

NAME :

*Heikki Herman*

DATE :

*01/04/82*

CAMERA 1 :

ROLL :

*135*

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BOARD OF MEDICAL EXAMINERS OF FLORIDA  
APPLICATION FOR EXAMINATION

RECEIVED  
JAN 4 '82

Fee of \$ 175 must accompany application. NO FEE REFUNDED.

Answer all questions. If the answer to any question is YES, give details in a notarized affidavit attached to the application.

RECEIVED JAN 7 8 1982

Name in full SAARIKOSKI Heikki Herman

(Type or print. Use no initials.)

List all other names you have used N.A.

Have you ever legally changed your name? no If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 8330 Jorine St., Houston Texas 77036.

The University of Texas Health Science Center at Houston, Med. School

Office address Dept. of Ob-Gyn, 6431 Fannin, Suite 3270, Houston, Texas 77030.

Permanent address (If different from above) -

Place of birth Tauva, Finland

Date of birth June 30, 1949.

Are you a citizen of the United States? no. 08.27.80. New York

(If foreign born give date and place of naturalization)

Did you attend a college or university? University of Würzburg, Würzburg, W-Germany 5 1/2 yrs.

(How long? Give name and location of school)

Do you have any degree other than M.D.? -

(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

University of Würzburg

(Name of medical school, location)

from October 1969 to January 1976

(Name of medical school, location)

from 19 to 19

(Name of medical school, location)

from S60-332 to 19

(Name of medical school, location)

from 19 to 19

Degree of Doctor of Medicine was obtained from University of Würzburg

(Name of medical school, location)

(Exact Date)

on January 07 1976

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.

Training: List chronologically residency or other post-graduate training. Give name and address of hospitals, exact dates, and specify type of training. If currently in training give name of department chief.

-General practitioner-National Health Services Center of the Local Federation of Seinäjoki District, 60100 Seinäjoki, Finland:01.19.76-11.15.76.

-Military Service-Civil Service as a physician at the Central Hospital of Seinäjoki, 60100 Seinäjoki, Finland:11.26.76-11.20.77.

-Ob-Gyn-Residency in Finland-Central Hospital of Seinäjoki, 60100 Seinäjoki and University Hospital of Tampere, 33520 Tampere, Finland:11.21.77-09.30.80.

Please refer to the Roll from Finland!

NAME :

Blank

DATE :

01/20/83

CAMERA 1 :

ROLL :

158

List chronologically locations practiced and/or employed. Give addresses, dates, specify type of practice and/or employment.

-Ob-Gyn-Residency-The University of Texas Health Science Center at Houston  
Medical School, Suite 3270, Houston, Texas 77030: 12.01.80- still continues

List hospitals where you have staff privileges. (Give addresses, dates of service, chief of staff.)

Herman Hospital, 6431 Fannin, Suite 3270, Houston, Tx 77030. Prof. Berel Held.

Have you ever been denied staff privileges in any hospital? no

MILITARY SERVICE: (Attach copy of separation report.): Please refer to the Roll from Finland!

Civil Service as a physician at Central Hosp. of Seinäjoki, Finland: 11.26.76-  
(Branch of service, rank, dates) 11.20.77.

FOREIGN GRADUATES: ECFMG Standard Certificate No. 308-260-9 issued 10.09.80 after passing examination. (Attach notarized copy of certificate)

In what states are you licensed? List states giving license number and date of issuance.

Finland-DNo 2415/411/76. April 07, 1976.

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath? no

Have you ever failed a state board, FLEX or National Board examination? no

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency of any state or country? no

Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct? no

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any state, territory, or country? no

Are you certified by \_\_\_\_\_ an American Specialty Board? no If yes, give name of Board.  
(Enclose copy of Board certificate or letter verifying eligibility.)

NAME : J. Clark  
CAMERA 1 :

DATE : 01/06/82  
ROLL : 135

Have you ever been convicted of a felony? no A misdemeanor? no Have any judgments ever been entered against you? no Have you ever been sued for malpractice?

Have you ever had to discontinue practice for any reason for a period of one month or longer? no  
Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or any other medication? no

Are you now or have you ever been emotionally or mentally ill? no Have you ever received psychotherapy? no

Have you ever voluntarily or otherwise been a patient in an institution for the treatment of mental or emotional illness, drug addiction or abuse, or excessive use of alcohol? no

Have you ever been treated but not hospitalized? no  
If any of these questions are answered yes, give details including dates, names of and addresses of hospitals and treating physicians on sworn affidavit.

