

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

Fee: 700.00Date: 5-03-06Initials: ah

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. FEES ARE NOT REFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME <u>Physician</u>	2. PROFESSION CODE <u>036</u>	3. LICENSURE METHOD <u>RESTORATION</u>	4. FEE <u>\$700</u>
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input checked="" type="checkbox"/> Other: <u>Reapply for Restoration of License</u> | |

PART II: Applicant Identifying Information - You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE <u>KERNES STEWART M</u>	2. TITLE (e.g., M.D., D.D.S., etc.) <u>DO</u>	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY [REDACTED]		
5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY [REDACTED]		
6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)		7. MOTHER'S MAIDEN NAME
8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED]	10. AGE <u>52</u> <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work (Area Code) [REDACTED] Home: (Area Code) [REDACTED]		12. PREFERRED e-MAIL ADDRESS(ES) (If available) [REDACTED]

NAME (Last, First, MI):

KERNES, STEWART M

SS#:

346-42-7078

Profession:

Physician - 036

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12

Graduated

High School? ☒ Yes ☐ No

Received

OR G.E.D.? ☐ Yes ☐ No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED

3. LAST PRELIMINARY SCHOOL LOCATION (City and State)

4. DATE OF GRADUATION

____ / ____ / ____
Month Year

5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8

Graduated? ☒ Yes ☐ No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)

LOCATION (City and State or Country)

DATES OF ATTENDANCE

FROM

TO

TYPE OF DEGREE EARNED

NIU

DeKalb, IL

Month/Year

Month/Year

9-71

6-75

BS

College of Osteopathic
Medicine of The Pacific

Pomona, CA

8-82

6-86

DO

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME

LOCATION (City and State or Country)

DATES OF ATTENDANCE

FROM

TO

Did You Complete Training?

Mercy Hospital and
Medical Center

Chicago IL

Month/Year

Month/Year

7-86

6-90

☒ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

NAME (Last, First, MI):

KENNES STEWART M

SS#:

346-42-7078

Profession:

Physician - 036

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure IL	Physician	36075341	6/29/1987	Expired.
State of Current Licensure where you most recently have been practicing. WI	Physician	31221-021	orig. date July 1990	Active Valid through 10-31-07
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
FLEX	IL	1987	Passed (Failed, Absent)

(If additional space is needed, attach a separate sheet.)

NAME (Last, First, MI):

KENNES STEWART M

SS#:

346-42-7078


Profession:

Physician-036

PART VI: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.			<input checked="" type="checkbox"/>
2. Have you been convicted of a felony?			<input checked="" type="checkbox"/>
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.			<input checked="" type="checkbox"/>
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.			<input checked="" type="checkbox"/>
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.			<input checked="" type="checkbox"/>
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.			<input checked="" type="checkbox"/>

PART VII: Examination Coding Information (This part is for examination applicants only)													
Refer to the REFERENCE SHEET enclosed with this application package and complete the following:													
a) CHART II - Select examination(s) you desire and enter Test Codes.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
b) CHART III - Select the examination site you desire and enter Test Center Code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td> </tr> </table>												
c) CHART IV - Find your School of Graduation and enter school code:	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												
d) Record the number of times you have taken this exam in Illinois or any other state:	<table border="1"> <tr> <td></td><td></td> </tr> </table>												

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)	
<p>1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.</p> <p>Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>(NOTE: If you are not subject to a child support order, answer "no.")</p>	
<p>2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)</p> <p>Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	

PART IX: Certifying Statement	
Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.	
 Signature of Applicant	2 Mar 06 Date
<p>I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.</p>	

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

RESTORATION

RECEIVED
MAY 04 2006
IDPR-MEDICAL
RS

SUPPORTING DOCUMENT

APPLICANT: Complete this form and return it with your Application for Licensure/Examination. Additional space is required for recording of information; use the reverse side of this form.

