

60801

STATE OF ILLINOIS
DEPARTMENT OF TREASURY
1ST NATL. BANK CHICAGO
APR 23 80
FOR DEPOSIT
Lacy, Ann
5311 S. Woodlawn Avenue #2
Chicago, IL 60615 016

NOTE: If any of the following questions are answered "No", you must provide an explanation on separate sheet and attach to this application.

1. Do you hold a license in any of the other health professions?
2. Have you ever been called before any state board of health?
3. Have you ever been convicted of a felony or misdemeanor?
4. Have you ever been subjected to or treated for addiction to drug or alcohol?
5. Have you ever been subjected to or treated for addiction to drug or alcohol in any medical field?
6. Have you ever received psychiatric treatment or received treatment for any mental illness?
7. Have you ever engaged in the practice of medicine in any other state?
8. Have you ever engaged in the practice of medicine in any other country?
9. Have you ever held a license in any other health profession?

1st Exam. Date	
2nd Exam. Date	
3rd Exam. Date	
4th Exam. Date	
5th Exam. Date	

DO NOT WRITE IN THESE SPACES

Diploma verified _____

Diploma returned _____

By _____

Certificate Issued NO YES 81-26-80

Certificate Forwarded _____

IMPORTANT: Any false or misleading information in or in connection with this application may be cause for department of the grounds of lack of good moral character.

STATEMENT OF INTENTIONS: I declare that the statements made in the foregoing application, including accompanying statements and exhibits are true, complete and correct.

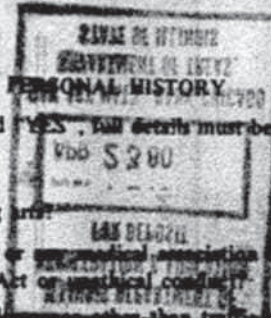
DECLARATION OF INTENTION OR CERTIFICATE OF NATURALIZATION

day of _____

PERSONAL INFORMATION

Surgery	
Obstetrics	
Public Health	
Pediatrics	
Psychiatry	
Clinical Science Average	
Clinical Competence Average	
Flex Weighted Average	

10800



NOTE: If any of the following questions are answered YES, full details must be furnished on separate sheet and attached.

- | | YES | NO |
|--|-------|-------------------------------------|
| 1. Do you hold a license in any of the other healing arts? | _____ | <input checked="" type="checkbox"/> |
| 2. Have you ever been called before any state board or any medical association for interrogation concerning any violation of The Medical Practice Act or any medical code? | _____ | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | _____ | <input checked="" type="checkbox"/> |
| 4. Have you ever been addicted to or treated for addiction to drugs? | _____ | <input checked="" type="checkbox"/> |
| 5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law, or any narcotic law? | _____ | <input checked="" type="checkbox"/> |
| 6. Have you ever received psychiatric treatment or received treatment for mental illness? | _____ | <input checked="" type="checkbox"/> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | _____ | <input checked="" type="checkbox"/> |
| 8. Have you ever engaged in the practice of medicine in a state, district or territory wherein you did not hold a valid license? | _____ | <input checked="" type="checkbox"/> |
| 9. Have you ever had an application for licensure refused or rejected by a licensing board? | _____ | <input checked="" type="checkbox"/> |



IMPORTANT:

Any false or misleading information in, or in connection with, any application, may be cause for debarment on the ground of lack of good moral character.

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct.

State of Illinois
County of Cook

_____ being
duly sworn, says that he is the person referred to in this application and
that the statements therein contained are true.



SIGNATURE OF APPLICANT
(Please use legal name)

Subscribed and sworn to before me this 17th day of
of April, 19 80.



Notary Public

My Commission Expires July 7, 1982

07500048022

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION

APR 21 1980
RECEIVED

RECEIVED
APR 21 1980

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

I hereby make application for examination for a Certificate to practice Medicine and Surgery in all their branches, under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name LUCY ANN NUNNALLY

Permanent address [REDACTED]

Place of birth [REDACTED]

Are you a citizen of the United States? [REDACTED]
NOTE: Naturalized citizens of the United States should submit Certificates of Naturalization.

Please designate your Social Security Number [REDACTED]

Please print your name exactly as you wish it to appear on any Certificate to practice as a Registered Physician and Surgeon which may be issued to you. LUCY ANN NUNNALLY, M.D.

