54338

EXAMINATION RECORD

	Anatomy	Physiology	Biochemistry	Pathology	Microbiology	Pharmacology	Basic Science Average	Medicine	Surgery	Obstetrics	Public Health	Pediatrics	Psychiatry	Clinical Science Average	Clinical Competence Average	Flex Weighted Average
1st Exam. Date	[redacted]															
2nd Exam Date																
3rd Exam. Date																
4th Exam. Date																
5th Exam. Date																

PERSONAL INFORMATION

Applicant must fill in following blanks

Name CARLOS G. BALDOCEDA, MD

[redacted]

Is this your first application for a license in Illinois? YES

Total years of practice 2

As follows:

State ILLINOIS Years 1973

1974

DO NOT WRITE IN THIS PORTION

DEPT. OF REGISTRATION & EDUCATION
STATE OF ILLINOIS
No. 54338
Application for Registration as
PHYSICIAN AND SURGEON

DECLARATION OF INTENTION OR

Carlos G.Baldoceda M.D.
8828 Forestview Road
Skokie, Illinois 60076 016

Diploma verified 4/24/75

Diploma returned 4/24/75

By [redacted]

Certificate Issued MAR 14 1975

Certificate Forwarded

Signed at

on the 19

as

Returned

By

PERSONAL HISTORY

NOTE: If any of the following questions are answered "YES", full details must be furnished on separate sheet and attached.

	YES	NO
1. Do you hold a license in any of the other healing arts?		X
2. Have you ever been called before any state board or any medical association for interrogation concerning any violation of The Medical Practice Act or unethical conduct?		X
3. Have you ever been convicted of a felony or misdemeanor other than traffic violations?		X
4. Have you ever been addicted to or treated for addiction to drugs?		X
5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law, or any narcotic law?		X
6. Have you ever recieved psychiatric treatment or received trestment for mental illness?		X
7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?		X
8. Have you ever engaged in the practice of medicine in a state, district or territory wherein you did not hold a valid license?		X
9. Have you ever had an application for licensure refused or rejected by a licensing board?		X

HEIGHT	WEIGHT	HAIR	EYES	PLACE PRINT OF RIGHT THUMB HERE
[redacted]				

IMPORTANT:

Any false or misleading information in, or in connection with, any application, may be cause for debarment on the ground of lack of good moral character.

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct.

State of Illinois

County of Cook

CARLOS G. BALDOCEDA, MD being duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.

[redacted] MD

SIGNATURE OF APPLICANT
(Please use legal name)

Subscribed and sworn to before me this 23 day of April, 19 75.

NOTARY SEAL

[redacted]

Notary Public

Chicago, Illinois

MY COMMISSION EXPIRES
MAY 7, 1977

9828 Forestview Road
Skokie, IL 60076

05 0 0 0 0 2 6 3 0 9

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD

ok

4-28-75 6146596 75.00 036 3 A

10-7-75 6189689 50.00 036 3 A

Lt

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

I hereby make application for examination for a Certificate to practice Medicine and Surgery in all their branches under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name CARLOS G. BALDOCEDA, MD

Permanent address [redacted]

Place of birth [redacted] Date of birth [redacted] Age [redacted]

Are you a citizen of the United States? NO

NOTE. Naturalized citizens of the United States should submit Certificates of Naturalization.

HIGH SCHOOL EDUCATION

Name of School GR. UNIDAD ESCOLAR "RICARDO PALMA" Location LIMA, PERU, S.A.

Attendance from APRIL 1st 1957 to DECEMBER 31st 1961

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended		period of attendance
1st year	NATIONAL UNIVERSITY OF TRUJILLO	APRIL 1962 to DECEMBER 1962
2nd year	NATIONAL UNIVERSITY OF TRUJILLO	APRIL 1963 to DECEMBER 1963
3rd year		
4th year		

I have credit for _____ of college work. I received the degree of _____
(No. of majors, semester hours, or clock hours)

from _____ on the _____ day of _____ 19___
(College or University)

MEDICAL EDUCATION

5-18-71 Dep

I attended 5 full courses of medical lectures as follows:

at NATIONAL UNIVERSITY OF TRUJILLO, MEDICAL SCHOOL
(Name of Medical College)
from the 1st day of APRIL, 1964 to the LAST day of DECEMBER, 1964

