

STATE DEPARTMENT OF CONSUMER AFFAIRS  
INTERNET CASHIERING SYSTEM  
MEDICAL BOARD OF CALIFORNIA  
SUPPLEMENTAL INFORMATION REPORT  
From Date: 11/01/2012 To Date: 11/01/2012

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21-MAR-16 11:14:54

Person Id : 568511 Name : Smith,Forrest

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Government Agency Or Other Disciplinary Body; Or, Have You Been Convicted Of Any Crime In Any State, The U S A And Its Territories, Military Court Or A Foreign Country?	

Total Questions Asked For Person : 568511 8



DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF MEDICAL EXAMINERS  
OF THE STATE OF CALIFORNIA

Application filed 13696  
Fee paid 15043  
Diploma filed 15043  
Diploma verified 15044  
By \_\_\_\_\_

RECIPROcity APPLICATION - CLASS C

I hereby apply for a physician's and surgeon's reciprocity certificate in the State of California and submit the following credentials as required by the Business and Professions Code (Chapter 5) and the rules of the Board of Medical Examiners of the State of California.

Name in full FORREST OWEN SMITH Address DURHAM, NORTH CAROLINA  
1909 BIRMINGHAM AVENUE Zip code 27704

Date of birth \_\_\_\_\_ Age this date \_\_\_\_\_  
Month Day Year

Are you a citizen of the United States? Give particulars YES

Did you attend high school? YES How long A YEARS Name and location of school ALQUIPPA HIGH SCHOOL, ALQUIPPA, PA.

Did you graduate from high school? MAY 1960 Date of diploma \_\_\_\_\_ Name and location of school ALQUIPPA HIGH SCHOOL, ALQUIPPA, PA.

Did you attend college or university? YES Name and location \_\_\_\_\_

Have you any degree OTHER than M.D.? BACHELOR OF SCIENCES 1960 Name and location MOHAWK UNION COLLEGE

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of: (Note - This is required ONLY if your license on page 2 was issued after January 1, 1919.)

- a. Physics YES College SAN FRANCISCO STATE Location SAN FRANCISCO from SEPT 1965 to JUNE 1966
- b. Chemistry YES College SAN FRANCISCO STATE Location SAN FRANCISCO from SEPT 1964 to JUNE 1966
- c. Biology YES College SAN FRANCISCO STATE Location SAN FRANCISCO from SEPT 1965 to JUNE 1966

(Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any state examining board, must show that "before beginning the last half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade, in each of the subjects of Physics, Chemistry and Biology." After January 1, 1924, such premedical courses must have been completed prior to commencing the study of medicine. After September 22, 1954, an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology, and an applicant matriculating in a medical school after January 1, 1954, must show the completion of a three year's college course, including the subjects of Physics, Chemistry and Biology.)

Indicate your medical education in the following manner. Be specific:

(Applicants matriculating in medical schools and graduated therefrom between August 1, 1901, and August 10, 1915, must show the medical college standard for both preliminary and professional education was such as prescribed by the Association of American Medical Colleges for the year of matriculation and graduation.)

I have spent \_\_\_\_\_ years in the study of medicine and surgery each year comprising \_\_\_\_\_ each in the following institutions:

- (NOTE - Mention dates of EACH COURSE, i.e., Freshman, Sophomore, Junior and Senior, and complete each course CHRONOLOGICALLY. If attended more than one school, furnish credentials from each.)
- From the 6th day of Sept. 1966, to the 2nd day of June 1967, DUKE UNIV. DURHAM, N.C.
- From the 19th day of June 1967, to the 5th day of April 1968, DUKE UNIV. DURHAM, N.C.
- From the 15th day of April 1968, to the 24th day of January 1969, DUKE UNIV. DURHAM, N.C.
- From the 27th day of January 1969, to the 31st day of October 1969, DUKE UNIV. DURHAM, N.C.
- From the 1st day of JANUARY 1970, to the 31st day of DECEMBER 1970, DUKE UNIVERSITY HOSPITAL

\*From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote.)  
DUKE UNIVERSITY, DURHAM, N.C. the 1st day of JUNE 1970

Is this application accompanied by the original diploma or a photographic copy thereof? PHOTOCOPY OF MD DEGREE

Upon what license or certificate do you base this application? NORTH CAROLINA BOARD OF MEDICAL EXAMINERS  
12/6/73 upon (1) written or (2) oral examination or (3) registration of diploma WRITTEN EXAM

Have you ever filed an application in California? NO

Have you ever failed in a written or oral examination in California? \_\_\_\_\_ Give particulars \_\_\_\_\_

How long since you have ceased the active practice of medicine and surgery? N/A

What has been your vocation since you ceased practice? N/A

In what other states have you applied for license or registration? NONE

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? \_\_\_\_\_

\*Applicants basing their application on a license issued after September 22, 1954, must show the completion of a year's internship satisfactory to the Board prior to the filing of the application. Submit with the application a photostatic copy of your internship certificate.  
\*An applicant admitted to a State Medical Board...



