RECEIVENIND G. BROWN JR., GOVERNOR



BOARD OF MEDICAL QUALITY ASSURANCE OF MEDICAL 1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 98828 TTY ASSURANCE

TELEPHONE: (916) 920-6411





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.

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	Children's H	IATRICS, 212 osp. of S.F.,	3700 Calif. st			
4. Address:	Columb	5, S.F., CA	94119	State	lo-	80206
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	ostgreduate Training (Internship):				· .	
	LOCATION		TYPE OF SERVICE		FROM	то
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10. Upon what	t license or certificate do you base this	• • •	FLEX	Written Ex	am	
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NOTE TO APPLICANT:	giongy which issued the license used as the basis for this
NOTE TO APPLICANT: Forward the completed application form to the State board of application. The agency will complete the statement provided be	alow and authenticate it as required, and return it to the
application. The agency will complete the statement provided of	VICE TO SERVICE TO SER
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required Affidavit.)	The state of the s
10 July 00 Fill and 10 File an	Tevas StateRoard of Medical Examiners
1. A. Bryan Spires, Jr., M.D. Secretary	of the Texas StateBoard of Medical Examiners
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F3348	to practice as a Physician and Surgeon was issued to
certify that License No. F3348	
Scott Jay Spear, M.D.	en February 25, 1979.
(Name of Licensee)	The state of the s
	DESCRIPTION TO THE
based on written examination (By written/oral examination or on gradentials)	that the applicant BEFORE ADMINISTRATION TO THE
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EXAMINATION presented to this Board a diploma issued by Bar	vlor College of Medicine
EXAMINATION presented to this Board a diploma issued by	(Name of Medical School)
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on November 1978; that no charge against this Doc	tor has ever been filed with this Board or any other Board
1778101	
so far as our records show, nor has his License been revoked or suspe	ended.
I further certify that the License indicated above is currently va	12-31-81
I further certify that the License indicated above is currently va	fild and with expire
(NOTE - If the License was Issued by written examination, the Sec	cretary will complete the following certification, otherwise
I further certify that this Doctor passed the REGUALR	EEN EXAMINATION given by this Board on December
I further certify that this Doctor passed the NEGOALITY	(Date)
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^(*)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.



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CA 95825 APPLICATIONS AND EXAMINATIONS (916) 920-6411



PLEASE FORWARD TO YOUR MEDICAL SCHOOL CERTIFICATE OF EDUCATION

CERTIFICATE OF EDGG
C. H. Tau Spear, wil
This Certifies That College Full name of applicant
onrolled in Name of medical school (college)
June 19 <u>73</u>
as a Freshman.
Please specify
The undersigned further certifies that official transcripts on file show that prior to completing the state of the state o
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at Please Indicate school and WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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completing HOUSEN the subjects below listed, and that he SHE!
was granted the degree Doctor of Medicine. [left the above-mentioned medical school (college) for the following reason(s):
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on the 17 M day of Month Note
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