

57208

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

No. 57208

DO NOT WRITE ON THIS FOLD

JAMES ARTHUR THREATTE MD

016

Preliminary Examination approved \_\_\_\_\_ 19\_\_\_\_  
 Medical Education approved \_\_\_\_\_ 19\_\_\_\_  
 Diploma verified \_\_\_\_\_ 19\_\_\_\_  
 Diploma returned \_\_\_\_\_ 19\_\_\_\_  
 By \_\_\_\_\_  
 Application Fee received \_\_\_\_\_ 19\_\_\_\_  
 Certificate issued \_\_\_\_\_ 19\_\_\_\_  
 Certificate forwarded \_\_\_\_\_ 19\_\_\_\_  
 Application declined \_\_\_\_\_ 19\_\_\_\_

CERTIFICATION OF MEDICAL EDUCATION ATTENDANCE (Give exact dates)

UHS/THE CHICAGO MEDICAL SCHOOL

May 31, 19 78

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

This is to certify that JAMES A. THREATTE

was in regular attendance at the UHS/THE CHICAGO MEDICAL SCHOOL

from the 8 day of July, 19 74 to the 20 day of June, 19 75  
 from the 7 day of July, 19 75 to the 18 day of June, 19 76  
 from the 28 day of June, 19 76 to the 9 day of June, 19 77  
 from the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
 from the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

and was granted a diploma as Doctor of Medicine by UHS/THE CHICAGO MEDICAL SCHOOL

located at 2020 W. Ogden Av., Chicago, State of IL 60612

on the 9 day of June, 19 77.

(Seal of College)

(Register)

CERTIFICATE OF MORAL CHARACTER

This is to Certify that we, the undersigned, are personally acquainted with JAMES A Threatte  
 who is applying for registration as a Physician and Surgeon under the Illinois Medical Practice Act, and we know him  
 to be of good moral character, and that he is the person referred to in this application; and that the attached  
 photograph and signature are his.

Signed: \_\_\_\_\_ M.D. Signed: \_\_\_\_\_ M.D.  
 Address: \_\_\_\_\_ IL 60612 Address: \_\_\_\_\_  
 Illinois License No. 36-44769 Illinois License No. 36-50637

RECEIVED

JUN 08 1978

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
SPRINGFIELD

75.00 fee  
in cash  
6-29-78  
RECEIVED  
REGISTRATION & EXAMINATIONS  
1978 JUN -9 AM 6:18  
CASH SECTION

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY UPON  
THE BASIS OF NATIONAL BOARD EXAMINATION

MEDICAL SECTION

I hereby make application for a license to practice Medicine and Surgery in all their branches in the State of Illinois, and submit the following statements regarding my educational qualifications:

Full name JAMES ARTHUR THREATTE  
Present address [REDACTED]  
Intended residence [REDACTED]  
Place of birth [REDACTED] Date of birth [REDACTED]  
Are you a citizen of the United States? yes  
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. JAMES ARTHUR THREATTE

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended  
at University of Health Sciences/The Chicago Medical School  
from the 25th day of Sep, 1973, to the 13 day of June, 1974

MEDICAL EDUCATION

at University of Health Sciences/The Chicago Medical School  
(Name of Medical College)  
from the 8 day of July, 1974, to the 9 day of June, 1977

List any states in which you have ever written a licensure examination to practice Medicine and Surgery None

List any states in which you have ever been licensed as a Physician and Surgeon None

State of ILLINOIS )  
County of COOK ) ss JAMES ARTHUR THREATTE, being  
duly sworn, says that he is the person referred to in this application and that  
the statements therein contained are true.

James A. Threatte  
(Signature of Applicant)

Subscribed and sworn to before me this 31 day of

May, A.D. 1978

Donna Marie Swedals  
(Notary Public)

NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXPIRES AUG. 18 1979  
ISSUED THRU ILLINOIS NOTARY ASSOC.

CERTIFICATE OF CLINICAL TRAINING

This is to certify that JAMES ARTHUR THREATTE, a graduate  
of Chicago Medical School (Name of Applicant) Medical College in 1977  
served 12 months of clinical training in Cook County Hospital (Date)  
located at Chicago, Illinois (Name of Hospital)  
from July 1, 1977, to June 30, 1978.