Have you ever been warned or called before the Bureau of Narcotics and Dangerous Drugs? no Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? no Have you ever been denied, or surrendered, a narcotic tax stamp? no

LIST MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates and complete address, (street, city, state)  
Young Physicians' Association and  
Finlands Medical Association (Suomen Lääkäriliitto)-since 05.08.76. Ruoholah-  
denkatu 4, PL 105, 00181 Helsinki 18, Finland.  
Finish Medical Association Duodecim-since 11.16.73. Runeberginkatu 47 A, 00260  
Helsinki 26, Finland.

Has any application for medical society membership been rejected? no  
Have you ever been notified to appear before a medical society in regard to charges or complaints filed against you? no

List civic organizations of which you are or have been a member.  
N.A.

RECOMMENDATIONS: Give the names and complete addresses of two physicians in each city where you have practiced. If in training or employed give names and addresses of physicians with whom you have worked.  
Berel Held, M.D. Professor and Chairman, Department of Ob-Gyn, The University  
of Texas Health Science Center at Houston, Medical School Rm 3.286, 6431 Fannin  
Houston, Texas 77030.  
Allan R. Katz, M.D. Associate Professor, Department of Ob-Gyn, The University  
of Texas Health Science Center at Houston, Medical School Rm 3.270, 6431 Fannin  
Houston, Texas 77030.

NAME : Heikki  
CAMERA 1 : 0

DATE : 12/20/81  
ROLL : 135

TO BE COMPLETED BY APPLICANT

Date 12. 20.81  
Age 32  
Height 5-09 Weight 165  
Color of Eyes blue  
Color of Hair blond  
Other means of identification N.A.



AFFIDAVIT OF APPLICANT:

I, Heikki Herman Saarikoski, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF Harris

x Heikki Saarikoski  
Signature of applicant

STATE OF Texas

Subscribed and sworn to before me this 21st day of December, 19 81.

Joyce O. Mayhugh  
Joyce O. Mayhugh  
(Notary Public)  
My Commission Expires December 31<sup>st</sup> 1984  
(NOTARY SEAL)

FOR USE OF SECRETARY ONLY

License Number \_\_\_\_\_

Date Issued \_\_\_\_\_

RECORD OF FEES

Receipt 7097866 Deposited \$175 1/6/82

EXAMINATION NUMBER \_\_\_\_\_

NAME : Plant  
CAMERA 1 :

DATE : 07/02/82  
ROLL : 135

DEPARTMENT OF PROFESSIONAL REGULATION  
OFFICE OF EXAMINATION SERVICES  
130 NORTH MONROE STREET  
TALAHASSEE, FLORIDA 32301

THIS IS YOUR OFFICIAL GRADE NOTIFICATION

SAARIKOSKI, HEIKKI HERMAN  
8330 JORINE STREET  
HOUSTON TX 77036

PROFESSION: MEDICAL (FLEX)

EXAMINATION DATE: JUNE 15-17, 1982

CANDIDATE NUMBER: 001277

MAILING DATE: AUGUST 23, 1982

EXAMINATION STATUS PASS

A Medical FLEX weighted average of seventy-five percent (75%) is required as a minimum passing grade. The relative weight assigned in grading each area of competency on the examination for final scoring purposes was as follows:

- (a) Day I testing constitutes one-sixth (1/6) weight
- (b) Day II testing constitutes two-sixths (2/6) weight
- (c) Day III testing constitutes three-sixths (3/6) weight

Review and appeal procedures and a Re-examination Application are enclosed for failing candidates.

A breakdown of your scores is attached and a copy of this report has been sent to the Florida Board of Medical Examiners and will become a part of your official file.

RE-APPLICATION DEADLINE: SEPTEMBER 10, 1982

EXAMINATION DATE: DECEMBER 7-9, 1982

RE-EXAMINATION FEE: \$175.00

Please be reminded that it is your responsibility and in your best interest to keep the Department informed of any change of address, so that you will receive future information.

For further information concerning your examination, contact Mr. Thomas P. Gabriele at (904) 487-1182.

MAP/JPG/gch

NAME : *Clark*  
CAMERA 1 :

DATE : *04/07/76*  
ROLL : *135*

Translation

from Finnish

Decision

Heikki Herman Saarikoski, who has passed his physician's examination at the University of Würzburg, and who has established that he has accomplished in Finland the hospital service and the additional studies deemed necessary by the National Board of Health, has in a letter to the National Board of Health applied for becoming a Registered Physician. The National Board of Health has, based on § 2 of the Law of January 23, 1925, concerning the practising of the medical profession, deemed it fair to agree to this application by physician Saarikoski, and since he has taken the stipulated Physician's Oath, to declare him, Heikki Herman Saarikoski a Registered Physician (laillistettu lääkäri).

