

OF THE STATE OF CALIFORNIA EXAMINERS
NATIONAL BOARD APPLICATION CLASS G

Certificate Fee 35446

Print or Type

1. Name: Last FINE First PAUL Middle MARTIN Maiden 2. Social Security No.

3. Address: Street and Number/Rural Route 1056 Ridgcrest St City Monterey Park State CALIF Zip Code No. 91754

4. Birth date: (Month) (Day) (Year) ☒ Male ☐ Female Color Eyes Color Hair Height Weight U.S. Citizen? ☒ Yes ☐ No If U.S. Citizen, by ☒ Birth ☐ Naturalization

5. Preliminary Education (4-Year High School or Equivalent) Name of High School FRANK W. BALLOLI Location WASHINGTON, D.C. Period of Attendance From 9/61 To 6/64

6. Premedical Education—College or University Name of College GEORGE WASHINGTON Location WASHINGTON D.C. Period of Attendance From 9/64 To 6/67

Required Premed Courses: Chemistry GEORGE WASHINGTON WASH., D.C. AS ABOVE
Physics " " "
Biology " " "

7. Medical School Course (Year) Medical College Location Period of Attendance From To
1st GEORGE WASHINGTON WASHINGTON D.C. 9/67 6/71
2nd " " " "
3rd " " " "
4th " " " "
5th " " " "
6th DC " " "

8. Doctor of Medicine degree granted by Name of Institution GEORGE WASHINGTON UNIVERSITY Location WASHINGTON, D.C. Exact Date of Issuance MAY 30 1971

Attach proof of degrees and, if attended more than one school, proof of attendance at other school.

9. Post Graduate Education Name of Institution Location Period of Attendance From To
NONE

10. Internship Name of Hospital Location Period of Attendance From To
LA Co-USC MEDICAL CTR Los Angeles, CALIF 6/24/71-6/24/72

Attach proof of internship

11. Have you been licensed to practice medicine in any state or country? ☐ Yes ☒ No
State or Country Year License Issued Active Inactive Suspended Revoked
 ☐ ☐ ☐ ☐
 ☐ ☐ ☐ ☐
 ☐ ☐ ☐ ☐
 ☐ ☐ ☐ ☐

If previous license ever suspended or revoked:

License Issued by Date of Suspension or Revocation Charge

12. Have you been denied a license to practice medicine by any state or country? State or Country Date of Denial Reason for Denial

HAVE YOU EVER FAILED A WRITTEN OR ORAL EXAMINATION GIVEN BY THIS BOARD?

14. Have you ever been charged with drug addiction?
If yes:

Charge

Date

Disposition

Have you ever made an offer in compromise in connection with the Harrison Narcotic Law?

15. 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?

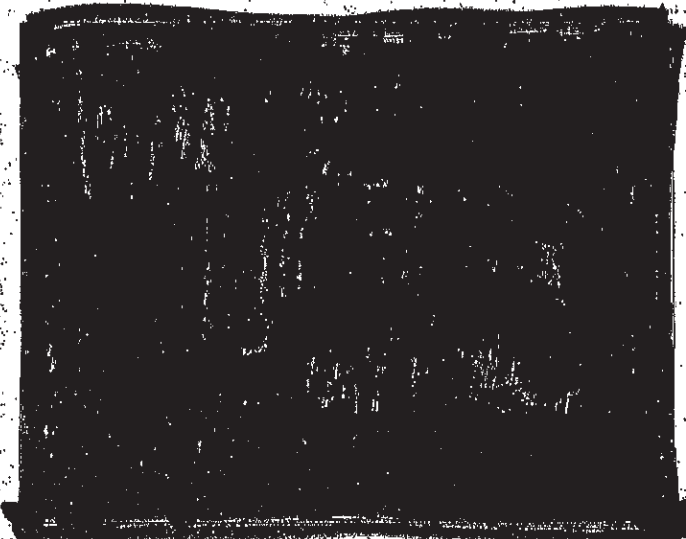
If yes:

Violation

Date

Penalty or Disposition

16. Are you suffering from any ailment communicable to others?



State of

California

County of

Los Angeles

Paul Martin Fine

applicant, being duly sworn says he is the person whose photo is attached, that he is the person named in and lawful holder of each diploma submitted herewith and that said diplomas were procured in the regular resident course of instruction and examination without fraud or misrepresentation; that he has read and understands all the requirements relating to this application and that all statements made herein are true.

APPLICANT WILL LEGIBLY COPY in the space immediately below, the "DIPLOMATE" CERTIFICATE on which he applies.

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Paul Martin Fine, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: J. D. MYERS
Chairman of the Board

SEAL

Philadelphia, Pa.
June 24, 1972.

