

STATE OF KANSAS

RECEIVED

APPLICATION FOR A LICENSE BY ENDORSEMENT

APR 12 1983
KANSAS STATE BOARD OF HEALING ARTS

To the Kansas State Board of Healing Arts:

I hereby make application for a license to practice Medicine and Surgery, Osteopathic Medicine and Surgery, or Chiropractic in the State of Kansas. (Strike out words not applicable.) For the purpose of obtaining such license I make the following statement of facts and offer the following proof in support of my qualifications:

1. Leslie Fox Page, D.O.
First Name Middle Name Last Name

Leslie E.F. Page, D.O.

Permanent Mailing Address Confidential Wichita, Kansas 67203
(Street) (City) (State) (Zip)

2. Place of Birth Arlington, Virginia Date of Birth Confiden 52

3. EDUCATIONAL BACKGROUND:

Pre-Healing Arts (College) Education:

School Location Dates

Wichita State University, Wichita, Kansas Grad. 1977 BCS-Chemistry

Professional Education (Please submit certified copy of Healing Arts school diploma)

School Location Dates

University of Health Sciences - College of Osteopathic Medicine,
Kansas City, Missouri Grad. 1982 D.O. degree

I received the degree of D.O. from the University of Health Sciences - College
of Osteopathic Medicine 2105 Independence Blvd. Kansas City, Missouri
on the 23 day of May 19 82
(City) (State)

Postgraduate Medical Education: if applicable

Hospital/Institution Location Dates

Internship Osteopathic Hospital of Wichita, Wichita, Kansas 7/1/82-6/30/83

Residencies n/a

Fellowships n/a

If you are a foreign medical graduate, do you hold a permanent ECFMG certificate?
() YES () NO Number: n/a
(Please include copy)

4. Do you limit your practice to a specialty? General Practice

Primary: General Practice

Secondary: General Practice

5. Have you ever been granted healing arts licensure by any State or Territory? () YES (X) NO If yes, please list: completing Internship 6/30/83

State or Territory License No. Effective Date Current

6. List locations and dates of previous healing arts practice, including present:

Location Dates

completing Internship 6/30/83

7. Address of present practice: effective 7/1/83
759 North West Street, Wichita, Kansas Tele. No. 316-942-0201

City Wichita State Kansas Zip 67203

As a result of this application, do you intend to change location of your practice?
If yes, give location and date of intended establishment of practice: YES NO

Location: _____ Date _____

- | | Yes | No |
|--|-----|-------------------------------------|
| 8. Was any license ever revoked, suspended or cancelled? | | <input checked="" type="checkbox"/> |
| 9. Have you ever been denied a license? | | <input checked="" type="checkbox"/> |
| 10. Have you ever been denied the privilege of taking an examination? | | <input checked="" type="checkbox"/> |
| 11. Have you ever surrendered your D.E.A. number? | | <input checked="" type="checkbox"/> |
| 12. Have you ever been disciplined by a Board? | | <input checked="" type="checkbox"/> |
| 13. Have you ever been denied hospital staff privileges or had staff privileges revoked? | | <input checked="" type="checkbox"/> |
| 14. Have you ever practiced any other branch of the healing arts? | | <input checked="" type="checkbox"/> |
| 15. Have you ever been a patient for the treatment of mental illness? | | <input checked="" type="checkbox"/> |
| 16. Have you ever been addicted to alcohol or drugs? | | <input checked="" type="checkbox"/> |
| 17. Have you ever been convicted of a felony? | | <input checked="" type="checkbox"/> |

If you answered YES to any of the above questions, PLEASE GIVE DETAILS:
(on this or separate sheet if necessary)

If you are rendering professional services in Kansas you are required by K.S.A. 40-3401-3419 to maintain professional liability insurance of not less than \$100,000 per occurrence (per claim) subject to not less than \$300,000 annual aggregate for all claims made during the policy period and to participate in the Kansas Health Care Stabilization Fund.

