STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY

RONALD REAGAN, Governor

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL EXAMINERS
1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-2670

RECEIVED SACRAMENTO
BOARD OF MEDICAL QUALITY ASSURANCE
APR 6 2 30 PM '76

09925
09926

APPLICATION FOR A WRITTEN EXAMINATION FOR A PHYSICIAN'S-SURGEON'S CERTIFICATE (CLASS A)

ANSWER ALL QUESTIONS

1. Name (Please print) First: Damon Middle: Lemar Last: States
2. Address — No. and Street — City — State — Zip Code
3. Date of birth Mo/Day/Yr [redacted] Age today [redacted] Soc. Security No. NOT REQUIRED
4. Send California certificate, if issued, to: No. and Street — City — State — Zip Code
5. Premedical education—College/University

Name of College	Location	Period of attendance From (mo/yr)	To (mo/yr)
Michigan State University	E. Lansing, Mich.	Sept. 1969	June 1972

6. Premed courses (required) See Page 4.

	Yes	No	College	Location	From (mo/yr)	To (mo/yr)
Chemistry	✓		MSU	E. Lansing, Mi	Sept. 69	1972
Physics	✓		MSU	"	"	"
Biology	✓		MSU	"	"	"

7. Academic Degree of None granted by on 19

8. Medical education

Course	Medical College	Location	From (mo/yr)	To (mo/yr)
1st	MSU College of Human Med.	E. Lansing, Mich	Sept. 1972	
2nd	"	" "		
3rd	"	Flint Mich		
4th	"	Flint Mich		March 1976
5th				
6th				

M.D.

9. Doctor of Medicine Degree granted by: ATTACH PROOF OF MEDICAL DEGREE
Name of instit. COLL. OF HUMAN MED., MICHIGAN STATE UNIV., Mich. Exact date of issuance

10. Internship: ATTACH PROOF OF INTERNSHIP FROM EACH HOSPITAL

Name of hospital	Location	From (mo/yr)	To (mo/yr)
Kaiser	Sacto	May 24 '76	May 23 '77

11. Have you been licensed to practice medicine in any state or country? ...... ___Yes X No
If YES, where?

12. Have you ever had a medical license suspended or revoked? ...... [redacted] Yes [redacted] No
If YES, give details.

13. Have you been denied a license to practice medicine by any state or country? ...... [redacted] Yes [redacted] No
If YES, give details.

14. Are you now, or have you ever been addicted to narcotic drugs? ...... [redacted] Yes [redacted] No

15. Have you ever been charged with drug addiction? ...... [redacted] Yes [redacted] No
If YES, explain below.

Charge	Date	Disposition

16. Have you ever been charged with a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)? ...... [redacted] Yes [redacted] No

17. Have you ever been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country? ...... [redacted] Yes [redacted] No
If YES, attach paper and explain.

18. Have you ever failed a written or oral examination given by this Board? ...... [redacted] Yes [redacted] No

[redacted]

I hereby declare that the photo of myself, attached hereto was taken on or about [redacted], 19[redacted] my age then being [redacted] years, and my physical description then being as follows: Native of [redacted]; [redacted] complexion; color of hair [redacted]; color of eyes [redacted]; height [redacted] light / medium / heavy weight [redacted] lbs, marks [redacted]

I certify under penalty of perjury that all statements made are true in every respect, and understand that misstatements or omissions of material fact may be cause for denial of this application or invalidation of any such approval.

Darwin Lowry Stalter M.D.
Signature of applicant in full—use no initials

April 6, 1976
Date

STATE OF CALIFORNIA—AGENCY

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL EXAMINERS
1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-5040

RECEIVED SACRAMENTO BOARD OF MEDICAL QUALITY ASSURANCE
APR 30 10 21 AM '76

PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF EDUCATION

This Certifies That Damen Lemar States
Full name of applicant

enrolled in College of Human Medicine, Michigan State University, East Lansing, MI.
Name of medical school (college)

on the 21 day of September 19 72
Month Yr.

☒ as a Freshman.