Cert. # 114787

JOHN P. HUBBARD
President of the Board

I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following credentials as required in Section 2194 of the Business and Professions Code and by the rules of the Board of Medical Examiners of the State of California.

Subscribed and sworn to before me this

3

day of

Paul Martin Fine MD
Signature of applicant in full—use no initials

May 19 72

[SEAL]



OFFICIAL SEAL
MARGARET K. LANG
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY

Margaret K. Lang
Signature of notary
Los Angeles Calif
Address

My commission expires My Commission Expires April 3, 1974

NATIONAL BOARD OF MEDICAL EXAMINERS

I, John P. Hubbard, M.D., President of the National Board of Medical Examiners and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 114787 will be ~~now~~ issued to Paul Martin Fine M.D., on the 24th day of June 1972, and ~~has been~~ ^{will be} delivered to him; (2) that prior thereto said applicant filed ~~with the National Board, his~~ Medical Diploma; (3) that said applicant has passed examinations given by the National Board as follows:

1st part	Washington, D.C.	from	June	17	to	June	18	1969	Enter percentage
	<small>Location of examination</small>		<small>Month</small>	<small>Day</small>		<small>Month</small>	<small>Day</small>		
2d part	Washington, D.C.	from	April	13	to	April	14	1971	Enter percentage
	<small>Location of examination</small>		<small>Month</small>	<small>Day</small>		<small>Month</small>	<small>Day</small>		
3d part	Los Angeles, Calif.	from	March	8	to			1972	Enter percentage
	<small>Location of examination</small>		<small>Month</small>	<small>Day</small>		<small>Month</small>	<small>Day</small>		

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to the California Board on request; (5) that the "Diplomate" Certificate on the preceding page bears the original date of issue (if a Duplicate please add an explanatory note).

In testimony whereof witness my hand and seal

[SEAL]

John P. Hubbard, M.D.
Signature of executive officer
Official title President

dated at Philadelphia, Pennsylvania
this 23rd day of May 1972

Address 3930 Chestnut Street
Philadelphia,
Pennsylvania, 19104

It is hereby certified that Paul Martin Fine has entered the freshman class in the George Washington University on the 12 day of September 1968
Name Medical College Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented graduation from Frank Ballou Washington, DC, June 1964

Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented 3 years George Washington University

Specify documentary evidence and date of document, including number of units

*3. That prior to commencing the freshman year of the study of medicine he completed a one-year course of college grade in each of the subjects of Physics, Chemistry and Biology as shown on the accompanying certification.

Every application based on a certificate issued after January 1, 1919, must show that prior to commencing the last half of the second year in the study of medicine, he has completed one year of college grade in the subjects of Physics, Chemistry and Biology. After January 1, 1924, said course must have preceded the study of medicine. After September 21, 1951, an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology prior to commencing the study of medicine and an applicant matriculating in a medical school after January 1, 1954, must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.

* Strike out number 3 if course not of record in your institution, i.e., filed as matriculation requirement.

4. That he attended 4 courses of lectures given by this institution completed during a period of 4 years and was issued the degree Doctor of Medicine on the 30 day of May 1971
Specify number Years
Specify

Signed Bertha M. Bernheisel

Bertha M. Bernheisel, Associate Registrar
of The George Washington University
Name of school

this 18 day of April 1972
Month

SEAL
OF
SCHOOL

CERTIFICATE OF MORAL CHARACTER

Preferably Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced and Who Have Known Applicant for at Least One Year

(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing, on request of the Board.)

This certifies that I have been personally acquainted with PAUL M. FINE, M.D.,

for 4 years and that I know h.i.w. to be of good moral character and hereby recommend h.i.w. to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name FRANK N. MILLER, M.D.

Address ASSOC. DEAN 1331 H ST. N.W.
GNU MED CTR WASH. D.C.

Graduated from GEORGE WASH UNIV. date JUNE 19 47 Licensed in WASH. DC. No. OKAMA
State

This certifies that I have been personally acquainted with PAUL M. FINE, M.D.,

for 1 years and that I know h.i.w. to be of good moral character and hereby recommend h.i.w. to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name STEVEN FINE

Address L.A. USC MEDICAL CTR

Graduated from Chicago Medical School date 6/13 19 70 Licensed in CALIF No. C-33483
State

INFORMATION

DEAR DOCTOR:

Answering your recent inquiry, we submit the following information regulating the issuance of a certificate to practice in California under the provisions of Section 2194 of the Business and Professions Code, with the suggestion that you carefully supply all the data required on this application blank.

