

52002

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

Application for Registration as
PHYSICIAN AND SURGEON

YING-CHANG CHEN, M.D.

36-52002



Diploma verified

[Signature]

Diploma returned

10-8-73

By

[Signature]

Certificate Issued

10-17-73

Certificate Forwarded

DECLARATION OF INTENTION
OR
CERTIFICATE OF NATURALIZATION

No

Issued at

on the

as

Returned

By



PERSONAL INFORMATION

Applicant must fill in following blanks.

Name Ying-Chang Chen

Address



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

Total years of practice 0

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 |
|---|-------|----------|
| Do you hold a license in any of the other healing arts? | _____ | <u>✓</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>✓</u> |
| 3. Have you ever been convicted of a felony or misdemeanor other than traffic violations? | _____ | <u>✓</u> |
| 4. Have you ever been addicted to or treated for addiction to drugs? | _____ | <u>✓</u> |
| 5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law, or any narcotic law? | _____ | <u>✓</u> |
| 6. Have you ever received psychiatric treatment or received treatment for mental illness? | _____ | <u>✓</u> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? | _____ | <u>✓</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>✓</u> |
| 9. Have you ever had an application for licensure refused or rejected by a licensing board? | _____ | <u>✓</u> |



HEIGHT	WEIGHT	HAIR	EYES	PLACE PRINT OF RIGHT THUMB HERE
_____	_____	_____	_____	_____

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 Illinois
 County of Cook

Ying C. Chen 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
 (Please use legal name)

Subscribed and sworn to before me this 20th day of
Sept, 19 75.

NOTARY SEAL

 Notary Public

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION

SPRINGFIELD
75.00 036 3 A

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

170072

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 Ying-Chang Chen ✓ *ok*
(As given on Diploma)

Permanent address [REDACTED] ✓ *ok*

Place of birth [REDACTED] Date of birth [REDACTED]

Are you a citizen of the United States? No
NOTE: Naturalized citizens of the United States should show Certificates of Naturalization

HIGH SCHOOL EDUCATION

Name of School Chuan-Ko High School Location Taipei, Taiwan

Attendance from September 1961 to June 1964

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended _____ period of attendance _____

1st year Taiwan National Moral University Sep. 1964 to June 1965

2nd year _____

3rd year _____

4th year _____

I have credit for 10 credits of college work. I received the degree of _____

from _____ on the _____ day of _____ 19____
(College or University)

MEDICAL EDUCATION

I attended 7 years full courses of medical lectures as follows:

at Taipei Medical College
(Name of Medical College)

from the 1 day of September 1965 to the 30 day of June 1972 ✓

At _____
(Name of Medical College)

from the _____ day of _____ 19____ to the _____ day of _____ 19____

At _____
(Name of Medical College)

from the _____ day of _____ 19____ to the _____ day of _____ 19____

At _____
(Name of Medical College)

from the _____ day of _____ 19____ to the _____ day of _____ 19____

I was granted the degree of Doctor of Medicine by Taipei Medical College
(Name of Medical College)

located at Taipei, Taiwan State or Country Rep. of China on the 30

day of June 1972 and the Diploma presented with this application is the genuine Diploma of said institution.

POSTGRADUATE HOSPITAL TRAINING AND PRACTICE (LIST CHRONOLOGICALLY)

DESCRIPTION	NAME OF INSTITUTION	DATES		LOCATION
		FROM	TO	
Rotating Internship	Mackay Memorial Hospital	July 1971	June 1972	Taipei Taiwan Republic of China
Residency in Internal Medicine	Mackay Memorial Hospital	July 1973	June 1974	Taipei Taiwan Republic of China
Rotating Internship-3	ST. Joseph Hosp.	July 1974	June 1975	2900 N. Lake Shore Dr. Chicago Illinois 60657
Residency in OB-GYN.	ST. Joseph Hosp.	July 1975	Cont- inui- ng	2900 N. Lake Shore Dr. Chicago Illinois 60657

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

THE FEDERATION OF STATE MEDICAL BOARDS
OF THE UNITED STATES, INC.
1812 SUMMIT AVENUE SUITE 308
FORT WORTH TEXAS 76102

DATE: 9/22 19 75

TO: ILLINOIS DEPT. OF REGISTRATION & EDUCATION

SUBJECT: FLEX Examination Grades for YING C. CHEN, M.D.
[REDACTED]