Helsinki, at the National Board of Health,  
on April 7, 1976

Director General LEO NORO (signed)  
Leo Noro

Chief of Office ANTTI MARTTILA (signed)  
Antti Marttila

LÄÄKINTÖHALLITUS (99a1)  
MEDICINÄLSTYRELSEN  
(National Board of Health)

Cancelled stamps 27 mk  
Stamp 12,50  
Additional stamp 14,50  
Total 27,00

Olln 2415/411/76  
Ela/HP

For a true translation and copy:-  
Tampere, Finland, Oct. 16, 1978

I hereby certify that this is  
a true and correct copy.

*Joyce O. Mayhugh*  
Joyce O. Mayhugh  
Notary Public,  
Harris County, Texas  
My Commission expires  
December 31, 1984

VALANTEHYYT KIEKKO  
EDSV, / SWORN TRANSLATOR  
EBBA PALMGRÉN  
Tampere Pub. 22013 L.L. Tammerfors

*E. Palmgren*

NAME :

*Clark*

DATE :

*04 06 83*

CAMERA 1 :

ROLL :

*135*

Medical  
School

Department  
of  
Obstetrics/  
Gynecology



The University  
of Texas  
Health Science Center  
at Houston

Berel Held, M.D.  
Professor and Chairman

Medical School - Rm. 3 286  
6431 Fannin  
Houston, Texas 77030  
(713) 72-5350

December 8, 1981

F.L.E.X.  
Department of Professional Regulations  
Board of Medical Examiners  
130 N. Monroe Street  
Tallahassee, Florida 32301

Dear Sirs:

This is to certify that Dr. Heikki Saarikoski has been associated with our department for the past 12 months. During this time, he has proven himself to be a competent, well-trained obstetrician and gynecologist who is of good ethical and moral character. He is a very dependable and conscientious practitioner.

**I recommend him to you highly.**

If I or my staff can be of further assistance to your office, please do not hesitate to contact us.

Sincerely,

A handwritten signature in cursive script, appearing to read "Berel Held".

Berel Held, M.D.  
Professor and Chairman

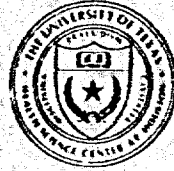
BH/BMJ

NAME : Clark  
CAMERA 1 :

DATE : 02/21/82  
ROLL : 135

Medical  
School

Department  
of  
Obstetrics/  
Gynecology



The University  
of Texas  
Health Science Center  
at Houston

Berel Held, M.D.  
Professor and Chairman

Medical School, Rm. 3.286  
6431 Fannin  
Houston, Texas 77030  
(713) 792-5360

March 10, 1982

F. L. E. X.  
Department of Professional Regulations  
Board of Medical Examiners  
130 N. Monroe Street  
Tallahassee, Florida 32301

RECEIVED MAR 23 1982

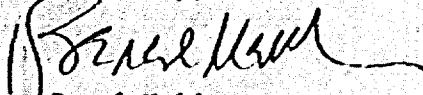
Dear Sirs:

This is to certify that Dr. Heikki Saarikoski has been associated with our department for the past 12 months, beginning December 1, 1980 until the present time. During this time, he has proven himself to be a competent, well-trained obstetrician and gynecologist who is of good ethical and moral character. He is a very dependable and conscientious practitioner.

I recommend him to you highly.

If I or my staff can be of further assistance to your office, please do not hesitate to contact us.

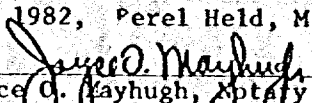
Sincerely,

  
Berel Held, M.D.

RECEIVED  
MAR 22 3 14 AM '82  
DEPARTMENT OF  
PROFESSIONAL REGULATION

BH/re

Appeared before me this 10th of March, 1982, Berel Held, M.D.

  
Joyce C. Mayhugh, Notary  
Harris County, Texas  
My Commission expires December 31, 1984



NAME : *Clark*

DATE : *04.02.83*

CAMERA 1 : *0*

ROLL : *135*

# EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

**HEIKKI HERMAN SAARIKOSKI**

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,  
SUCCESSFULLY PASSED ITS EXAMINATIONS  
AND HAS BEEN AWARDED THIS CERTIFICATE.

*ok*

CERTIFICATE NUMBER	308-260-9
MEDICAL EXAMINATION	JANUARY 24, 1979
ENGLISH EXAMINATION	JANUARY 23, 1980
DATE ISSUED	<i>October 9, 1980</i>
VALID THROUGH	JANUARY, 1982



*Harold R. Perry Jr.*  
PRESIDENT

*Ray L. Chastine*  
EXECUTIVE DIRECTOR

I hereby certify that this is a true and correct copy

*Joyce O. Mayhugh*  
Notary Public Harris County, Texas  
My Commission expires December 31, 1984

NAME :

*Clark*

DATE :

*12/10/81*

CAMERA 1 :

ROLL :

*135*

Medical  
School

Department  
of  
Obstetrics/  
Gynecology



The University  
of Texas  
Health Science Center  
at Houston

Medical School Rm. 3.270  
6431 Fannin  
Houston, Texas 77030  
(713) 792-5360

December 7, 1981

F.L.E.X.  
Department of Professional Regulations  
Board of Medical Examiners  
130 N. Monroe Street  
Tallahassee, Florida 32301

Dear Sirs:

I have known Heikki Saarikoski for the past year,

Dr. Saarikoski came to our department from Finland. He is very dependable, competent and ethical. He is well-trained in obstetrics and gynecology, well liked by his peers. Dr. Saarikoski is very conscientious and takes great interest in all his patients.