Conrad Jaschke MD  
(Signature of Hospital Superintendent)

Department of Medical Education

Cook County Hospital  
720 South Wolcott  
Chicago, Illinois 60612

June 9, 1978



07500022058

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
SPRINGFIELD

6-29-78  
CASH SECTION  
8 JUN -9 AM '78  
RECEIVED  
REGISTRATION & EDUCATION

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY UPON  
THE BASIS OF NATIONAL BOARD EXAMINATION

I hereby make application for a license to practice Medicine and Surgery in all their branches in Illinois, and submit the following statements regarding my educational qualifications:

Full name JAMES ARTHUR THREATTE

Present address [Redacted]

Intended residence [Redacted]

Place of birth [Redacted] Date of birth [Redacted]

Are you a citizen of the United States? Yes

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. JAMES ARTHUR THREATTE

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended University of Health Sciences/The Chicago Medical School  
at University of Health Sciences/The Chicago Medical School  
from the 25th day of SEP, 1973, to the 13 day of JUNE, 1974

MEDICAL EDUCATION

at University of Health Sciences/The Chicago Medical School  
(Name of Medical College)  
from the 8 day of July, 1974, to the 9 day of June, 1977

List any states in which you have ever written a licensure examination to practice Medicine and Surgery None

List any states in which you have ever been licensed as a Physician and Surgeon None

State of ILLINOIS )  
County of COOK ) ss JAMES ARTHUR THREATTE, being  
duly sworn, says that he is the person referred to in this application and that  
the statements therein contained are true.



James A. Threatte  
(Signature of Applicant)

Subscribed and sworn to before me this 31 day of May, A.D. 1978

Donna Marie Swedell  
(Notary Public)

NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXPIRES AUG. 18 1979  
ISSUED THRU ILLINOIS NOTARY ASSOC.

CERTIFICATE OF CLINICAL TRAINING

This is to certify that JAMES ARTHUR THREATTE, a graduate  
of Chicago Medical School (Name of Applicant) Medical College in 1977 (Date)

served 12 months of clinical training in Cook County Hospital (Name of Hospital)

located at Chicago, Illinois (Address of Hospital)

from July 1, 1977, to June [Redacted]

(Signature of Hospital Superintendent)  
Department of Medical Education  
Cook County Hospital  
720 South Wolcott

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS  
OF THE  
UNITED STATES OF AMERICA

**JAMES A. THREATTE, M.D.**

having satisfied all the requirements and having successfully passed the examination, [REDACTED]  
hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: **JOHN S. MILLIS**  
Chairman of the Board

**RECEIVED**  
MEDICAL SECTION

SEAL

**EDITHE J. LEVIT**  
President of the Board

Philadelphia, Pa. [REDACTED]

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of CHICAGO MEDICAL SCHOOL, in [REDACTED] in [REDACTED] following successful completion of an examination required for certification by the National Board of Medical Examiners.

The grades obtained are as follows:

|  | Standard*<br>Score | Scale<br>Score |
|--|--------------------|----------------|
| PART I passed <u>09/75</u>                           |                    |                |
| Anatomy, incl. histology and embryology              |                    | [REDACTED]     |
| Physiology   |                    | [REDACTED]     |
| Biochemistry   |                    | [REDACTED]     |
| Pathology  |                    | [REDACTED]     |
| Microbiology, incl. Immunology                       |                    | [REDACTED]     |
| Pharmacology and Materia Medica                      |                    | [REDACTED]     |
| Behavioral Sciences                                  |                    | [REDACTED]     |
| (Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE** |                    | [REDACTED]     |
| Part II passed <u>04/77</u>                          |                    |                |
| Internal medicine and the medical specialties        |                    | [REDACTED]     |
| Surgery and the surgical specialties                 |                    | [REDACTED]     |
| Obstetrics and Gynecology                            |                    | [REDACTED]     |
| Public Health and Preventive Medicine                |                    | [REDACTED]     |
| Pediatrics   |                    | [REDACTED]     |
| Psychiatry   |                    | [REDACTED]     |
| (Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE** |                    | [REDACTED]     |
| PART III passed <u>03/78</u>                         |                    |                |
| A General Test of Clinical Competence                |                    | [REDACTED]     |
| (Minimum Passing Grade 290/75)                       | AVERAGE            | [REDACTED]     |
| <u>GENERAL AVERAGE (Parts I, II, and III)</u>        |                    |                |
|  |                    | (Scale Score)  |

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

[REDACTED]

Secretary for Certification

06/13/78

Date

SEAL



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

June 30, 1978

*July 12  
Interim  
(K.B.)*

Department of Registration & Education  
Medical Section  
Capitol Building  
628 East Adams  
Springfield, Illinois

RECEIVED

JUL 13 1978

MEDICAL SECTION

TO WHOM IT MAY CONCERN:

DR. JAMES THREATTE, M.D.