1. NAME LAST FIRST MIDDLE <u>KERNES STEWART M</u>	2. DATE OF BIRTH [REDACTED]	3. SOCIAL SECURITY NUMBER [REDACTED]
4. ADDRESS STREET CITY STATE ZIP CODE [REDACTED]	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <u>Physician</u> <u>036</u> Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME	8. ISSUANCE DATE OF EXPIRED OR INACTIVE LICENSE	9. DATE EXPIRED OR PLACED INACTIVE <u>7-31-90</u>
7. NAME AS IT APPEARS ON EXPIRED/INACTIVE LICENSE <u>STEWART M KERNES</u>	OFFICIAL USE ONLY	
10. EXPIRED OR INACTIVE LICENSE NUMBER	License No.: <u>36-075341</u> Fees: \$ <u>700.00</u> Issuance Date: <u>6-29-87</u> On CRT: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

11. STATE WHY YOU FAILED TO RENEW YOUR LICENSE.

Moved to Wisconsin to begin a medical practice in July 1990

12. EXPLAIN WHY YOU WANT YOUR LICENSE RESTORED AT THIS TIME.

I am joining a practice in Rockford IL

13. LIST SPECIFIC EDUCATIONAL ACTIVITIES, I.E., COURSES, CONTINUING EDUCATION CLASSES, WORKSHOPS, READING, ETC., DURING THE PAST FIVE YEARS THAT UPDATED YOUR PROFESSIONAL/OCCUPATIONAL KNOWLEDGE.

see attached documentation

14. LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS. INCLUDE A BRIEF DESCRIPTION OF DUTIES PERFORMED.

STATE	NAME OF BUSINESS/INSTITUTION	DATES		DESCRIPTION OF DUTIES
		From Mo/Yr	To Mo/Yr	
WI	Medical Associates Health Centers	7/90	2/05	Physician

I do hereby declare that the information contained herein is true and correct.

3 May 06
Date

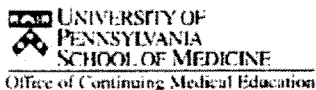
Signature

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

CME Tracker: Stewart Kernes

The following is a record of your successfully completed activities on MedPage Today. You may view/print a CME Certificate for each program individually or you may print an itemized list of all your completed programs.

Each Teaching Brief is designated for 0.25 AMA PRA Category 1 Credit(s)[™].



Program Name	Completion Date	Credit Awarded
Many Hot Flash Remedies a Flash in the Pan	05/03/06	0.25
Six Months of Breastfeeding Protects Infants Against Pneumonia	04/09/06	0.25
Hormonal Overdrive Sends Twinning Rates Higher for Older Women	04/09/06	0.25
AAAAI: Asthmatic Moms at Greater Risk for Giving Birth Prematurely	04/09/06	0.25
Single Embryo Transfer at Blastocyst-Stage Promoted for IVF	04/09/06	0.25
Preterm Birth Effects Still Visible in Some Adolescent Brains	04/09/06	0.25
Postpartum Anxiety or Stress May Go Undiagnosed	04/09/06	0.25
Breast Cancer in Pregnancy Is Rare but Found Treatable	04/09/06	0.25
High-Dose Vitamins Flop in Preventing Pre-Eclampsia	04/09/06	0.25
Expert Panel Stumped by Elective Caesarean Delivery Question	04/09/06	0.25
ACOG: Go Slowly in Teens With Cervical Abnormalities	04/09/06	0.25
HPV Vaccine Protects Long-Term Against Cervical Cancer	04/09/06	0.25
Oral Bacteria Linked to Uterine Infections and Preterm Birth	04/09/06	0.25
ACOG Recommends Restricted Use of Episiotomies	04/03/06	0.25
Age of Menses May Predict STD Risk	03/26/06	0.25
Vaccine for Cervical Cancer and Genital Warts Proves Effective	03/26/06	0.25
Injected Skin Antigens Banish Warts Near and Far	03/26/06	0.25
ASM: Two Studies Explore How to Combat Chlamydia	03/26/06	0.25
Heritage Foundation Questions Conclusions of Virginity Pledge Study	03/26/06	0.25
IAS: Circumcision Significantly Reduces Female-to-Male HIV Transmission	03/26/06	0.25
Chlamydia Screening Combined with Pap or Pregnancy Tests Boosts Detection	03/26/06	0.25
Oral Sex Is Common Among Teens to Prevent STDs and Pregnancy	03/26/06	0.25
HIV Breaks Through Porn Industry's Voluntary Precautions	03/26/06	0.25
IDSA: HPV Vaccine Gets High Marks in Trial	03/26/06	0.25
Male Circumcision Equal to Vaccine in Preventing HIV Infection	03/26/06	0.25
Recurrent Yeast Infections Associated with Chronic Stress	03/26/06	0.25
AACR: Investigational Vaccines Aim at Broad Range of HPV Types	03/26/06	0.25
Unknown Bacteria Found in Women With Vaginosis	03/26/06	0.25

