

51083

DO NOT WRITE ON THIS FOLD

No. 51083

APPLICATION FOR REGISTRATION AS
PHYSICIAN AND SURGEON

Section 13

MURRAY PELTA, M.D.

3001 S King Drive
Chicago, Ill 60616

16

County _____

Preliminary Education approved _____ 19 _____

Medical Education approved _____ 19 _____

Diploma verified _____ 19 _____

Diploma returned _____ 19 _____

By _____ { Mail
Express

Application Fee \$150.00
received _____ 19 _____

Certificate issued JUN 24 1975 _____ 19 _____

Certificate forwarded _____ 19 _____

Application declined _____ 19 _____

DO NOT WRITE ON THIS FOLD

EXAMINATION RECORD

Practical Test

SUBJECT	First Examination	Second Examination
Section A		
Section B		
Section C		
Total		
General Average		
Date of first examination		19 _____
Date of second examination		19 _____

PERSONAL INFORMATION

Applicant Must Fill Following Blanks in Own Handwriting

Name Murray Pelta

Postoffice address _____

Is this your first application for a license in Illinois?

Yes

Name of College issuing diploma:

New York Medical College

Date of Graduation:

June 6, 1972

Total years of practice _____

If licensed in other states, give facts below.

State _____ Date _____

" " " "

" " " "

" " " "

I am not, and have not been an itinerant or advertising physician, and I hereby agree not to become such if a certificate be granted me to practice medicine in Illinois.

Signature of Applicant

M. D.

21083



CERTIFICATE OF MORAL CHARACTER

This is to Certify that we, the undersigned, are personally acquainted with Murray Pelta who is applying for registration as a Physician and Surgeon under the Illinois Medical Practice Act, and we know him to be of good moral character, and that he is the person referred to in this application; and that the attached photograph and signature are his.

Signed: [Redacted], M. D.

Address: [Redacted]

Illinois License No. 36-42335

Signed: [Redacted], M. D.

Address: [Redacted]

Illinois License No. [Redacted]

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION

154300

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 13 OF AN ACT
ENTITLED "THE MEDICAL PRACTICE ACT" OF ILLINOIS.

4-28-75

I hereby make application for a license to practice medicine and surgery in all their branches in the State of Illinois, and submit the following statements regarding my educational qualifications:

Full name Murray, Pelta

Present address [REDACTED]

Intended residence Illinois

Place of birth [REDACTED] Date of birth [REDACTED] Age 27

Are you a citizen of the United States? Yes

* Naturalized citizens of U.S. must submit Certificates of Naturalization; aliens must submit proof of making Declaration of Intention to become citizens (first papers). [REDACTED]

HIGH SCHOOL EDUCATION

Name and location of school attended

Period of attendance

1st year S. J. Tilden H.S., Brooklyn, NY

9/61 → 6/64

(For example, Oct. 15, 1912, to May 20, 1914)

2d year /

3d year /

4th year /

I was graduated from the Tilden High School on the — day of June 1964

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended

Period of attendance

1st year Brooklyn College, Brooklyn, NY

9/64 → 6/68

(For example, Oct. 6, 1914, to May 24, 1916)

2d year /

3d year /

4th year /

I have credit for 128 hours of college work. I received the degree of B.A.

(No. of majors, semester-hours, or clock hours)

from Brooklyn College on the — day of June 1968

(College or University)

MEDICAL EDUCATION

* I attended full courses of medical lectures as follows:

At New York Medical College, New York City

(Name of Medical College)

from the — day of September 1968 to the 6th day of June 1972

At /

(Name of Medical College)

from the — day of 19 to the — day of 19

At /

(Name of Medical College)

from the — day of 19 to the — day of 19

At /

(Name of Medical College)

from the — day of 19 to the — day of 19

Rotating internship served at /

from — to —

I was granted a diploma as a Doctor of Medicine by New York Medical College

located at New York City State of New York on the 6th

day of June 1972 and the Diploma presented with this application is the genuine Diploma of said institution.

