

APPLICATION FOR D.C. LICENSE

44.

FOR OFFICE USE ONLY

APPLICATION NO. **91-9E**

AMOUNT OF FEE	DATE PAID	BASIS OF LICENSURE	date	CATEGORY CODE
APPLICATION \$ <b>180</b>	<b>5/2/91</b>	<input type="checkbox"/> EXAMINATION	test score	AUDIT/LICENSE NO.
EXAMINATION \$		<input type="checkbox"/> RECIPROCITY	state	COMPLAINTS FILED <input type="checkbox"/> Yes <input type="checkbox"/> No
LICENSE \$		<input type="checkbox"/> ENDORSEMENT	state	MIS ONLY
BOARD APPROVED		<input type="checkbox"/> OTHER		STREET CODE
LICENSE PERIOD				QUADRANT CODE
from	to			

TO BE COMPLETED BY APPLICANT (PLEASE READ INSTRUCTIONS FIRST) (PRINT IN INK OR TYPE)

1. TYPE OF LICENSE <b>MEDICINE &amp; SURGERY</b>	5. <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	6. BASIS OF APPLICATION <input checked="" type="checkbox"/> Examination <input type="checkbox"/> Re-examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement <input type="checkbox"/> Other (specify)	11. DATE OF APPLICATION <b>4-28-91</b>
2. NAME OF APPLICANT (Last, First, MI) <b>DESROCHES, WESLY</b>	7. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		* 12. SOCIAL SECURITY NUMBER
3. RESIDENCE ADDRESS (Street, City, State, Zip Code)	8. <input type="checkbox"/> TRADE NAME OR <input type="checkbox"/> EMPLOYER NAME		13. DATE OF BIRTH
4. BILLING ADDRESS (Street, City, State, Zip Code) <b>SAME AS 3</b>	9. BUSINESS ADDRESS (Street, City, State, Zip Code) <b>827 LINDEN AVE BALT. MD 21201</b>	10. D.C. WARD	14. PLACE OF BIRTH
			15. TELEPHONE NUMBER Residence Business <b>(301) 425-8176</b>
			16. CERTIFICATE OF OCCUPANCY (if applicable) NUMBER

17. SCHOOL ATTENDED (name, city, state or foreign country) <b>STATE UNIV. OF HAITI</b>	18. Total No. of Hours	19. Date of Graduation <b>1972</b>	20. Type of Degree/Certificate <b>M.D.</b>	21. Year Degree Received <b>1972</b>
---	------------------------	---------------------------------------	---	---

22. Have you ever been arrested or convicted of a crime? (omit traffic violations)  
 Yes  No If yes, attach explanation.

23. Are you currently bonded?  Yes  No  
If yes, give expiration date

24. Are you now or have you ever been licensed in D.C. or any other jurisdiction?  Yes  No  
If yes, give the following information on original licensure: Jurisdiction \_\_\_\_\_  
License Date **July 13, 79** License No. **11701** Issue Basis \_\_\_\_\_

25. Have you ever surrendered license or has license been denied, revoked or suspended by any jurisdiction?  Yes  No  
If yes, attach explanation.

26. AFFIDAVIT OF APPLICANT

**WESLY DESROCHES, M.D.**, being duly sworn, deposes and says: That the information given in this application, including all writings and exhibits attached hereto, is true and complete.

District of Columbia ss.

Subscribed and sworn to before me this **29<sup>TH</sup>** day of **April**, 19**91**, by the affiant, who personally appeared before me.

My Commission expires **6, 1, 1993** (SEAL)

Signature of Applicant: *Wesly Desroches*

Notary Public: *Leon Duzgaber*

1. All applicants must complete applicable portions of supplemental page and submit all supporting documents required.  
2. Fee must accompany application. All fees are earned when paid and cannot be transferred or refunded.  
3. Make checks payable to D.C. TREASURER. A charge of \$15.00 will be imposed for dishonored checks. (Public Law 89-208)  
4. False or misleading statements will be cause for rejection of application or revocation of license.  
5. If more space is needed to fully answer questions, attach additional page(s).

\*Under the authority of Public Law 93-579, Section 7(b), the Department of Consumer and Regulatory Affairs requests your Social Security Number to assist in the administration of D.C. tax laws. Disclosure is not required as a part of the licensing process and will not be made available to the public.

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
P.O. BOX 37200 WASHINGTON D.C. 20013-7200

BOARD OF MEDICINE

ADDRESS ALL COMMUNICATIONS  
TO THE BOARD



SUPPLEMENTAL INFORMATION FOR  
APPLICATION TO PRACTICE MEDICINE/OSTEOPATHY

Name WESLY DESROCHES  
Address \_\_\_\_\_  
\_\_\_\_\_

Check one:  
 Osteopathy & Surgery  
 Medicine & Surgery

1. Have you ever taken an examination in the basic sciences or any examination in the healing art under the authority of the the Board of Medicine?  yes \_\_\_no  
If yes, please provide date(s) and type of examination \_\_\_\_\_  
FLEX 1978
2. Have you ever been party to a medical malpractice action or had a medical malpractice suit brought against you? \_\_\_yes no
3. Have you ever settled a malpractice charge made against you out of court? \_\_\_yes no
4. Have you ever voluntarily surrendered a license after formal charges have been filed against you or while you were under investigation? \_\_\_yes no
5. Has your license to practice medicine/osteopathy ever been restricted or censored? \_\_\_yes no
6. Have you ever surrendered your clinical privileges or have your clinical privileges ever been denied, revoked or suspended at any hospital or health care facility? \_\_\_yes no
7. Have you ever been terminated from or resigned while on probation, from a clinical training program? \_\_\_yes no

If the answer to any of the above questions is "yes", please give dates, facts, and a detailed history of each on a separate sheet of paper.

8. Please list below all training and practice since date of medical school graduation to present date. Include periods of unemployment or other employment. Please provide complete addresses including department and/or name of supervisory physician. All employment will be verified by the Board of Medicine administrative staff.

from month/year to month/year

- 1) GRADUATION AUGUST 1972
- 2) RESIDENCY OB-GYN 1972-1974 STATE HOSPITAL OF HAITI  
P-AG-P. HAITI.
- 3) 1974-1977 PRIVATE PRACTICE (HAITI)
- 4) 1977-1978 INTERNSHIP HARLETT HOSPITAL (CHIEF HAROLD GREENA)
- 5) 1979-1982 RESIDENCY (HOWARD UNIV) (CHIEF MARTIN MILLAREN, MD)
- 6) 1982-1990 BON SECOURS HOSPITAL (K.B LEE M.D.) (CHIEF)
- 7) 1990 - TO PRESENT (MARYLAND GLE HOSPITAL) (CHIEF W. HAST, MD)

9. List below all states where you are presently licensed or have ever been licensed to practice medicine/osteopathy. For each state listed, have a letter of good standing sent to the D.C. Board of Medicine, Application Division, P.O. Box 37200, Room 904, Washington, D.C. 20013-7200.

- 1) MARYLAND
- 2) D.C.
- 3) Pa.

If additional space is required, please attach information on a separate sheet of paper.

I certify that the information provided on this supplemental information sheet is true. By certifying this information, I will be available to interpret or substantiate the information provided should the Board of Medicine need clarification at a later date.

Wesley DeLuca  
Signature of Applicant

4-28-91  
Date

# HOWARD UNIVERSITY

HOWARD UNIVERSITY HOSPITAL AND AFFILIATED HOSPITALS  
WASHINGTON, DISTRICT OF COLUMBIA

THIS IS TO CERTIFY THAT

WESLY DESROCHES, M.D.

HAS SATISFACTORILY COMPLETED THREE YEARS  
OF POSTGRADUATE MEDICAL EDUCATION IN

ANESTHESIOLOGY

THROUGH OUR TRAINING PROGRAMS AT HOWARD UNIVERSITY.

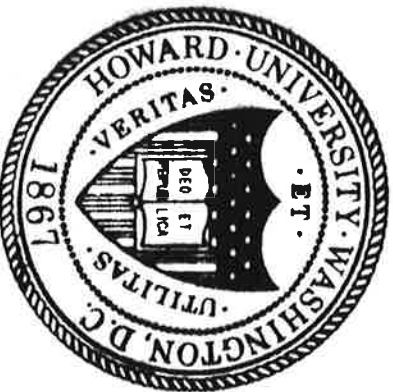
JULY 1, 1979 TO JUNE 30, 1982

MEDICAL DIRECTOR

*J. P. Rowe M.D.*

PROGRAM DIRECTOR

*Wesley Desroches M.D.*



PRESIDENT OF THE UNIVERSITY

*[Signature]*

SECRETARY OF THE UNIVERSITY

*Queen D. Miller*

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

in affiliation with

**College of Physicians & Surgeons  
of Columbia University**

at

**Harlem Hospital Center**

certifies that

**Wesley Destroches, M.D.**

has satisfactorily performed the duties of

**Resident - Surgery,**

from July 1, 1977 to June 30, 1978.