This letter is to certify that the above named doctor has successfully completed a first postgraduate residency in the Department of OBSTETRICS & GYNECOLOGY at the Cook County Hospital. The PG I year was begun on July 1, 1977 and completed on June 30, 1978. If you require any further information, please don't hesitate to contact my office.

Sincerely yours,

[Redacted signature]

Conrad Tasche, M.D.  
Chairman  
Department of Medical Education

CT/ds

PERSONAL HISTORY

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

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

IMPORTANT:

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

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

STATE OF Illinois

COUNTY OF Cook

James A Threutte being duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this

31 day of May, 1978.

NOTARY PUBLIC SEAL

NOTARY PUBLIC  
NOTARY PUBLIC STATE OF ILLINOIS  
MY COMMISSION EXPIRES AUG. 18 1979  
ISSUED THRU ILLINOIS NOTARY ASSOC.



STATE OF ILLINOIS  
 DEPARTMENT OF REGISTRATION AND EDUCATION  
 JOAN G. ANDERSON  
 DIRECTOR

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

628 East Adams Street  
 Springfield, Illinois  
 62788  
 (217) 782-4624

IN REPLY REFER TO: Medical Section  
 Springfield Office

Date: JUNE 26, 1978

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON IN ILLINOIS

NAME JAMES ARTHUR THREATTE M.D.

ADDRESS [REDACTED]

This is to advise you that your application is incomplete. Before your application may be given further consideration, you must submit the additional material checked below. ONLY THE PARAGRAPH(S) CHECKED BELOW REFER TO YOUR APPLICATION:

1.  A transcript of your National Board grades.
2.  Your Flex Examination grades.
3.  Proof of your twelve months of clinical training.
4.  Your original M.D. degree with official translation if not in the English language.
5.  Your original medical and premedical transcripts, together with official translations if not in the English language.
6.  College Attendance form completed by the medical school and returned to this Department (form enclosed).
7.  Recommendation forms signed by two physicians licensed to practice medicine in the United States (forms enclosed).
8.  Enclosed photoslips must be completed and signed. Please return with two photographs attached.
9.  Enclosed Personal History Sheet must be completed.
10.  Fee in the amount of \$150.
11.  Fee in the amount of \$75.
12.  Social Security Number \_\_\_\_\_.
13.  If American Board Certified, please forward proof.
14.  You will be scheduled for reexamination upon receipt of your fee in the amount of \$50. Your retake fee must be received by \_\_\_\_\_.  
 The next examination will be held in Chicago on \_\_\_\_\_.
15.

wpc



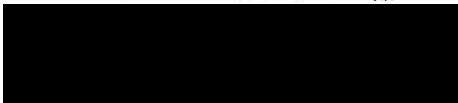
STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN G. ANDERSON

DIRECTOR  
June 29, 1978

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

628 East Adams Street  
Springfield, Illinois  
62783  
(217) 782-4624

IN REPLY REFER TO: Medical Section  
Springfield Office

James Arthur Threatte MD  


Dear Doctor:

You have been scheduled to report for an interview at the Chicago Office of the Department, 55 East Jackson Boulevard, 17th Floor, Chicago, Illinois, in connection with your application for licensure in Illinois. This interview is for identification purposes only and may not be considered as an oral medical examination.


Please report on Wednesday, JUL 12 1978 between 9:00 and 11:00.

When reporting, please present a recent photograph to be signed at the time of the interview and your original medical degree if you have not already forwarded it in the mail.

After your interview, it normally takes two-three weeks before your license number can be issued.

If you require further information, you may write or call Doris Leonard at area code 217/782-7934.

Very truly yours,

  
Beatrice Taylor  
Unit Supervisor

BT:DL:wpc





STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION

JOAN G. ANDERSON

DIRECTOR

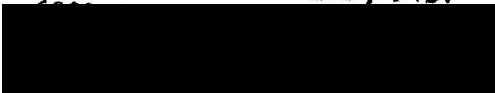
55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9810

Springfield, Illinois  
62786  
(217) 782-4624

IN REPLY REFER TO: Medical Section  
Springfield Office

July 31, 1978

JAMES ARTHUR THREATT, M.D.



Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 36-57208.

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 56 1/2 - 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

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SEAL