ok
for

CDC Report Shows Syphilis Cases On the Rise	03/26/06	0.25
ICAAC: Investigational HPV Vaccine Prevents Genital Warts and Cancers	03/26/06	0.25
Abstinence-Only Programs May Withhold Valuable Health Information	03/26/06	0.25
New MRI Approach Monitors Ultrasound Fibroid Therapy	03/24/06	0.25
RSNA: Non-Invasive Ablation Gives Durable Relief for Uterine Fibroids	03/24/06	0.25
ACOG: Student Externs Commit to Offering Abortion Services	03/24/06	0.25
ACOG: Combining In-Office Sterilization and Endometrial Ablation	03/24/06	0.25
Continuous Use of Contraceptive Patch a Remedy for Withdrawal Headaches	03/13/06	0.25
Hot Flashes Will Rebound if Hormones Are Stopped	03/13/06	0.25
Individual Risk of Breast Cancer Rises Only Slightly With Estrogen	03/13/06	0.25
More Evidence that Estrogen Offers Little Benefit	03/13/06	0.25
Birth Control Pills May Produce Protracted Effects on Testosterone Levels	03/13/06	0.25
INS: Menopausal Memory Complaints Linked to Mood	03/13/06	0.25
Cervical Excision May Interfere With Future Pregnancy	03/13/06	0.25
Evidence on Ortho Evra Patch Thrombosis Risk Is Contradictory	03/13/06	0.25
AAAS: Kids Do Okay After Pregnant Moms Eat Mercury-Laden Fish	03/13/06	0.25
No Clear Reasons Found for Surge in Repeat Cesareans	03/13/06	0.25
Calcium Supplements Reduce Pregnancy Complications	03/13/06	0.25
NCCN: Cancer Network Develops Guidelines for Breast Cancer in Pregnancy	03/13/06	0.25
Total credit for 2006:		11.75
Total credit for 2005:		10.75

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Pennsylvania School of Medicine and MedPage Today. The University of Pennsylvania School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The University of Pennsylvania School of Medicine designates each educational activity for a maximum of 0.25 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Zalman S. Agus, MD
Associate Dean, Continuing Medical Education

Medscape CME Tracker

This tracker automatically logs any CME and CE activities completed on Medscape; it may also include external activities that have been manually entered by participants.

Stewart Kernes

[Back to Your Main CME/CE Tracker](#)

Credits Earned During: 2006

Medscape CME/CE Activities: Physician CME Credits

Activity	Provider	Credit Type	Completion Date	Credits
Recurrent Pregnancy Loss	Medscape	AMA PRA	05/01/06	1
Intrauterine Infection, Prematurity and Neonatal Sepsis	Pediatrics Medical Group	AMA PRA	05/01/06	1
Contemporary Management of Osteoporosis: Seizing the Opportunity to Prevent Adverse Outcomes	SciMed	AMA PRA	03/18/06	1.25
HSV-2 and Asymptomatic Viral Shedding: Prevention and Management for Healthcare Providers	Medscape	AMA PRA	03/13/06	1
Women With Migraine: Effective Strategies for Positive Outcomes	Thomson Professional Postgraduate Services	AMA PRA; AAFP	03/13/06	1.5