In Witness Whereof, the undersigned have affixed  
their signatures this 30th day of June, 1978.

!!!



*August T. Thompson*  
PRESIDENT OF THE CORPORATION

*[Signature]*  
EXECUTIVE DIRECTOR,  
HARLEM HOSPITAL CENTER

*Wesley Destroches*  
DEAN, COLLEGE OF PHYSICIANS & SURGEONS  
OF COLUMBIA UNIVERSITY

*[Signature]*  
DIRECTOR OF SERVICE

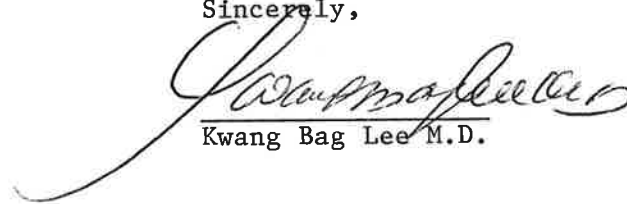


BON SECOURS HOSPITAL

April 15, 1991

To whom it may concern, this is to certify that Dr. Wesley Desroches has worked in the Anesthesia Department at Bon Secours Hospital. The dates are as follows: August, 1982 through June 30, 1990; during which time I was chairman of the department.

Sincerely,



Kwang Bag Lee M.D.

MARYLAND GENERAL HOSPITAL  
BALTIMORE, MARYLAND 21201

April 8, 1991

To Whom It May Concern:

This is to certify that Wesly Desroches, M.D. has been working as a Staff Anesthesiologist at Maryland General Hospital since July 1, 1990.

Sincerely,

A handwritten signature in blue ink that reads "William Hass".

William Hass, M.D.  
Chief Of Anesthesia

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
 OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
 P.O. BOX 37200, WASHINGTON, D.C. 20013-7200

BOARD OF MEDICINE

ADDRESS ALL COMMUNICATIONS  
 TO THE BOARD



Re: WESLY DESROCHES, M.D.

Dear Sir/Madam:

The applicant whose name appears above has applied for a license to practice medicine/osteopathy in the District of Columbia. In order to assist the Board in evaluating this applicant, we would appreciate your providing the following information. Any additional remarks may be added on a separate sheet of paper.

Please complete this form to the best of your ability and return it to:

D.C. Board of Medicine  
 Application Division  
 P.O. Box 37200, Room 904  
 Washington, D.C. 20013-7200

Your prompt reply will enable the Board to consider this individual's application in a timely manner.

1. Please evaluate Applicant's performance: (please indicate with check)

	n/a*	poor	fair	good	superior
Professional Knowledge					X
Clinical Judgement					X
Relationship with Patients					X
Ethical/Professional Conduct					X
Interest in Work					X
Ability to Communicate					X
*unable to evaluate					

2. Recommendation: (please indicate with check)

1. Recommend highly and without reservation
2. Recommend as qualified and competent
3. Recommend with some reservation (explain)
4. Do not recommend (explain)

  X    
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



3. This evaluation is based on: (please indicate with check)

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other (please specify)

4. Relationship to Applicant: (please indicate with check)

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (please specify)

5. Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

William H. Hass  
Signature of Evaluator  
William H. Hass MD  
please print or type name  
Chief of Anesthesia  
Title of Evaluator  
8 April 91  
Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
 OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
 P.O. BOX 37200, WASHINGTON, D.C. 20013-7200

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1. Please evaluate Applicant's performance: (please indicate with check)

	n/a*	poor	fair	good	superior
Professional Knowledge					✓
Clinical Judgment					✓
Relationship with Patients					✓
Ethical/Professional Conduct					✓
Interest in Work					✓
Ability to Communicate					✓
*unable to evaluate					

2. Recommendation: (please indicate with check)

1. Recommend highly and without reservation
2. Recommend as qualified and competent
3. Recommend with some reservation (explain)
4. Do not recommend (explain)

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

3. This evaluation is based on: (please indicate with check)

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other (please specify)


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

4. Relationship to Applicant: (please indicate with check)

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (please specify) COLLEAGUE

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

5. Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
Signature of Evaluator

HENRIOT ST GERARD, M.D.  
\_\_\_\_\_  
please print or type name

STAFF ANESTHESIOLOGIST  
\_\_\_\_\_  
Title of Evaluator

4-10-91  
\_\_\_\_\_  
Date

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
 DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS  
 OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION  
 P O BOX 37200 WASHINGTON, D.C 20013-7200

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Professional Knowledge  
 Clinical Judgement  
 Relationship with Patients  
 Ethical/Professional Conduct  
 Interest in Work  
 Ability to Communicate  
 \*unable to evaluate

n/a*	poor	fair	good	superior
			✓	
			✓	
			✓	
			✓	
			✓	

2. Recommendation: (please indicate with check)

1. Recommend highly and without reservation
2. Recommend as qualified and competent
3. Recommend with some reservation (explain)
4. Do not recommend (explain)

\_\_\_\_\_ ✓  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. This evaluation is based on: (please indicate with check)

- 1. Close personal observation
- 2. General impression
- 3. A composite of evaluations
- 4. Other (please specify)

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

4. Relationship to Applicant: (please indicate with check)

- 1. Program Director
- 2. Immediate Supervisor
- 3. Other (please specify)

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

5. Additional Comments \_\_\_\_\_

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

Signature of Evaluator

please print or type name

Title of Evaluator

Date

*Kwang Bag Lee*

*KWANG BAG LEE*

*Dir. Director of Assessment*

*4/15/91*

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
515 NORTH STATE STREET  
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES  
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 04-15-91  
TIME: 9:12 AM

NAME: DESROCHES, WESLY, M.D.  
ADDRESS:

BIRTHPLACE:

BIRTHDATE:

MEMBER OF AMA: NOT MEMBER

MEDICAL SCHOOL

UNIV D'ETAT D'HAITI, ESC DE MED ET DE PHARMACIE, FORT-AU-PRINCE, HAITI

YEAR OF GRADUATION: 1972

LICENSES (INITIAL YEAR GRANTED BY STATE):

PA 1979

VA 1981

LA 1981

NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE

SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES: OFFICE BASED PRACTICE

SELF DESIGNATED SPECIALTIES

PRIMARY: ANESTHESIOLOGY

SECONDARY: UNSPECIFIED

TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE

PRIOR MEDICAL TRAINING: RESIDENT

HOSPITAL: HARLEM HOSP CTR RM KP2-149 NEW YORK NY 10037

DATES OF TRAINING: 07/77-06/78 -- (CONFIRMED)

SPECIALTY: GENERAL SURGERY

SPECIALTY:

HOSPITAL: PROVIDENCE HOSP WASHINGTON DC 20017

DATES OF TRAINING: 07/78-06/79 -- (CONFIRMED)

SPECIALTY: OBSTETRICS AND GYNECOLOGY

SPECIALTY: UNSPECIFIED

HOSPITAL: HOWARD UNIV HOSP WASHINGTON DC 20060

DATES OF TRAINING: 07/79-06/82 -- (CONFIRMED)

SPECIALTY: ANESTHESIOLOGY

SPECIALTY: UNSPECIFIED

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES:

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

COPYRIGHT 1991 AMERICAN MEDICAL ASSOCIATION. SEE REVERSE.\*\*\*AMA FILES CHECKED

# The Federation of State Medical Boards

of the United States

INCORPORATED

6000 WESTERN PLACE, SUITE 707  
FORT WORTH, TEXAS 76107-4618  
(817) 735-8445

RECEIVED  
LICENSING  
MAY 15 1991  
APPLIED

To: Dist. of Columbia.

Subject: Examination and Board Action History Report

WESLY DESROCHES

It is certified that the above named physician took the Federation Licensing and/or Special Purpose Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

FIN: 461111002

Date of Certification: 05/10/91

EXAMINATION DATE:	12/78	06/78
STATE TAKEN FOR:	139	139

## BASIC SCIENCE

Anatomy:	
Physiology:	
Biochemistry:	
Pathology:	
Microbiology:	
Pharmacology:	
Behavioral Science:	

BASIC SCIENCE AVE.:

## CLINICAL SCIENCE

Medicine:	
Surgery:	
Obstetrics:	
Public Health:	
Pediatrics:	
Psychiatry:	

CLINICAL SCIENCE AVG.:

CLINICAL COMPETENCE AVG.:

FLEX WEIGHTED AVG.:

Furthermore:

\*\*\*\*\*  
A search of the Federation's Board Action Data Bank reveals no reported disciplinary information on the above named physician.

