

EXAMINATION RECORD

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

DO NOT WRITE IN THIS PORTION

No. 36-54703

Jesse S. Chandler, Jr., M.D.

Diploma verified _____
 Diploma returned _____
 By _____
 Certificate issued _____
 Certificate forwarded _____



PERSONAL INFORMATION

Applicant must fill in following blanks:

Name J. S. CHANDLER, M.D.

Address _____

Chicago, Illinois 60645

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

Total years of practice _____

As follows:

State _____

Years _____

PERSONAL HISTORY

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

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

IMPORTANT:

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

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

State of ILL
County of LAKE

JESSE S. CHANDLER, JR., M.D. being
duly sworn, says that he is the person referred to in this application and
that the statements therein contained are true and correct.

SIGNATURE OF APPLICANT
(Please use legal name)

Subscribed and sworn to before me this 26 th day of APRIL, 19 77.

NOTARY PUBLIC
MY COMMISSION
EXPIRES 1/24/79

NOTARY SEAL

Notary Public

235764

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION

SPRINGFIELD

RECEIVED
STATE OF ILLINOIS

APR 30 1977

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

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

Full name JESSE S. CHANDLER, JR., M.D.

Permanent address [REDACTED]

Place of birth [REDACTED]

Date of birth [REDACTED]

Age 32 yrsAre you a citizen of the United States? YES

NOTE: Naturalized citizens of the United States are eligible for Certificates of Naturalization.

Please designate your Social Security Number [REDACTED]

Please print your name exactly as you wish it to appear on my Certificate to practice as a Registered Physician and Surgeon which may be issued to you. JESSE S. CHANDLER, JR., M.D.

COLLEGE OR UNIVERSITY EDUCATION

RECEIVED

Name and location of school attended

period of attendance

MAY 3 1977

1st year HOWARD UNIVERSITY-WASH., D.C.

1962-1963

2nd year

"

"

"

1963-1964 MEDICAL SECTION

3rd year

"

"

"

1964-1966

4th year

UNIV. of MARYLAND-College Park, Md.

1968-1969

I have credit for APPROX 200 of college work. I received the degree of B.S.

(No. of majors semester hours or clock hours)

from UNIV. of MARYLAND

(College or University)

on the 7th day ofJUNE19 69

MEDICAL EDUCATION

I attended 4 YEARS full courses of medical lectures as follows:at HOWARD UNIVERSITY COLLEGE OF MEDICINE

(Name of Medical College)

from the 28th day of August, 1971 to the 5th day of JUNE, 1972At HOWARD UNIVERSITY COLLEGE OF MEDICINE

(Name of Medical College)

from the 5th day of SEPTEMBER, 1972 to the 5th day of JUNE, 1973At HOWARD UNIVERSITY COLLEGE OF MEDICINE

(Name of Medical College)

from the 10th day of August, 1973 to the 30th day of JUNE, 1974At HOWARD UNIVERSITY COLLEGE OF MEDICINE

(Name of Medical College)

from the 1st day of July, 1974 to the 1st day of MAY, 1975I was granted the degree of Doctor of Medicine by HOWARD UNIVERSITY COLLEGE OF MEDICINE

(Name of Medical College)

located at WASHINGTON State or Country DISTRICT of Columbia on the 10thday of MAY, 1975, and the Diploma presented with this application is the genuine Diploma of said institution.

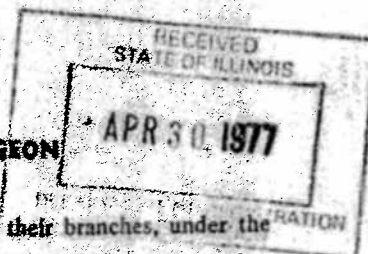
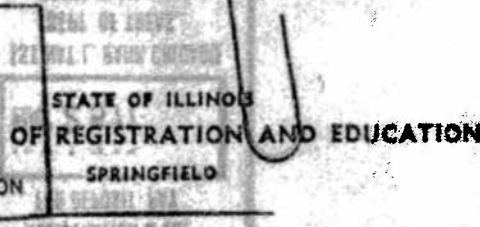
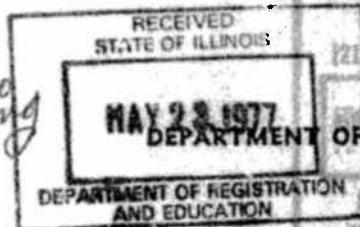
POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

