



BOARD OF MEDICAL QUALITY ASSURANCE
 1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95826
 TELEPHONE: (916) 920-8411

BOARD OF MEDICAL QUALITY ASSURANCE



JUL 7 10 56 AM '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
 150095

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

1. NAME: Last VANDERLEE			First MARGARET		Middle GAIL	2. Telephone Number:	
3. List other names, if any, you have used: (NONE)							
4. Address: Street and No. / Rural Route: 1240 N. MISSION RD., RM. L-1009			City LOS ANGELES		State CALIFORNIA	Zip Code 90033	
5. Name you wish on License: MARGARET GAIL VANDERLEE						Birthdate: (Month - Day - Year)	
6. Promedical Education: Name of College or University TEXAS A + M UNIVERSITY					Location: COLLEGE STATION, TEXAS		
Period of attendance: From: SEPT. 1973 To: MAY, 1976			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.	BAYLOR COLLEGE OF MEDICINE	HOUSTON, TEXAS	JUNE, 1976	JUNE, 1980			
2nd	SAME		"	"			
3rd	SAME		"	"			
4th	SAME		"	"			
5th							
6th							
8. Doctor of Medicine Degree granted by: BAYLOR COLLEGE OF MEDICINE			Date: JUNE 2, 1980		For Office Use Only School Code: TX 004		
9. 1st Year Postgraduate Training (Internship):							
LOCATION		TYPE OF SERVICE		FROM	TO		
WOMEN'S HOSP. - L.A. CO / USC MED. CENTER		OBSTETRICS - GYNECOLOGY		JUNE, 1980	JUNE, 1981		
10. Upon what license or certificate do you base this application? TEXAS - No. F-7254							
Name of Board Issuing License or Certificate: TEXAS STATE BOARD OF MEDICAL EXAMINERS						Exact Date of Issue: AUGUST 24, 1980	

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

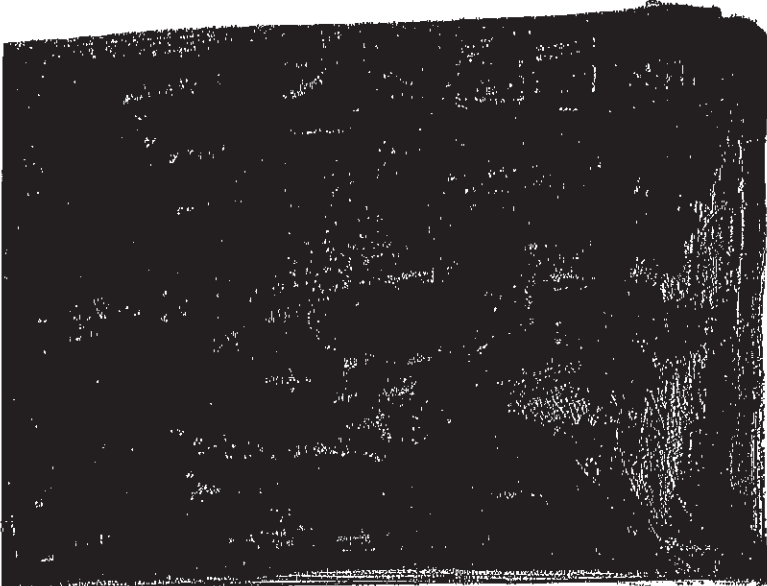
16. Are you now or have you ever been addicted to narcotic drugs? Yes No

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.

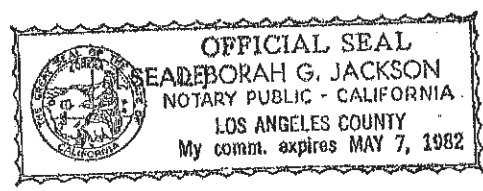
NOTE - APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"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 Margaret A. Henderson

Date June 5, 1981

Subscribed and sworn to before me this 5th day of June 1981



Signature of Notary Deborah G. Jackson
L. A. County 1200 North State Street
Address 1200 North State Street
LOS ANGELES, CALIFORNIA 90033

My commission expires: 5/7/82

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. E-7254 to practice as a Physician and Surgeon was issued to
Margaret Gail Vanderlee, M.D. on August 24, 1980
(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
(Name of Medical School)

on June 2, 1980; 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 Dec. 31, 1981
(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.)

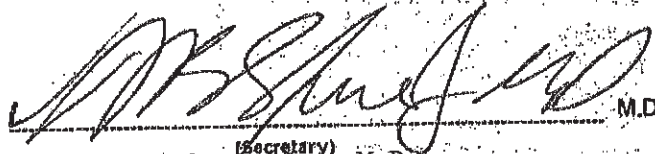
I further certify that this Doctor passed the REGULAR WRITTEN EXAMINATION given by this Board on June 10-12, 1980 and obtained a general average of 81 per cent in the following subjects: (Date)

	ST. BD. NO. 20884	FLEX WEIGHTED AVG	T
VANDERLEE	FLEX ID. 000015841	JURISPRUDENCE	
MARGARET G	ANAT PHYS BIO PATH MICR PHAR BEH S		
BAS SCI			AVG 1
CLIN SCI	MED SURG GR PH PED PSY		AVG 2
	CLINICAL COMPETENCE		AVG 3

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 24 day of June 19 81 Address 211 E. 7th, Suite 900 Austin, Tx. 78701

(*)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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APPLICATIONS AND EXAMINATIONS
(916) 920-8411



PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That Margaret Gail Vanderlee Full name of applicant
enrolled in Baylor College of Medicine Name of medical school (college)
on the 28 day of June 19 76.
Month 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 Texas A&M University, College Station, TX, and that he attended while at this
Please indicate school

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

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

was granted the degree ~~Bachelor~~ Doctor of Medicine.

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

on the 2 day of June 19 80.
Month Year

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

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Anatomy (see attached transcript) | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Preventive medicine, including nutrition | <input type="checkbox"/> Otolaryngology |
| <input type="checkbox"/> Embryology | <input type="checkbox"/> Physical medicine | <input type="checkbox"/> Radiology, including radiation safety | <input type="checkbox"/> Obstetrics and gynecology |
| <input type="checkbox"/> Histology | <input type="checkbox"/> Therapeutics | <input type="checkbox"/> Medicine | <input type="checkbox"/> Human sexuality as defined in Section 2192.3 |
| <input type="checkbox"/> Neuroanatomy | <input type="checkbox"/> Tropical medicine | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Child Abuse detection and treatment |
| <input type="checkbox"/> Physiology | <input type="checkbox"/> Surgery, including orthopedic surgery | <input type="checkbox"/> Psychiatry | |
| <input type="checkbox"/> Biochemistry | <input type="checkbox"/> Urology | <input type="checkbox"/> Neurology | |
| <input type="checkbox"/> Pathology, bacteriology and immunology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Anesthesia | |
| | <input type="checkbox"/> Pharmacology | | |

Signed and the College seal affixed this 18 day

of March 19 81.
Month Year

By Betty M. Stallman Registrar

[AFFIX SEAL
HERE]