**Berlitz Translation Services**  
1730 Rhode Island Avenue, N.W.  
Suite 801  
Washington, D.C. 20036  
202/331-2095  
Fax: 202/331-2185




DISTRICT OF COLUMBIA            )    ss

C E R T I F I C A T I O N

This is to certify that the following translation number 72421012  
is, to the best of our knowledge and belief, a true and accurate  
translation into English of the attached French -language  
document.

  
\_\_\_\_\_  
BERLITZ TRANSLATION SERVICES

Sworn and subscribed before me on this 2nd day of May, 1991.

  
\_\_\_\_\_  
William W. Heffner  
Notary Public

My commission expires January 31, 1994.



**Berlitz Translation Services**  
1730 Rhode Island Avenue, N.W.  
Suite 801  
Washington, D.C. 20036  
202/331-2095  
Fax: 202/331-2185

72421012



/caduceus/

/school/

REPUBLIC OF HAITI  
NATIONAL UNIVERSITY

SCHOOL OF MEDICINE AND PHARMACY

No. \_\_\_\_\_

Port-au-Prince, JANUARY 23, 1990

GRADES OBTAINED BY DOCTOR WESLY DESROCHES  
IN "PHYSICS, CHEMISTRY, BIOLOGY" OR PRE-MED YEAR OF STUDIES

1966-1967

<u>SUBJECTS</u>	<u>PRACTICAL</u>	<u>WRITTEN</u>	<u>ORAL</u>
PHYSICS	-		
CHEMISTRY	-		
ANIMAL BIOLOGY	-		
CELLULAR BIOLOGY	-		
BOTANY			
ZOOLOGY	-		
MATHEMATICS	-		

TOTAL OF AVERAGES: ---

AVERAGE REQUIRED  
TO PASS:

AVERAGE OBTAINED:

REPORT CARD DRAWN UP IN PORT-AU-PRINCE  
ON JULY 31, 1967

/rubber stamp:/ SCHOOL OF MEDICINE AND PHARMACY  
National University

/signature/  
Dr. Gérard CHARLIER, Dean.-

/caduceus/

/school/

REPUBLIC OF HAITI  
NATIONAL UNIVERSITY

SCHOOL OF MEDICINE AND PHARMACY

No. \_\_\_\_\_

Port-au-Prince, JANUARY 23, 1990

GRADES OBTAINED BY DOCTOR WESLY DESROCHES  
IN THE FIRST YEAR OF MEDICAL STUDIES  
1967-1968

<u>SUBJECTS</u>	<u>PRACTICAL</u>	<u>WRITTEN</u>	<u>ORAL</u>
PHTHISIOLOGY	-	-	-
ANATOMY	-	-	-
HISTOLOGY	-	-	-
BIOCHEMISTRY	-	-	-
EMBRYOLOGY	-	-	-
TOTAL OF AVERAGES:			-
AVERAGE REQUIRED TO PASS:			-
AVERAGE OBTAINED:			-

REPORT CARD DRAWN UP IN PORT-AU-PRINCE  
ON JULY 31, 1968

/rubber stamp:/ SCHOOL OF MEDICINE AND PHARMACY  
National University

/signature/  
Dr. Gérard CHARLIER, Dean.-

/caduceus/

/school/

REPUBLIC OF HAITI  
NATIONAL UNIVERSITY

SCHOOL OF MEDICINE AND PHARMACY

No. \_\_\_\_\_

Port-au-Prince, JANUARY 23, 1990

GRADES OBTAINED BY DOCTOR WESLY DESROCHES  
IN THE SECOND YEAR OF MEDICAL STUDIES  
1968-1969

<u>SUBJECTS</u>	<u>PRACTICAL</u>	<u>WRITTEN</u>	<u>ORAL</u>
TOPOGRAPHICAL ANATOMY	-	55	55
PARASITOLOGY	-	55	55
BIOCHEMISTRY	-		
ENDOCRINOLOGY	-		
MEDICAL SEMEIOLOGY	-	55	
SURGICAL SEMEIOLOGY	-		
NUTRITION	-	55	55
MORBID ANATOMY	-		
PHYSIOLOGY	-		
BACTERIOLOGY	-		
NERVOUS ANATOMY	-		
TOTAL OF AVERAGES:			55
AVERAGE REQUIRED TO PASS:			55, 55
AVERAGE OBTAINED:			55

REPORT CARD DRAWN UP IN PORT-AU-PRINCE  
ON AUGUST 2, 1969.-

/rubber stamp:/ SCHOOL OF MEDICINE AND PHARMACY  
National University

/signature/  
Dr. Gérard CHARLIER, Dean.-

/caduceus/

/school/

REPUBLIC OF HAITI  
NATIONAL UNIVERSITY

SCHOOL OF MEDICINE AND PHARMACY

No. \_\_\_\_\_

Port-au-Prince, JANUARY 23, 1990

GRADES OBTAINED BY DOCTOR WESLY DESROCHES  
IN THE THIRD YEAR OF MEDICAL STUDIES  
1969-1970

<u>SUBJECTS</u>	<u>PRACTICAL</u>	<u>WRITTEN</u>	<u>ORAL</u>
MEDICAL PATHOLOGY	-	66	41
SURGICAL PATHOLOGY	-		
OBSTETRICAL PATHOLOGY	-		
TROPICAL MEDICINE	-		
THERAPEUTICS	-		
PHARMACOLOGY	-	66	
DERMATOLOGY	-		
RADIOLOGY	-		66
UROLOGY	-		
PEDIATRICS	-		
METABOLIC DISORDERS	-		
MORBID ANATOMY	-		
ORTHOPEDECS	-		
TRAUMATOLOGY	-		
PSYCHOLOGY	-		
TOTAL OF AVERAGES:			66
AVERAGE REQUIRED TO PASS:			
AVERAGE OBTAINED:			

REPORT CARD DRAWN UP IN PORT-AU-PRINCE  
ON AUGUST 14, 1970.-

/rubber stamp:/ SCHOOL OF MEDICINE AND PHARMACY  
National University

/signature/  
Dr. Gérard CHARLIER, Dean.-

/caduceus/

/school/

REPUBLIC OF HAITI  
NATIONAL UNIVERSITY

SCHOOL OF MEDICINE AND PHARMACY

No. \_\_\_\_\_

Port-au-Prince, JANUARY 23, 1990

GRADES OBTAINED BY DOCTOR WESLY DESROCHES  
IN THE FOURTH YEAR OF MEDICAL STUDIES  
1970-1971

<u>SUBJECTS</u>	<u>PRACTICAL</u>	<u>WRITTEN</u>	<u>ORAL</u>
OBSTETRICAL PATHOLOGY	---	-	
SURGICAL PATHOLOGY	.	---	
MEDICAL PATHOLOGY		---	
NEUROLOGY	-		-
HEMATOLOGY	-		
OTORHINOLARYNGOLOGY	-		
RADIOLOGY	-		
THERAPEUTICS	-	.-	1.-
ORTHOPEDECS	3.-	.	.-
DERMATOLOGY		.	
OPHTHALMOLOGY		-	.-
ENDOCRINOLOGY		-	.-
GYNECOLOGY	.-	-	
PEDIATRICS	.-	-	.-
PREVENTIVE MEDICINE		4.-	
TOXICOLOGY	.	4.-	.-
SURGERY	2.-		
PHTHISIOLOGY	.	.-	.-
UROLOGY	.	.-	.-
CULTURAL ANTHROPOLOGY	-	.	
PSYCHIATRY	-	4.-	.-

TOTAL OF AVERAGES:

AVERAGE REQUIRED  
TO PASS:

AVERAGE OBTAINED:

REPORT CARD DRAWN UP IN PORT-AU-PRINCE  
ON AUGUST 2, 1971.-

/rubber stamp:/ SCHOOL OF MEDICINE AND PHARMACY  
National University

/signature/  
Dr. Gérard CHARLIER, Dean.-

/caduceus/

/school/

REPUBLIC OF HAITI  
NATIONAL UNIVERSITY

SCHOOL OF MEDICINE AND PHARMACY

No. \_\_\_\_\_

Port-au-Prince, JANUARY 23, 1990

GRADES OBTAINED BY DOCTOR WESLY DESROCHES  
IN THE FIFTH YEAR OF MEDICAL STUDIES  
(or INTERNSHIP)

1971-1972

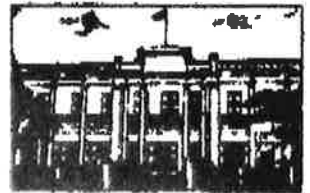
MEDICAL CLINIC	1.-	1.-
OBSTETRICS CLINIC	1.-	1.-
DERMATOLOGY CLINIC	1.-	1.-
TUBERCULOSIS CLINIC	1.-	1.-
OTORHINOLARYNGOLOGY	1.-	1.-
SURGERY	1.-	1.-
PEDIATRICS	1.-	1.-
UROLOGY	1.-	1.-
ORTHOPEDECS	1.-	1.-
PSYCHIATRY	1.-	1.-
DISPENSARY	1.-	1.-
LABORATORY	1.-	1.-

TAL OF i ERAGES: ---  
ERAGE RI UIRED: ---  
ERAGE ObAINED: ---

DOCTOR OF MEDICINE DIPLOMA  
ACCORDING TO REPORT DRAWN UP IN PORT-AU-PRINCE  
ON AUGUST 16, 1972.-

/rubber stamp:/ SCHOOL OF MEDICINE AND PHARMACY  
National University

/signature/  
Dr. Gérard CHARLIER, Dean.-



REPUBLIQUE D'HAÏTI  
UNIVERSITE D'ETAT

# FACULTE DE MEDECINE ET DE PHARMACIE

No. ....