18. In what company do you carry professional Liability Insurance? Professional Mutual Insurance Co.

application in process Policy Number _____ Have you ever been accused of malpractice? NO

Explain fully _____

Was a settlement made? _____ Explain fully _____

19. Have you ever been in military service? NO List assignments and periods of service.

20. CERTIFIED COPY OF STATE LICENSE OR NATIONAL BOARD CERTIFICATION

(A photostatic or verbatim copy to follow here of State Board license or National Board certificate, certified by the Secretary, with seal.)

TO BE SENT DIRECTLY FROM NATIONAL BOARD OF EXAMINERS FOR OSTEOPATHIC PHYSICIANS AND SURGEONS

The National Board of Examiners

FOR

Osteopathic Physicians and Surgeons, Inc.

22 South Washington Street
Park Ridge, Illinois 60068
(312) 825-4938

RECEIVED

MAY 19 1983

KANSAS STATE BOARD OF HEALING ARTS

TRANSCRIPT OF GRADES

PART I April 24, 1980 Taken at Kansas City College of Osteopathic Medicine
Kansas City, MO

Anatomy	Confidential
Physiology	
Physiological Chemistry	
Pharmacology	
Pathology	
Microbiology	
Osteopathic Principles	

AVERAGE **Confidential**

PART II Oct. 22, 1981 Taken at Kansas City College of Osteopathic Med.
Kansas City, MO

Surgery	
Obstetrics & Gynecology	
Neurology & Psychiatry	
Public Health	
Pediatrics	
Medicine, including Therapeutics	
Medical Jurisprudence	
Osteopathic Principles	

AVERAGE **Confidential**

PART III Feb. 24, 1983 Internship Osteopathic Hospital of Wichita
Wichita, Kansas

Three major areas: Medicine	
Surgery	
Obstetrics & Gynecology	

AVERAGE **Confidential**

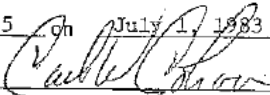
Confidential

OVERALL AVERAGE OF PARTS I, II, AND III

I, Carl W. Cohoon, Executive Director of the National Board of Examiners for Osteopathic Physicians and Surgeons, Inc., do hereby certify the above to be a true report of the record of:

Leslie E.F. Page, D.O.

She was awarded a Diplomate's Certificate No. 8895 on July 1, 1983

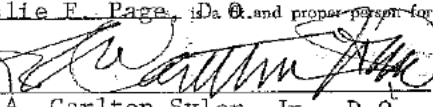


24. RECOMMENDATIONS AS TO MORAL CHARACTER FROM TWO REPUTABLE PHYSICIANS

I, This is to certify that I have known Dr. Leslie E. Page, D.O.
of Wichita, Kansas whose photograph is hereto attached, for 5
years; that he is a capable physician, an ethical practitioner whose moral character is above reproach; and that he is not addicted to
intoxicants or narcotics.

I further certify that to the best of my knowledge and belief Dr. Leslie E. Page, D.O. and proper person for
endorsement for license by the Kansas State Board of Healing Arts.

I am a member of the
Sedgwick County Osteopathic Society

Signed 
A. Carlton Syler, Jr., D.O.
Address 3010 West Central Avenue
State Wichita, Kansas 67203

I, _____ Secretary of the _____

_____ hereby certify that Dr. _____
Licensing Agency _____
was granted License No. _____ on the _____ day of _____, 19____

by the _____ based upon diploma and written examination
in the following subjects:

Subject	Percent	Subject	Percent

General Average _____

I hereby certify that the above license is current and in good standing, has never been revoked, and that the photograph attached to this form is a true likeness of Dr. _____ and the person to whom this license was issued; that h_____ record is clear and from the records now on file in this office, I believe h_____ to be a fit and proper person to receive a license to practice the healing arts in the State of Kansas.