I recommend him highly.

Sincerely,

A handwritten signature in dark ink, appearing to read "Allan R. Katz".

Allan R. Katz, M.D.  
Associate Professor

NAME :

*Clark*

DATE :

*10/27/80*

CAMERA 1 :

ROLL :

*135*

PENTTI D. SNELLMAN, M. D.  
18 SOUTH J STREET  
LAKE WORTH, FLA. 33460  
TELEPHONE 585-2608

October 27, 1980

Gentlemen:

Dr. Heikki Saarikoski has asked me to write a letter of recommendation to you regarding his application for Residency in your Hospital in the Obstetrical and Gynecological Department.

I have known Dr. Saarikoski for several years as a Doctor and as a personal friend. He is an honest and ethical man, very competent and diligent in his work. He is a fine family man and is of good moral character.

It is with great pleasure that I recommend Dr. Saarikoski for Obstetrical and Gynecological Residency in your Hospital.

Very truly yours,

*Pentti Snellman*

Pentti Snellman, M.D.

I hereby certify that this is a true and correct copy.

*Joyce O. Mayhugh*  
Joyce O. Mayhugh, Notary Public  
Harris County, Texas  
My Commission expires December 31, 1984

NAME :

*Clark*

DATE :

*Oct 11 83*

CAMERA 1 :

ROLL :

*135*

TAMPEREEN KESKUSSAIRAALAPIIRIN  
KUNTAINLIITTO

15 02 1980

Paavo Pystynen, M.D. Professor of Obstetrics  
and Gynecology, Vice Chief of  
Dept. of Clinical Sciences,  
University of Tampere  
33520 Tampere 52, Finland

Letter of recommendation

Dear Doctors

Dr. Heikki Saarikoski whom I know well has asked me to write a letter of recommendation for his application and the residence in OB-GYN at your hospital. I will gladly do so, and I rate Dr. Saarikoski as a fine man and a fine doctor.

I have known Dr. Saarikoski for several years and worked with him about three years at Tampere University Hospital. I found him to be very competent and diligent in the care of his patients.

I believe, he has a good education, has a good mind and uses good judgment. I recommend him sincerely to a residence in OB-GYN at your hospital.

Very sincerely yours

*Paavo Pystynen*  
Paavo Pystynen, M.D.  
Professor of Obstet. Gynecol.,  
Dept of Clinical Sciences,  
University of Tampere  
33520 Tampere 52, Finland

This is to certify that this is true and accurate copy. Signed this Sixth (6) day of October, 1980.

Notary Public State of Florida at Large  
My Commission Expires Feb. 12, 1981  
Bonded by American Fire & Casualty

John H. Snell, Notary-at-Large,  
Florida.

*John H. Snell*

TNS No 100 b.c.77 20000

0

NAME :

*Blank*

DATE :

*02 Nov 83*

CAMERA 1 :

ROLL :

*135*

N KESKUSSAIRAALAPIIRIN  
K. NIILITTO

15 07 1980

Olavi Kauppila, M.D. Assistant Professor  
Chief of the Dept. of Obstetrics and Gynecology,  
University Hospital of Tampere  
33520 Tampere 52

Letter of recommendation

Dear Sirs

It is a great pleasure for me to write a letter of recommendation for Dr. Heikki Saarikoski, since I have known him several years and find him a fine man and a good character. He has a good education and he is a doctor, who is competent and uses good judgment.

During his residence-time at my department he has been allowed to do following operations without assistance of a senior doctor:  
Abrasions, evacuations, vacuum aspirations, uterine cervical conisations and amputations, Manchester operations, vaginal hysterectomies, abdominal hysterectomies, Caesarean sections, operations of ovarian tumors (resections, extirpations), conservative operations of endometriosis, operations of endometrial cancer (hysterectomy extrafascialis + lymphadenectomy regionalis two weeks after radium application).

I will recommend Dr. Heikki Saarikoski as a competent and effective physician to a residence in OB-GYN at your hospital.