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?                      If so, specify                     

Have you ever been or are you now addicted to narcotic drugs?                      Yes or no                     

Have you ever been charged with addiction?                      Yes or no                     

Specify charge                     

Have you ever made an offer in compromise in connection with the Harrison Narcotic Law?                     

Have you ever been called before a Federal, state or local enforcement officer?                     

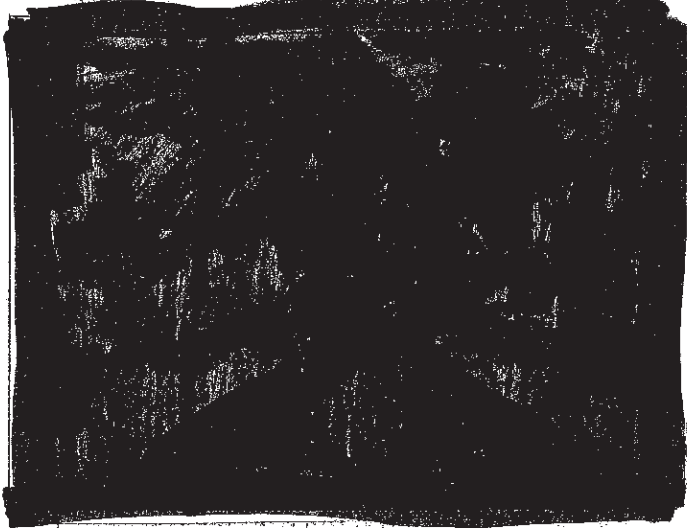
Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U. S. STATUTE or STATE STATUTE?                      If so, give full particulars                     

Offense	Answer yes or no	State or Country	Charge	Date
SPEEDING		CANTON, OHIO	FINE - 17.50	1957
SPEEDING		PLYMOUTH, NORTH CAROLINA	FINE - 20.00	1979

My physical description on this date is as follows:                      Finger print classification                     

Height 6 feet 3 inches; weight 225 pounds; color of eyes HAZEL; of hair BROWN; identification marks                     

Are you suffering from any ailment communicable to others? NO Have you ever practiced as an itinerant physician? NO



Was the photo attached to this application a likeness taken within sixty days next preceding the date of the affidavit affixed hereto?                     

Have you answered the above questions from your own knowledge or upon information or from your best recollection?                     

Reciprocity not granted if the following certificate was issued "on Reciprocity." APPLICANT WILL LEGIBLY COPY or attach a photostatic copy in the space immediately below, the entire original STATE CERTIFICATE OR LICENSE on which this application is based. Do not enter a COUNTY CLERK'S CERTIFICATE OF REGISTRATION or a receipt for ANNUAL REGISTRATION.

STATE OF North Carolina

COUNTY OF Wake

Forrest Owen Smith

being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice as a Physician and Surgeon in the State of California; that he has read the foregoing application and knows the contents thereof to be true.

Signature of applicant in full—use no initials

Subscribed and sworn to before me this 8th day of April, 1974

**Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application**  
 [Do NOT MAKE THIS ENDORSEMENT unless the applicant has affixed his PHOTOGRAPH on the preceding page and made the required AFFIDAVIT]

I, Bryant D. Paris, Jr., Executive Secretary of the North Carolina Board of Medical  
Enter name of Board or Department

Examiners certify that the foregoing certificate No. 19035 to practice as a Physician and Surgeon was issued to

Forrest Owen Smith on the 6th day of December, 1973,  
Month

based on \* written examination; that (1) said applicant was then the actual possessor of a  
State whether after written or oral examination, or on credentials

diploma as evidence of his completion of his medical course; (2) that said applicant BEFORE ADMISSION TO SAID EXAMINATION presented to this Board a † diploma issued by Duke University School of Medicine  
Name of Medical School

on the 1st day of June, 1970; that no charge against Dr. Forrest Owen Smith  
Specify Month Year

has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and that the certificate on the opposite page bears the original date of issue, and is NOT A RE-REGISTRATION CERTIFICATE. (If it be a "DUPLICATE" please add an explanatory note.)

(NOTE.—If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certification, otherwise write ACROSS the page below this line the words: ISSUED ON CREDENTIALS.)

I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.