Port-au-Prince, le 23 JANVIER 1967 90

NOTES OBTENUES PAR LE DOCTEUR VESLY DESROCHES  
EN "P.C.B." DE ANNÉE PRÉFÉCTORIALE  
1966/1967

<u>MATIERES</u>	<u>PRATIQUE</u>	<u>ESCRIT</u>	<u>ORAL</u>
PHYSIQUE	...	...	...
CHIMIE	...	...	...
BIOLOGIE ANIMALE	...	...	...
" CELLULAIRE	...	...	...
BOTANIQUE	...	...	76
ZOOLOGIE	...	...	...
MATHÉMATIQUES	...	...	...

TOTAL DES MOYENNES: ...

MOYENNE DE PASSAGE

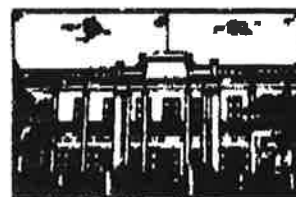
EXIGIBLE :

MOYENNE OBTENUE :

PROCES-VERBAL FAIT A PORT-AU-PRINCE  
LE 30 JUILLET 1967



*Armand Charlier*  
Armand CHARLIER, Doyen.



REPUBLIQUE D'HAÏTI  
UNIVERSITE D'ETAT

# FACULTE DE MEDECINE ET DE PHARMACIE

No. ....

Port-au-Prince, le 23 JANVIER 1968 100.....90

NOTES OBTENUES PAR LE DOCTEUR WESLY DESROCHES  
EN 1ère ANNEE DE MEDECINE  
1967/1968

<u>MATIERES</u>	<u>PRATIQUE</u>	<u>ECRIT</u>	<u>ORAL</u>
PHYSIOLOGIE	..	5	..
ANATOMIE	..	40	100
HISTOLOGIE	5	25	..
BIOCHIMIE	..	..	..
EMBRYOLOGIE	..	..	..

TOTAL DES MOYENNES:

MOYENNE DE PASSAGE

EXIGIBLE :

MOYENNE OBTENUE :

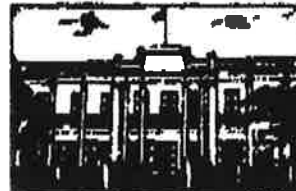
PROCES-VERBAL FAIT A PORT-AU-PRINCE  
LE 31 JUILLET 1968



*Wesly Desroches*  
d CHARLIER, Doyen.-







REPUBLIQUE D'HAÏTI  
UNIVERSITE D'ETAT

# FACULTE DE MEDECINE ET DE PHARMACIE

No. ....

Port-au-Prince, le 23 JANVIER 1970 90

NOTES OBTENUES PAR LE DOCTEUR WESLY DESROCHES  
EN 3<sup>ème</sup> ANNEE DE MEDECINE  
1969/1970

<u>MATIERES</u>	<u>PRATIQUE</u>	<u>ECRIT</u>	<u>ORAL</u>
PATHOLOGIE MEDICALE			
" CHIRURGICALE			
" OBSTETRICALE			
MEDECINE TROPICALE	...	..	..
THERAPEUTIQUE	...	..	..
PHARMACOLOGIE	...	..	..
DERMATOLOGIE	...	..	..
RADIOLOGIE	...	..	..
URCLOGIE	..		
PEDIATRIE	..		
MALADIES METABOLIQUES	...	..	..
ANATOMIE PATHOLOGIQUE	...	..	..
ORTHOPEDIE	...		
TRAUMATOLOGIE	...	..	..
PSYCHOLOGIE	...	..	..

TOTAL DES MOYENNES: ..

MOYENNE DE PASSAGE

EXIGIBLE :

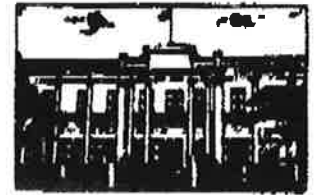
MOYENNE OBTENUE

PROCES-VERBAL FAIT A PORT-AU-PRINCE

LE 14 AOUT 1970.-



*Dr. CHARLIER, Doyen.*



REPUBLIQUE D'HAÏTI  
UNIVERSITE D'ETAT

FACULTE DE MEDECINE ET DE PHARMACIE

No. ....

Port-au-Prince, le 23 JANVIER 1989

NOTES OBTENUES PAR LE DOCTEUR WESLY DESROCHES  
EN 4ème ANNEE DE MEDECINE  
1970/1971

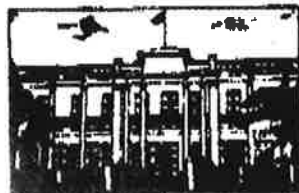
MATIERES	PRATIQUE	ECRIT	ORAL
FATHOLOGIE OBSTETRICALE	2.-	1.-	1.-
" CHIRURGICALE	2.-	1.-	2.-
" MEDICALE	1.-	1.-	1.-
NEUROLOGIE	1.-	1.-	1.-
HEMATOLOGIE	1.-	1.-	1.-
O.R.L.	1.-	1.-	1.-
RADIOLOGIE	1.-	1.-	1.-
THERAPEUTIQUE	1.-	1.-	1.-
ORTHOPEDIE	1.-	1.-	1.-
DERMATOLOGIE	1.-	1.-	1.-
OPHTALMOLOGIE	1.-	1.-	1.-
ENDOCRINOLOGIE	1.-	1.-	1.-
CYNECLOGIE	1.-	1.-	1.-
PEDIATRIE	1.-	1.-	1.-
MEDECINE PREVENTIVE	1.-	1.-	1.-
TOXICOLOGIE	1.-	1.-	1.-
MEDECINE OPERATOIRE	1.-	1.-	1.-
PHYSIOLOGIE	1.-	1.-	1.-
UROLOGIE	1.-	1.-	1.-
ANTHROPOLOGIE CULTURELLE	1.-	1.-	1.-
PSYCHIATRIE	1.-	1.-	1.-

TOTAL DES MOYENNES: 100  
MOYENNE DE PASSAGE  
EXIGIBLE :  
MOYENNE OBTENUE :

PROCES-VERBAL FAIT A PORT-AU-PRINCE  
LE 2 ACUT 1971.-



*Wesly Desroches*  
Dr. CHARLIER, Doyen.-



REPUBLIQUE D'HAÏTI  
UNIVERSITE D'ETAT

# FACULTE DE MEDECINE ET DE PHARMACIE

No. ....

Port-au-Prince, le 23 JANVIER

1972 90

NOTES OBTENUES PAR LE DOCTEUR WESLY DESROCHES  
EN 5<sup>ème</sup> ANNEE DE MEDECINE  
(ou INTERNAT) 1971/1972

CLINIQUE MEDICALE	3,00
" OBSTETRICALE	3,00
" DERMATOLOGIQUE	3,00
" DE LA TUBERCULOSE	3,00
C.R.L.	3,00
CHIRURGICALE	3,00
PEDIATRIQUE	3,00
UROLOGIQUE	3,00
ORTHOPEDIQUE	3,00
PSYCHIATRIQUE	3,00
DISPENSARE	3,00
LABORATOIRE	3,00

TOTAL DES MOYENS :  
MOYENNE EXIGIBLE :  
MOYENNE OBTENUE :

DIPLOME DOCTEUR EN MEDECINE  
SELON PROCES-VERBAL FAIT A PORT-AU-PRINCE  
LE 16 AOUT 1972.-



*Wesley Desroches*  
CHARLIER, Doyen.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
BOARD OF PHYSICIAN QUALITY ASSURANCE

4201 PATTERSON AVE. P.O. BOX #2571 BALTIMORE, MD 21215-0095

4/22/91

Area Code 301-764-4777

TTY FOR DEAF: Balto. 383-7555  
D.C. Metro 565-0451

DC BOARD OF MEDICINE  
APPLICATION DIVISION  
P O BOX 37200 ROOM 904  
WASHINGTON DC 20013 7200

TO WHOM IT MAY CONCERN:

This is to certify that WESLY DESROCHES, M.D.  
was licensed to practice medicine and surgery in the State  
of Maryland on 7/19/79 by STATE RECIPROCTY  
and issued license number D23740  
  x   is currently licensed in Maryland  
       is not currently licensed in Maryland due to  
non-payment of renewal fees.