☐ with advanced standing based on _____
Please specify

The undersigned further certifies that offic ranscripts on file show that prior to completing the study of medicine the applicant herein rec red to completed at least a two-year resident course of college grade including:

☒ PHYSICS ☒ CHEMISTRY ☒ BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at Michigan State University, and that he attended while at this
Please indicate school

medical school (college) _____ courses of lectures of 10 weeks each,
Specify number Specify number of weeks

completing _____ hours in the subjects below listed, and that he/she:
Total hours

will be
☐ was granted the degree { ~~Bachelor~~ / Doctor } of Medicine

☐ left the above mentioned medical school (college) for the following reason(s):

_____

_____

on the 12th day of June 19 76
Month Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

✓ Anatomy	___ Preventive medicine	___ Medicine
___ Embryology	___ Hygiene and sanitation	✓ Pediatrics
✓ Histology	✓ Radiology, including roentgenologic technique and radiation safety	✓ Psychiatry
___ Neuroanatomy	✓ Urology	✓ Neurology
✓ Physiology	___ Ophthalmology	___ Dermatology
✓ Psychobiology	✓ Anesthesia	✓ Physical medicine
✓ Biochemistry	___ Otolaryngology	___ Therapeutics
✓ Pathology, bacteriology and Immunology	✓ Obstetrics and gynecology	___ Tropical medicine
✓ Pharmacology		✓ Surgery, including ~~orthopedic surgery~~

THE COLLEGE OF HUMAN MEDICINE AT MICHIGAN STATE UNIVERSITY DOES NOT HAVE A COLLEGE SEAL

[Affix Seal Here]

Signed and the College seal affixed this 20th day of April 19 76
Month Year

By SUE REX, ADMINISTRATIVE ASSISTANT
COLLEGE OF HUMAN MEDICINE
President, Secretary, Dean
MICHIGAN STATE UNIVERSITY
EAST LANSING, MICHIGAN 48824

07A 32 (REV. 2-75)

31721-457 8-75 5M ⓘ 9 OSP

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 04/06/2007 To Date: 04/06/2007

ATRISUPPINF

20-AUG-15 08:35:05

Person Id : 525385 **Name :** Stutes,Damon

Question	Answer
I Have Completed Cme And Can Document An Average Of 25 Hours Of Approved Cme Each Calendar Year Resulting In A Minimum Of 100 Hours Over The Last 4 Years.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care (Must Be Completed By December 31, 2006).	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Medbd.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES

Total Questions Asked For Person : 525385 7

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name	Address
23 None	

003467 35 63010100002 000311795 041909
BANK OF AMERICA 148 CA ST TREAS-DEPT OF CONSUMER AFFAIRS

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

SMBCLS 02/28/05

PART B

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body; or, have you been convicted of any crime in any state, the U S A and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I. ☐ YES J. ☒ NO

License Renewal Application
Physician and Surgeon

F. ☐ YES, I WISH TO CONTRIBUTE $25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE _____ DATE: _____

LICENSE NO.	EXPIRES	AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 07/30/09
31179	06/30/09	$830.00	$910.50
	VOLUNTARY FEE =	$	$
	TOTAL ENCLOSED =	$ 830.00	$

ACTIVE DAMON LEMAR STUTES
5915 TYRONE ROAD
RENO NV 89502

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER ( )

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Damon L Stutes
Signature required here

OVER

63010100000100002000311795010630090008300000091050

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 04/13/2011 **To Date:** 04/13/2011

ATRISUPPINF

20-AUG-15 08:24:32

Person Id : 525385 **Name :** Stutes,Damon

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?	NO
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?	NO

Total Questions Asked For Person : 525385 16

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 04/12/2013 To Date: 04/12/2013

ATRISUPPINF

20-AUG-15 08:26:39

Person Id : 525385 Name : Stutes,Damon

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?	NO

Total Questions Asked For Person : 525385 8

CHANGE OF MAILING ADDRESS | STUTES, DAMON L | A31179

05112015 20001506 20010016

Street Address (this address is public information **except** when a PO Box is used for the public address of record; this address then becomes confidential)

City | State | Zip

PO Box (if used, must provide a confidential physical street address, above)

City | State | Zip

Medical Board of California – Physician's and Surgeon's Initial Renewal

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER JULY 30, 2015
STUTES, DAMON L	A31179	06/30/15	$820.00	$898.00

LICENSEE MUST CHECK CORRECT BOXES

- "H" [X] Completed Continuing Education
- "E" [ ] Change of Address (fill in reverse side)
- "I" [X] Conviction Disclosure – Yes No Convictions
- "J" [X] Conviction Disclosure – No
- "F" [ ] Family Physician Training Program ($25)
- "G" [ ] Financial Interest Statement-**Read instructions above**

"D" **SIGNATURE REQUIRED**

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

Signature Dan L Stutes Date 5-5-15

ENTER YOUR PHONE NUMBER FOR REFERENCE:

630101000001000020003117950106301500082000000089800