Medscape News-Based Activities

Coitus During Early Pregnancy Not Linked to Recurrent Preterm Birth	Medscape	AMA PRA; AAFP	5/1/2006	0.25
Breast Asymmetry May Be a Risk Factor for Breast Cancer	Medscape	AMA PRA; AAFP	3/22/2006	0.25

Medscape Journal-Based Activities

Treatment of Asthma During Pregnancy and Perinatal Outcomes	Medscape	AMA PRA	3/22/2006	0.75
The Prevention and Treatment of Osteoporosis: A Review	Medscape	AMA PRA	3/22/2006	2.0

Total CME earned: 9

Total credits stored in Medscape CME Tracker: 9

Letters of Completion (LOCs) may be accepted by your licensing board or professional organization as documentation of continuing education; please check with them for information on the eligibility of LOCs or CME/CE certificates in meeting your CME/CE requirements.

Organizations that have approved specific CME/CE activities on Medscape include:

AAFP - American Academy of Family Physicians
 AMA PRA - American Medical Association

For questions regarding CME/CE activities on Medscape, please email CME@medscape.net.

[Back to Your Main CME/CE Tracker](#)

Medscape CME Tracker

This tracker automatically logs any CME and CE activities completed on Medscape; it may also include external activities that have been manually entered by participants.

Stewart Kernes

[Back to Your Main CME/CE Tracker](#)

Credits Earned During: 2005

Medscape CME/CE Activities: Physician CME Credits

Activity	Provider	Credit Type	Completion Date	Credits
Preventing Cervical Cancer and Other HPV-Related Diseases	Postgraduate Institute for Medicine	AMA PRA	08/06/05	1

Medscape News-Based Activities

Healing by Second Intention May Be Suitable for Punch Biopsy	Medscape	AMA PRA; AAFP	10/3/2005	0.25
Bedsharing May Increase Risk of SIDS for Infants Younger Than 11 Weeks	Medscape	AMA PRA	8/22/2005	0.25
Low-Dose Oral Contraceptives May Relieve Dysmenorrhea in Adolescents	Medscape	AMA PRA	8/6/2005	0.25
Exclusive Breast-feeding May Reduce Risk of Postnatal HIV Transmission	Medscape	AMA PRA	5/2/2005	0.25
Vitamin C Supplementation May Reduce Rate of Premature Rupture of Membranes	Medscape	AMA PRA	4/21/2005	0.25
Two Criteria May Be Sufficient to Diagnose Bacterial Vaginosis	Medscape	AMA PRA	3/15/2005	0.25
Amoxicillin-Clavulanate May Be Inferior to Ciprofloxacin for Uncomplicated Cystitis	Medscape	AMA PRA	2/25/2005	0.25
Systemic Hormone Therapy May Increase Risk of Urinary Incontinence	Medscape	AMA PRA	2/25/2005	0.25
Smoking Cessation Programs May Substantially Reduce Mortality	Medscape	AMA PRA	2/24/2005	0.25
Expedited Treatment of Sex Partners May Reduce Sexually Transmitted Diseases	Medscape	AMA PRA	2/24/2005	0.25
Even Passive Smoking May Increase Cervical Cancer Risk	Medscape	AMA PRA	1/22/2005	0.25

Total CME earned: 3.75

Total credits stored in Medscape CME Tracker: 3.75

Letters of Completion (LOCs) may be accepted by your licensing board or professional organization as documentation of continuing education; please check with them for information on the eligibility of LOCs or CME/CE certificates in meeting your CME/CE requirements.

Organizations that have approved specific CME/CE activities on Medscape include:

AAFP - American Academy of Family Physicians

AMA PRA - American Medical Association

For questions regarding CME/CE activities on Medscape, please email CME@medscape.net.