At NATIONAL UNIVERSITY OF TRUJILLO, MEDICAL SCHOOL
(Name of Medical College)
from the 1st day of APRIL, 1965 to the LAST day of DECEMBER, 1965

At NATIONAL UNIVERSITY OF TRUJILLO, MEDICAL SCHOOL
(Name of Medical College)
from the 1st day of APRIL, 1966 to the LAST day of DECEMBER, 1966

At NATIONAL UNIVERSITY OF TRUJILLO, MEDICAL SCHOOL
(Name of Medical College)
from the 1st day of APRIL, 1967 to the LAST day of DECEMBER, 1967

At NATIONAL UNIVERSITY OF TRUJILLO, MEDICAL SCHOOL
from the 1st day of APRIL 1968 to the LAST day of DECEMBER 1968

I was granted the degree of Doctor of Medicine by NATIONAL UNIVERSITY OF TRUJILLO, MEDICAL SCHOOL
(Name of Medical College)

located at TRUJILLO, PERU, S.A. State or Country PERU, SOUTH AMERICA, on the 17th

day of MAY, 1971, and the Diploma presented with this application is the genuine Diploma of said institution.

no

POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

DESCRIPTION	NAME OF INSTITUTION	DATES FROM	DATES TO	LOCATION
Rotating Internship	HOSPITAL CENTRAL DEL EMPLEADO, LIMA, PERU	1-1-70	12-31-70	LIMA, PERU, S.A.
FAMILY PRACTICE RESIDENCY	HOSPITAL CENTRAL DEL EMPLEADO, LIMA, PERU	8-1-71	12-24-72	LIMA, PERU, S.A.
Rotating Internship	COLUMBUS-CUNEO MEDICAL CENTER	1-1-73	6-30-74	CHICAGO, ILLINOIS 60614
Obstetrics-Gynecology Residency	COOK COUNTY HOSPITAL / Actual training to be Completed in 1977	6-30-74	6-30-75	CHICAGO, ILLINOIS 60612

THE FILING OF AN APPLICATION OR THE TAKING OF AN EXAMINATION DOES NOT ENTITLE THE APPLICANT TO PRACTICE IN THE STATE OF ILLINOIS.

FOREIGN CREDENTIALS MAY NOT BE PRESENTED FOR REVIEW AT AN EXAMINATION.

THE FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.
1612 SUMMIT AVENUE, SUITE 309
FORT WORTH, TEXAS 76102

RECEIVED
FEB 15 1977
MEDICAL SECTION

DATE: 2/8 19 77

TO: ILLINOIS DEPT. OF REGISTRATION & EDUCATION

SUBJECT: FLEX Examination Grades for CARLOS G. BALDOCEDA, M. D.
8828 Forestview Road
Skokie, Illinois 60076

This is to certify that the above person took the FLEX Examination in 12/76 19
under North Dakota admission number ND857 and obtained
the following grades: FLEX Test Processing number 60549

BASIC SCIENCE:
- Anatomy
- Physiology
- Biochemistry
- Pathology
- Microbiology
- Pharmacology

CLINICAL SCIENCE:
- Medicine
- Surgery
- Obstetrics
- Public Health
- Pediatrics
- Psychiatry

BASIC SCIENCE AVERAGE:

CLINICAL SCIENCE AVERAGE:

CLINICAL COMPETENCE AVERAGE:

FLEX WEIGHTED AVERAGE:

Sincerely,

M. H. CRABB, M. D., Secretary

MHC:mf /je

CERTIFICATION OF COLLEGE ATTENDANCE

(Give e[illegible]lates.)

National University of Trujillo

April 1rst. 1975

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

This is to certify that CARLOS GERMAN BALDUCEDA, M.D.

was in regular attendance at the Medical School of the National University of Trujillo.

from the 1erst day of April, 1965 to the 31 day of December, 1965

from the 1rst day of April, 1966 to the 31 day of December, 1966

from the 1rst day of April, 1967 to the 31 day of December, 1967

from the 1rst day of April, 1968 to the 31 day of December, 1968

from the 1rst day of April, 1969 to the 31 day of December, 1969

and was granted a Diploma as Doctor of Medicine by National University of Trujillo

located at Av. Salaverry N°545 - State of Trujillo - Perú

on the 17 day of May, 1971, having completed 7 800 hours.

