has not been completed at the date the application is submitted)

I hereby certify that Dr. _____ satisfactorily served twelve months _____ (Rotating or mixed or straight)
 _____ residency
 _____ internship in _____ Hospital from _____ (DATE) to _____ (DATE)
 (CHECK ONE OF ABOVE)

SEAL

ADDRESS OF HOSPITAL

DATE

SIGNATURE OF MEDICAL DIRECTOR, SUPERINTENDENT
OR CHIEF OF STAFF

11. REFERENCES

Names and addresses of three legally registered practitioners of medicine in good standing to whom reference may be made if necessary, relative to applicant's moral and professional character:

NAME		ADDRESS
1. Marshall Goldberg	M.D.	Hurley Medical Center Flint, Mich. 48502
2. Dale Wilson	M.D.	Hurley Medical Center Flint, Mich 48502
3. Harold Bernard	M.D.	McHenry Medical College, Nashville Tenn 37208

DO NOT WRITE IN THIS SPACE

12. FLEX EXAMINATION - Date _____ Place _____

DAY I - BASIC SCIENCES

DAY II - CLINICAL SCIENCES

Anatomy	Medicine
Physiology	Surgery
Biological-Chemistry	Obstetrics & Gynecology
Pathology	Preventive Medicine & Public Health
Microbiology	Pediatrics
Pharmacology	Psychiatry
B.S. AVERAGE _____	C.S. AVERAGE _____

DAY III - Clinical Competence _____

FLEX WEIGHTED AVERAGE _____



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0680

March 16, 1976

John Hebert, M.D., III
1222 Vincent Ave., Apt. 18
Flint, MI 48503

BOARD MEMBERS

C. Allan Payne, M.D., President
Frederick W. VanDuyne, M.D., Vice President
Irvin J. Kurtz, M.D.
H. Clay Tellman, M.D.
Donato F. Sarapo, M.D.
Donald T. Anderson, M.D.
Joseph J. Berke, M.D.
John R. Wilson, M.D.
John W. Moser, M.D.
Florence A. Pillote, M.D.
Mrs. Margaret J. Thoms

Dear Doctor:

This is in reply to your recent inquiry concerning the Michigan State Board licensure examinations.

This Board uses the FLEX Examination as their State Board licensure examination and this examination is given twice each year, in June and December. The fee is \$105.00.

DATES FOR THE JUNE 1976 EXAMINATIONS:
DEADLINE FOR ACCEPTING APPLICATIONS:

June 15, 16, 17, 1976
April 1, 1976

DATES FOR THE DECEMBER 1976 EXAMINATIONS:
DEADLINE FOR ACCEPTING APPLICATIONS:

December 7, 8, 9, 1976
October 1, 1976

Our examination application form is enclosed herewith. Please note that you are required to submit three 3x3 endorsed photographs with the application.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan
Bert C. Brennan
Executive Director



3-10-76 RECEIVED

MAR 15 1976

DEPT. OF LIC. & REG.

Dear Sir,

Would you please
send me an application
for the FLEX examination
to be offered in June.
I am a 1975 graduate of
Michigan Medical College
and I am presently completing
my internship at Hurley
Medical Center in Flint.

Thank you

Dr. John Hebert, III

1222 Vincent Ave

Apt H 18

Flint, Michigan

48503



WILLIAM O. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48924

Telephone Area Code 517 373-0680

June 1, 1976

John Hebart, III, M.D.
1222 Vincent Ave., Apt. 18
Flint, MI 48503

Dear Doctor,

Your name has been placed on the eligible roster to write the Michigan State Board FLEX examination on Tuesday, Wednesday and Thursday, June 15, 16, 17, 1976.

You are to report on Tuesday morning at 8:00 a.m. to the COMMUNITY ARTS BUILDING on the State Fair Grounds in Detroit, located on Woodward Avenue between Seven Mile Road and Eight Mile Road on the corner of Woodward Avenue and State Fair Avenue. (Please enter the Fair Grounds from Woodward Ave. Gate 5)

THE EXAMINATION WILL BE HELD IN THE EXHIBITION HALL.

