

MICHIGAN
STATE BOARD OF OSTEOPATHIC REGISTRATION
AND EXAMINATION



Application for a Certificate of Registration under Act No. 162
of Public Acts of 1903 as amended

1. My full name is MARTIN JEROME ROITMAN
(Type or print—initials not acceptable)
- Sex MALE Color WHITE
2. Postoffice Address 2621 Lordan DR. JENNINGS, MO
(Street and number) (City) (County) (State)
3. Place of Birth [REDACTED] Date of birth [REDACTED]
4. Are you a citizen of the U. S.? YES If not, have you declared your intention?
5. Are you addicted to the use of intoxicants or narcotics? NO
6. Were you afflicted with blindness while pursuing your studies in college? NO
7. Have you ever been refused examination by any state healing arts licensing board? NO
If so, when and by what board? _____
8. Did you fail in examination before a licensing board, by whom you were refused license because of said failure? NO If so, when and by what board? _____
9. Have you ever been charged with, or convicted of a crime of the grade of Felony or Misdemeanor involving Moral Turpitude? NO
10. Name and location of High School where preliminary education was obtained JOHN ADAMS HIGH SCHOOL QUEENS NEW YORK Graduation date JUNE 1955
11. Name and location of College where preosteopathic education was obtained
COLUMBIA UNIVERSITY From Sept 1955 to June 1959
COLLEGE OF PHARMACY From _____ to _____
From _____ to _____
From _____ to _____
Did you graduate? YES State credits or degree earned B.S.
12. Name and location of college where Osteopathic education obtained.
KIRKSVILLE COLLEGE OF OSTEOPATHY AND SURGERY From Sept 1959 to MAY 1963
From _____ to _____
From _____ to _____
From _____ to _____
I was graduated from Kirkville College of Osteopathy + Surgery on the 27th day of MAY, 1963, with the degree of Doctor of Osteopathy, the said institution being then a legally incorporated college of osteopathy of good repute (a duly established college of osteopathy) and legally chartered or incorporated under the laws of the State of MISSOURI.
13. Name and location of hospital where Intern training was received:
NORMANDY OSTEOPATHIC HOSPITAL From July 1st 1963 to June 30th 1964
ST. LOUIS, MISSOURI From _____ to _____
Name and location of hospital where Residency was served: From _____ to _____
From _____ to _____
14. I have practiced osteopathy 1 years, in the following places:
Internship - NORMANDY osteopathic hospital, St. Louis Mo From July 1st 63 to June 30 1964
From _____ to _____
From _____ to _____
15. Have you ever had a license to practice any method of the healing art revoked for any cause whatsoever? NO If so, state particulars _____
List all degrees held and dates issued: BS. 1959 DO. 1963

16. I intend to locate at Detroit, Michigan in _____ County.
17. I am a member of the following Osteopathic societies: American Osteopathic Assoc.
Missouri Association of Osteopathic Physicians and Surgeons

18. Give names of two practicing Osteopathic physicians for reference:
Name Fred Coats D.O. Address 7840 Natural Bridge St Louis 21, Mo
Name SAM Leibov D.O. Address 7840 Natural Bridge St Louis 21, Mo

19. I have taken post graduate courses as follows: Clinical Cardiology - 40 hrs at
Kirksville Mo

20. Name all states in which you are or have been licensed, stating those in which you practiced, giving the names of two reputable persons in each place where you practiced, to whom the board may refer for information as to your personal and professional standing:

Missouri
licensed

Name Fred Coats D.O. Address 7840 Natural Bridge St Louis 21 Mo
Name S. Leibov D.O. Address 7840 Natural Bridge St Louis 21, Mo
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____
Name _____ Address _____

21. Do you intend to become a resident of Michigan? Yes

22. Are you now, or have you ever been directly or indirectly associated with an advertising physician, or an advertising osteopathic or medical office? No
If so, state when and where _____

23. If given a license, do you agree to avoid such association and practice in Michigan? Yes

24. Have you ever been rejected for membership by an Osteopathic Society? No
If so, why and by what Society? _____

25. Enclose photostatic copy of diploma from osteopathic college where you graduated.
IMPORTANT. This should not exceed 8 1/2" x 11".

PARTS 26 through 30 apply to those wishing to obtain a license by reciprocity or endorsement.

26. Enclose photostatic copy of license to be submitted for reciprocity or endorsement.
IMPORTANT. This should not exceed 8 1/2" x 11".
(To be filled in by the Secretary of the board issuing license to be used for reciprocity or endorsement)

27. I, JOHN A. HAILEY of JEFFERSON CITY, State of MISSOURI
Secretary of BD OF REG FOR THE HEALING ARTS State of MISSOURI
hereby certify that the attached photostat is a true copy of certificate No. 29356
issued to Dr. MARTIN ROITMAN, D. O. of JENNINGS
State of MISSOURI, by the State of MISSOURI, on the
22 day of June, 19 63, on qualification as follows
state board written exam May 29-30-1963

and that the attached photograph, which bears the impression of the board's seal, is that of the examinee to whom was issued the License Certificate No. 29356 and Diploma from K C O S May 27, 1963

28. I further certify that Dr. MARTIN ROITMAN, D. O. was examined by the Board of REG FOR THE HEALING ARTS for the State of MISSOURI and made a general average of 81.53 percent, as shown by the grades and subjects as follows:

Subject	Grade	Subject	Grade
1. Anatomy		9. Practice Medicine	
2. Physiology		10. Surgery	
3. Chemistry		11. Obstetrics	
4. Pathology		12. Gynecology	
5. Bacteriology		13. Pediatrics	
6. Hygiene		14.	
7. Diagnosis		15.	
8. Histology		16.	