[Seal of College]

[redacted]

(Dean, Secretary or Registrar)

UNIVERSIDAD NACIONAL DE TRUJILLO
Dirección del Programa Académi[illegible]
de Ciencias Médicas

A.O. 11A (49068—5M—6-43)

Cook County Hospital
1825 West Harrison St., Chicago, Illinois 60612 (312) 633-6000

April 22, 1975

Re: Carlos G. Baldoceda

To Whom It May Concern:

This is to certify that Carlos G. Baldoceda is presently a resident in good standing in the Division of Obstetrics at the Cook County Hospital.

Sincerely,

[redacted]

Louis Keith, M.D.
Associate Chairman
Division of Obstetrics

LK:cb

Cook County Hospital
1825 West Harrison St., Chicago, Illinois 60612 (312) 633-6000

July 9, 1975

TO WHOM IT MAY CONCERN

This is to certify that Carlos Baldoceda, M.D. completed his first year of residency in the Department of Obstetrics and Gynecology at Cook County Hospital on June 30, 1975.

[redacted]
Robert C. Stevko, M.D.
Chairman
Department of Obstetrics and Gynecology

bl

RECOMMENDATION

Date 4/21/71 19

This certifies that I am personally acquainted with

R. Bol[illegible]

that I know h[illegible] to be of good moral and professional character and entirely worthy of confidence. I hereby recommend h[illegible] to the Department of Registration and Education to be licensed to practice

[illegible]

in the State of Illinois.

Luba Berman

[redacted]
(Street Address)

P. O. Address [illegible] Ill.

Endorser is a Graduate of [illegible] in the year [illegible]
(Name of Professional School)

Illinois License No. 36-33985 Date issued 2/15/64

RECOMMENDATION

Date April 22 1975

This certifies that I am personally acquainted with

Dr. Baldocchi

that I know h im to be of good moral and professional character and entirely worthy of confidence. I hereby recommend h im to the Department of Registration and Education to be licensed to practice

Medicine & Surgery in the State of Illinois.

Louis Keith M.D.

[redacted]

(Street Address)

P. O. Address Chicago Ill.

Endorsed as a Graduate of The Chicago Med Sch. in the year 1960

(Name of Professional School)

Illinois License No. 36-37486 Date issued 1961

MEMORANDUM

DEPARTMENT OF REGISTRATION AND EDUCATION
Division of Registration

Date December 12, 1978

TO Dean, National University of Trujillo

FR Marilyn Yokem, Unit Supervisor, Medical Section

RE Carlos G. Baldoceda, M.D. and Luis O. Garcia-Nique M.D.

Sir:

Would you be kind and complete the two enclosed certification of college attendance forms for the herein and above mentioned doctors?

Please return the completed forms to:

Marilyn Yokem, Unit Supervisor
Department of Registration and Education
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

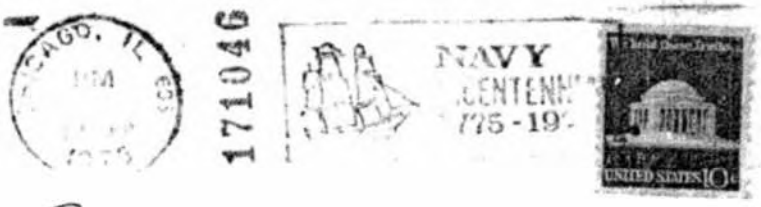
Please mark the envelope, "personal and confidential".

Thanking you in advance for your cooperation.

MY:y

Enclosures

[redacted]



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND
EDUCATION – MEDICAL SECTION.
[illegible] E. Old Adams Street
SPRINGFIELD, ILLINOIS 62786

AFTER 5 DAYS RETURN TO
Carlos G. Baldoceda, MD
[redacted]

8 FEB 1978

US
RETURN
ADDRESS

227

DEPARTMENT OF REGISTRATION
AND EDUCATION
MEDICAL SECTION
628 East Adams Street
Springfield, IL. 62786

Chicago, September 26, 1975

Department of Registration and Education
Medical Section
628 E. Adams Street
Springfield, IL. 62786

171046

Dear Sir:

I took the FLEX late June 75 and I failed Day I that I would like to retake on December 2, 1975.

Enclosed you will find my fee that it is required in order to retake the exams.

Sincerely yours,

[redacted]
C. BALDOCEDA

NOTE.-
New address
Carlos G. Baldoceda, MD
[redacted]
Skokie, Illinois 60076