Very sincerely yours

*Olavi Kauppila*

Olavi Kauppila, M.D.  
Assistant Professor,  
Chief of the Dept. of Obst. Gyn.  
University hospital of Tampere  
33520 Tampere 52, Finland

This is to certify that this is true and accurate copy. Signed this Sixth (6) day of October, 1980.

Notary Public State of Florida at Large  
My Commission Expires Feb. 12, 1981  
Bonded by American Fire & Casualty

John H. Snell, Notary-at-Large,  
Florida.

*John H. Snell*

NAME :

*Gluck*

DATE :

*Oct 16 1980*

CAMERA 1 :

ROLL :

*135*

TAMPEREEN KESKUSSAIRAALAPIIRIN  
KUNTAINLIITTO

15 07 1980

Seppo Saarikoski, M.D. Assistant Professor  
Vice Chief of the Dept. of Obstetrics and  
Gynecology, University Hospital of Tampere  
33520 Tampere 52, Finland

Letter of recommendation

Dear Sirs

I have known Dr. Heikki Saarikoski, M.D. several years and worked with him three years. Therefore, it is a great pleasure for me to write a letter of recommendation for his residence in OB-GYN at your hospital.

I rate Dr. Heikki Saarikoski as a fine man and a doctor of good repute. He has a quite long and good education in obstetrics and gynecology. I know him as a competent doctor, who is a skillful physician in the care of his patients.

I will recommend Dr. Heikki Saarikoski with warmth to a residence in OB-GYN at your hospital.

Sincerely yours

*Seppo Saarikoski*  
Seppo Saarikoski, M.D.  
Assistant Professor,  
Vice Chief of Dept. of  
Obst. Gyn., University  
Hospital of Tampere  
33520 Tampere 52, Finland

This is to certify that this is true and accurate copy. Signed this Sixth (6) day of October, 1980.

Notary Public State of Florida at Large  
My Commission Expires Feb. 12, 1981  
Bonded by American Fire & Casualty

John H. Snell, Notary-at-Large,  
Florida.

*John H. Snell*

TKS No 100 b 6.77 20000

0

NAME : Clark

DATE : 01/19/82

CAMERA 1 :

ROLL : 135

JUN ATTN: DONNA PARKER

Florida Board of Medical Examiners  
Old Court House Square Building  
130 North Monroe Street  
Tallahassee, Florida 32301

STATE OF FLORIDA  
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
BOARD OF MEDICAL EXAMINERS  
~~STATE BUILDING SUITE 220~~  
~~209 TALLAHASSEE PARKWAY~~  
~~TALLAHASSEE, FLORIDA 32301~~

Jan. 19, 1982

TO: Herman Hospital  
6431 Fannin, Suite 3270  
Houston, TX 77030

RECEIVED FEB 2 1982

FEB 1 5 35 AM '82  
PROFESSIONAL  
REGULATION

ATTN: Berel Held, M.D.  
FROM: George S. Palmer, M.D., Executive Director

Will you please complete the form below and return it to this office at your earliest convenience.

The doctor has made application for licensure in Florida and states that he is on the staff of your hospital. If additional space is needed please use back of page for reply.

Thank you for your cooperation.

\* Name Should be \*  
NAME: Heikki H. Saarikoski, M.D.

- Does he have full staff privileges in his specialty? Yes, as House Officer (Resident OB/GYN)
- Does he perform competently? Yes If no, explain. \_\_\_\_\_
- Has he been regularly reappointed? Yes If no, explain. \_\_\_\_\_
- Have any restrictions ever been placed on him beyond the original period of probation? No

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED: Berel Held

Berel Held, M.D., Professor and  
Chairman, Dept. of Obstetrics &  
Gynecology

DATE: 1/22/82

NAME : *Clark*  
CAMERA 1 :

LATE : *02/01/82*  
ROLL : *138*

JUN ATTN: IORNA PARKER

DEPARTMENT OF PROFESSIONAL REGULATION  
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA  
OLD COURT HOUSE SQUARE BUILDING  
130 N. Monroe Street  
Tallahassee, Florida 32301

February 1, 1982

TO: Heikki H. Saarikoski, M.D.  
8330 Jorine St.  
Houston, TX 77036

FROM: DOROTHY J. FAIRCLOTH, Executive Director

Your application has been received but is incomplete for failure to submit:

- copy of medical school diploma
- certified translation of medical school diploma
- \$175.00 examination fee
- \$175.00 endorsement fee
- copy of standard ECFMG certificate
- evidence of 1 year AMA approved internship or residency, or in lieu thereof, licensure and 5 years practice in country or state in which licensed
- certified copy of FLEX grades or NATIONAL BOARD Certificate of Endorsement
- separation from service form
- second photograph
- proof of licensure through WRITTEN examination
- proof that said license is in good standing
- proof of practicing 4 of the 5 years immediately preceding the filing of the application
- proof of certification by one of the American Specialty Boards accredited by the American Medical Association
- proof of legal change of name (court order or marriage certificate)
- letters of recommendation
- verification of medical society membership
- accounting for ALL of the following time

FLEX Application, Part A completed

OTHER: Two letters which verify your proof of practice for five years. See attached form letter.