National Board reciprocity applications are acted on at credential committee meeting held approximately once a week. Final action requires the affirmative vote of seven members of the Board.

NOT TO BE USED FOR RECIPROCITY BASED ON ANOTHER STATE'S LICENSE—WRITE FOR APPROPRIATE APPLICATION.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein said practice is to be conducted. Section 2111, 2112 of the Business and Professions Code. Applicants must not be in any legal or disciplinary matter pending before a California court or board. If a certificate has been issued.

APPLICATION FEE of \$10.00 (foreign exchange to be added) preferably in any form other than a personal check (which must be held 2 weeks to clear bank) must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California 95814, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 to be paid if certificate is issued, together with the current initial fee as provided by law and the Board rules and regulations.

PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE.

All preliminary, premedical and professional training must have been "resident" courses in a school approved by the Board.

THE BUSINESS AND PROFESSIONS CODE PROVIDES ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED BY GRADUATES OF FOREIGN MEDICAL SCHOOLS. APPLICANTS WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS SHOULD REQUEST INFORMATION REGARDING THE ADDITIONAL REQUIREMENTS PRIOR TO COMPLETING THIS APPLICATION.

Section 2194 of the Business and Professions Code. An applicant, whose application is based on a diplomate certificate issued by the National Board of Medical Examiners of the United States, shall pay the fee provided by this chapter and, in addition to all other requirements provided for a physician's and surgeon's certificate, he shall file testimonials of good moral character satisfactory to the board and shall satisfy the board that the standard of the National Board of Medical Examiners on the date that the diplomate certificate was issued was in no degree or particular less than that which was required for a physician's and surgeon's certificate under this chapter on the same date.

He shall also satisfy the board that the diplomate certificate was procured without fraud or misrepresentation and that at no time has any certificate or license issued by any state of the United States or issued by a foreign country been revoked or annulled for unprofessional conduct.

The board may, in its discretion, with or without an oral examination, issue a certificate to an applicant who has complied with the requirements provided for a diplomate certificate.

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 10/22/2008 To Date: 10/22/2008

ATRISUPPINF

27-JAN-16 08:48:36

Person Id : 580262

Name : Fine,Paul

Question

Answer

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

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

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held. NONE

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

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

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care (Must Be Completed By December 31, 2006). YES

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

Total Questions Asked For Person : 580262

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STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 12/05/2010 To Date: 12/05/2010

ATRISUPPINF

27-JAN-16 08:46:12

Person Id : 580262

Name : Fine,Paul

Question

Answer

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

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.

YES

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

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 :

580262

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STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 11/01/2012 To Date: 11/01/2012

ATRISUPPINF

27-JAN-16 08:47:21

Person Id : 580262

Name : Fine,Paul

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

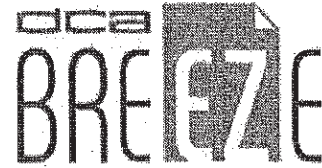
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct. YES

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 : 580262

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Department of Consumer Affairs

RECEIPT

793649

Thank you for using the BreEZe System to submit your application.

Name:	FINE, PAUL MARTIN
Transaction Date:	
Application Number:	
Complaint Number:	
License Type:	8002
License Number:	22704
Payment Description:	Physician's and Surgeon's Renewal
Fee Paid: (US \$)	820.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

Application Summary

10/30/14 9:12 AM

Page 1 of 3

License Type: Physician and Surgeon G
License Number: 22704
File Number:
Application: Physician's and Surgeon's Renewal
Application Number:
Application Date:

Personal Detail

First Name: PAUL
Middle Name: MARTIN
Last Name: FINE
Birthdate: **/**/****
Gender: Male

Addresses

License Related Addresses

Confidential Address (Optional)

Warning: In order to protect your privacy and identity, address will not be displayed.

License Specific Public/Mailing Address (Required)

Warning: In order to protect your privacy and identity, address will not be displayed.

Questions

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**

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver? **Yes**



1414686532920

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

Yes

Family Physician Training Program Voluntary Fee

Voluntary Fee:

No

Attachments**Physician Survey**

Are you retired?

No

Activities in Medicine

Administration - 1-9 Hours

Patient Care - 20-29 Hours

Research - 1-9 Hours

Teaching - 1-9 Hours

Telemedicine - None

Patient Care Practice Location

Zip: 77023 County: OUT OF STATE

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: County:

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Obstetrics and Gynecology - Primary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Cultural Background

White

Foreign Language Proficiency

Spanish

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

Steven M. Thompson Physician Corps Loan Repayment Program

\$25.00



Total Amount Due:

\$820.00

Applications are not considered submitted for processing until payment is received.

Attestation

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

Signature:

Date: