

APPLICATION FOR ENDORSEMENT OF A MEDICAL LICENSE

BY

The State Medical Board, State of Ohio

FORM I.

I hereby make application for a license to practice Medicine and Surgery in the State of Ohio, and submit the following statement regarding my preliminary education.

1. Name James R. Dingfelder, MD. 2. Place of birth Erie, Pa.  
 3. Address 3715 Rolliston Rd Date of birth Feb. 15, 1938  
Shaker Heights, Ohio 44120 4. Intended residence Ohio

5. PRELIMINARY EDUCATION.

Name and Location of Institution Attended and Degree Received. Period and Date of Study.  
Wesleyan University, Middletown, Conn. Sept 56 - June 58  
Thiel College, Greenville, Pa Sept 58 - June 61 A.B.

Received Ohio Certificate of Preliminary Education No. 40370; issued by Med. Bd. 1/17/69  
 (Date)

6. I have made application to the following State Examining and Licensing Boards, and no others.  
Pennsylvania - license # 8943-E granted July 19, 1966  
 (Give names of States and dates of application—Reciprocity or Examination.)  
from National Board of Medical Examiners certification

and received a certificate from each except as follows:  
 (Give names of States and dates of application — Reciprocity or Examination.)

7. MEDICAL EDUCATION.

Give the date and source of each medical credential, diploma, license or degree which you hold

Attended 4 full courses of medical lectures as follows, to-wit:

1st Course at Jefferson from Sept 1961 to June 1962  
 2nd Course at " from Sept 1962 to June 1963  
 3rd Course at " from Sept 1963 to Sept 1964  
 4th Course at " from Sept 1964 to June 1965

Was granted a diploma by Jefferson Medical College located at  
 (Name of Medical College.)  
Philadelphia State of Penna on the 11 day of June, 1965

8. Time of practice 1) Hamot Hospital Emergency Room, Erie, Pa., July - Sept 1966  
 (Give places and dates)  
2) U.S. Air Force, Goodfellow AFB, Texas, Oct. 1966 - Sept 1968

9. Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? No  
 (Answer Yes or No)

If so, specify: (State or Country) (Charge) (Date)

Have you ever been or are you now addicted to narcotic drugs? No  
 (Yes or No)

Have you ever been charged with addiction? No  
 (Yes or No)

Specify charge:

Have you ever found it necessary to surrender your narcotic license? No  
 (Yes or No)

Have you ever been charged with a violation of a Federal Law, State Law or a municipal ordinance other than a traffic violation? No  
 (Yes or No)

If so, give full particulars: (Offense) (Place) (Disposition)  
 (Date of Disposition)

10. PHYSICAL DESCRIPTION OF APPLICANT.

Race Caucasian Native of U.S.A. Complexion light  
 Color of hair Brown Color of eyes Blue Height 6'0"

~~Stout~~ } Weight 185 Marks  
~~Medium~~ }  
~~Thin~~ }

(Cross out words not answering description.)



FORM II. \*AFFIDAVIT.

STATE OF Ohio  
COUNTY OF Cuyahoga } ss:

On this 17th day of December, 1968, personally appeared before me, Laurette Mooney within and for the County and State aforesaid, James R Dingfelder who being duly sworn says that he is the person referred to in the foregoing application for license to practice medicine in the State of Ohio; that the statements therein are strictly true in every respect, and that he has read and understands this Affidavit.

James R Dingfelder  
(Signature of Applicant.)

Signed and sworn to before me, this 17th day of December, 1968

(Seal.)

Laurette Mooney  
(Official designation of officer administering oath.)

\* Must be sworn to before an officer authorized to administer oaths, or a Federal officer.

LAURETTE MOONEY, Notary Public  
My Commission Expires April 25, 1969

FORM III.

CERTIFIED COPY OF ~~STATE LICENSE OR CERTIFICATE.~~

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

James Ray Dingfelder, 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 Parks  
President of the Board

SEAL

JOHN P. HUBBARD  
Executive Director of the Board

Philadelphia, Pa.  
July 1, 1966

Cert. # 81695

I hereby certify that the above is a verbatim copy of Certificate No. 81695, issued to Dr. James Ray Dingfelder by the National Board of Medical Examiners on the 1st day of July, 1966.