*2/13/82*

*Joyce told him to send a letter verifying OB-GYN residency*

No application will be considered complete and officially filed until all requested information has been received in the Board office.



NAME : Black  
CAMERA 1 :

DATE : APR 16 82  
ROLL : 135

JUN ATTN: DONNA PARKER

DEPARTMENT OF PROFESSIONAL REGULATION  
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA  
OLD COURT HOUSE SQUARE BUILDING, Suite 100  
130 N. Monroe Street  
Tallahassee, Florida 32301  
(904) 488-0595

RECEIVED APR 16 1982

RECEIVED  
APR 16 2 05 AM '82  
FLORIDA DEPARTMENT OF PROFESSIONAL REGULATION

TO: The University of Texas Health  
Science Center  
Medical School, Room 3.286  
6431 Fannin  
Houston, Texas 77030

ATTN: Berel Held, M.D., Dept. of OB/GYN

FROM: Dorothy J. Faircloth, Executive Director

Please complete the form below and return it to this office as soon as possible.  
This doctor made application for medical licensure in Florida and is under investigation by this authority.

1. Name Heikki Saarikoski, M.D.  
2. Internship XX Residency Y X FROM 12/01/80 TO Present

3. Professional Character (compared to physician of similar experience)


	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Basic Medical Knowledge			<input checked="" type="checkbox"/>		
b. Diagnostic and Clinical Ability			<input checked="" type="checkbox"/>		
c. Teaching Ability			<input checked="" type="checkbox"/>		
d. Research Potential			<input checked="" type="checkbox"/>		
e. Fitness for Clinical Practice		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

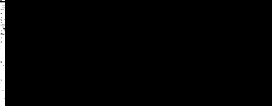
4. Personal Character:

a. Motivation			<input checked="" type="checkbox"/>		
b. Initiative			<input checked="" type="checkbox"/>		
c. Responsibility			<input checked="" type="checkbox"/>		
d. Integrity			<input checked="" type="checkbox"/>		
e. Appearance			<input checked="" type="checkbox"/>		
f. Knowledge of English			<input checked="" type="checkbox"/>		

5. Relationship:

a. Teaching Staff			<input checked="" type="checkbox"/>		
b. Colleagues			<input checked="" type="checkbox"/>		
c. Nursing Staff			<input checked="" type="checkbox"/>		
d. Patients			<input checked="" type="checkbox"/>		

6. Physical Handicaps:   
Comment: On treatment physician

7. Personality Problems Which Might Affect Performance: 

8. Overall Evaluation:

- 1. Recommend as outstanding applicant.
- 2. Recommend as qualified and competent.
- 3. Recommend with some reservation.
- 4. Cannot Recommend.

Signed: Berel Held  
Position: Chief of Staff

9. Use back of page for additional information or comment.

NAME : Plank  
CAMERA 1 :

DATE : 02/06/83  
ROLL : 135

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.  
FLEX APPLICATION

PART A — To Be Completed By Applicant.

Print all information. Complete all 12 items and return this form to the state medical board for which you are taking FLEX.

1. NAME	S   A   A   R   I   K   O   S   K   I											
	H   e   l   k   k   i     H											
	ALTERNATE SURNAME: To be filled out only by individuals who used another name for FLEX previously. 											
2. DATE OF BIRTH	3   0	0   6	1   9	4   9	3. CITIZENSHIP AT BIRTH	<input type="checkbox"/> U.S.A. <input type="checkbox"/> Canada <input checked="" type="checkbox"/> Other (Specify)			0   2   7	Finland		
4. SOCIAL SECURITY NUMBER	[REDACTED]						5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female					
6. HAVE YOU PREVIOUSLY TAKEN FLEX?	<input type="checkbox"/> YES If Yes: a) When was the most recent FLEX taken?                             <input checked="" type="checkbox"/> NO b) How many previous FLEX examinations have you taken? _____											
7. CITIZENSHIP UPON ENTERING MEDICAL SCHOOL	<input type="checkbox"/> U.S.A. <input type="checkbox"/> Canada <input checked="" type="checkbox"/> Other (Specify) 0   2   7 Finland *Refer to Country Code List on back. *Country Code Name of Country											
8. MEDICAL EDUCATION	University of Würzburg Name of Medical School of Graduation											
	b) Country of Medical School: <input type="checkbox"/> U.S.A. <input type="checkbox"/> Canada <input checked="" type="checkbox"/> Other (Specify) 0   3   0 W-Germany *Country Code Name of Country											
9. OTHER EXAMINATIONS TAKEN	c) Graduation Year: 1   9   7   6 *Refer to Country Code List on back. d) Degree: <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> Other (Specify)											
	Examination			Most Recent Date Taken (Month, Year)			Identification Number					
	<input checked="" type="checkbox"/> ECFMG			01.23. 1980			ECFMG 3   0   8   2   6   0   9					
<input type="checkbox"/> VQE			119			VQE						
<input type="checkbox"/> NBME			119			NBME						
<input type="checkbox"/> None of the Above												
10. FEDERATION IDENTIFICATION NUMBER (FIN) IF KNOWN							11. DATE OF THIS APPLICATION 2   0   1   2 1   9   8   1 Day Month Year					
12. APPLICATION STATEMENT & SIGNATURE	I certify that the information supplied in this application is true and accurate to the best of my knowledge. SIGNATURE: <u>[Signature]</u>											