This is to certify that the above person took the FLEX Examination in 6/75 1975
under Pa admission number [REDACTED] and obtained
the following grades: FLEX Test Processing number [REDACTED]

BASIC SCIENCE:

Anatomy
Physiology
Biochemistry
Pathology
Microbiology
Pharmacology

[REDACTED]

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,

[REDACTED]

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

MHC:mf

OK
10/16

CERTIFICATION OF COLLEGE ATTENDANCE

(Give exact dates.)

September 11 19 75

TO THE DEPARTMENT OF REGISTRATION AND EDUCATION SPRINGFIELD, ILLINOIS

This is to certify that Ying-Chang Chen was in regular attendance at the Taipei Medical College from the 1 day of September 19 65 to the 30 day of June 19 72 and was granted a Diploma as Doctor of Medicine by Taipei Medical College located at Taipei, Taiwan State of Republic of China on the 30 day of June 19 72 having completed 7328 hours.

[Seal of College]

(Dean, Secretary, or Registrar)

RECOMMENDATION

Date September 18 1970

This certifies that I am personally acquainted with

Dr. Mary ...

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

dentistry in the State of Illinois.



P. O. Address Chicago, IL 60657 Ill.

Endorser is a Graduate of Northwestern University, Thailand in the year 1972

Illinois License No. 5-0172 Date issued 7-1-75

RECOMMENDATION

Date September 19 19 76

This certifies that I am personally acquainted with
Dr. [unclear]
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
dentistry in the State of Illinois.

[Redacted Address] 60657

P. O. Address _____ Ill

Endorser is a Graduate of University of Santo Tomas in the year 1965

Illinois License No. 36-49475 Date issued 1974



AFFILIATED
WITH
LOYOLA UNIVERSITY
STRITCH SCHOOL OF MEDICINE

OFFICE OF MEDICAL EDUCATION
Roger A. Nosal, M.D., Director

September 17, 1975

Re: YING-CHANG CHEN, M.D.

To Whom It May Concern:

Please be advised that Dr. Ying-Chang Chen completed his first year postgraduate training in the Department of Obstetrics-Gynecology on June 30, 1975 and entered into his second year postgraduate training in the same Department on July 1, 1975 and will complete same on June 30, 1976. He is a House Staff member in good standing.

medical

ROGER A. NOSAL, M.D., Ph.D.
Hospital Director of Medical Education

RECEIVED

SEP 22 1975

Deputy Director for Licensing
Dept. of Registration & Education

Ying-Chang Chen M.D.
2900 N. Lake Shore Drive
Chicago Illinois 60657

August 23, 1975

Mr. Jerry D. Sternstein
Deputy Director for Licensing
Department of Registration
and Education
628 E. Adams St.,
Springfield Illinois 62786

Dear Sir :

I passed the FLEX in Penns. Uania on June 10,11&12,1975. I would like to have endorement of my License to Illinois. Would you please kindly to send me the necessary application forms and informations.

I am looking forward to hearing from you soon.

Sincerely yours

*Sent
Reply end
8/27/75*
[Redacted Signature]
Ying-Chang Chen, M.D.



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

160 North LaSalle Street
 Chicago, Illinois
 60601
 (312) 793-3446

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

IN REPLY REFER TO Medical Section
 Springfield Office

Date: September 24, 1975

NOTICE CONCERNING APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON IN ILLINOIS

YOUR ATTENTION IS DIRECTED TO THE PARAGRAPHS CHECKED BELOW:

NAME vi. Chans Man, M.D.

ADDRESS [REDACTED]

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.

Please have the Federation of State Medical Boards send a transcript of your Flex grades.



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

160 North LaSalle Street
Chicago, Illinois
60601
(312)793-3446

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

IN REPLY REFER TO

Medical Section
Springfield Office

October 17, 1975

Ying-Chang Chen, M.D.
[REDACTED]

Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 36-52002 Issued 10/17/75

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.

Very truly yours,

[REDACTED SIGNATURE]

Jerry D. Sternstein
Deputy Director for Licensing

wpc