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended	period of attendance
MICHIGAN STATE UNIVERSITY E. LANSING, MI.	
1st year	9/25/71 to 6/10/72
2nd year	9/25/72 to 6/10/73
3rd year	9/25/73 to 8/20/74
4th year	9/25/74 to 3/14/75

I have credit for 180 ^{hours} quarters of college work. I received the degree of BACHELOR OF SCIENCE
from MICHIGAN STATE U on the MARCH day of 1975
(College or University)

MEDICAL EDUCATION

I attended ALL full courses of medical lectures as follows:

at U. of NORTH CAROLINA
(Name of Medical College)
from the 25 day of AUG, 1975 to the 19 day of MAY, 1976

At U. of NORTH CAROLINA
(Name of Medical College)
from the 26 day of AUG, 1976 to the 29 day of APRIL, 1977

At U. of NORTH CAROLINA
(Name of Medical College)
from the 16 day of MAY, 1977 to the 7 day of MAY, 1978

At U. of NORTH CAROLINA
(Name of Medical College)
from the 14 day of MAY, 1978 to the 13 day of MAY, 1979

I was granted the degree of Doctor of Medicine by U. of NORTH CAROLINA
(Name of Medical College)
located at CHAPEL HILL State or Country NORTH CAROLINA, on the 13
day of MAY, 1979, and the Diploma presented with this application is the genuine Diploma of said institution.

EIGHTH ED STATE

POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

DESCRIPTION	NAME OF INSTITUTION	DATES		LOCATION
		FROM	TO	
76:1 (1980) POSTGRADUATE YEAR # 1	U. of CHICAGO HOSP + CLINICS	6/25/ 79	6/25/ 80	CHICAGO, ILL



THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.

2626-B WEST FREEWAY, FORT WORTH, TEXAS 76102

TO: ILLINOIS

SUBJECT: FLEX Examination Grades For:

MINNALLY LUCY A

Date of Certification 03/20/80

It is certified that the 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 grades.

EXAMINATION DATE 06/79
FOR STATE 134
STATE ID # 00083

BASIC SCIENCE

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology
Behavioral Science

BASIC SCIENCE AVERAGE

CLINICAL SCIENCE

Medicine
Surgery
Obstetrics
Public Health
Pediatrics
Psychiatry

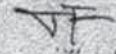
CLINICAL SCIENCE AVERAGE

CLINICAL COMPETENCE AVERAGE

FLEX WEIGHTED AVERAGE

RECEIVED

MAR 24 1980



We have no unfavorable information regarding the above named physician.

HAROLD E. JERVEY JR., M.D.
EXECUTIVE DIRECTOR - SECRETARY

CERTIFICATION OF COLLEGE ATTENDANCE

Direct

(Give exact dates.)

RECEIVED
PH & EDUCATION

1980 MAR 21 AM 10:55

March 17, 1980

TO THE DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that Lucy Ann Nunnally, M.D.

was in regular attendance at the University of North Carolina at Chapel Hill Medical School

1st yr. from the 25 day of August, 1975 to the 19 day of May, 1976

2nd yr. from the 24 day of August, 1976 to the 19 day of April, 1977

3rd yr. from the 16 day of May, 1977 to the 7 day of May, 1978

4th yr. from the 22 day of May, 1978 to the 25 day of March, 1979

from the _____ day of _____, 19____ to the _____ day of _____, 19____

and was granted a Diploma as Doctor of Medicine by The University of North Carolina School of Medicine

located at Chapel Hill State of North Carolina

on the 13 day of May, 1979 for a period of 4 years

[Seal of College]

(Dean, Secretary, or Registrar)

Stuart Henderson M.D. *SH*

MAR 21 1980

MEDICAL SECTION

UPON COMPLETION, PLEASE FORWARD THIS FORM DIRECTLY TO:

MEDICAL SECTION

DEPARTMENT OF REGISTRATION AND EDUCATION

~~608 EAST ADAMS STREET~~ 320 W. Washington
SPRINGFIELD, ILLINOIS 62786

THE UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE
CHAPEL HILL

Name Lucy Ann Nunnally

Social Security
Number

GRADING SYSTEM: Honors, Pass, Fail

NUNNALLY, L.A.

FIRST YEAR

Dates: 25 August 1975 - 19 May 1976

Courses

Cell Biology
General Pathology
Gross Anatomy
Histology
Immunology
Introduction to Medicine
Microbiology-Virology
Neurobiology

SECOND YEAR

Dates: 24 August 1976 - 19 April 1977

Courses

Biochemical Topics in Clinical Medicine
Cardiovascular-Respiratory System
Endocrine System
Gastrointestinal System
Hematology
Introduction to Psychiatry
Medicine and Society
Musculoskeletal System
Pathophysiology
Pharmacology
Physical Diagnosis
Radiobiology
Reproductive Biology
Skin and Connective Tissue
Urinary System

In accordance with the Family Educational Rights
and Privacy Act of 1974, the information contained
on this transcript shall not be released to any other
party unless a written consent is obtained from
the student.

Summary Grade: _____ P

Summary Grade: _____ P

CLINICAL CLERKSHIPS

Dates

Surgery & Life Support Skills
Medicine
Obstetrics-Gynecology
Psychiatry
Pediatrics

16 May 1977 - 14 August 1977
15 August 1977 - 6 November 1977
14 November 1977 - 26 December 1977
13 February 1978 - 26 March 1978
27 March 1978 - 7 May 1978

Summary Grade: _____ P

ELECTIVES

Dates

MA 117 - Inter. Health Care
Ob-Gyn 412 - AI Gynecological Oncology
Medi/Peds 412 - Endocrinology
Externship - Perinatology
Anes 401 - AI Anesthesiology
AHEC 406 - AI Medicine
FM 410 - Family Medicine Preptship.
Radi 401 - General Radiology

Spring 1977
22 May 1978 - 18 June 1978
19 June 1978 - 16 July 1978
28 August 1978 - 23 September 1978
6 November 1978 - 3 December 1978
1 January 1979 - 28 January 1979
29 January 1979 - 25 February 1979
26 February 1979 - 25 March 1979

Summary Grade: _____ P

M.D. Degree _____
Date 13 May 1979

MAR 17 1980

Date of Transcript

Registrar

NUNNALLY LUCY ANN

Student Number: [REDACTED]

MICHIGAN STATE UNIVERSITY

Office of the Registrar East Lansing, Michigan, 48824.
Official Record



Admitted	College	Major
FALL 71	LYMAN BRIGGS	
WINTER 72	LYMAN BRIGGS-HONORS	
SPRING 73	LYMAN BRIGGS-HONORS	BIOCHEMISTRY
SPRING 74	LYMAN BRIGGS-HONORS	PHYSICAL SCIENCES

Previous School: J O SANDERSON H S RALEIGH NC
Date of Graduation: 1971

Credits Required for Degree: 180
BACHELOR OF Science with honor' DEGREE GRANTED 3-14-75

Academic Scholarship Action: [REDACTED]

Teacher's Certificate Granted	Endorsements	Endorsements

Grade encircled indicates course has been repeated.

Dept Code	Descriptive Title	Course No	Term	Credits	Grade	Points	Cr	Gr
225	FALL 1971 595218	6 L1						
GRM	INTERMED GRM-REG	201						
LBC	CALCULUS 1	112						
LBC	ELEM COMP PROGRAM	125						
LBC	INTRO CHEM PHYS 1	151						
	16 16 16 56.5							
225	WINTER 1972 595218	6 L1						
GRM	INTERMED GRM-REG	202						
HPR	GYMNASTICS	110E						
LBC	CALCULUS 2	113						
LBC	THIRD CULT RHET 1	131						
LBC	INTRO CHEM PHYS 2	152						
	33 33 33 119.0							
225	SPRING 1972 595218	6 L1						
GRM	INTERMED GRM-REG	203						
HPR	GYMNASTICS	110H						
LBC	THIRD CULT RHET 2	132						
LBC	INTRO CHEM PHYS 3	153						
LBC	CALCULUS 3	214						
	50 50 50 181.0							
225	FALL 1972 595218	6 L1						
REL	OLD TESTAMENT	220						
HPR	GYMNASTICS	110C						
LBC	INTRO CHEM PHYS 4	251						
CEM	ORGANIC CHEMISTRY	351						
PSY	PSY OF PERSONALITY	225						
	64 64 64 229.5							
225	WINTER 1973 595218	6 L1						
LBC	INTRO CHEM PHYS 5	252						
LBC	INTRO SYMBOL LOGIC	372						
CEM	ORGANIC CHEMISTRY	352						
CEM	ORGANIC CHEM LAB	354						
PLS	AMER LEGISLAT PROC	324						
	81 81 81 289.0							
225	SPRING 1973 595218	6 L1						
HPR	LIFE SAVING	109H						
LBC	BIOLOGY 2	141						
LBC	INTRO CHEM PHYS 6	253						
CEM	ORGANIC CHEMISTRY	353						
CEM	ORGANIC CHEM LAB	355						
PSY	INTRO CHILD PSY	245						
	98 97 98 334.0							