State of Illinois
County of Cook

Murray Pelta, being
duly sworn, says that he is the person referred to in this application and that
the statements therein contained are true.

Murray Pelta
(Signature of Applicant)

Subscribed and sworn to before me this 27th day of

February, A. D. 1975
(Notary Public)

CERTIFICATION OF COLLEGE ATTENDANCE

(Give exact dates.)

TO THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that Murray Pelta
was in regular attendance at the New York Medical College
from the 9 day of September, 1968 to the 13 day of June, 1969
from the 8 day of September, 1969 to the 28 day of May, 1970
from the 31 day of August, 1970 to the 27 day of August, 1971
from the 30 day of August, 1971 to the 6 day of June, 1972
from the _____ day of _____, 19____ to the _____ day of _____, 19____
and was granted a Diploma as Doctor of Medicine by New York Medical College
located at New York City State of New York
on the 6th day of June, 1972.

[Seal of College]

Associate Registrar

CERTIFICATE OF INTERN SERVICE

This is to certify that Murray Pelta, a graduate
of New York Medical College, Medical College in 6/6/72
served a straight internship in 1st year residency in OB/GYN in Michael Reese Hospital
located at 2929 S. Ellis Ave Chicago Ill
from 7/1/72, 19____, to 6/30/73, 19____

Director of Medical Administrative Services

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE

UNITED STATES OF AMERICA

Murray Pelta, 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: John S. Millis
Chairman of the Board

SEAL

ROBERT A. CHASE
President of the Board

Philadelphia, Pa.
4/11/75

Cert. # 121697

ENDORSEMENT OF CERTIFICATION

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of New York Medical College on 6/6/1972, whose birth date is 6/2/194 following successful completion of all examinations required for certification by the National Board of Medical Examiners. The grades obtained are as follows:

	Standard*	Scale
	Score	Score
<u>PART I passed 6/17/1970</u>		
Anatomy, incl. histology and embryology		
Physiology		
Biochemistry		
Pathology		
Microbiology, incl. immunology		
Pharmacology and Materia Medica		
Behavioral Sciences		
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE*		
<u>PART II passed 4/14/1971</u>		
Internal medicine and the medical specialties		
Surgery and the surgical specialties		
Obstetrics and Gynecology		
Public Health and Preventive Medicine		
Pediatrics		
Psychiatry		
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE*		
<u>PART III passed 3/5/1975</u>		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75)	AVERAGE	380
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		
		(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

SEAL


Secretary for Certification

April 11, 1975
Date

Murray Pelta


036051083

2008

Electronic Renewal Record																																																		
																																																		
		<input type="button" value="Exit"/> <input type="button" value="Find Another"/>																																																
License Number	036051083	Method <input type="text" value="I"/> Credited: <input type="checkbox"/>																																																
Pin	<div></div>	User Responses <table border="1"><tbody><tr><td>1</td><td>SSN</td><td><input type="text"/></td><td>9</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>2</td><td>IA1</td><td><input type="text" value="N"/></td><td>10</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>3</td><td>PH1</td><td><input type="text" value="N"/></td><td>11</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>4</td><td>PH2</td><td><input type="text" value="N"/></td><td>12</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>5</td><td>PH3</td><td><input type="text" value="N"/></td><td>13</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>6</td><td>PH4</td><td><input type="text" value="N"/></td><td>14</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>7</td><td>CS1</td><td><input type="text" value="N"/></td><td>15</td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>8</td><td>CE1</td><td><input type="text" value="Y"/></td><td></td><td></td><td></td></tr></tbody></table>	1	SSN	<input type="text"/>	9	<input type="text"/>	<input type="text"/>	2	IA1	<input type="text" value="N"/>	10	<input type="text"/>	<input type="text"/>	3	PH1	<input type="text" value="N"/>	11	<input type="text"/>	<input type="text"/>	4	PH2	<input type="text" value="N"/>	12	<input type="text"/>	<input type="text"/>	5	PH3	<input type="text" value="N"/>	13	<input type="text"/>	<input type="text"/>	6	PH4	<input type="text" value="N"/>	14	<input type="text"/>	<input type="text"/>	7	CS1	<input type="text" value="N"/>	15	<input type="text"/>	<input type="text"/>	8	CE1	<input type="text" value="Y"/>			
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000500Q3304

