

DEPARTMENT OF CONSUMER AFFAIRS
 BOARD OF MEDICAL EXAMINERS
 OF THE STATE OF CALIFORNIA
 NATIONAL BOARD APPLICATION — CLASS C

Application Fee	29221
Initial License Fee	35500
Certificate Fee	35501

Print or Type

1. Name: Last Santena, First Robert, Middle John, Maiden - 2. Social Security No. _____

3. Address: Street and Number/Rural Route New 144 Carl Street #2 City San Francisco State California Zip Code No. 94117
 old - 943 Haight Street

4. Birth date: (Month) _____ (Day) _____ (Year) _____ Male Female Color Eyes _____ Color Hair _____ Height _____ Weight _____ U.S. Citizen? Yes No If U.S. Citizen, by Birth Naturalization

5. Preliminary Education (4-Year High School or Equivalent) Name of High School Altoona High School Location Altoona, Pennsylvania Period of Attendance From 1958 To 1961

6. Premedical Education—College or University Name of College Univ. of Pittsburgh Location Pittsburgh, Penna. Period of Attendance From 1961 To 1966
Pittsburgh Instit. of Mortuary Science Pittsburgh, Penna. 1963 1969
 Required Premed Courses: Chemistry Univ. of Pittsburgh Pittsburgh, Penna. 1961 1963
 Physics u u 1969 1965
 Biology u u 1961 1965

7. Medical School Course (Year) Medical College Location Period of Attendance From To
 1st New York Medical College New York, New York 1966 1967
 2nd u u 1967 1968
 3rd u u 1968 1969
 4th u u 1969 1970
 5th _____
 6th _____

8. Doctor of Medicine degree granted by Name of Institution New York Medical College Location New York, New York Exact Date of Issuance June 2, 1970
7th Ave + 5th Ave
 Attach proof of degree and, if attended more than one school, proof of attendance at other school.

9. Post Graduate Education Name of Institution Location Period of Attendance From To
none

10. Internship Name of Hospital Location Period of Attendance From To
Flower Fifth - Metropolitan Center New York, New York 1970 1971
 Attach proof of internship

11. Have you been licensed to practice medicine in any state or country? Yes No
 State or Country Year License Issued Current Status of License: Active Inactive Suspended Revoked
none

If previous license ever suspended or revoked: License Issued by Date of Suspension or Revocation Charge

12. Have you been denied a license to practice medicine by any state or country? State or Country Date of Denial Reason for Denial

HAVE YOU EVER FAILED A WRITTEN OR ORAL EXAMINATION GIVEN BY THIS BOARD?

(Over)

CERTIFICATE OF MORAL CHARACTER

Preferably Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced and 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 Robert John Santana, M.D., for 1 years and that I know him to be of good moral character and hereby recommend him 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 GARY K. STEWART M.D. Address 344 Eastmore Ave Daly City Cal
Graduated from U. of UTAH date JUNE 8 1964 Licensed in Calif. No. G-15741

This certifies that I have been personally acquainted with Robert John Santana, M.D., for 1 years and that I know him to be of good moral character and hereby recommend him 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 Richard M. Hutchinson M.D. Address 836 Bell Rd Mariposa Calif
Graduated from Univ of California, San Francisco date June 1964 Licensed in Calif No. A-22869

INFORMATION

DEAR DOCTOR:

Answering your recent inquiry, we submit the following information regulating the issuance of a certificate to practice in California under the provisions of Section 2194 of the Business and Professions Code, with the suggestion that you carefully supply all the data required on this application blank.

National Board reciprocity applications are acted on at credential committee meeting held approximately once a week. Final action requires the affirmative vote of seven members of the Board.

The California Board in its discretion, may require the applicant to submit to an oral examination given by said board.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant 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 offices nor circulate professional printed matter before a California certificate has been issued.

APPLICATION FEE of \$10.00 (foreign exchange to be added) in any form other than a personal check must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. 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.

PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE.

Amendment (Chapter 309, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

THE BUSINESS AND PROFESSIONS CODE PROVIDES ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED BY GRADUATES OF FOREIGN MEDICAL SCHOOLS. APPLICANTS WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS SHOULD REQUEST INFORMATION REGARDING THE ADDITIONAL REQUIREMENTS PRIOR TO COMPLETING THIS APPLICATION.

Section 2194 of the Business and Professions Code. An applicant, whose application is based on a diplomate certificate issued by the National Board of Medical Examiners of the United States, shall pay the fee provided by this chapter and, in addition to all other requirements provided for a physician's and surgeon's certificate, he shall file testimonials of good moral character satisfactory to the board and shall satisfy the board that the standard of the National Board of Medical Examiners on the date that the diplomate certificate was issued was in no degree or particular less than that which was required for a physician's and surgeon's certificate under this chapter on the same date.

He shall also satisfy the board that the diplomate certificate was procured without fraud or misrepresentation and that at no time has any certificate or license issued by any state of the United States or issued by a foreign country been revoked or annulled for unprofessional conduct.

The board may, in its discretion, with or without an oral examination, issue a certificate to an applicant who has complied with the requirements provided for a diplomate certificate.