[Back to Your Main CME/CE Tracker](#)

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Thursday, March 10, 2005 4:31 PM
To: [REDACTED]
Subject: Your Certificate of Completion

OK
JK

Attachments: certificate.pdf



certificate.pdf (35 KB)

CERTIFICATE OF COMPLETION

Dear Stewart Kernes,

This electronic document serves as your Certificate of Completion from Thomson American Health Consultants, P.O. Box 740058, Atlanta, GA 30374 (1-800-688-2421). Please do not misplace or destroy this. You may wish to print this out for your records.

This is to certify that the person named below has successfully completed 1.0 credit hour as described by the coding below.

Test Name: Coping with the complications of tattooing and body piercing

Test Code: 4993

Name of Participant: Stewart Kernes

Test Date: 2005-03-10 17:30:46

SUBJECT:

Coping with the complications of tattooing and body piercing

OBJECTIVES:

Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Credits earned: 1.0 AMA/PRA credit hour in OB/GYN . The information used to gain this credit was originally published 01/01/2005.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Thomson American Health Consultants and Contemporary OB/GYN. Thomson American Health Consultants is accredited by the ACCME to provide continuing medical education to physicians.

Thomson American Health Consultants designates this continuing medical education activity for 1 credit hour in Category 1 of the Physician's Recognition Award of the American Medical Association. Each physician should claim only those hours of credit he/she actually spent in the educational activity.

This CME activity was planned and produced in accordance with the ACCME Essentials.

You may view and print this certificate online at
<http://contempobgyn.cmeweb.com/gindex.php> in the "Your Certificate" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, March 13, 2006 8:30 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

03/13/2006
Stewart Kernes

[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled Cerclage: Should we be doing them? on 03/13/2006, and is awarded 1.0 category 1 credit toward the AMA Physician's Recognition Award.

SUBJECTS: Cerclage: Should we be doing them?

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, March 13, 2006 8:17 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

03/13/2006
Stewart Kernes
[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled When should you screen for and treat mild hypothyroidism? on 03/13/2006, and is awarded 1.0 category 1 credit toward the AMA Physician's Recognition Award.

SUBJECTS: When should you screen for and treat mild hypothyroidism?

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist.

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, April 10, 2006 2:02 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

04/10/2006
Stewart Kernes
[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled CRITICAL CARE IN OB: PART 1 - Managing uterine atony and hemorrhagic shock on 04/10/2006, and is awarded "1.0 Category 1 Credit™".

SUBJECTS: CRITICAL CARE IN OB: PART 1 - Managing uterine atony and hemorrhagic shock

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist.

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, April 10, 2006 2:14 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

04/10/2006

[REDACTED]
Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled How, when, and why to manage cervical dysplasia in adolescents on 04/10/2006, and is awarded "1.0 Category 1 Credit™".

SUBJECTS: How, when, and why to manage cervical dysplasia in adolescents

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, April 10, 2006 2:24 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

04/10/2006
Stewart Kernes
[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled The latest contraceptive option: the single-rod implant on 04/10/2006, and is awarded "1.0 Category 1 Credit™".

SUBJECTS: The latest contraceptive option: the single-rod implant

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, April 10, 2006 2:38 PM
To: [REDACTED]
Subject: Your Letter of Credit
Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

04/10/2006
Stewart Kernes
[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled Uterine evacuation in the office on 04/10/2006, and is awarded "1.0 Category 1 Credit™".

SUBJECTS: Uterine evacuation in the office

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, April 10, 2006 2:50 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

04/10/2006
Stewart Kernes
[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled Prolonged pregnancy: How long do you wait? on 04/10/2006, and is awarded "1.0 Category 1 Credit™".

SUBJECTS: Prolonged pregnancy: How long do you wait?

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Stewart Kernes

From: Registrar@cmeweb.com
Sent: Monday, April 10, 2006 2:56 PM
To: [REDACTED]
Subject: Your Letter of Credit

Attachments: certificate.pdf



certificate.pdf (24 KB)

LETTER OF CREDIT

04/10/2006
Stewart Kernes

[REDACTED]

Dear Stewart Kernes:

Thomson American Health Consultants certifies that Stewart Kernes has participated in the educational activity titled Managing Menorrhagia on 04/10/2006, and is awarded "1.0 Category 1 Credit™".