PART B — To Be Completed By State Board

1. STATE FOR WHICH FLEX IS BEING TAKEN	Florida			1   1   0			2. APPLICANT'S STATE BOARD ID NUMBER			1   2   7   7		
3. PLACE & DATE OF EXAMINATION	Florida			1   1   0			<input checked="" type="checkbox"/> June 19 82			<input type="checkbox"/> December 19		
4. EXAMINATION(S) FOR WHICH REGISTERED	<input checked="" type="checkbox"/> Complete FLEX <input type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science <input type="checkbox"/> Clinical Competence <input type="checkbox"/> Other _____ (Specify)											

(OVER)

NAME : *Flack*  
CAMERA 1 :

DATE : *01/06/83*  
ROLL : *135*

THIS CARD IS YOUR EXAMINATION ADMISSION CARD. BRING IT TO THE EXAMINATION CENTER ON THE DATE AND TIME LISTED.

YOU MUST HAVE AN ADMISSION CARD TO ENTER THE EXAM.

IF THE ADDRESS BELOW IS INCORRECT WRITE CORRECT ADDRESS ON BACK.

SAARIKOSKI, HEIKKI HERMAN  
8330 JORINE ST  
HOUSTON TX 77036

DEPARTMENT OF PROFESSIONAL REGULATION

EXAMINATION SERVICES

MEDICAL EXAMINATION  
ADMISSION CARD

EX CANDIDATE NUMBER **001222**

EXAMINATION CENTER  
TUPPERWARE CONVENTION CENTER  
3175 N ORANGE BLOSSOM TRAIL  
KISSIMEE FL 32741

REPORTING TIMES

TUESDAY 06/15/82 7:30 AM

YOU MUST BRING THIS CARD TO EXAM

NAME : Black  
CAMERA 1 :

DATE : 21 Aug 82  
ROLL : 135

Certificate  
No. 40811

Issued to  
Heikki Herman Saarikoski, M.D.

Dated August 23 19 82



State of Florida

Department of Professional Regulation  
Board of Medical Examiners  
No. 40811

This Certifies that

Heikki Herman Saarikoski, M.D.  
has fulfilled the requirements of Chapter 458, Florida Statutes, governing the practice of  
medicine and is hereby certified to practice

Medicine  
in the State of Florida.

In Witness Whereof, we have hereunto subscribed our names and affixed the Seal of the Board of  
Medical Examiners this 23rd day of August A.D., 19 82

Bob Grady  
Governor of Florida

Robert J. Wood, M.D. Chairman  
Richard T. Conant Vice-Chairman

NAME Helkki H. Saarikoski ROLL 11-2-83  
 CAMERA II DATE 11-2-83

40811

TEXAS STATE BOARD OF MEDICAL EXAMINERS  
 P.O. BOX 13362  
 CAPITOL STATION  
 AUSTIN, TEXAS 78711  
 452-1078

APPLICATION FOR LICENSURE BY RECIPROCITY

\*\*\*\*\* SEE SEPARATE INSTRUCTIONS \*\*\*\*\*  
 Please Print In Ink

1 SOCIAL SECURITY NUMBER	[REDACTED]			2 OFFICE USE ONLY
3 NAME (LAST, FIRST, MIDDLE) <small>USE FULL NAME IF REGISTERED ON FOUR TEXAS LICENSES</small>	Saarikoski	Helkki	Meriann	
4 FULL NAME IF DIFFERENT FROM ABOVE				
5 MAILING ADDRESS	4010 A Cima Serena Drive	Austin	Texas	78759
6 PERMANENT ADDRESS IF DIFFERENT FROM MAILING ADDRESS				
7 DATE OF BIRTH	6 16 1949	8 PLACE OF BIRTH		
9 SEX (FOR STATISTICS ONLY)	<input checked="" type="checkbox"/> MALE	10 MEDICAL SPECIALTY (IF ANY)		
11 CITY IN TEXAS WHERE YOU PLAN TO PRACTICE	Austin			