Responding to your request dated

13. Are you now or have you ever been addicted to narcotic drugs? _____

14. Have you ever been charged with drug addiction? _____

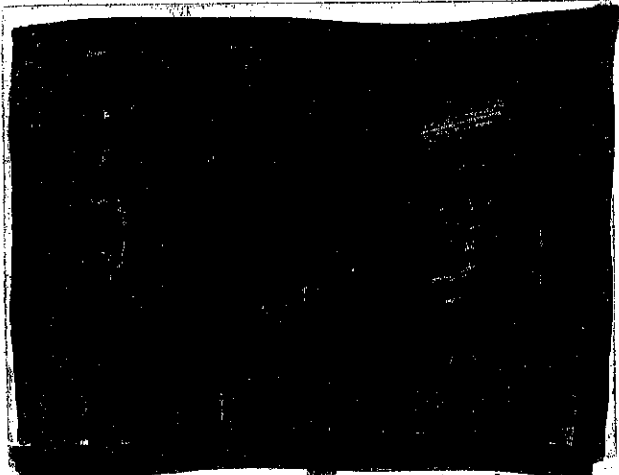
If yes:	Charge	Date	Disposition
	<i>None</i>	<i>11/25/71</i>	

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

15. Have you ever been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country? _____

If yes:	Violation	Date	Penalty or Disposition
			<i>27</i>

16. Are you suffering from any ailment communicable to others? Yes No



State of CALIFORNIA } ss.
County of SAN FRANCISCO }

ROBERT JOHN SANTELLA, M.D.
applicant, being duly sworn says he is the person whose photo is attached, that he is the person named in and lawful holder of each diploma submitted herewith and that said diplomas were procured in the regular resident course of instruction and examination without fraud or misrepresentation; that he has read and understands all the requirements relating to this application and that all statements made herein are true.

APPLICANT WILL LEGIBLY COPY in the space immediately below, the "DIPLOMATE" CERTIFICATE on which he applies.

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
Robert John Santella, 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: J. D. MYERS
Chairman of the Board

SEAL

JOHN P. HUBBARD
President of the Board

Philadelphia, Pa.
July 1, 1971

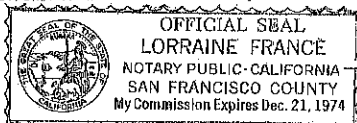
Cert. # 113652

I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following credentials as required in Section 2194 of the Business and Professions Code and by the rules of the Board of Medical Examiners of the State of California.

Robert John Santella, M.D.
Signature of applicant in full—use no initials

Subscribed and sworn to before me this 25 day of OCTOBER 19 71

[SEAL]



Lorraine France
Signature of notary
LORRAINE FRANCE - Notary Public - Cal.
COM. EXP. DEC. 21, 1974 - SAN FRANCISCO CO.
3700 California St., San Francisco, Calif. 94119
Address

My commission expires 3700 California St., San Francisco, Calif. 94119

(NOTE—This affidavit and the endorsement required at the top of the next page must be dated within 60 days of the filing date of this application. After you have completed all data required on pages No. 1 and No. 2, affix your affidavit, THEN send this blank to the Secretary of the National Board of Medical Examiners, who will endorse at top of next page.)

Certification of the National Board of Medical Examiners

[Note.—This endorsement SHOULD NOT BE EXECUTED unless the applicant has affixed the affidavit at the bottom of the preceding page (2)]

NATIONAL BOARD OF MEDICAL EXAMINERS

I, John P. Hubbard, M.D., President of the National Board of Medical Examiners and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 113652 was issued to Robert John Santella M.D., on the 1st day of July 1971, and has been delivered to him; (2) that prior thereto said applicant filed with the National Board, his Medical Diploma; (3) that said applicant has passed examinations given by the National Board as follows:

1st part New York, New York from Sept. 3 to Sept. 4, 1969
Location of examination Month Day Month Day Enter percentage

2d part New York, New York from April 14 to April 15, 1970
Location of examination Month Day Month Day Enter percentage

3d part New York, New York from March 10 ~~xxx~~ 1971
Location of examination Month Day Month Day Enter percentage

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to the California Board on request; (5) that the "Diplomate" Certificate on the preceding page bears the original date of issue (if a Duplicate please add an explanatory note).

In testimony whereof witness my hand and seal

John P. Hubbard, M.D.
Signature of executive officer

Official title President

[SEAL]

dated at Philadelphia, Pennsylvania
 this 16th day of November 1971

Address 3930 Chestnut Street
Philadelphia,
Pennsylvania, 19104

It is hereby certified that Robert John Santella entered the Freshman
Specify Freshman or later
 class in the New York Medical College on the 2nd day of September 1966
Name Medical College Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented 2 transcripts from
the Univ. of Pittsburgh dated 6/7/66
Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented Same transcript
evidencing 131 units
Specify documentary evidence and date of document, including number of units

*3. That prior to commencing the first year of the study of medicine he completed a one-year course of college grade in each of the subjects of Physics, Chemistry 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. After September 21, 1951, an applicant must show the completion of a two-year 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 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 four courses of lectures given by this institution completed during a period of four
Specify number Years
 and was issued the degree Doctor of Medicine on the 2nd day of June 1970
Specify Month

Signed Arthur F. Stigler ~~President~~
Registration President/Demon/Secretary
 of New York Medical College
Name of school
 this 4th day of November 1971
Month

{ SEAL OF SCHOOL }

Graduates after August 10, 1913, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Medical Practice Act of California.

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK. MAKE A PHOTOCOPY FOR YOUR RECORDS.

**License Renewal Application
Physician and Surgeon**

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? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I. YES J. NO

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
SIGNATURE REQUIRED HERE _____ DATE: _____

LICENSE NO. **G 23945** EXPIRES **12/31/13**

VOLUNTARY FEE = \$
TOTAL ENCLOSED = \$

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 01/30/14
\$808.00	\$886.00
\$	\$
\$	\$

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

ACTIVE **ROBERT JOHN SANTELLA**
4531 COLLEGE AVE
SAN DIEGO CA 92115

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.
Signature required here _____

OVER

63010700000700006000239459011231130008080000088600

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

Health-Related Facility Name	Address

10082813 20091973 20010020

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