SUBJECTS: Managing Menorrhagia

OBJECTIVES: Employ clinical practice guidelines; Integrate evidence-based medicine into clinical practice; Become familiar with new therapeutic regimens; Counsel patients on preventive health and wellness; Assess when to refer patients to a subspecialist

Thomson American Health Consultants is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Sincerely,

Stephen A. Brunton, MD
Chairman, CME Advisory Council
Thomson American Health Consultants

You may view and print this letter online at <http://contempobgyn.cmeweb.com/gindex.php> in the "Your Letter" section.

Philip J. DiSala, M.D.
Orange, CA
President

Gerson Weiss, M.D.
Newark, NJ
Chairman

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Sacramento, CA
Vice President

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Galveston, TX

Michael L. Socol, M.D.
Chicago, IL

Ralph K. Tamura, M.D.
Chicago, IL

George D. Wendel, Jr., M.D.
Dallas, TX

October 26, 2005

Stewart M. Kernes, D.O.

Norman F. Gant, M.D.
Executive Director

Alvin L. Brekken, M.D.
Assistant to the Executive Director

The Vineyard Centre
2915 Vine Street
Dallas, TX 75204
Phone (214) 871-1619
Fax (214) 871-1943

Dear Dr. Kernes:

Congratulations! I am pleased to inform you that you have satisfactorily passed the Annual Board Certification examination. You have earned 25 CME credits which will be awarded by the American College of Obstetricians and Gynecologists (ACOG). Your recertification in Obstetrics and Gynecology will be valid through 12/31/2006. Documentation of passing the annual board certificate renewal process will be furnished to the engraving company. If you have not been contacted by them within six (6) months from the date of this letter, please notify the Board office in writing or by fax (214) 871-1943.

The answers for all the questions will be published by the ACOG in the January/February 2006 Clinical Review.

The American Board of Obstetrics and Gynecology, Inc. will notify the American Journal of Obstetrics and Gynecology, Obstetrics and Gynecology, the American Board of Medical Specialties, and ACOG of your passing the Annual Board Certification examination.


We have included information to apply for the 2006 Annual Board Certification, allowing you to continue this process. We hope you will maintain an active interest in the specialty, and you will continue to provide excellent care of women.

Your ID and Password for the 2006 Annual Board Certification is listed below. Go to www.abog.org then select ABC Registration from the right side and follow the prompts. If you want the paper application you need to request it in writing and fax it to (214) 871-1943.

ID #:

Password:

Sincerely yours,


Norman F. Gant, M.D.
Executive Director

NFG:mjm

Please also note that I am in the process of completing my recertification for 2007. That will result in an additional 25 hrs by the end of 2006

Minnesota	MD/DO	75	3	75
Mississippi	MD/DO	40	2	40
Missouri	MD/DO	25	1	
Montana	MD/DO	none		
Nebraska	MD/DO	50	2	50
Nevada	MD	40	2	40
	DO	35	1	10
New Hampshire	MD/DO	150	3	60
New Jersey	MD/DO	none		
New Mexico	MD	75	3	75
	DO	75	3	75
New York	MD/DO	none		
North Carolina	MD/DO	150	3	60
North Dakota	MD/DO	20	1	20
Ohio	MD/DO	100	2	40
Oklahoma	MD	60	3	60
	DO	16	1	16
Oregon	MD/DO	none		
Pennsylvania	MD	100	2	50
	DO	100	2	50
Rhode Island	MD/DO	60	3	60
South Carolina	MD/DO	40	2	40
South Dakota	MD/DO	none		
Tennessee	MD	40	2	40
	DO	40	2	40
Texas	MD/DO	24	1	12
Utah	MD/DO	40	2	40
Vermont	MD	none		
	DO	30	2	
Virginia	MD/DO	60	2	30
Washington	MD	200	4	
	DO	150	3	60
West Virginia	MD	50	2	50
	DO	32	2	16
Wisconsin	MD/DO	30	2	30
Wyoming	MD/DO	none (pending)		

OK for

← Wisconsin Requirements.