ATTENTION:

NO APPLICANT WILL BE ADMITTED TO THE EXAMINATION WITHOUT THIS LETTER AND ATTACHED PHOTOGRAPH.

Please bring with you three (3) soft lead pencils.
Pens will not be permitted.

YOUR MICHIGAN IDENTIFICATION NUMBER IS [REDACTED]

YOUR SEAT NUMBER IN THE EXAMINATION HALL IS [REDACTED]

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

James C. Breneman, Executive Director

RESULTS OF THE EXAMINATION:

You will be notified BY MAIL within 12 weeks regarding the results of this examination. YOU ARE REQUESTED NOT TO CONTACT THIS OFFICE BY TELEPHONE CONCERNING THE RESULTS.

BOARD MEMBERS

Frederick W. VanDuyn, M.D., President
John A. Wilson, M.D., Vice President
John W. Moses, M.D., Secretary
Donato P. Sarapo, M.D.
F. Ann Millett, M.D.
Mrs. Margaret Thoms
James C. Breneman, M.D.
Osbie J. Herald, M.D.
Donald H. Kilper, M.D.
Carol E. Pearson, M.D.
Robert C. Proffater, M.D.



MICHIGAN The Great Lake State





WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD
1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 517 373-0680

April 7, 1976

John Hobert, III, M.D.
1222 Vincent Ave., Apt 18
Flint, MI 48503

BOARD MEMBERS

C. Allen Payne, M.D., President
Frederick W. VanDuyn, M.D., Vice President
Irvin J. Kurtz, M.D.
H. Clay Tellman, M.D.
Dorato F. Sarapo, M.D.
Donald T. Anderson, M.D.
Joseph J. Berts, M.D.
John R. Wilcox, M.D.
John W. Moles, M.D.
Florence A. Pillon, M.D.
Mrs. Margaret J. Thoms

Dear Doctor:

We have received your: ☒ FLEX examination application
☐ Certified medical credentials
☐ Complete curriculum vitae
☒ \$105.00 fee
☒ Photograph
☒ Fingerprints

☒ Your name will be placed on the eligible roster for the examination scheduled to be held on June 15, 16, 17, 1976. Your admission letter, and information concerning time and place of the examination will be forwarded to you about June 1, 1976.

We will await receipt of: ☐ FLEX examination application

☐ \$105.00 fee (Please make check payable to State of Michigan-Medicine and submit with this letter)

☐ Photographs (3x3) endorsed with your personal signature

☐ Medical credentials being returned herewith for certification by a Notary Public as true copies of the original documents.

☐ Complete resume of training and experience since graduation from medical school.

☐ Fingerprints, see enclosed memorandum



MICHIGAN MEDICAL PRACTICE BOARD

Bart C. Brennan, Executive Director

State of Michigan
Department of Licensing and Regulation
MEDICAL PRACTICE BOARD

1033 So. Washington Avenue
Lansing, Michigan 48926

LAID-66 (4/74)

(DO NOT WRITE IN THIS SPACE)

MAY 21 8 75899315 ***\$25.00

**APPLICATION FOR TEMPORARY LICENSE FOR
INTERNSHIP OR RESIDENCY TRAINING IN
AN APPROVED TRAINING HOSPITAL**

FEE \$25.00 Make check or money order, in U.S. currency
payable to:

STATE OF MICHIGAN - MEDICINE

I hereby apply for a Certificate of Registration under Section Eight, Act 185, P.A. of 1973, and Acts
amendatory thereto:

SWORN STATEMENT:

1. Name Hebert, III John
2. Place of birth [redacted] Date of birth [redacted] go [redacted]
3. Are you a citizen of the United States? yes
4. If not a citizen, what is your visa status in the United States?
5. Present mailing address P.O. 351 Meharry Medical College, Nashville, Tenn. 37208
6. Permanent residence 1756 La Vega S.W. Albuquerque, New Mexico
Name, address, of nearest relative Mrs. John Hebert Jr. 1726 La Vega S.W. Albuquerque, N.Mex. 87105
7. In what states do you hold a license to practice medicine? None
8. Have you ever been denied a license to practice medicine in any state? ND
9. Military service: Date of Entry --- Date of Discharge --- Branch of service and particulars ---
Rank ---
10. What was your premedical education?
Name and location of institution attended University of New Mexico Albuquerque, New Mexico Period and date of study Sept 1967 - June 1971
What literary degrees did you obtain, when and from what schools or colleges?