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

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

07500033291

235764



APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

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

Full name JESSE S. CHANDLER, JR., M.D.

Permanent address [REDACTED]

Place of birth [REDACTED] Date of birth [REDACTED] Age 32 yrs

Are you a citizen of the United States? Yes

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

Please designate your Social Security Number [REDACTED]

Please print your name exactly as you wish it to appear on any Certificate to practice as a Registered Physician and Surgeon which may be issued to you. JESSE S. CHANDLER, JR., M.D.

COLLEGE OR UNIVERSITY EDUCATION

RECEIVED

Name and location of school attended

period of attendance MAY 3 1977

1st year HOWARD UNIVERSITY-WASH., D.C.

1962-1963

2nd year " " "

1963-1964 MEDICAL SECTION

3rd year " " "

1964-1966

4th year UNIV. of MARYLAND-College Park, Md.

1968-1969

I have credit for APPROX. 200 of college work. I received the degree of B.S.
(No. of majors, semester hours, or clock hours)
from UNIV. of MARYLAND on the 7th day of JUNE 19 69
(College or University)

MEDICAL EDUCATION

I attended 4 YEARS full courses of medical lectures as follows:

at HOWARD UNIVERSITY COLLEGE of MEDICINE
(Name of Medical College)
from the 28th day of August, 19 71 to the 5th day of JUNE, 19 72

At HOWARD UNIVERSITY COLLEGE of MEDICINE
(Name of Medical College)
from the 5th day of SEPTEMBER, 19 72 to the 5th day of JUNE, 19 73

At HOWARD UNIVERSITY COLLEGE of MEDICINE
(Name of Medical College)
from the 10th day of August, 19 73 to the 30th day of JUNE, 19 74

At HOWARD UNIVERSITY COLLEGE of MEDICINE
(Name of Medical College)
from the 1st day of July, 19 74 to the 1st day of May, 19 75

I was granted the degree of Doctor of Medicine by HOWARD UNIVERSITY COLLEGE of MEDICINE
(Name of Medical College)
located at WASHINGTON State or County DISTRICT of Columbia on the 10th
day of MAY, 19 75, and the Diploma presented with this application is the genuine Diploma of said institution.

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

DATE: 4/22 19 77

TO: ILLINOIS DEPT. OF REGISTRATION & EDUCATION
JESSE S. CHANDLER, JR., M. D.
SUBJECT: FLEX Examination Grades for [REDACTED]

This is to certify that the above person took the FLEX Examination in 6/76 1976
under Maryland admission number 01009 and obtained
the following grade: FLEX Test Processing number [REDACTED]

BASIC SCIENCE:

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology

BASIC SCIENCE AVERAGE: [REDACTED]

CLINICAL SCIENCE:

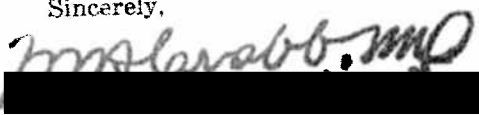
Medicine
Surgery
Obstetrics
Public Health
Pediatrics
Psychiatry

CLINICAL SCIENCE AVERAGE: [REDACTED]

CLINICAL COMPETENCE AVERAGE: [REDACTED]

FLEX WEIGHTED AVERAGE: [REDACTED]