IMPORTANT NOTICE: Completion of this form is required by 780 of the Illinois Compiled Statute (Chap. 86 1/2, of the Ill. Rev. Stat. 1985). Disclosure of information in mandatory. Providing false information or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application. This form has been approved by the Forms Management Center.

OPTOMETRISTS AND PHYSICIANS

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

DO NOT REUSE APPLICATION FOR A NEW REGISTRATION
CONTROLLED SUBSTANCES REGISTRATION

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or located.
3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

A. Type or print By: **NON-EXAM** ASG: UNASSIGN
SSN [REDACTED]

B. The fee is \$5
Professional Fee
(Separate application) **336057729**

C. Submit application to:
Department of Professional Regulation
320 West Washington
Springfield, Illinois 62760

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☐ First Time Applicant ☒ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME Murray Pelta, M.D. Controlled Substances	2. PROFESSIONAL CODE Check applicable box <input type="checkbox"/> Optometrist 3046 <input checked="" type="checkbox"/> Physician 336	3. LICENSE METHOD Registration	4. FEE \$5
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PART II: Applicant Identifying Information

1. NAME LAST Pelta	MIDDLE Murray	2. TITLE (e.g., M.D., O.D., etc.) MD	3. SOCIAL SECURITY NUMBER [REDACTED]
4. PERMANENT MAILING ADDRESS [REDACTED]		CITY [REDACTED]	STATE/COUNTRY IL 60610
5. NAME OF BUSINESS AND LOCATION (STREET/CITY/ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED PLANNED PARENTHOOD/CHICAGO AREA 1201 North Clark St., Suite 301 Chicago, IL 60610		6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S) [REDACTED]	
7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Work (312) 663-5266 Home [REDACTED]		[REDACTED]	

PART III: Professional Activity

FOR OFFICIAL USE ONLY

FEE
\$5

Practitioner - CHECK AND COMPLETE ONE OF THE FOLLOWING

Optometrist 046 - DRUG SCHEDULES: IIN IIN IV	Professional License Number
Physician 336 - 036-051083 DRUG SCHEDULES: (Circle the schedules for which you are applying) II IIN III IIN IV V	Professional License Number

BNDD Number: [REDACTED]	Type: [REDACTED]	Suffix: [REDACTED]
Schedule Codes: [REDACTED]	Additional Function: A	Card Code: K
Issuance Date (Month/Day/Year) [REDACTED]		

**INSTRUCTIONS FOR CONTROLLED SUBSTANCE REGISTRATION
- OPTOMETRISTS AND PHYSICIANS -**

FAILURE TO DO SO WILL RESULT IN DELAYING

An Illinois controlled substances registration is required only for those practice location(s) or business(es) where controlled drugs are stored or located in Illinois. A separate application is required for EACH location or business where controlled drugs are stored or located.

1. Complete all Parts I through VI of application (front and back).
2. Submit the appropriate \$5 licensure fee. Make check or money order payable to the Department of Professional Regulation - Fee is not refundable.
3. Return application and fee to the below noted address.**
4. Failure to properly complete the application will delay licensure.

NOTE:

- ☐ A controlled substances registration will not be issued until your professional license has been issued.
- ☐ It is mandatory that all locations or business address(es) be in Illinois address (P.O. boxes not acceptable). A controlled substances registration will not be issued to an out of state or to a home address.
- ☐ A controlled substances registration will not be issued to individuals holding a temporary license.