11. MEDICAL EDUCATION: (Submit dates for each school year)

Day	Month	Year		Day	Month	Year	Name and Address of Medical College
2	9	71	to	5	26	72	Meharry Medical College, Nashville, Tenn.
5	9	72	to	5	25	73	Meharry Medical College, Nashville, Tenn.
5	9	73	to	6	6	74	Meharry Medical College, Nashville, Tenn.
5	9	74	to	6	8	74	Meharry Medical College, Nashville, Tenn.
			to				
			to				

12. POST GRADUATE EDUCATION: NOTE: Please attach complete summary of medical training and experience since medical school graduation.

Year	Year	School or Clinic	Degrees Obtained
	to	<u>None</u>	
	to		
	to		
	to		

13. Have you ever attended any other college or school teaching any of the healing arts? No

14. Have you been certified by the Educational Council for Foreign Medical Graduates? No

Certificate Number ---

15. Internship: Medical 06/64 at Sturley Hospital, located
(Notarize, Must be Stated)
 at Flint, Michigan from July 1975
June 1976 (Date)
16. Received degree of Doctor of Medicine from McHenry Medical College
 on 8th day of June, 1975
17. Have you carefully read Michigan Medical Practice Act No. 185 as amended? Yes
18. Have you ever been convicted of any crime in any state? No
19. Have you ever been connected, directly or indirectly, with any concern, company, institution, or individual medical advertising organization? No
20. Do you hereby agree, should a certificate of registration or license be granted entitling you to practice medicine and surgery in the State of Michigan, not to become connected, directly or indirectly, with any medical concern, company, institute, advertising specialty or advertising specialist? Yes
21. Do you unreservedly agree to comply with all the provisions in the laws governing the practice of medicine in Michigan? Yes
22. Have you been examined by the National Board or any State Board of Medicine? Yes
- If so, are you licensed in any state? No

(Signed)

John Hebert, III

AFFIDAVIT OF APPLICANT

State of Tennessee

County of Davidson

John Hebert, III

being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

Subscribed and sworn to before me, John Hebert, III

a Notary Public, this 17th day of March, 1975

Address 4410 Beas Avenue, Nashville, TN 37211

My Commission expires My Commission Expires Dec 18 1978

I hereby certify that the photograph hereto attached is a genuine likeness of John Hebert, III

McHenry Medical College
Flint, Michigan

(SEAL)

NOTE: No application will be accepted without proper completion of this portion by your medical school (Sec. 23). This applies to all applicants.

23. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

In the application of John Hebert, III, of
Nashville, Tennessee, dated March 17, 1975,
I hereby certify that I have reviewed the answers of the above named applicant. I certify that to the best
of my knowledge all of the within answers or statements are true and are a matter of official record in this
school, and that said applicant is of good moral and professional character.
I further certify that John Hebert, III, M.D.
matriculated in the Meharry Medical College, will be
August 26, 1971, will be June 8, 1975, at which time he will be
and was graduated June 8, 1975, Date
granted the degree, Doctor of Medicine
If the degree, Bachelor of Medicine, is conferred upon completion of four years of medical school, further
state the conditions and time the degree, Doctor of Medicine, will be granted.

Dated at Meharry Medical College
this 17th day of March, 19 75

E. P. Caruthers
E. P. Caruthers, Director
Admissions and Records

Meharry Medical College, Nashville, TN.
Name and address of medical college

(SEAL)
Seal of college must be attached

24. HOSPITAL INTERNSHIP:

(This space should be left blank if the required one year of rotating internship has not been completed at the date the application is submitted)

I hereby certify that Dr. _____ satisfactorily
served a rotating internship in _____ Hospital,
from the _____ day of _____, 19 _____, to the _____ day of _____, 19 _____

(Signed) _____
(Medical Director or Superintendent)

Date _____
(Name of hospital)
(Address of hospital)

(SEAL)

