



**BOARD OF MEDICAL QUALITY ASSURANCE**  
 1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825  
 TELEPHONE: (916) 920-6411

APR 24 2 55 PM '81



**APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE  
 RECIPROCITY - CLASS C**

**INSTRUCTIONS:** Applicant must refer to accompanying instructions prior to completing this application. In addition to this form, other essential application requirements must be accomplished.

\$182.00  
 151645

(Please type or print neatly. When space provided is insufficient, attach additional sheet.)

1. NAME: Last <u>Spean</u> First <u>Scott</u> Middle <u>Jay</u>			2. Telephone Number:	
3. List other names, if any, you:				
4. Address: Street and <u>1165 Columb</u>			State <u>Colo</u>	Zip Code <u>80206</u>
5. Name you wish on License: <u>Scott J. Spean</u>			Birthdate: (Month - Day - Year)	
6. Premedical Education: Name of College or University <u>University of Texas at Austin</u>			Location: <u>Austin, Texas</u>	
Period of attendance: From <u>9/71</u> To <u>5/75</u>		Check premed courses successfully completed:		
		<input checked="" type="checkbox"/> Chemistry	<input checked="" type="checkbox"/> Physics	<input checked="" type="checkbox"/> Biology or Zoology
7. Medical School:				
Year	NAME OF INSTITUTION	LOCATION	FROM	TO
1st	<u>Baylor College of Medicine</u>	<u>Houston, Texas</u>	<u>6/75</u>	<u>11/78</u>
2nd				
3rd				
4th				
5th				
6th				
8. Doctor of Medicine Degree granted by: <u>Baylor College of Medicine</u>		Date: <u>Nov, 1978</u>	For Office Use Only	
			School Code: <u>TX009</u>	
9. 1st Year Postgraduate Training (Internship):				
LOCATION		TYPE OF SERVICE	FROM	TO
<u>Univ. of Colorado</u>		<u>Pediatrics</u>	<u>6/79</u>	<u>6/80</u>
10. Upon what license or certificate do you base this application? <u>license to practice medicine</u> by <u>FLEX</u> Written Exam _____ Oral Exam				
Name of Board Issuing License or Certificate: <u>Texas State Board of Medical Examiners</u>			Exact Date of Issue: <u>Feb. 25, 1979</u>	

11. Have you ever filed an application in California?  Yes  No

12. Have you ever failed in a written or oral examination in California?  Yes  No  
 (If yes, give details) \_\_\_\_\_  
 \_\_\_\_\_

13. List all States in which you have been licensed to practice medicine: Texas

14. Has any disciplinary action ever been taken regarding any license which you now hold or ever held?  Yes  No  
 If Yes, indicate below:

STATE	DATE	CHARGE	DISPOSITION

15. Have you ever been denied a license to practice medicine in any State or Country?  Yes  No  
 If Yes, indicate below:

STATE OR COUNTRY	DATE OF DENIAL	REASON FOR DENIAL

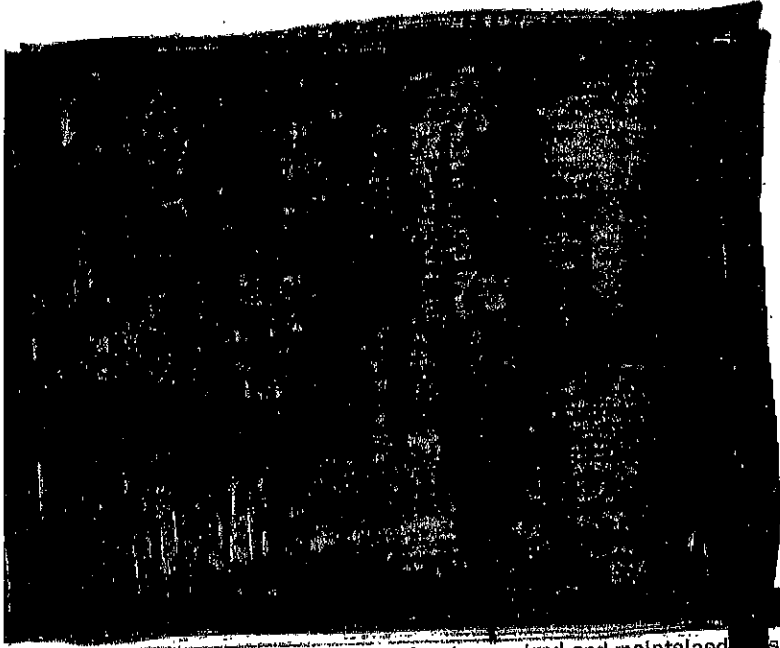
16. Are you now or have you ever been addicted to narcotic drugs?  Yes  No

17. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction?  Yes  No

18. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any State? (Except violations of traffic laws resulting in fines of \$50.00 or less.)  Yes  No

19. If you answered "Yes" to either No. 17 or No. 18 above please provide the following information:

VIOLATION AND LOCATION	DATE	PENALTY OR DISPOSITION



Applicant: Please complete the following:

Height: \_\_\_ Ft. \_\_\_ In. Weight: \_\_\_ Lbs.