Territory	MD/DO	CME Credits Required	Term (years)	AMA PRA cat. 1 credits required
Guam	MD/DO	100	2	50
Puerto Rico	MD/DO	60	3	40
Virgin Islands	MD/DO	40	1	25

State CME Requirements

Medscape members should verify this information and all information regarding licensure requirements with their state licensing board(s). Licenses are offered and renewed at the sole discretion of the state boards. Last updated by Medscape on September 2, 2004.

State	MD/DO	CME Credits Required	Term (years)	AMA PRA Category 1 Credit(s) TM required
Alabama	MD/DO	24	2	24
Alaska	MD/DO	34	2	17
Arizona	MD	40	2	
	DO	40	2	20
Arkansas	MD/DO	20	1	20
California	MD	100	4	100
	DO	150	3	90
Colorado	MD/DO	none		
Connecticut	MD/DO	none		
Delaware	MD/DO	40	2	40
D. of Columbia	MD/DO	none		
Florida	MD	40	2	40
	DO	40	2	20
Georgia	MD/DO	40	2	40
Hawaii	MD	40	2	40
	DO	none		
Idaho	MD/DO	none		
Illinois	MD/DO	150	3	60
Indiana	MD/DO	none		
Iowa	MD/DO	40	2	40
Kansas	MD/DO	50	1	20
Kentucky	MD/DO	60	3	30
Louisiana	MD/DO	20	1	20
Maine	MD	100	2	40
	DO	100	2	40
Maryland	MD/DO	50	2	50
Massachusetts	MD/DO	100	2	40
Michigan	MD	150	3	75
	DO	150	3	60

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

VE

APPLICANT: Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. You are authorized to photocopy this form as necessary.

1. NAME LAST FIRST MIDDLE <u>KERNES STEWART M</u>				2. DATE OF BIRTH Month Day Year [REDACTED]	3. SOCIAL SECURITY NUMBER [REDACTED]
4. ADDRESS STREET CITY STATE ZIP CODE [REDACTED]				5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. <u>Physician</u> <u>036</u> Profession Name Profession Code	
6. MAIDEN OR GIVEN SURNAME				7. JOB TITLE OR POSITION APPLICANT HELD <u>Physician</u>	
8. DATES OF EMPLOYMENT From <u>07/15/1990</u> To <u>02/15/2005</u> Month Day Year Month Day Year				9. SUPERVISOR NAME <u>Shareholder</u>	

EMPLOYER: Complete the remainder of this form. Return the completed form to the applicant.

PART I - EMPLOYMENT INFORMATION

A. EMPLOYER NAME <u>Medical Associates Health Centers</u>		B. BUSINESS / INSTITUTION NAME <u>Same</u>	
C. EMPLOYER REGISTRATION/ LICENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS STREET CITY STATE ZIP CODE [REDACTED]	
F. BUSINESS REGISTRATION/ LICENSE NUMBER (If Applicable) <u>BK1136490</u>	G. STATE OF BUSINESS REGISTRATION/LICENSE	H. BUSINESS TELEPHONE NUMBER [REDACTED]	

PART II - APPLICANT EMPLOYMENT INFORMATION

A. NUMBER OF HOURS WORKED PER WEEK <u>Varied</u>	B. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	C. DATES OF EMPLOYMENT From <u>07/17/1990</u> To <u>02/16/2005</u> Month Day Year Month Day Year
D. RECORD APPLICANT'S POSITION TITLE(S) <u>Physician</u>		
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.		

I do hereby declare that this information is true and correct.