(Seal.)

Richard H Saunders Jr, M. D.  
Associate Director ~~Secretary~~

FORM IV.

CERTIFICATE AND RECOMMENDATION OF ~~SECRETARY~~ Associate Director

Acting in behalf of the National Board of Medical Examiners  
(Name of State Board.)

I do hereby certify that Dr. James Ray Dingfelder was on the 1st day of July, 1966, granted a license to practice Medicine and Surgery in the State of Ohio Certificate No. 81695

on the basis of written examination  
(State board examination or medical diploma of graduation.)

in the following subjects: Anatomy 77; Physiology 77; Biochemistry 82; Pathology 78;  
Bacteriology 80; Pharmacology 71; Medicine 81; Surgery 82; Obstetrics 86;  
Public Health & Prev. Med. 85; Pediatrics 84; Psychiatry 87; Practical  
Clinical, (Part III) 82.0

on which he received an average of 80.8 per cent, and from evidence on file in this office, I do hereby certify to the good moral and professional standing of Dr. James Ray Dingfelder of Shaker Heights, State of Ohio, and recommend him to The State Medical Board of Ohio, as a proper person for medical licensure.

The applicant must satisfy the Board of on the question of standing and moral character before seal of said Board is affixed.

(Seal.)

Richard H Saunders Jr, M. D.  
Associate Director ~~Secretary~~

December 2, 1968  
(Date)



FORM V.

AFFIDAVIT OF PHYSICIANS.

STATE OF Ohio }  
Cuyahoga } COUNTY } ss:

Before me, personally appeared Malcolm P. Parada M. D.

known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he has known James R. Dingfelder M. D., well for 4 mos years and knows him to be of good moral and professional character, that he is a graduate of Jefferson Medical College in the year 1965, that he has been in the practice of Medicine for the last twelve months at University Hospitals, and recommended him as worthy of professional recognition and that the foregoing physical description is correct.

Address 3044 Berkshire Road, Cleveland Heights, O. 44118, Graduate of Univ. of Cincinnati, Certificate No. 27594

Subscribed and sworn to this 17th day of November, 1968

(Seal.) Laurette Mooney Notary Public.

STATE OF Ohio }  
Cuyahoga } COUNTY } ss:

Before me, personally appeared William E. Brenner M. D.

known to me as a reputable practicing physician and surgeon, of good moral character, and on being sworn says that he has known James R. Dingfelder M. D., well for 4 mos years and knows him to be of good moral and professional character, that he is a graduate of Jefferson Medical College in the year 1965, that he has been in the practice of Medicine for the last twelve months at University Hospitals, and recommended him as worthy of professional recognition and that the foregoing physical description is correct.

Address 17417 Lomond Blvd., Shaker Hts., Ohio, Graduate of Western Reserve, Certificate No. 26044

Subscribed and sworn to this 8 day of December, 1968

(Seal.) Laurette Mooney Notary Public.

LAURETTE MOONEY, Notary Public  
My Commission Expires April 25, 1969

FORM VI.

CERTIFICATE OF ETHICAL AND MORAL CHARACTER FROM PRESIDENT OR SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY:

P. O. Address Date, 19

I certify that Dr. of is a member in good standing of the and that he is an ethical practitioner of good moral character.

I am enrolled in the OB-GYN residency program of University Hospitals in Cleveland and as a resident, therefore I am not a member of the local society  
James R. Dingfelder, M.D.  
President or Secretary.

SECTION 4731.29. GENERAL CODE OF OHIO.

When a physician or surgeon licensed by the licensing department of another state, a territory or the District of Columbia or a diplomate of the National Board of Medical Examiners wishes to remove to this state to practice his profession, the State Medical Board may, in its discretion, issue to him a certificate to practice medicine and surgery in Ohio without requiring the applicant to submit to examination, provided he meets the requirements for entrance as set forth in Section 4731.09 and Section 4731.12. The fee for registration in this manner shall be one hundred dollars. Application shall be made on a form prescribed by the board.