Dept Code	Descriptive Title	Course No
225	FALL 1973 595218	6 L7
H A	HIST WESTERN ART	206
LBC	BIOLOGY 3	242
BCH	BIOCHEMISTRY	451
CEM	ORGANIC CHEM LAB	356
CEM	PHYS CHEM INTRO	383
	115 114 115 379.5	
225	WINTER 1974 595218	6 L7
H A	HIST WESTERN ART	207
LBC	HIST PROB BIOL SCI	374
CEM	ANLY PHY CHEM LAB 1	372
CEM	PHYS CHEM INTRO	384
	128 123 128 407.0	
225	SPRING 1974 595218	6 L7
HST	INTELLECT HST EURO	342C
MUS	MUS LIT LIVE PERFM	274
CEM	PHY CHEM INTRO	385
ZOL	COMP ANAT VERTEBRA	314
ZOL	FUND GENETICS	441
	146 138 146 449.0	
225	SUMMER 1974 595218	6 L7
LBC	IND STUDY-GENERAL	495A
	149 141 149 461.0	
225	FALL 1974 595218	6 L7
GRM	GRM COMPOS & CONV	321
LBC	SENIOR SEMINAR 2	492
GEN	MOLECULAR GENETICS	801
STT	STATISTICS 1	421
ZOL	HONORS WORK	400H
PSL	COMP PHYSIOLOGY 1	401
	168 160 168 531.0	
225	WINTER 1975 595218	6 L7
LBC	IND STUDY-SCI STDY	295E
ZOL	COMP PHYSIOLOGY 2	402
ZOL	GENETIC ANALYSIS	847
	180 172 180 573.0	

3-21-80

Transcript Issued

Horace C. King, Registrar

direct
7/7/80

THE UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS
950 EAST 59TH STREET
CHICAGO - ILLINOIS 60637
947-

July 3, 1980

Department of Registration and Education
Medical Section
320 W. Washington Street
Springfield, Illinois 62786

TO WHOM IT MAY CONCERN:

This is to certify that Dr. L. Ann Nunnally satisfactorily completed one year of post graduate training in the Department of Obstetric and Gynecology at the University of Chicago Hospitals and Clinics from June 25, 1979 through June 24, 1980.

Sincerely, [Redacted Signature]

Zephree McClinton
Housestaff Coordinator

RECEIVED
JUL 10 1980

ALBERT MERRITT BILLINGS HOSPITAL • PHILIP D. ARMOUR CLINICAL RESEARCH BUILDING
BOB ROBERTS MEMORIAL HOSPITAL FOR CHILDREN • CHICAGO LYING-IN HOSPITAL
COUNTRY HOME FOR CONVALESCENT CRIPPLED CHILDREN • NATHAN GOLDBLATT MEMORIAL HOSPITAL
GOLDBLATT PAVILION • GERTRUDE DUNN HICKS MEMORIAL HOSPITAL • HOME FOR DESTITUTE CRIPPLED CHILDREN
NANCY ADELE McELWEE MEMORIAL HOSPITAL • FRANKLIN McLEAN MEMORIAL RESEARCH INSTITUTE
CLARISSA C. PECK PAVILION OF THE CHICAGO HOME FOR INCURABLES • CHARLES GILMAN SMITH HOSPITAL
SILVAIN AND ARLIA WYLER CHILDREN'S HOSPITAL • SURGERY/BRAIN RESEARCH INSTITUTE

RECOMMENDATION

Date 3/4 19 80

This certifies that I am personally acquainted with
L. ANN NUNNALLY MD

that I know HER to be of good moral and professional character and entirely worthy of confidence.
I hereby recommend HER to the Department of Registration and Education to be licensed to practice
MEDICINE in the State of Illinois

RECEIVED

APR 8 1980

MEDICAL SCHOOL
HARVARD

[REDACTED]
5841 Maryland Avenue
Street Address
P. O. Address Chicago, Illinois 60637

Endorser is a Graduate of HARVARD in the year 1959
Name of Professional School

Illinois License No. 36-52440 Date issued March 15, 1976

RECOMMENDATION

Date 3/5 / 1980

This certifies that I am personally acquainted with

L. ANN NUNNALLY MD

that I know hER to be of good moral and professional character and entirely worthy of confidence.