March 13, 2006

Date

[REDACTED]
Signature

Director, Human Resources

Title

Jim Doyle
Governor

Celia M. Jackson
Secretary

WISCONSIN DEPARTMENT OF
REGULATION & LICENSING



1400 East Washington Ave
PO Box 8935
Madison WI 53708-8935

Email: web@drl.state.wi.us
Voice: 608-266-2112
FAX: 608-267-0644
TTY: 608-267-2416

CERTIFICATION

03/14/2006

I, Thomas Ryan, do hereby certify that I am the Director of the Bureau of Health Professions in the Department of Regulation and Licensing, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Medicine and Surgery and its seal; that a standard search of the available records of this office indicates the following:

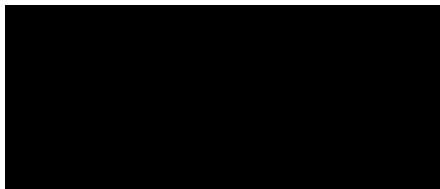
THIS IS TO CERTIFY THAT: STEWART M KERNES DO
WAS ISSUED LICENSE NO: 31221-021
ON: 06/21/1990
CREDENTIAL TYPE: MEDICINE AND SURGERY
LICENSE EXPIRATION DATE: 10/31/2007

Credential Holder History Section			
DATE	CODE DESCRIPTION	PRIMARY DESCRIPTION	SECONDARY DESCRIPTION
21-JUN-90	endorsed from	ENDORSED FLEX	
01-JUN-86	graduated from		PACIFIC MED COL-LOS ANGELES

According to our records this credential holder has not been disciplined.

The information above is the only certification information provided by this Department. To expedite the certification process, the above format is the standard format for all professions regulated by this Department.

SEAL



Thomas Ryan, Director

RECEIVED

MAR 20 2006

IDPR-MEDICAL

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

May 04, 2006

Attn: Dan Bluthardt
Illinois Department of Professional Regulation
Medical Licensing Unit
320 W. Washington St. 3rd FL
Springfield, IL 62786

Re: Board Action Query Dated: May 04, 2006
Your Reference Number:
FSMB Batch Number: BQ1245109

The following is a report of the search results from the Board Action Data Bank as of May 04, 2006 for practitioners submitted referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 04, 2006

Item	Name	DOB	School	Yr/Grad
1	Kernes, Stewart M.	07/26/1953		1986

RESTORATION CHECKLIST

036 ☒

038 ☐

085 ☐

APPLICATION FINDINGS

PERSONAL HISTORY INFO

☒ Application Complete

☒ Personal History Yes#

SUPPORTING DOCUMENTS

☒ Restoration form (RS)

☒ 150 hrs (183.25)

Verification of Active Practice

☒ VE form ☐ Affidavit of Private Practice

☐ ED-MED/ED ☐ TN-MED ☐ DD214

☐ SPEX/SPEC ☐ NCCPA certificate

☒ Current Jurisdiction of Licensure

License State & Number WI # 31221-021

No Discipline ☒ Active

☐ Work History - Expiration to present (7-31-90)

Professional Capacity OK ☐

☐ Name Change

☒ Federation Check (1243109)

MODE = MEMORY TRANSMISSION

START=MAY-04 16:51

END=MAY-04 16:52

FILE NO.=125

STN NO.	COMM.	ABBR NO.	STATION NAME/TEL NO.	PAGES	DURATION
001	OK	8	912625441515	001/001	00:00:24

-IDPR MEDICAL UNIT -

***** -

- *****

217 524 2169- *****

ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION
DIVISION OF PROFESSIONAL REGULATION
MEDICAL UNIT
320 W. WASHINGTON STREET, 3RD FLOOR
SPRINGFIELD, ILLINOIS 62786
FAX NUMBER 217-524-2169
PHONE NUMBER 217-782-8556

TO: Dr. Kernes

FROM: Sandy Dunn, Manager
Medical Licensing Unit

DATE: May 4, 2006

RE: Restoration of your license

PAGES: 1

Hello, I'm sorry that I am unable to locate your cell phone number so am sending you this fax. Your Illinois license has been restored to active status. You should be able to verify the active status on the website, www.idfpr.com in the next 24 - 48 hours and the printed license will be mailed within the next few days.

Thank you.