FOR USE OF SECRETARY ONLY.

State Certificate No. 31362

Issued 1-27-69

Application for Endorsement of a Medical License by State Medical Board, State of Ohio

DINGFELDER, James R., M. D.

78-36 Min. traps. of Cleve (2)

Filed December 23, 19 68

Fee \$100.00

Presented to Board.....

Approved }  
Rejected }  
Withdrawn }

*ama ok.*

*ack 12/23*



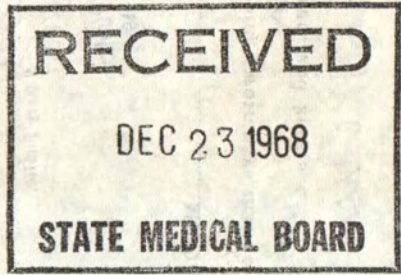
QUALIFICATION

A certificate of registration showing that an examination has been made by the proper board of any state in which an average grade of not less than 75 per cent was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the state where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of the said examination was less than that prescribed by the state in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not yet been covered.



INSTRUCTIONS.

1. The State Medical Board of Ohio holds regular meetings on the first Tuesday of January, April, July and October at Columbus.
2. Fill out Form I and make the necessary affidavit to Form II. Then obtain the affidavit required by Form V. This must be signed by two reputable physicians, residing in the applicant's home state or Ohio; then obtain certification of Form VI.
3. Forward to the Secretary of the Medical Board of the State in which the applicant is licensed, or the National Board of Medical Examiners, if a Diplomate. They will fill out Form III and IV, if justified in doing so, and return the blank to applicant.
4. The application should then be forwarded to the Secretary of the State Medical Board of Ohio.
5. Address all communications to the Secretary of The State Medical Board, Wyandotte Building, Columbus, Ohio 43215.
6. Applicants must be 21 years of age and citizens of the United States.





BIOGRAPHICAL DATA ON PHYSICIANS

from the Biographical - Historical files of  
American Medical Association  
535 N. Dearborn St.  
Chicago, Illinois 60610

RECEIVED

RECEIVED OCT 7 1968

OCT 16 1968  
PHYSICIANS' RECORDS SECT.

Department of  
INVESTIGATION

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state, hospital staff privileges or faculty positions. Please enter on this form data you wish verified and mail to the Circulation and Records Department of the AMA.

Full name of M.D. DINGFELDER, James Ray

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_

Professional Mailing Address University Hospitals, University Circle, Cleveland, Ohio 44106

Medical Education:

School Name Jefferson Medical College M.D. Degree 1965  
(Year)

Internships:

Hospital	Location	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____

Residencies and Fellowships:

Hospital	Location	Dates
_____	_____	_____ to _____
_____	_____	_____ to _____

M.D. Licensed to Practice Medicine in the Following States: Diplomate of the National Board (1966)

State Pa. Year 1966; State \_\_\_\_\_ Year \_\_\_\_\_; State \_\_\_\_\_ Year \_\_\_\_\_

Inquiry Submitted by \_\_\_\_\_ Title \_\_\_\_\_  
(Your Name Here)

Ohio State Medical Board, 21 West Broad St., City-State Columbus, Ohio 43215  
(Affiliation - Licensing Board, Hospital or Medical School)

AMA Department of Investigation  
 Our records do not reveal any derogatory information. AN-LK  
 See attached memo for comments regarding applicant.

A check mark (✓) indicates that the data given corresponds to that listed in the AMA Master File of Physicians. Any discrepancies are as noted.

Date 10-23-68

Robert A. Enlow  
Robert A. Enlow, Director  
Circulation and Records Department

**RECEIVED**  
OCT 25 1968  
**STATE MEDICAL BOARD**

RECEIVED  
OCT 25 1968  
STATE MEDICAL BOARD





Dingfelder, James R.

31362

Issued 1/27/69

ENDORSEMENT