Sincerely,


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

MHC:mf/je

CHANDLER JR JESSE S

FLEX ADMINISTERED IN 6/75 FOR THE STATE OF MARYLAND

FLEX TEST PROCESSING NO. 15790 STATE BOARD NO. 00288

SCORES..... FLEX WEIGHTED AVERAGE

BASIC SCIENCE

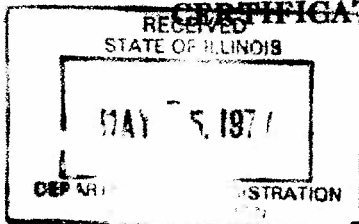
CLINICAL SCIENCE

CLINICAL COMPETENCE AVERAGE

CERTIFICATION OF COLLEGE ATTENDANCE

RECEIVED
STATE OF ILLINOIS

(Give exact dates.)



Howard University College of Medicine

May 2

RECEIVED

MAY 5 1977

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

This is to certify that Jesse S. Chandler, Jr., M.D.

was in regular attendance at the Howard University College of Medicine

MEDICAL SECTION

| | | | |
|----------------------------------------------|--------------|--------------------------------------|--------------|
| from the <u>13th</u> day of <u>September</u> | 19 <u>71</u> | to the <u>2nd</u> day of <u>June</u> | 19 <u>72</u> |
| from the <u>28th</u> day of <u>August</u> | 19 <u>72</u> | to the <u>12th</u> day of <u>May</u> | 19 <u>73</u> |
| from the <u>27th</u> day of <u>August</u> | 19 <u>73</u> | to the <u>11th</u> day of <u>May</u> | 19 <u>74</u> |
| from the <u>26th</u> day of <u>August</u> | 19 <u>74</u> | to the <u>10th</u> day of <u>May</u> | 19 <u>75</u> |
| from the _____ day of _____ | 19 _____ | to the _____ day of _____ | 19 _____ |

and was granted a Diploma as Doctor of Medicine by Howard University College of Medicine

located at 520 W Street, N.W., Wash., DC 20059 State of _____

on the 10th day of May, 19 75, having completed 4,000 hours.

[Seal of College]

Eleanor I. Franklin, Ph.D., Associate Dean
05/02/77 (Dean, Secretary, or Registrar)



Cook County Hospital
1825 West Harrison Street Chicago, Illinois 60612 Telephone 312/633 6000

April 27, 1977

TO WHOM IT MAY CONCERN:

RE: JESSE S. CHANDLER, JR., M.D.

This letter will certify that Dr. Jesse S. Chandler did his internship at Cook County Hospital in the Department of Obstetrics and Gynecology from July 1, 1975 to June 30, 1976.

If there are any further questions, please do not hesitate to call my office, 633-6705.

Sincerely yours,

Robert A. Maslansky, M.D.
Chairman
Department of Medical Education

RECOMMENDATION

235764

Date

Oct 6

19 76

This certifies that I am personally acquainted with

JESSE SAMUEL CHANDLER, JR., M.D.

that I know him to be of good moral and professional character and entirely worthy of confidence.

I hereby recommend him to the Department of Registration and Education to be licensed to practice

Medicine and Surgery in the State of Illinois.

P. O. Address

Chicago

Ill.

Endorser is a Graduate of

Harvard U. Coll of Med.

Name of Professional School

the year 1944

Illinois License No.

26675

Date issued

Feb 18, 1946

RECOMMENDATION

Date 10 / 6 19 76


This certifies that I am personally acquainted with

JESSE SAMUEL CHANDLER, JR., M.D.

that I know him to be of good moral and professional character and entirely worthy of confidence.

I hereby recommend him to the Department of Registration and Education to be licensed to practice

MEDICINE & SURGERY in the State of Illinois.


Street Address
P. O. Address ILL. 60546 Ill.

Endorser is a Graduate of Chiang Mai Medical School in the year 1968
Name of Professional School

Illinois License No. 36-47961 Date issued 8/23 1973



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION

JOAN G. ANDERSON

ACTING DIRECTOR
XXXXXX

June 10, 1977

55 East Jackson Boulevard
Chicago, Illinois
60604
(312) 341-9810

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

IN REPLY REFER TO: Medical Section
Springfield Office

Re: Dr. Chandler Jr. M.D.

Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 36-54703.

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

The Illinois Controlled Substances Act (Illinois Revised Statutes 1975, Chapter 56½ - Section 1100 to 1603) requires that every person who manufactures, distributes or dispenses any controlled substances within this State must annually obtain a registration issued by this Department. Enclosed please find a letter of explanation and an application for controlled substances registration.

If you require further information, you may write or call the Medical Section at area code 217/782-7935.

Very truly yours,

Jerry D. Sternstein
Deputy Director

JDS:wpc

Enclosures
lmb

SEAL

TO: PROSPECTIVE APPLICANTS FOR MEDICAL LICENSURE IN ILLINOIS -- QUESTIONNAIRE FORM

FROM: ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS

You will aid this Department materially by providing the answers to all questions listed below.

Name DR. JESSE S. CHANDLER, JR.

Address

City & State

Zip

Are you a Citizen of the United States, or have formal Declaration of Intention? Yes ☒ No ☐

Name of Professional School HOWARD UNIVERSITY COLLEGE OF MEDICINE

Address of Professional School 524 W. ST. N.W. WASHINGTON, D.C. 20001

Date of Graduation (M. D. Degree) MAY 10, 1975

United States internship served in COOK COUNTY HOSPITAL

Address of Hospital 1825 N. ALDRICH ST. CHICAGO, ILLINOIS

Type of Internship CATEGORICAL OB/GYN From JULY 1, 1975 To JUNE 30, 1976

If you served an internship other than rotating service, please list any approved residency training you have completed in approved hospitals in the United States. - CURRENTLY IN RESIDENCY

| TYPE OF SERVICE | NAME OF HOSPITAL | HOSPITAL ADDRESS |
|------------------------------|------------------|---------------------------------------------|
| <u>OBSTETRICS-GYNECOLOGY</u> | <u>MT. SIANI</u> | <u>CALIF. AVE AT 15TH ST. CHICAGO, ILL.</u> |

Are you a Diplomat of THE NATIONAL BOARD OF MEDICAL EXAMINERS? Yes ☐ No ☒

Name of State of States in which you are licensed to practice medicine in all of its branches on the basis of successful written examination MARYLAND

Were any of these examinations Flex (Federation of State Medical Boards)? Yes ☒ No ☐

Date JUNE 1976 State MARYLAND

Please review Sections 11a and 13a of the enclosed copy of the Illinois Medical Practice Act and advise whether you seek full permanent licensure ☒; or a Temporary Certificate of Registration ☐;

or a State Hospital Permit ☐, (Please Check ONE)

Are you eligible or Certified by an American Speciality Board? Yes ☐ No ☒

PROMPT RETURN OF THIS FORM TO: Department of Registration and Education, Medical Section, 628 East Adams Street, Springfield, Illinois 62786, with all questions answered will expedite disposition of your inquiry.

12/11/70

*Rec'd
mailed
9/8/76
7-144
Jed*

DEPARTMENT OF REGISTRATION AND EDUCATION
REQUEST FOR AUDITOR'S WARRANT

Date March 9, 1976

Name of Applicant or Registrant Jesse S. Candler, Jr., M.D.

Address [REDACTED]

[Street and Number]

[City and State]

Profession Medical

Type of Fee Original

Certificate No. None

Date Fee Received 12/5/75

Amount \$ 25.00

Validation No. [REDACTED]

Purpose of Refund Per applicant's request by letter

Requested by Jo Ann Keller, Medical Section

(Vouchered for Payment)

Date Paid 5/3/76

Amount \$ 25.00

Voucher No. 2379

(TO BE COMPLETED BY FISCAL SECTION)



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

55 East Jackson Boulevard
Chicago, Illinois
60604
(312)341-9810

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

IN REPLY REFER TO: Medical Section
Springfield Office

Date: May 20, 1977

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON IN ILLINOIS
YOUR ATTENTION IS DIRECTED TO THE PARAGRAPHS CHECKED BELOW:

NAME

John S. Carter Jr.