25. CERTIFICATION OF
MEDICAL DIRECTOR OR SUPERINTENDENT OF MICHIGAN TRAINING HOSPITAL

This certifies that John Hebert, III
has been appointed to the position of X INTERN RESIDENT IN _____
in Hurley Medical Center beginning July 1, 1975
and ending June 30, 1976
Name of Hospital
Indicate Specialty

(SEAL)

E. Marshall Gaidner, MD
Signature of Medical Director or Superintendent

20. INSTRUCTIONS TO APPLICANTS:

1. This application will not be accepted unless properly signed and sworn to by the applicant and endorsed by the medical director or superintendent of the hospital in which service is requested.
 2. This application must be completed and on file in the office of the Secretary of the Michigan State Board of Registration in Medicine at least one July 1 of the year in which permit is requested.
 3. Material omissions covering questions in this application will bring the applicant under the provisions of Section 3, Subdivision Second of Act No. 172, P. A. of 1932.
 4. The annual registration fee of \$25.00 must accompany the application, and should be transmitted by CHECK, EXPRESS or MONEY ORDER. No responsibility will be assumed for fees transmitted in any other manner.
 5. Before issuance of a license, a personal appearance with medical school diploma may be required.
- If after a license has been issued on this application, it is ascertained that misrepresentation of facts, or fraudulent statements have been made, the license so issued will be immediately revoked by this Board and the applicant becomes subject to prosecution.

RECORD OF PERMITS ISSUED

6-17-25 Permit No. 1
 Number 525126 for Shulley Hospital
 Effective Date from July 1, 1925 to June 30, 1926

8-12-26 Permit No. 2
 Number 731541 for Shulley Hospital
 Effective Date from July 1, 1926 to June 30, 1927

Permit No. 3
 Number _____ for _____ Hospital
 Effective Date from July 1, 19____ to June 30, 19____

Permit No. 4
 Number _____ for _____ Hospital
 Effective Date from July 1, 19____ to June 30, 19____

Permit No. 5
 Number _____ for _____ Hospital
 Effective Date from July 1, 19____ to June 30, 19____

AUG 10 75252143 ****25.00

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE
1033 So. Washington Ave., Lansing, Mich. 48926

John M. Wellman, M.D., Executive Secretary

CERTIFICATE OF TRAINING: (Internship, Residency, Fellowship)

This certifies that John Hebert, III M. D.
has been appointed to the position of:

INTERNSHIP _____ ROTATING: _____ STRAIGHT

RESIDENT IN: Obstetrics/Gynecology

FELLOW IN: _____

in Hurley Medical Center
(name of hospital)

beginning July 1, 1976 and ending June 30, 1977

Date: August 9, 1976

Marshall Fudley MD
(signature of medical director or administrator,
or superintendent)



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48206

Telephone Area Code 517 373-0680

May 23, 1975

John Hebert, III, M.D.
P.O. 351
Meharry Med. Col.
Nashville, TN 37208

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This will acknowledge receipt of the following:

- ☒ Completed temporary license application
- ☒ Certified medical credentials
- ☒ \$25.00 fee
- ☒ \$25.00 renewal fee for temporary license

☒ Your Michigan temporary license for post-graduate training for 1975-76 will be issued during the last week in June and forwarded to you in care of your residency hospital.

☐ Your Michigan temporary license for post-graduate training for 1975-76 will be issued when you have complied with the requirement of a personal appearance in this office. No special appointment is necessary, bearing in mind that our hours for interview are Monday through Friday from 9 a.m. to 11 a.m. and 2 p.m. to 4 p.m. (This may be deferred until your arrival in Michigan just prior to the commencement of your training).

☐ YOUR APPLICATION IS INCOMPLETE FOR THE FOLLOWING REASONS:

☐ Full fee not submitted. Please submit balance of _____ with this letter. Make check payable to State of Michigan-Medicine.

☐ Must submit complete curriculum vitae.

☐ Section #23 not completed by the Dean of your Medical school. This is a Board requirement and must be complied with. Second form is enclosed for forwarding to your school.

☐ Must Submit certified copy of original ECFMG Certificate

☐ Must submit certified copy of original Medical Diploma (if diploma is not in English, please submit certified English translation)

MICHIGAN MEDICAL PRACTICE BOARD



Bert C. Brennan
Executive Director