Should you have any questions relative to completing the application, contact:

**** Department of Professional Regulation ****
320 West Washington, 3rd Floor, CMU2
Springfield, Illinois 62786
217/782-0458

A State controlled substances registration is a prerequisite for Federal controlled substances registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration
230 South Dearborn, Suite 1200
Chicago, Illinois 60604
Telephone: 312/353-7875

PHYSICIANS ONLY - After obtaining both your State and Federal controlled substances registration, you may obtain official triplicate prescription forms for the purpose of prescribing Schedule II "designated product" controlled substances. Triplicate prescription forms may be obtained by contacting:

Illinois Department of Human Services
Triplicate Prescription Unit
222 South College, 2nd Floor
Springfield, Illinois 62704
Telephone: 312/822-9860 - Chicago
217/782-0685 - Springfield

Your state controlled substances registration number will expire at the same time your professional license expires.

IV. Personal History Information (This part must be completed by all Applicants)		YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.			X
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.			X
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.			X
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.			X
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.			X

PART V. Child Support Information (This part must be completed by all applicants.)

In accordance with 5 Illinois Compiled Statutes 100/10-85(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

You MUST check one of the following:

- ☐ I am not more than 30 days delinquent in complying with a child support order.
- ☐ I am more than 30 days delinquent in complying with a child support order.
- ☒ I am not currently under any child support order.

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Murray Pelta, M.D.

Print Name of Applicant

Signature of Applicant

February 25, 1998

Date of Application

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Application must be completed in its entirety.

If not completed, it will be returned to the address noted on front of application.

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

RECEIVED

MAY 19 1975

ENDORSEMENT
OF
CERTIFICATION

Murray Pelta, 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

DEPARTMENT OF REGISTRATION
AND EDUCATION

Attest: JOHN S. MILLIS
Chairman of the Board

SEAL


Philadelphia, Pa.
April 11, 1975

ROBERT A. CHASE
President of the Board


Cert. # 121697

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of New York Medical College on 06/06/1972 whose birth date is 08/22/1947, following successful completion of all examinations required for certification by the National Board of Medical Examiners. The grades obtained are as follows:


PART I passed 06/17/1970

	Standard* Score	Scale Score
Anatomy, incl. histology and embryology	_____	
Physiology	_____	
Biochemistry	_____	
Pathology	_____	
Microbiology, incl. immunology	_____	
Pharmacology and Materia Medica	_____	
Behavioral Sciences	_____	
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**	_____	

PART II passed 04/14/1971

Internal medicine and the medical specialties	_____	
Surgery and the surgical specialties	_____	
Obstetrics and Gynecology	_____	
Public Health and Preventive Medicine	_____	
Pediatrics	_____	
Psychiatry	_____	
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**	_____	

PART III passed 03/05/1975

A General Test of Clinical Competence	_____	
(Minimum Passing Grade 290/75) AVERAGE	380	

GENERAL AVERAGE (Parts I, II, and III)

(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

SEAL

Secretary for Certification

May 13, 1975
Date

NATIONAL BOARD OF MEDICAL EXAMINERS
CERTIFICATION OF GRADUATION

This certifies that PELTA MURRAY 121697

is a person of good moral character, that he has been a

student in NEW YORK MED School of Medicine

from 9 Mo. 68 Yr. To 6 Mo. 72 Yr. and that

the degree of M.D. has been conferred on 6 Mo. 72 Yr.