There is no record of derogatory information.

Sincerely,

A handwritten signature in cursive script that reads "Paul A. Roeger".

Paul A. Roeger, Director  
Physician Licensure Programs

6/6  
6/10/91



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
P.O. BOX 2840  
HARRISBURG, PENNSYLVANIA 17105-2840  
(717) 783-1400

June 12, 1991

TO WHOM IT MAY CONCERN:

This is to certify that Wesley Desroches, M.D.  
was issued license number MD-038701-L to practice medicine  
and surgery in Pennsylvania on 2-14-79.  
Registration of this license expired on 12-31-84.

The records of the Pennsylvania State Board of Medicine show no derogatory information against this physician.

(Mrs.) Loretta M. Frank  
Administrative Assistant  
State Board of Medicine

ACCESS  
ANESTHESIOLOGY

AMBULATORY ANESTHESIA SERVICES

P.O. BOX 31 • BURTONSVILLE, MD 20866 • (301) 384-4310

May 6, 1991

District of Columbia  
Board of Medicine  
Washington, DC

To whom it may concern:

The purpose of this letter is to recommend Dr. Wesly Desroches. I have had the occasion to work closely with Dr. Desroches during the past five years while he was at Bon Secours Hospital and while I was at Maryland General Hospital.

Dr. Desroches is a very competent anesthesiologist, comfortable in the management of cases from ASA I to ASA V in the operating room as well as the Obstetrical suite.

During the years of our association, he has demonstrated a great solicitude for patients and an excellent rapport with fellow physicians. He is energetic, responsible and intellectually superior.

When all those characteristics are considered, I can only recommend Dr. Wesly Desroches in the highest fashion.

Sincerely,



Henriot St-Gerard M.D.  
Anesthesiologist

MARYLAND GENERAL HOSPITAL

827 Linden Avenue  
Baltimore, Maryland 21201  
301 225-8000

---



William H. Hass, M.D.  
Chairman, Anesthesiology  
Maryland General Hospital  
827 Linden Avenue  
Baltimore, Maryland 21201

District of Columbia Board of Medicine  
614 H Street Northwest, Room 908  
Washington, D.C. 20001

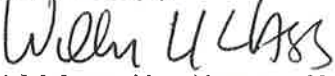
To Whom It May Concern,

This letter is to recommend Wesley Desroches, M.D. who has applied for a D.C. license. Dr. Desroches has been a member of the Anesthesiology Department at Maryland General Hospital since July 1990.

During this time, Dr. Desroches has distinguished himself by his rapports with his peers as well as the nursing staff. He has proven himself as being a very competent anesthesiologist and a hard worker.

I highly recommend him and know he will be a valuable asset to any department he joins in the District of Columbia.

Sincerely,

  
William H. Hass, M.D.  
Chairman, Anesthesiology

cc: Wesley Desroches, M.D.  
file



AUTHORIZATION FOR RELEASE OF INFORMATION

TO:

APPLICANT/LICENSEE: WESLY DESROCHES, M.D.

I hereby authorize you to furnish the Board of Medicine of the District of Columbia all records, reports, abstracts, excerpts, any other documents and/or information which the Board may request in relation to my professional capacity. A photocopy of this form shall have the same effect as the original.

DATE: 4-18-91

Wesly Desroches M.D.  
Signature of Applicant/Licensee

Leon Kuszenbar  
Notary Public

My Commission Expires 6-1, 1993

7. REFERENCES: List the names and full mailing addresses, including zip codes, of 3 personal acquaintances, not relatives, who have knowledge of your character and professional practice, or give the name and address of the chartered State or County Medical Society or other Society nearest your residence.

NAME	ADDRESS	ZIP CODE
JEAN CLAUDE CONEAU M.D.		3
GERARD GUY PROSPER M.D.		03
SERGE D. BANEAU M.D.		

8. PREVIOUS LICENSURE: Give the following information concerning the license on which reciprocity is requested. (If no previous licensure, indicate none)

Jurisdiction of Issuance	License Number	Date of Issue	Basis
PENNSYLVANIA	MD038101-L	FEBRUARY 79	EXAMINATION

Give complete mailing address of the board which issued the above license:  
 COMMONWEALTH OF PENNSYLVANIA, DEPT OF STATE, COMMISSIONER OF PROFESSIONAL & OCCUPATIONAL AFFAIRS, BOX 2649, HARRISBURG, PA. 17120

9. State specifically the specialty, if any, and the limit of such specialty:

NONE.

10. HAS LICENSE EVER BEEN DENIED BY ANY BOARD, OR SUSPENDED, REVOKED, OR SURRENDERED FOR ANY REASON?

If "Yes", give full details on an attached sheet. NO.

11. Declaration of Intent:

As part of my application for licensure to practice the healing art in the District of Columbia, I hereby declare that it is my intention, if issued a license, to engage in the practice of the healing art in the District of Columbia.

I, understand that should I be granted a license by examination to practice the healing art in the District of Columbia, the Commission on Licensure to Practice the Healing Art in the District of Columbia will not certify my examination scores to another jurisdiction unless and until I have engaged in the practice of the healing art in the District of Columbia for at least six months subsequent to the issuance of my District of Columbia license.

Signature of Applicant: Wesley Perreault Date: 4/5/79

12. If endorsement of FLEX certificate is requested, give date and place of examination.

DECEMBER 78, HARRISBURG, PA.

13. HAVE YOU EVER BEEN ARRESTED, INDICTED, OR CONVICTED OF ANY CRIME (other than minor traffic violations)?

If "yes", give full details on attached sheet. NO.

14. HAVE YOU EVER TAKEN AN EXAMINATION IN THE BASIC SCIENCES OR ANY EXAMINATION IN THE HEALING ART UNDER THE AUTHORITY OF THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART IN THE DISTRICT OF COLUMBIA? NO. If "Yes", give date and type of examination:

15. APPLICANT'S CERTIFICATION

I hereby certify that the statements contained in the foregoing application are true and that I am the identical person whose history of education, practice of medicine, or otherwise, is contained herein.

It is understood and agreed by the applicant that any information contained in this application may be furnished to any State Medical Board or similar organization having official and legitimate need for same.

Signature of Applicant: Wesley Perreault Date: 4/5/79

SUBSCRIBED AND SWORN TO BEFORE ME THIS 5<sup>TH</sup> DAY OF APRIL, 1979

Signature of Notary Public [Signature]

(Seal of Notary Public)

My Commission Expires July 11, 1982

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS**  
**OFFICE OF LICENSES AND PERMITS**  
**OCCUPATIONAL AND PROFESSIONAL LICENSING DIVISION**  
 614 H Street, N. W.  
 Washington, D. C. 20001



Commission on Licensure to Practice The Healing Art



APPLICATION FOR LICENSE TO PRACTICE THE HEALING ART IN THE DISTRICT OF COLUMBIA

BY:

- Examination
- Endorsement of FLEX
- Endorsement of National Board Diploma
- Reciprocity

(Check One)

FOR OFFICIAL USE ONLY	
APPL. NO.	79-9N-201
EXAM DATE	
LICENSE NO.	11701
DATE ISSUED	7/13/79
DENIED	
REMARKS	4FL card sent AMA 5-11-79
	2X

METHOD OF HEALING (Check one):  Osteopathy & Surgery  Medicine & Surgery  Chiropractic  Other (Explain)

1. NAME: First WESLEY Middle \_\_\_\_\_ Maiden \_\_\_\_\_ Last DESROCHES

2. BIRTHDATE: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ 3. BIRTHPLACE: City \_\_\_\_\_ State \_\_\_\_\_

4. CURRENT ADDRESS: Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

Duration of residence at above address: 9 MONTHS From JULY 78 To NOW (MARCH 10)

5. EDUCATION (including Pre-Medical)	Location	Date Attended		Degree Received
Name of College or University		From Mo/Yr.	To Mo/Yr.	
<u>STATE UNIVERSITY OF HAITI</u>	<u>OSWALD DURAND STREET PORT-AU-PRINCE HAITI</u>	<u>1966</u>	<u>1972</u>	<u>M.D.</u>

6. TRAINING AND PRACTICE since date of graduation to the present. Include periods of unemployment and other employment.

Employer	Address	Zip Code	From Mo/Yr.	To Mo/Yr.
<u>STATE HOSPITAL OF HAITI</u>	<u>BULLOUX STREET PORT-AU-PRINCE, HAITI</u>		<u>JULY 1972</u>	<u>1974 (JUNE)</u>
<u>PRIVATE PRACTICE</u>	<u>IMPASSE ROY-L. DUCHENE, HAITI</u>		<u>JULY 74</u>	<u>JAN. 76</u>
<u>SACRED HEART HOSPITAL</u>	<u>1400 W. BLVD BOWLING GREEN, MARIETTA, GA</u>		<u>JULY 76</u>	<u>JUNE 77</u>
<u>HARLEM HOSPITAL CENTER</u>	<u>506 LENOX AVE. N.Y.C. 10037</u>		<u>JULY 77</u>	<u>JUNE 78</u>
<u>PROVIDENCE HOSPITAL</u>	<u>1150 WARREN ST. N.E. WASHINGTON, D.C. 20001</u>		<u>JULY 78</u>	<u>FEB. 79</u>