I further certify that the aforesaid Dr. Smith passed the REGULAR WRITTEN EXAMINATION given by this Board on Dec. 4-6, 1973, and obtained a general average of 82.1 per cent in the following subjects:  
Month Day or days Year

<u>SMITH FORREST O</u>	<u>ST. BD. NO. 00048</u>	<u>FLEX WEIGHTED AVERAGE</u>
	<u>TP. NO. 21070</u>	
<u>BASIC SCIENCE</u>	<u>ANAT</u> <u>PHYS</u> <u>BIO</u> <u>PATH</u> <u>MICR</u> <u>PHAR</u>	<u>B.S. AVG</u>
<u>CLINICAL SCIENCE</u>	<u>MED</u> <u>SURG</u> <u>OB</u> <u>PH</u> <u>PER</u> <u>PSY</u>	<u>C.S. AVG</u>
		<u>CLINICAL COMPETENCE AVERAGE</u>

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof witness my hand and seal.  
 Executive Secretary of the N. C. Board of Medical Examiners  
State Board of Examiners

[SEAL] dated at Raleigh, N. C. this 8th day of April, 1974  
 Address 222 N. Person St., Suite 214  
Raleigh, N. C. 27601

\*An oral examination shall not be deemed of equal merit with a written examination and no certificate shall be issued in the case where the applicant was given an oral examination in another state and the California law required a written examination on the same date.  
 †An applicant admitted to examination prior to possession of DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

[NOTICE.—Detach here and send to Medical College for endorsement]  
 It is hereby certified that Forrest Owen Smith entered the Freshman  
Specify Freshman or later

class in the Duke University School of Medicine on the 6th day of September, 1966  
Name Medical College Month

- That as evidence of PRELIMINARY EDUCATION (high school) he presented a transcript from San Francisco State College, received June 27, 1966  
Specify documentary evidence and date of document
- That as evidence of PREMEDICAL EDUCATION (college) he presented a transcript from San Francisco State College, received June 27, 1966  
Specify documentary evidence and date of document, including number of units

\* 3. That prior to commencing the the study of medicine he completed a one-year course of college grade in each of the subjects of chemistry, physics and biology as shown on the accompanying certification.  
 Every application based on a certificate issued after January 1, 1919, must show that prior to commencing the last half of the second year in the study of medicine, he has completed one year of college grade in the subjects of physics, chemistry and biology. After January 1, 1924, said course must have preceded the study of medicine. On and after September 22, 1951, an applicant must show the completion of a two year's college course, including the subjects of physics, chemistry and biology prior to commencing the study of medicine, and an applicant matriculating in a medical school after January 1, 1954 must show the completion of a three year's college course, including the subjects of physics, chemistry and biology.  
 \*Strike out number 3 if course not of record in your institution, i.e., filed as matriculation requirement.

4. That he attended 4 courses of lectures given by this institution completed during a period of 3\* and  
Specify number Years  
 was issued the degree Doctor of Medicine on the 1st day of June, 1970  
Month

\*By attending summer sessions, Dr. Smith was able to complete all requirements in slightly more than three years.

Signed [Signature] M. D.  
 Associate Director, Undergraduate Medical Education

# CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons Who Have Known Applicant for at Least One Year  
(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing, on request of the Board.)

This certifies that I have been personally acquainted with Forrest O. Smith, M.D. for 8 years and that I know h.i.m. to be of good moral character and hereby recommend h.i.m. to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Arthur C. Chudatsoz Address Box 3274 Duke Med. Ctr Durham N.C.  
Graduated from Med Univ of So. Carolina date June 2 1955 Licensed in N.C. No. 14448 <sup>27707</sup>  
State

This certifies that I have been personally acquainted with Forrest O. Smith, M.D. for 6 years and that I know h.i.m. to be of good moral character and hereby recommend h.i.m. to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Daniel H. Liddick, M.D. Address Box 3258 Duke Med. Center, Durham, N.C.  
Graduated from Duke U. Med. School date June 1967 Licensed in N.C. No. 15565 <sup>27700</sup>  
State

## RECIPROCITY INFORMATION

Dear Doctor:

Sacramento, California

Answering your recent inquiry, we submit the following information regulating the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on approximately once a week.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein such practice is conducted. See sections 2141 to 2143 of the Business and Professions Code. Applicants must not establish an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." before a California certificate has been issued.

APPLICATION FEE OF \$10.00 (foreign exchange to be added) preferably in any form other than a personal check (which must be held 2 weeks to clear bank) must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California 95814. An additional \$100.00 to be paid if certificate is issued, together with the current initial fee as provided by law and the Board rules and regulations.

Mutilated or partially completed applications not acceptable. Read footnotes on pages 1-2-3.

Application based on a certificate issued "on Reciprocity" is not acceptable.

If admitted to examination in another state BEFORE POSSESSION OF DIPLOMA, an applicant must submit a certified copy of the document used as a basis of his admission to examination.

Applicants who have failed in a California written or oral examination are not eligible to file a Reciprocity Application.

This APPLICATION must be based on a certificate or medical license, issued by a Board of Medical Examiners (or similar medical licensing body) of any STATE OR TERRITORY of the UNITED STATES that maintained a standard EQUAL TO CALIFORNIA on the same date. After September 22, 1951, the requirements of the Business and Professions Code for the issuance of a physicians and surgeons certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical, clinical oral examination complying with the enclosed notice re dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

All preliminary, premedical and professional training must have been "resident" courses in a school approved by the Board.

Graduates of foreign medical schools must meet additional requirements. Write for our printed forms 07A-ME 172 and ME-173.