11-8-72

(Date)

[Signature]
Dean or Registrar

NATIONAL BOARD OF MEDICAL EXAMINERS

NATIONAL BOARD OF MEDICAL EXAMINERS
3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

CERTIFICATION OF POST M.D. INTERNSHIP OR RESIDENCY

This certifies that PELTA MURRAY 121697 145

has served satisfactorily in the first year of post-M.D. training (or ~~internship~~ residency) in the

Michael Reese Medical Center
Hospital

Chicago, Illinois
City State

From July 1, 1972
(Date this 1st year of post-M.D. training began)

To June 30, 1973
(Date this 1st year was/will be completed)

March 3, 1975

Date

[Signature]
Signature

Registrar - Professional Affairs
Position

Remarks: _____

000500Q3304

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OPTOMETRISTS AND PHYSICIANS

APPLICATION FOR STATE

CONTROLLED SUBSTANCES REGISTRATION

DO NOT REUSE APPLICATION FOR OTHER PURPOSES
CONTROLLED SUBSTANCES REGISTRATION ONLY

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or located.
3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

A. Type or print By: **NON-EXAM** ASG: UNASSIGN
SSN [REDACTED]

B. The fee is \$5
Professional Fee
(Separate application) **336057729**

C. Submit application to:
Department of Professional Regulation
320 West Wacker Drive
Springfield, Illinois 62761

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☐ First Time Applicant ☒ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME Murray Pelta, M.D. Controlled Substances	2. PROFESSIONAL CODE Check applicable box <input type="checkbox"/> Optometrist 3046 <input checked="" type="checkbox"/> Physician 336	3. LICENSE METHOD Registration	4. FEE \$5
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PART II: Applicant Identifying Information

1. NAME LAST Pelta	FIRST Murray	MIDDLE	2. TITLE (e.g., M.D., O.D., etc.) MD	3. SOCIAL SECURITY NUMBER [REDACTED]
4. PERMANENT MAILING ADDRESS [REDACTED]		CITY	STATE/COUNTRY	ZIP CODE 60610
5. NAME OF BUSINESS AND LOCATION (STREET/CITY/ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED PLANNED PARENTHOOD/CHICAGO AREA 1201 North Clark St., Suite 301 Chicago, IL 60610		6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S) [REDACTED]		
7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Work (312) 663-5266 Home [REDACTED]		[REDACTED]		

PART III: Professional Activity

Practitioner - CHECK AND COMPLETE ONE OF THE FOLLOWING

Optometrist 046 - Professional License Number	DRUG SCHEDULES: II IN III IN IV
Physician 336 - 036-051083 Professional License Number	DRUG SCHEDULES (Circle the schedules for which you are applying): II IN III IN IV V

FOR OFFICIAL USE ONLY

FEE
\$5

BNDD Number: [REDACTED]	Type: [REDACTED]	Suffix: [REDACTED]
Schedule Codes: [REDACTED]	Additional Function: A	Card Code: K
Issuance Date (Month/Day/Year) [REDACTED]		

**INSTRUCTIONS FOR CONTROLLED SUBSTANCE REGISTRATION
- OPTOMETRISTS AND PHYSICIANS -**

FAILURE TO DO SO WILL RESULT IN DELAYING

An Illinois controlled substances registration is required only for those practice location(s) or business(es) where controlled drugs are stored or located in Illinois. A separate application is required for EACH location or business where controlled drugs are stored or located.

1. Complete all Parts I through VI of application (front and back).
2. Submit the appropriate \$5 licensure fee. Make check or money order payable to the Department of Professional Regulation - Fee is not refundable.
3. Return application and fee to the below noted address.**
4. Failure to properly complete the application will delay licensure.

NOTE:

- ☐ A controlled substances registration will not be issued until your professional license has been issued.
- ☐ It is mandatory that all locations or business address(es) be in Illinois address (P.O. boxes not acceptable). A controlled substances registration will not be issued to an out of state or to a home address.
- ☐ A controlled substances registration will not be issued to individuals holding a temporary license.