Hair Color: \_\_\_ Eye Color: \_\_\_

Identifying marks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NOTE: The information on this application is required and maintained pursuant to Section 2312 of the Business and Professions Code. All items in this application are mandatory, none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their applications subject to the provisions of the California Public Records Act.

NOTE — APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Scott J. Appen  
Date 3/31/81

Subscribed and sworn to before me this 31 day of March 1981

Signature of Notary Kingfisher R. Brown  
Address Denver Colorado

[ SEAL ]

My commission expires: September 15, 1982

**NOTE TO APPLICANT:**

Forward the completed application form to the State board of agency which issued the license used as the basis for this application. The agency will complete the statement provided below and authenticate it as required, and return it to the APPLICANT.

**TO BE COMPLETED BY THE STATE LICENSE ISSUING AGENCY:**

(Do not make this endorsement unless the applicant has affixed his photograph on the preceding page and made the required Affidavit.)

I, A. Bryan Spires, Jr., M.D., Secretary of the Texas State Board of Medical Examiners  
(Name of Board or Department)

certify that License No. F3348 to practice as a Physician and Surgeon was issued to  
Scott Jay Spear, M.D. on February 25, 1979  
(Name of Licensee) (Date)

based on \* written examination that the applicant BEFORE ADMISSION TO THE  
(By written/oral examination or on credentials)

EXAMINATION presented to this Board a diploma issued by Baylor College of Medicine  
(Name of Medical School)

on November 1978; that no charge against this Doctor has ever been filed with this Board or any other Board  
(Date)  
so far as our records show, nor has his License been revoked or suspended.

I further certify that the License indicated above is currently valid and will expire 12-31-81  
(Date)

(NOTE — If the License was issued by written examination, the Secretary will complete the following certification, otherwise write ACROSS the page below this line the words: ISSUED ON CREDENTIALS.)

I further certify that this Doctor passed the REGULAR WRITTEN EXAMINATION given by this Board on December 12-14, 1978 and obtained a general average of 70 per cent in the following subjects:  
(Date)

		ST. ED. NO. 3938	FLEX WEIGHTED AVG.	
SCOTT JAY		TP. NO. 28963	JURISPRUDENCE	
BAS SCI	ANAT	PHYS	BIO	PATH
CLIN SCI	MED	SURG	OB	PH
			PEO	PSY
CLINICAL COMPETENCE				

I hereby certify that the above License is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof witness my hand and seal.

[SEAL]

A. Bryan Spires, Jr. M.D.  
(Secretary)

Secretary of the Texas State Board of Medical Examiners  
(State Board of Examiners)

dated at Austin, Texas

this 13 day of April 1981

Address 211 E. 7th Street, Suite 900, Austin, Tx 787

(\*)An oral examination shall not be deemed of equal merit with a written examination and no certificate shall be issued in the case where the applicant was given an oral examination in another State and the California law required a written examination on the same date.



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### PLEASE FORWARD TO YOUR MEDICAL SCHOOL CERTIFICATE OF EDUCATION

This Certifies That Scott Jay Spear, MD Full name of applicant  
enrolled in Baylor College of Medicine Name of medical school (college)  
on the 30th day of June Month 1975 Year

as a Freshman.

with advanced standing based on \_\_\_\_\_ Please specify

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

PHYSICS

CHEMISTRY

BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at University of Texas at Austin, and that he attended while at this  
Please indicate school

medical school (college) 133+ weeks of courses of lectures of XXXXXXXXXXXXXXXXXXXX weeks each,  
Specify number

completing XXXXXX ~~hours~~ in the subjects below listed, and that he/she:

was granted the degree Bachelor of Medicine.  
Doctor

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

on the 17th day of November Month 1978 Year

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

Anatomy

Dermatology

Preventive medicine, including nutrition

Otolaryngology

Embryology

Physical medicine

Radiology, including radiation safety

Obstetrics and gynecology

Histology

Therapeutics

Medicine

Human sexuality as defined in Section 2192.3

Neuroanatomy

Tropical medicine

Pediatrics

Child Abuse detection and treatment

Physiology

Surgery, including orthopedic surgery

Psychiatry

Biochemistry

Urology

Neurology

Pathology, bacteriology and immunology

Ophthalmology

Anesthesia

See attached transcript.

Pharmacology

Signed and the College seal affixed this 6th day

of April Month 1981 Year

[ AFFIX SEAL  
HERE ]

By Betty N. Williamson REGISTRAR