12 **ENDORSEMENT** I certify that Helkki H. Saarikoski who graduated from Medical School of Grad.  
(NAME OF APPLICANT) (MEDICAL SCHOOL OF GRAD.)  
 on 8-23-82 was granted License Number 40811 on 8-23-82  
(DATE OF GRADUATION) (DATE LICENSE ISSUED)  
 on the Basis of Florida FLEX (ATTACH EXAM SCORES)  
(FLORIDA NATIONAL BOARD EXAM / MEDICAL LICENSING AGENCY EXAM)

I certify that this License Certificate is valid, current, has never been suspended or revoked, and that there are not now nor have there ever been any charges or complaints filed against the holder of this License Certificate.  
(NOTE: If any portion of the above certificate is illegible or unrecorded, please attach a photocopy of it.)

6-22-83 DATE  
 Florida Board of Medical Examiners  
 NAME OF LICENSING AGENCY  
 Signature of Agency Official  
 Administrative Assistant  
 AFF LICENSING AGENCY SEAL

13 **MEDICAL EDUCATION**

NAME OF MEDICAL SCHOOL	LOCATION	MONTH YEAR	MONTH YEAR
University of Wurzburg		Sept. 69	Dec. 75

14 **DEAN'S CERTIFICATION**

I hereby certify that the Degree Doctor of \_\_\_\_\_ was conferred upon \_\_\_\_\_ on \_\_\_\_\_ and that the photograph which appears on this application is a true likeness of the applicant.

DATE \_\_\_\_\_ DEAN'S SIGNATURE \_\_\_\_\_

PHOTOGRAPH OF APPLICANT

NAM: *Lawyer*  
CAMERA II

ROLL: *187*  
DATE: *11-2-83*

When you have  
to be right from  
the start **PROFESSIONAL  
REGULATION**

JUN 13 9 25 AM '83  
Dear Sir:

Please Complete  
#12 and return  
to Nishi Sawikoshi, M.D.  
Bruckneridge Hospital  
601 E. 15th Street  
Austin, Texas  
78701

4081  
8-1388  
Thank you!

STERILE WITH JUN 14 1983  
**Claforan**  
(cefotaxime sodium) Sterile IM/IV  
HOECHST ROUSSEL PHARMACEUTICALS INC., Somerville, N.J. 08876

07430-1



# Department of Professional Regulation

Governor  
Bob Graham  
Secretary  
Fred Wolfe

Board of Medical Examiners  
130 N. Monroe Street, Tallahassee, Florida 32301  
(904) 488 0695

12/87

Date: August 14, 1986

Heikki H. Saarikoski, MD  
4415 Walhill Lane  
Austin, TX 78759

Dear Dr. Saarikoski:

The Board is in receipt of your request for reactivation of your Florida medical license number ME 0040811.

In order to comply with your request, the following items are required:

\$100 renewal fee.

\$50 reactivation fee.

Documentation of 12 hours AMA approved Category 1 continuing medical education for each year that the license was inactive. (          hours)

Accounting of medical practice activities for the period                                 

List of all states in which you are now and have ever been licensed to practice medicine.

Sincerely,

*Susan R. Griner*  
Susan R. Griner  
Administrative Assistant

SRG/kyc

### BOARD MEMBERS

Leonard C. Bass, MD. William F. Bruns, MD. James N. Burl, MD. Eusebio D. Echevarria, MD.  
Richard J. Ferguson, MD. Robert B. Kalms, MD. H. Royce Lutz. J. Darrel Shea, MD.  
Carl H. H. and, MD. Earnestine Cooper. Robert N. Webster, MD.

140811

KP

RECEIVED

AUG 15 1986

HEALTH SERVICES DIVISION  
FLORIDA DEPARTMENT OF HEALTH  
1901 N. MONROE STREET  
TALLAHASSEE, FLORIDA 32301

August 8, 1986

AUG 12 1986

MEDICAL DIVISION

State of Florida  
Board of Medical Examiners  
Department of Professional Regulations  
130 North Monroe Street  
Tallahassee, Florida 32301

Re: Registration of 1986 Florida  
License

Dear Sirs:

I have not received the registration of my Florida License, or any notification of it for the year 1986. My medical license number is 140811.

Please send me the registration as soon as possible, to the following address:

4415 Walkhill Lane  
Austin, Texas 78759

Thank you very much.

Sincerely,

*W. K. Saarikoski*

W. K. Saarikoski, M.D.  
Obstetrics & Gynecology

No. 100  
8/8/86  
12/8/86

12/1/86  
8/13/86

HHS/bw