29. I further certify that the foregoing Certificate No. 29356 has not been cancelled or revoked and is now in full force.

Dated this 10 July day of 1964

(SEAL)

BOARD OF REGISTRATION FOR THE HEALING ARTS OF MO
(State Board Issuing License)

Ex-Secretary

RECOMMENDATION

(To be filled in by the Secretary of the State Board that issued the License of which the foregoing is a copy.)

30. Acting for the BOARD OF REGISTRATION FOR THE HEALING ARTS OF MISSOURI

(Name of State Board)

for the State of MISSOURI, I hereby certify that in so far as this Board has knowledge of his personal conduct and professional reputation, Dr. MARTIN ROITMAN, D. O. of JENNINGS, MISSOURI is worthy of endorsement for registration by the Michigan State Board of Osteopathic Registration and Examination.

(SEAL)

BOARD OF REGISTRATION FOR THE HEALING ARTS OF MO.
(State Board Issuing License)

Ex-Secretary

31. CERTIFICATE OF PROFESSIONAL ABILITY, MORAL CHARACTER AND ETHICAL PRACTICE.

(This is to be given by the officers of an osteopathic society, when possible, or by at least two reputable physicians who are members of an osteopathic organization.)

We, Gene P. Barbour D. O., and Roy Kearns D. O.,

certify that we have known Dr. MARTIN ROITMAN, of ST. LOUIS COUNTY, MO, whose photograph is hereto attached, for

1 years; that he is a member in good standing of the ST. LOUIS Society of Osteopathic Physicians & Surgeons Osteopathic Society; that he is a capable physician, and an ethical practitioner whose moral character is above reproach; that he is not addicted to intoxicants nor narcotics.

We further certify that Dr. MARTIN ROITMAN (Name of Applicant)

has been a reputable practitioner of osteopathy in the State of MISSOURI for 1 years; that he has never been charged with nor convicted of a criminal act nor engaged in an itinerant or advertising practice.

We further certify that to the best of our knowledge and belief Dr. MARTIN ROITMAN is a fit and proper person for endorsement for registration by the Michigan State Board of Osteopathic Registration and Examination.

Signed Gene P. Barbour President St. Louis Osteopathic Society

Signed Roy Kearns Secretary St. Louis Osteopathic Society

(Seal of Society)

32. Do you understand that, if issued the license asked for, it will be on the truth of the statements contained herein, which if false will subject you to criminal prosecution? YES

APPLICANT'S OATH

State of MISSOURI County of ST. LOUIS

I, MARTIN JEROME ROITMAN, hereby certify under oath that I am the person named on this application for license to practice osteopathic medicine and surgery in the State of Michigan: That all statements I have made therein are true; that the enclosed photo is a true one of me, and was made within the last sixty days; that, in consideration of the issuance to me of a license to practice osteopathic medicine and surgery in the State of Michigan, I hereby swear that I shall abstain from unethical advertising, as interpreted by the code of ethics of the American Osteopathic Association or the Michigan Association of Osteopathic Physicians and Surgeons, deceptive and fraudulent methods of practice and from the immoral, unprofessional and unethical conduct, and I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of the said license and the withdrawal of the rights and privileges that accrued to me thereunder.

Signed Martin Jerome Roitman
23rd day of June, 1964

Subscribed and sworn to before me this

Ann Appelman

(Notary's Seal)

Notary Public in and for St. Louis, Mo.

INSTRUCTIONS TO APPLICANTS

This application is a permanent record: Write legibly, and with ink. Avoid mistakes. This application will not be received for examination unless questions 1 to 25, 31 and 32, are filled out, and Oath sworn to.

This application must be accompanied by: (1) a fee of \$35.00 for examination, \$75.00 for reciprocity; (money order, draft or certified check payable to the Michigan State Board of Osteopathic Registration and Examination); (2) a recent (within 60 days) mounted photo not to exceed 2" by 2". Signature of applicant must be written across bottom of photo; (3) if reciprocity, a certified photograph or Photostatic copy of diploma and State license not larger than 8 1/2 x 11 in.

Dates of examination will be furnished by the Secretary.

A certified photograph or photostatic copy of diploma must be presented to the Secretary before starting examination.

Name Martin Jerome Roitman Interview 9/3/64 - OK
Address 2621 Jordan Dr, Jennings Mo.
Fee Received 75⁰⁰ For recip Date Aug 3, 1964
Examination _____ Date _____
Re-Examination _____ Date _____
Certificate granted by Board (Date) 9/3/64 Date license issued 9/14/64
Certificate No. A-5223
Certificate sent by Florence Dickerson Asst. Secretary

OK OK

BOARD MEMBERS

1. Ernest Duffell President
2. _____ Vice-President
3. G. W. Millard
4. J. A. Walker
5. _____ Secretary