I hereby recommend hER to the Department of Registration and Education to be licensed to practice

MEDICINE

RECEIVED
APR 2 1980
MEDICAL SEC

[Redacted]

P. O. Address [Redacted]

Endorser is a Graduate of Cornell University in the year 1958

Cornell University
Name of Professional School

Illinois License No. 36-46249 Date issued 17 August 1977

RECEIVED

REGISTRATION & EDUCATION

This is to certify that I, RICHARD I. LOWENSOHN, M.D. am personally acquainted with LUCY ANN NUNNALLY who is applying for licensure to practice medicine in all of its branches in the State of Illinois; that I hereby attest to the educational background of Dr. NUNNALLY, who graduated from U. of NORTH CAROLINA and was issued the degree and diploma of Doctor of Medicine on the 17th day of MAY, 19 79; and that Dr. NUNNALLY is of good moral character and professional background. I further endorse Dr. NUNNALLY's application for a license to practice medicine in all of its branches in the State of Illinois, attest that the hereto attached photograph is a true likeness of Dr. NUNNALLY and that I personally viewed the original medical diploma of this applicant.

Signed



RICHARD IRWIN LOWENSOHN, M.D.
PRINTED NAME

State of Illinois Medical Certificate No.

036-0058597
PRINT NUMBER



in the County of Cook

Subscribed and sworn to before me this 14 day of July, 19 80



My Commission

NOTARY PUBLIC

expires:

7-7-82

This is to certify that I, Frank R Reale MD, am personally acquainted with LUCY ANN NUNNALLY MD, who is applying for licensure to practice medicine in all of its branches in the State of Illinois; that I hereby attest to the educational background of Dr. _____

NUNNALLY, who graduated from U. of NORTH CAROLINA and was issued the degree and diploma of Doctor of Medicine on the 17th day of MAY, 19 79; and that Dr. NUNNALLY

is of good moral character and professional background. I further endorse Dr. NUNNALLY's application for a license to practice medicine in all of its branches in the State of Illinois, attest that the hereto attached photograph is a true likeness of Dr. NUNNALLY and that I personally viewed the original medical diploma of this applicant.



Signed _____

FRANK R REALE MD
PRINTED NAME

State of Illinois Medical Certificate No.

036-047717
PRINT NUMBER

in the County of Cook

Subscribed and sworn to before me this _____ day of July, 19 80

My Commission _____

NOTARY PUBLIC

expires: 7-7-82

The University of
at Chapel

To all to whom these

Gre

Be it kn

Lucy Ann

having completed the studies and fulfil

the de

Doctor of

has accordingly been admitted to th

and privileges ther

In witness whereof, the Seal of

of duly authorized officers

Given at Chapel Hill, in the State of

of May in the year of Our Lord ni

and of this University the one hund

Chairman of the Board of Governors
The University of North Carolina

President
The University of North Carolina



The University of North Carolina at Chapel Hill

present shall come
being
man that

Annually

led the requirements of the Faculty for
degree of

Medicine

at degree, with all the rights, honors,
privileges appertaining.

the University and the signatures
are affixed to this diploma.

North Carolina, this thirteenth day
of February, one thousand seven hundred and seventy-nine
and ninetyeth.

[Redacted Signature]

Chairman of the Board of Trustees
The University of North Carolina at Chapel Hill

[Redacted Signature]

Chancellor
The University of North Carolina at Chapel Hill

[Redacted Signature]

Done





55 East Jackson Boulevard
Chicago, Illinois
60604
(312) 793-8544

02930
320 West Washington
Springfield, Illinois
62786
(217) 785-0800

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
GARY L. CLAYTON
ACTING DIRECTOR

IN REPLY REFER TO:

Medical Section
Springfield Office

August 28, 1980

Lucy Ann Nunnally, M.D.
[REDACTED]

Dear Dr. Nunnally:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 36-60801.

You may use this as your authority to practice as a licensed physician and surgeon until such time as your certificate is issued and mailed.

The Illinois Controlled Substances Act (Illinois Revised Statutes 1975, Chapter 56½ - Section 1100 to 1603) requires that every person who manufactures, distributes or dispenses any controlled substances within this State must annually obtain a registration issued by this Department. Enclosed please find a letter of explanation and an application for controlled substances registration.

If you require further information, you may write or call this Department.

Very truly yours,
[REDACTED]

Susan G. Meek
Acting Chief of
Licensing and Testing

SGM:t/64

Enclosures

SEAL