ADDRESS

5026 So. Lake Shore Dr. #357 Chicago, Illinois 60615

1. ☒ Your application on the basis of your National Board Examination will be given further consideration upon receipt of a transcript of your National Board grades.
2. ☒ Your application will be given further consideration upon receipt of proof of your internship.
3. ☐ Your application will be given further consideration upon receipt of proof of your residency training.
4. ☐ Your application will be given further consideration upon receipt of proof that you have been accepted for residency training.
5. ☐ Your application will be given further consideration upon receipt of your original M.D. degree with official translation if not in the English language.
6. ☒ Your application will be given further consideration upon receipt of your original medical and premedical transcripts, together with official translation if not in the English language.
7. ☐ Your application will be given further consideration upon receipt of the enclosed recommendation forms signed by (2) physicians licensed to practice medicine in the United States.
8. ☐ Your application will be given further consideration upon receipt of your College Attendance form completed by the Medical School and returned to this Department. (Form Enclosed)
9. ☐ Your application will be given further consideration upon receipt of the enclosed photoslip completed and signed. Please return with photograph attached if you have not previously done so.
10. ☐ Your application has been placed on file for the examination-interview to be held in Chicago . A card for admission and further instructions will be mailed at a later date.
11. ☐ You will be scheduled for examination-interview upon receipt of your fee in the amount of \$150.00. Clinical test-interview will be held in Chicago .
12. ☐ You will be scheduled for examination-interview upon receipt of your fee in the amount of \$75.00. Written examination-interview will be held in Chicago .
13. ☐ You will be scheduled for re-examination upon receipt of your fee in the amount of \$50.00. Written examination will be held in Chicago .
14. ☒ Your application will be given further consideration upon receipt of your Flex Grades forwarded directly to this department by the Federation of State Medical Boards.



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

55 East Jackson Boulevard
Chicago, Illinois
60604
(312)341-9810

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

IN REPLY REFER TO: MEDICAL SECTION

March 10, 1976

The Board of Medical Examiners of Maryland
201 W. Preston Street
Baltimore, Maryland 21201

DEAR SIR:



WILL YOU PLEASE PROCTOR THE _____ FLEX
EXAMINATION FOR _____

WE HAVE ADVISED THIS INDIVIDUAL TO CONTACT YOUR BOARD DIRECT
FOR INFORMATION CONCERNING THE EXACT TIME AND PLACE TO REPORT FOR EXAM-
INATION.



ALL DAYS
WE WILL BE PLEASED TO PROCTOR THE June 15-17, 1976 FLEX
EXAMINATION FOR J. S. Chandler, M.D. [REDACTED]
Chicago, IL. PLEASE FORWARD THE IDENTIFICATION MATERIALS BY May 15, 1976.

WE PREFER TO PROVIDE THE EXAMINATION QUESTIONS AND BOOKLETS.
AT THE CONCLUSION OF THE EXAMINATION THE IDENTIFICATION MATERIAL WILL
BE RETURNED TO YOU.

VERY TRULY YOURS,

ONLY 10 CANDIDATES PER STATE

[REDACTED]
JERRY D. STERNSTEIN
DEPUTY DIRECTOR FOR LICENSING

SMA

BOARD OF MEDICAL EXAMINERS OF MARYLAND
201 W. Preston Street
O'Connor Office Building
Baltimore, Maryland 21201

State of Illinois
Dept. of Registration and Education

CANDIDATE'S NAME

J.S. Chandler, M.D.

ADDRESS

APPLYING FROM:

THE BOARD OF MEDICAL EXAMINERS OF MARYLAND
201 W. Preston Street
O'Connor Office Building
Baltimore, Maryland 21201

FLEX PROCESSING NUMBER

449.11

~~1009~~

APPLICANT'S SIGNATURE