# République d'Haïti



LIBERTÉ ÉGALITÉ FRATERNITÉ

UNIVERSITÉ D'ÉTAT

FACULTÉ DE MÉDECINE ET DE PHARMACIE

## Diplôme de Docteur en Médecine

AU NOM DE LA RÉPUBLIQUE

Nous, Edner Brutus Secrétaire d'Etat de l'Éducation Nationale

Vu le procès-verbal dressé à la Faculté de Médecine et de Pharmacie le 16 Aout 1972

et transmis à la Secrétairerie d'Etat de l'Éducation Nationale par le Recteur de l'Université d'Etat constatant que

Monsieur Wesly Desroches  
né à Port-au-Prince le 11 Novembre 1946 Département de L'Ouest

a subi avec succès les examens pour l'obtention du grade de

*Docteur en Médecine*

En vertu de l'Arrêté du 9 Septembre 1926 et des Décrets des 16 Septembre 1928 et 16 Décembre 1960 conférons à M. Wesly Desroches

le grade de Docteur en Médecine pour en jouir, selon les droits, prérogatives et conditions prévus par les Lois, Arrêtés et

Règlements en vigueur.

*[Signature]*  
Le Doyen de la Faculté :

*[Signature]*  
Le Secrétaire d'Etat de la Santé Publique et de la Population :

*[Signature]*  
Le Secrétaire d'Etat de l'Éducation Nationale :

*[Signature]*  
Le Recteur de l'Université d'Etat :

Fait et scellé à Port-au-Prince, le 30 Aout 1972

5-9 Septembre 1972  
273

Emmanuel Sacé Sautou  
Cabinet du Secrétaire d'Etat  
à l'Éducation Nationale  
5

27 Aout 1972  
2007



Not. pour l'identification de la signature du Secrétaire d'Etat

Registered at the Bureau of  
the State University on  
November 5, 1973 under No.773  
The Secretary General  
(Signed & Sealed)

Registered at the College  
of Medicine on October  
31, 1973 under No. 2007  
The Secretary  
(Signed & Sealed)

Seen for the Legalization of the Signature  
of Mr. Emmanuel SAGET, Secretary General at  
the Department of National Education affixed  
opposite Receipt No. 55136 PP  
Registered under No. 805 at the Office  
of the Secretary of State for Foreign Affairs  
Port-au-Prince, February 4, 1974  
(2 Signatures)  
Director of Juridical Affairs  
(Seal)

Seen : For the Identification  
of the Signature of the  
Secretary of State  
(Signature)  
Emmanuel SAGET  
Secretary General  
Receipt No.  
Issued on January 31, 1974  
(Seal)

(Emblem)

REPUBLIC OF HAITI

LIBERTY

EQUALITY

FRATERNITY

STATE UNIVERSITY

COLLEGE OF MEDICINE AND PHARMACY

DIPLOMA OF DOCTOR IN MEDICINE

In the Name of the Republic

We, Edner BRUTUS, Secretary of State for National Education

Having seen the Official Report drawn up at the College of Medicine and Pharmacy  
on August 7, 1972 and sent to the Office of the Secretary of State for National  
Education by the Rector of the State University attesting that Mr. WESLY DESROCHES  
Born in Port-au-Prince on November 11, 1946, Department of the West, successfully  
passed the examinations in order to obtain the Degree of DOCTOR IN MEDICINE.

By virtue of the Decree of September 9, 1926 and the Decrees of September 16, 1928  
and December 16, 1960, do confer on Mr. WESLY DESROCHES the title of DOCTOR IN  
MEDICINE which he may use according to the rights, prerogatives and conditions  
provided by the Laws, Decrees and Regulations in force.

Issued and sealed in Port-au-Prince on August 30, 1972.

Signed by:

The Dean of  
the College  
(Seal)

The Secretary of State  
for Public Health and  
Population (Seal)

The Secretary of State  
for National Education  
(Seal)

The Rector of the  
State University  
(Seal)

Translated from French on February 6, 1974.

I certify this to be a true and an  
accurate translation.

*Nancy W. Chenet*  
Nancy W. CHENET  
Consultant for Certification  
of Document Translations  
Institut Haitiano-Americain

This is a true and correct copy of the original as seen by me on April 25, 1979,  
at Washington, D. C.

My Commission Expires January 1, 1981

*Clara V. Burnette*  
Notary Public

1. Training cert. is improperly arranged. Applicant is not to certify nor sign copies. Notary is to compare orig. doc. with copy & make "true copy notarization as on ECFMG cut."
2. Translation of medical diploma must bear sig. signature of translator. If copy <sup>HEALING ART</sup> is submitted it must also bear the true copy notarization

HEALING ART  
PROCESSING CHECKLIST

NAME Desroches, Wesley

3. Item #6, acct for Applications Clerk the period 2/56-6/76

1. Is application form signed and notarized
2. Is photograph attached
3. Is internship certificate (or notarized copy) or certified statement from internship hospital
4. Notarized copy of medical diploma or certified copy or medical school transcript.
5. Notarized copy of ECFMG Certificate (foreign grade only)
6. Fee attached
7. Item 11 signed
8. File folder attached (Re-examination applicants only)

2  
SA  
SA  
214-445-9

2/20/77

Applications Clerk SM

Applications Examiner

1. Applicant is at least 21 years old
2. Applicant has accounted for all practice since M.D. degree or (reciprocity only) since issue of base license
3. Method of healing
4. Applying for license by
5. (Examination applicant only)
  - (a) Applicant asks exemption from Basic Sciences
  - (b) Questions have been received directly from other Board
6. (Reciprocity applicant only)
  - (a) Written licensing examination by
  - (b) Has provided information re base license
  - (c) Has practiced at least one year out of the last three years immediately prior to this application since issue of base license
  - (d) Applicant has been previously examined in District of Col.
    - (1) Exam taken and failed here before base license
    - (2) Exam taken and failed here after base license
7. Applicant has submitted proper fee

SA  
MTJ  
(indicate)  
Flex End  
(indicate)  
  
  
NO  
(yes or no)  
890 + \$70  
(amount)

Applications Examiner \_\_\_\_\_

Disposition

1. Returned to applicant \_\_\_\_\_ by \_\_\_\_\_  
(date) (initials)

2. Accepted. Form 52 Prepared \_\_\_\_\_  
(initials)

Applications Clerk

- 1. Assign application number and enter in journal \_\_\_\_\_
- 2. Process Fee \_\_\_\_\_
- 3. Prepare file envelope \_\_\_\_\_
- 4. Forward Form 52 \_\_\_\_\_
- 5. File envelope in "pending" file \_\_\_\_\_

\_\_\_\_\_  
(Applications Clerk)

Review of Investigation

- 1. AMA clearance received \_\_\_\_\_
- 2. Police clearance received \_\_\_\_\_
- 3. Satisfactory references received \_\_\_\_\_
- 4. Grades received and approved (National Board and  
FLEX only) \_\_\_\_\_
- 5. Licensure verified and reciprocity statement received \_\_\_\_\_

\_\_\_\_\_  
(Applications Examiner)

\_\_\_\_\_  
EXAMINER COMMENTS:

\_\_\_\_\_  
COMMISSION COMMENTS AND ACTION DATE:

H E A L I N G   A R T

PROCESSING CHECKLIST

NAME Desroches, Wesley

Applications Clerk

- 1. Is application form signed and notarized ✓
- 2. Is photograph attached ✓
- 3. Is internship certificate (or notarized copy) or certified statement from internship hospital ✓
- 4. Notarized copy of medical diploma or certified copy or medical school transcript. ✓
- 5. Notarized copy of ECFMG Certificate (foreign grade only) 214-445-9
- 6. Fee attached ✓
- 7. Item 11 signed ✓
- 8. File folder attached (Re-examination applicants only) ✓

Applications Clerk SLW

Applications Examiner

- 1. Applicant is at least 21 years old ✓
- 2. Applicant has accounted for all practice since M.D. degree or (reciprocity only) since issue of base license ✓
- 3. Method of healing MS  
(indicate)
- 4. Applying for license by 4 day End  
(indicate)
- 5. (Examination applicant only)
  - (a) Applicant asks exemption from Basic Sciences
  - (b) Questions have been received directly from other Board
- 6. (Reciprocity applicant only)
  - (a) Written licensing examination by         
(indicate)
  - (b) Has provided information re base license
  - (c) Has practiced at least one year out of the last three years immediately prior to this application since issue of base license
  - (d) Applicant has been previously examined in District of Col. no  
(yes or no)
  - (1) Exam taken and failed here before base license
  - (2) Exam taken and failed here after base license
- 7. Applicant has submitted proper fee 890+10  
(amount)