Should you have any questions relative to completing the application, contact:

**** Department of Professional Regulation ****
320 West Washington, 3rd Floor, CMU2
Springfield, Illinois 62786
217/782-0458

A State controlled substances registration is a prerequisite for Federal controlled substances registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration
230 South Dearborn, Suite 1200
Chicago, Illinois 60604
Telephone: 312/353-7875

PHYSICIANS ONLY - After obtaining both your State and Federal controlled substances registration, you may obtain official triplicate prescription forms for the purpose of prescribing Schedule II "designated product" controlled substances. Triplicate prescription forms may be obtained by contacting:

Illinois Department of Human Services
Triplicate Prescription Unit
222 South College, 2nd Floor
Springfield, Illinois 62704
Telephone: 312/822-9860 - Chicago
217/782-0685 - Springfield

Your state controlled substances registration number will expire at the same time your professional license expires.

IV. Personal History Information (This part must be completed by all Applicants)		YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.			X
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.			X
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.			X
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.			X
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.			X

PART V. Child Support Information (This part must be completed by all applicants.)

In accordance with 5 Illinois Compiled Statutes 100/10-85(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

You **MUST** check one of the following:

- ☐ I am not more than 30 days delinquent in complying with a child support order.
- ☐ I am more than 30 days delinquent in complying with a child support order.
- ☒ I am not currently under any child support order.

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Murray Pelta, M.D.

Print Name of Applicant

Signature of Applicant

February 25, 1998

Date of Application

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Application must be completed in its entirety.

If not completed, it will be returned to the address noted on front of application.



154300

4/1/50

Enclosed is application for medical licensure in Illinois with fee of \$150. I have passed National Boards Parts I, II, III and Certification of Record of above is being forwarded by the National Board of Medical Examiners.

Is there any way of finding out when the next interviews in the Chicago area will be given?

Sincerely,

Murray Pelta



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
RONALD E. STACKLER
DIRECTOR

160 North LaSalle Street
Chicago, Illinois
60601
(312)793-3446

628 East Adams Street
Springfield, Illinois
62786
(217)782-4624

IN REPLY REFER TO: Medical Section

Date: April 24, 1975

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON OF ILLINOIS

NAME Murray Pelta, M.D.

ADDRESS [REDACTED]

1. ~~XXXX~~ Your application on the basis of your National Board examination will be given further consideration upon receipt of a transcript of your National Board grades.
2. Your application will be given further consideration upon receipt of proof of your internship.
3. Your application will be given further consideration upon receipt of proof of residency training or proof that you have been accepted for training.
4. Your application will be given further consideration upon receipt of your original medical and premedical studies, together with official translations if not in the English language.
5. Your application will be given further consideration upon receipt of the enclosed recommendation forms signed by (2) physicians licensed to practice medicine in the United States.
6. Your application will be given further consideration upon receipt of your College Attendance form completed by the medical school and returned to this Department. (Form enclosed)
7. Your application will receive further consideration upon receipt of proof of your citizenship or Declaration of Intention to become a citizen of the United States.
8. Your application has been placed on file for the examination-interview to be held in Chicago. A card of admission and further instructions will be mailed at a later date.
9. You will be scheduled for examination-interview upon receipt of your fee in the amount of \$150.00. Clinical test-interview will be held in Chicago.
10. You will be scheduled for examination-interview upon receipt of your fee in the amount of \$75.00. Written examination-interview will be held in Chicago.
11. You will be scheduled for re-examination upon receipt of your fee in the amount of \$50.00. Written examination will be held in Chicago.
12. The Medical Examining Committee will review your application at its next meeting.



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
RONALD E. STACKLER
DIRECTOR

180 North LaSalle Street
Chicago, Illinois
60601
(312)793-3446

628 East Adams Street
Springfield, Illinois
62786
(217)782-4624

IN REPLY REFER TO: Medical Section

Murray Pelta, M.D.
[REDACTED]

Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 36-51083 Issued June 24, 1975

You may use this as your authority to practice as a licensed physician and surgeon until such time as your certificate is issued and mailed.

Very truly yours,

[REDACTED]
Jerry D. Sternstein
Deputy Director for Licensing

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