SEAL _____ Secretary

Dated at _____ Name of Board

this _____ day of _____, 19____

22. CERTIFICATE OF POST GRADUATE MEDICAL EDUCATION—If applicable

This certifies that Dr. Leslie F. Page has rendered satisfactory and continuous service as an intern or resident in the Osteopathic Hospital of Wichita hospital at 2622 W. Central, Wichita, Kansas

from 7/1/82 to 6/30/83

Dated 18 Feb 1983

R. Unruh
Superintendent of Hospital or
Director of Medical Education
Roger D. Unruh, D.O., D.M.E.

23. CERTIFICATE OF PROFESSIONAL COLLEGE

A certified statement from the Dean or Registrar of the Professional College, giving the exact number of months attended in each year during the four years must follow here, over the seal of the College.

I hereby certify that Dr. Leslie F. Page, D.O. attended nine months during the first year; nine months during the second year; nine months during the third year; and twelve months during the fourth year, in the University of Health Sciences-College of Osteopathic Medicine located at 2105 Independence Blvd., KCMO and was graduated on the 23rd day of May 1982

Dated March 16, 1983

Raymond W. Stevens, Ph.D.
Dean or Registrar

SEAL

24. RECOMMENDATIONS AS TO MORAL CHARACTER FROM TWO REPUTABLE PHYSICIANS

1. This is to certify that I have known Dr. Leslie F. Page, D.O. of Wichita, Kansas whose photograph is hereto attached, for 5 years; that he is a capable physician, an ethical practitioner whose moral character is above reproach; and that he is not addicted to intoxicants or narcotics.

I further certify that to the best of my knowledge and belief Dr. Leslie F. Page, D.O. is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

I am a member of the _____
Signed A. Carlton Syler, Jr., D.O.
Address 3010 West Central Avenue
State Wichita, Kansas 67203

Sedgwick County Osteopathic Society

This Filing to be Filled Out
by the Secretary Only

ENDORSEMENT

The Kansas State Board
of
Healing Arts

OFFICE RECORD—(Leave blank)

Name Leslie Fox Page, D.O.

Address Confidential

City Wichita, KS 67203

State _____

Reciprocal Certificate No. _____
Application for Certificate through Endorsement with

National Board

Kansas Certificate No. 50000

Issued Jul 1 1983 19__

Certificate Forwarded Jul 03 1983 19__

Sent by Certified Mail

By Melba Bazzelle, D.O.
Secretary

This is to certify that I have known Dr. Leslie F. Page, D.O.
of Wichita, Kansas whose photograph is hereto attached, for 5

years; that he is a capable physician, an ethical practitioner whose moral character is above reproach; and that he is not addicted to
intoxicants or narcotics.

I further certify that to the best of my knowledge and belief Dr. Leslie F. Page, D.O.
is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

I am a member of the Sedgwick County Osteopathic Society

Signed B.E. Waite, D.O.
Address 2622 West Central Avenue
State Wichita, Kansas 67203

NOTE: Fee must accompany the application. Fee payable by bank draft or money order. No personal checks. Make fee payable to Kansas
State Board of Healing Arts! Continuing Education is a requirement for renewal of license each year. Professional Certificates sent
Certified Mail only.

25. OATH OF APPLICANT:

State of Kansas
County of Sedgwick

I, Leslie F. Page, D.O., hereby certify under oath that I am the person
referred to in the above application for license to practice the healing arts in the State of Kansas, and that the statements herein contained
are each and all strictly true in every respect; and the attached photograph is a true likeness, taken within 90 days of application.

Leslie F. Page, D.O.
Signature of Applicant

Sworn to before me this 18th day
of February, 1983

Debra C. Bazzelle
Notary Public

State of Kansas
Debra C. Bazzelle
NOTARY PUBLIC
My commission expires 5-15-86
My Appointment Expires _____

26. ATTACH PHOTOGRAPH HERE



27. Address to which Certificate will be mailed by cer-
tified mail.
Name Leslie Fox Page, D.O.
Street Confidential
City Wichita
State KANSAS Zip Code 67203
Certificates will be mailed in June and December. Please
give address to be used at that time or notify Board office of
change.