Applications Examiner SLW



Disposition

1. Returned to applicant \_\_\_\_\_ by \_\_\_\_\_  
(date) (initials)
2. *ORW* Accepted. Form 52 Prepared \_\_\_\_\_  
(initials)

Applications Clerk

1. Assign application number and enter in journal \_\_\_\_\_
  2. Process Fee \_\_\_\_\_
  3. Prepare file envelope \_\_\_\_\_
  4. Forward Form 52 \_\_\_\_\_
  5. File envelope in "pending" file \_\_\_\_\_
- \_\_\_\_\_  
(Applications Clerk)

Review of Investigation

1. AMA clearance received \_\_\_\_\_
  2. Police clearance received \_\_\_\_\_
  3. Satisfactory references received \_\_\_\_\_
  4. Grades received and approved (National Board and  
FLEX only) \_\_\_\_\_
  5. Licensure verified and reciprocity statement received \_\_\_\_\_
- \_\_\_\_\_  
(Applications Examiner)

EXAMINER COMMENTS:

COMMISSION COMMENTS AND ACTION

DATE:

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS  
Occupational and Professional Licensing Division  
APPLICATIONS BRANCH  
614 H Street N. W., Room 109  
Washington, D. C. 20001

ADDRESS REPLY TO:

Gerard G. Prosper, M.D.



512/79

Applicant Wesly Desroches

Address \_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

The applicant whose name and address are given above has applied for a license to practice the healing art in the District of Columbia. This voucher is being forwarded to you regarding his moral character and professional experience.

Your prompt return of this voucher, properly executed and signed by you, will greatly assist the Commission when considering his/her application for license. Your reply will be considered as confidential information by the Commission.

The Commission on Licensure to Practice the Healing Art will expect any person signing this voucher to understand that the Commission is required, by law, to obtain evidence of the good character of applicants for license as a Medical Doctor. Statements by responsible persons with actual knowledge of the applicant's character and experience will be considered by the Commission as evidence in this regard.

Practice in the medical profession involves relations with the public that necessitate a high degree of honor, integrity and professional ability. Therefore, the Commission desires the person subscribing to this voucher to understand fully that the purpose of the law requiring a license is to protect the public from the practice of medicine by persons whose character is questionable or who are not competent to engage in such practice.

PLEASE RETURN THIS VOUCHER TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Licenses, Investigations and Inspections  
Occupational and Professional Licensing Division  
Applications Branch  
614 H Street, N. W., Room 109  
Washington, D. C. 20001.

CHARACTER REFERENCE'S VOUCHER

June 18 1979

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since October 1967, I have been so  
closely associated with Dr. Wally Desroches,  
insert date  
applicant's name

residing in Silver Spring Md, as to be able to  
intelligently express an opinion as to his character, mental condition, and habits,  
and that to the best of my knowledge and belief, he/<sup>she</sup> is of good moral character and  
free from mental defects and drug habits liable to interfere with the proper  
practice of the healing art.

I certify further that to my personal knowledge he/she has been actually  
engaged in the practice of Medicine for not less than one  
continuous year immediately preceding May 79  
date of application

Remarks: None

Physician  
Profession or Business

Gerard Guy Prosper MD  
(Name-print or type)

Gerard Guy Prosper MD  
Signature (Facsimile not acceptable)

1000 V...  
Address

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS  
Occupational and Professional Licensing Division  
APPLICATIONS BRANCH  
614 H Street N. W., Room 109  
Washington, D. C. 20001

R E C U

JUN 5 1979

Directeur des Services Professionnels

ADDRESS REPLY TO:

Sacred Heart Hospital

Mtrl. Canada



Applicant Wesly Desroches

Address \_\_\_\_\_

TO WHOM IT MAY CONCERN:

The applicant whose name and address are given above has applied for a license to practice the healing art in the District of Columbia. This voucher is being forwarded to you regarding his moral character and professional experience.

Your prompt return of this voucher, properly executed and signed by you, will greatly assist the Commission when considering his/her application for license. Your reply will be considered as confidential information by the Commission.

The Commission on Licensure to Practice the Healing Art will expect any person signing this voucher to understand that the Commission is required, by law, to obtain evidence of the good character of applicants for license as a Medical Doctor. Statements by responsible persons with actual knowledge of the applicant's character and experience will be considered by the Commission as evidence in this regard.

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PLEASE RETURN THIS VOUCHER TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Licenses, Investigations and Inspections  
Occupational and Professional Licensing Division  
Applications Branch  
614 H Street, N. W., Room 109  
Washington, D. C. 20001.

CHARACTER REFERENCE'S VOUCHER

5<sup>th</sup> June 19 79

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since 01-07-76, I have been so  
insert date  
closely associated with Dr. Wealy Desroches,  
applicant's name

residing in Montreal, as to be able to  
intelligently express an opinion as to his character, mental condition, and habits,  
and that to the best of my knowledge and belief, he/<sup>she</sup> is of good moral character and  
free from mental defects and drug habits liable to interfere with the proper  
practice of the healing art.

I certify further that to my personal knowledge he/she has been actually  
engaged in the practice of \_\_\_\_\_ for not less than one  
continuous year immediately preceding \_\_\_\_\_  
date of application

Remarks: Dr Wealy Desroches failed as rotating intern to  
meet the necessary requirement as the basic sciences  
in medicine

Medical Coordinator  
Profession or Business

Roger Alarie m.d  
(Name-print or type)

ROGER ALARIE m.d  
Signature (Facsimile not acceptable)

5400 Blvd Jean O.  
Montreal  
Address

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS  
Occupational and Professional Licensing Division  
APPLICATIONS BRANCH  
614 H Street N. W., Room 109  
Washington, D. C. 20001

ADDRESS REPLY TO:

Jean Claud Coneau, M.D.



5/12/79

Applicant Wesly Desroches

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

The applicant whose name and address are given above has applied for a license to practice the healing art in the District of Columbia. This voucher is being forwarded to you regarding his moral character and professional experience.

Your prompt return of this voucher, properly executed and signed by you, will greatly assist the Commission when considering his/her application for license. Your reply will be considered as confidential information by the Commission.

The Commission on Licensure to Practice the Healing Art will expect any person signing this voucher to understand that the Commission is required, by law, to obtain evidence of the good character of applicants for license as a Medical Doctor. Statements by responsible persons with actual knowledge of the applicant's character and experience will be considered by the Commission as evidence in this regard.

Practice in the medical profession involves relations with the public that necessitate a high degree of honor, integrity and professional ability. Therefore, the Commission desires the person subscribing to this voucher to understand fully that the purpose of the law requiring a license is to protect the public from the practice of medicine by persons whose character is questionable or who are not competent to engage in such practice.

PLEASE RETURN THIS VOUCHER TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Licenses, Investigations and Inspections  
Occupational and Professional Licensing Division  
Applications Branch  
614 H Street, N. W., Room 109  
Washington, D. C. 20001.

CHARACTER REFERENCE'S VOUCHER

6-18-1979

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since 1960, I have been so  
insert date  
closely associated with Dr. Wesley Des Roches,  
applicant's name

residing in 820 University Blvd E#5, as to be able to  
Silver Spring - MD 20903  
intelligently express an opinion as to his character, mental condition, and habits,  
and that to the best of my knowledge and belief, he/<sup>she</sup> is of good moral character and  
free from mental defects and drug habits liable to interfere with the proper  
practice of the healing art.

I certify further that to my personal knowledge he/she has been actually  
engaged in the practice of MEDICINE for not less than one  
continuous year immediately preceding MAY 1979  
date of application

Remarks: None

MEDICAL Doctor  
Profession or Business

COMEAU JEAN-CLAUDE  
(Name-print or type)

Jean-Claude Comeau  
Signature (Facsimile not acceptable)

Address

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS  
Occupational and Professional Licensing Division  
APPLICATIONS BRANCH  
614 H Street N. W., Room 109  
Washington, D. C. 20001

MAY. 31 1979

ADDRESS REPLY TO:

Providence Hospital  
1150 Varinum St. N.E.  
Washington, D.C. 20017



Applicant Wesly Desroches

Address \_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

The applicant whose name and address are given above has applied for a license to practice the healing art in the District of Columbia. This voucher is being forwarded to you regarding his moral character and professional experience.

Your prompt return of this voucher, properly executed and signed by you, will greatly assist the Commission when considering his/her application for license. Your reply will be considered as confidential information by the Commission.

The Commission on Licensure to Practice the Healing Art will expect any person signing this voucher to understand that the Commission is required, by law, to obtain evidence of the good character of applicants for license as a Medical Doctor. Statements by responsible persons with actual knowledge of the applicant's character and experience will be considered by the Commission as evidence in this regard.

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PLEASE RETURN THIS VOUCHER TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Licenses, Investigations and Inspections  
Occupational and Professional Licensing Division  
Applications Branch  
614 H Street, N. W., Room 109  
Washington, D. C. 20001.



CHARACTER REFERENCE'S VOUCHER

June 5

19 79

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since July 1, 1978, I have been so  
insert date  
closely associated with Dr. Wesley Desroches,  
applicant's name

residing in Maryland, as to be able to  
intelligently express an opinion as to his character, mental condition, and habits,  
and that to the best of my knowledge and belief, he/<sup>she</sup> is of good moral character and  
free from mental defects and drug habits liable to interfere with the proper  
practice of the healing art.

I certify further that to my personal knowledge he/she has been actually  
engaged in the practice of Medicine/Surgery for not less than one  
continuous year immediately preceding May 31, 1979  
date of application

Remarks: Dr. W. Desroches terminated his residency in Oct/1978  
by mutual agreement Feb. 23, 1979. He began his residency  
July 1, 1978. Dr. Desroches activities since Feb. 23, 1979 are not known.

Providence Hospital  
Profession or Business

Thomas E. Curtin, MD  
(Name-print or type)

Thomas E. Curtin  
Signature (Facsimile not acceptable)

1150 Varnum Street, NE

Washington, D.C. 20017

Address

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF LICENSES, INVESTIGATIONS AND INSPECTIONS  
Occupational and Professional Licensing Division  
APPLICATIONS BRANCH  
614 H Street N. W., Room 109  
Washington, D. C. 20001

ADDRESS REPLY TO:



5/12/79

Serge D. Raneau, MD.

Applicant Wesly Desroches

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO WHOM IT MAY CONCERN:

The applicant whose name and address are given above has applied for a license to practice the healing art in the District of Columbia. This voucher is being forwarded to you regarding his moral character and professional experience.

Your prompt return of this voucher, properly executed and signed by you, will greatly assist the Commission when considering his/her application for license. Your reply will be considered as confidential information by the Commission.

The Commission on Licensure to Practice the Healing Art will expect any person signing this voucher to understand that the Commission is required, by law, to obtain evidence of the good character of applicants for license as a Medical Doctor. Statements by responsible persons with actual knowledge of the applicant's character and experience will be considered by the Commission as evidence in this regard.

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PLEASE RETURN THIS VOUCHER TO:

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Licenses, Investigations and Inspections  
Occupational and Professional Licensing Division  
Applications Branch  
614 H Street, N. W., Room 109  
Washington, D. C. 20001.

CHARACTER REFERENCE'S VOUCHER

July 2nd 1979

TO THE COMMISSION ON LICENSURE TO PRACTICE THE HEALING ART:

I hereby certify that since 1967, I have been so closely associated with Dr. Wesley PERRICHES,  
insert date  
applicant's name

residing in 820 University Blvd AS  
SS - ml, as to be able to

intelligently express an opinion as to his character, mental condition, and habits, and that to the best of my knowledge and belief, he/<sup>she</sup> is of good moral character and free from mental defects and drug habits liable to interfere with the proper practice of the healing art.

I certify further that to my personal knowledge he/she has been actually engaged in the practice of Medicine for not less than one continuous year immediately preceding March 1979  
date of application

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician  
Profession or Business

Serge D. RAMEAU M.D.  
(Name-print or type)

[Signature]  
Signature (Facsimile not acceptable)

\_\_\_\_\_  
Address

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
535 NORTH DEARBORN STREET  
CHICAGO, ILLINOIS 60610

SURVEY DATA CENTER  
DEPARTMENT OF PHYSICIAN STATISTICS

DATE: 05-17-79

NAME: DESROCHES, WESLY, M.D. MEDICAL EDUCATION NUMBER: 44001720209  
ADDRESS: PROVIDENCE HOSP DEPT OBG WASHINGTON DC 20016  
BIRTHPLACE: BIRTHDATE:  
MEDICAL EDUCATION (SCHOOL YEAR):  
FACULTE DE MED ET DE PHARMACIE DE L UNIV D HAITI, PORT AU PRINCE 1972  
NATIONAL BOARD CERTIFICATION: NOT REPORTED TO DATE  
LICENSES:

NOT REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

RESIDENT

PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY

SECONDARY SPECIALTY: UNSPECIFIED

TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE

CURRENT MEDICAL TRAINING: RESIDENT

HOSPITAL: PROVIDENCE HOSP WASHINGTON DC 20017

DATES OF TRAINING: 07/78-06/79

SPECIALTY: OBSTETRICS AND GYNECOLOGY

SPECIALTY: UNSPECIFIED

INTERNSHIP:

NOT REPORTED TO DATE

RESIDENCY:

HOSPITAL: HARLEM HOSP CENTER NEW YORK NY 10037

DATES OF TRAINING: 07/77-06/78

SPECIALTY: GENERAL SURGERY

SPECIALTY:

COPYRIGHT 1979 AMERICAN MEDICAL ASSOCIATION \*\*AMA FILES CHECKED\*\* SEE REVERSE

AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

in affiliation with

**College of Physicians & Surgeons  
of Columbia University**

at

**Harlem Hospital Center**

certifies that

**Wesly Destroches, M.D.**

has satisfactorily performed the duties of

**Resident - Surgery,**

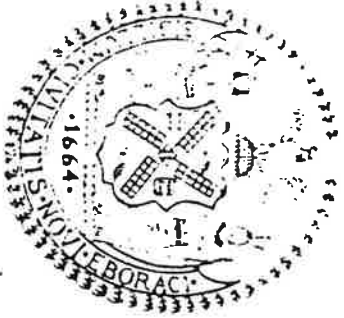
from July 1, 1977 to June 30, 1978.

In Witness Whereof, the undersigned have affixed their signatures this 30th day of June, 1978.

*Wesly Destroches*  
Notary Public

My Commission Expires January 1, 1981

This is a true and correct copy of the original as seen by me on April 25, 1979, at Washington, D. C.



*Robert T. Johnson*  
PRESIDENT OF THE CORPORATION

*Robert T. Johnson*  
EXECUTIVE DIRECTOR  
HARLEM HOSPITAL CENTER

*Ronald T. Taylor*  
DEAN, COLLEGE OF PHYSICIANS & SURGEONS  
OF COLUMBIA UNIVERSITY

*Ronald T. Taylor*  
DIRECTOR OF SERVICE

THE FEDERATION OF STATE MEDICAL BOARDS  
OF THE UNITED STATES, INC.  
1612 SUMMIT AVENUE, SUITE 308  
FORT WORTH, TEXAS 76102

DATE: 5/7/ 19 79

TO: GOVERNMENT OF THE DISTRICT OF COLUMBIA

SUBJECT: FLEX Examination Grades for WESLY DESROCHES, M.D.

This is to certify that the above person took the FLEX Examination in 12/78 19    
under Pennsylvania admission number 139R and obtained  
the following grades: FLEX Test Processing number 34321

**BASIC SCIENCE:**

Anatomy \_\_\_\_\_  
Physiology \_\_\_\_\_  
Biochemistry \_\_\_\_\_  
Pathology \_\_\_\_\_  
Microbiology \_\_\_\_\_  
Pharmacology \_\_\_\_\_  
Behavioral Science \_\_\_\_\_

**BASIC SCIENCE AVERAGE:** \_\_\_\_\_

**CLINICAL SCIENCE:**

Medicine \_\_\_\_\_  
Surgery \_\_\_\_\_  
Obstetrics \_\_\_\_\_  
Public Health \_\_\_\_\_  
Pediatrics \_\_\_\_\_  
Psychiatry \_\_\_\_\_

**CLINICAL SCIENCE AVERAGE:** \_\_\_\_\_

**CLINICAL COMPETENCE AVERAGE:** \_\_\_\_\_

**FLEX WEIGHTED AVERAGE:** \_\_\_\_\_

Sincerely,



Harold E. Jervy, Jr. M.D.  
Secretary-Treasurer

HEJ:mf: scb

We have no unfavorable  
information regarding  
the above named physician.

Foreign Birthright Citizenship  
for  
Foreign Judicial Candidates

CERTIFIES THAT

WESLY DESROCHES

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATION JULY 23, 1975

AND HAS BEEN AWARDED CERTIFICATE NO. 214-445-9

This is a true and correct copy of the original as seen by me on March 21, 1979, at Washington, D. C.

My Commission Expires January 1, 1981

*Dana V. Burnett*  
Notary Public

ISSUED

*October 13, 1976*

PHILADELPHIA, PENNSYLVANIA



*John D. ...*  
PRESIDENT

*Ray ...*  
DIRECTOR