

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING A REGULAR WRITTEN EXAMINATION

RECEIVED - SACRAMENTO BOARD OF MEDICAL EXAMINERS

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Return This Application to 2021 O Street, Sacramento, and NOT to San Francisco. NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

Nov 14 3 27 PM '68

Oct 21 11 21 AM '68

READ CAREFULLY ALL CONDITIONS. THIS BLANK MUST BE COMPLETED IN FULL.

This application is for a license to practice medicine and surgery in the State of California. It is to be used only by those who have a personal (not a photographic) copy of diploma to be submitted with this application. The filing of this application does not constitute an offer to open an office or to conduct any method of treating the sick or afflicted in the State of California. All foreign documents must be translated into English and signed by the Consul of the country wherein the institution may be located. The English translation must be attached to each foreign document.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

Application filed 10/21/68 Fee paid \$10.00 Diploma filed 10/21/68 Diploma verified 12681 By 12682

RECIPROCIITY 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: Udel L. Lawrence Bernstein Address: 665 New York Av., Bklyn, NY

Date of birth: Age this date:

Are you a citizen of the United States? Give particulars: Yes, by birth, Cedar Rapids, Iowa

Did you attend high school? Yes, 4 yrs, West Waterloo HS, Waterloo, Iowa

Did you graduate from high school? June 1953, same, Urbana, Ill

Did you attend college or university? Yes, 4 yrs, Univ of Illinois/Iowa, Ia City, Ia

Have you any degree OTHER than M.D.? BA 1957, State U of Iowa, Ia City, Ia

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 MCA 2 was issued after January 1, 1919)

a. Physics: Yes, College State U of Iowa, from June 1955 to July 1955

b. Chemistry: Yes, College U of Illinois/U of Ia, from Sept 1953 to Aug 1956

c. Biology: Yes, College U of Illinois, from Sept 1953 to June 1956

(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, 1951, 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 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, 1913, 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 5 years in the study of medicine and surgery each year comprising 9 months 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 15 day of Sept 1957 to the 8 day of June 1958, State U of Ia, Ia City, Ia

From the 17 day of Sept 1958 to the 6 day of June 1959, same

From the 22 day of Sept 1959 to the 7 day of June 1960/1, same

From the 11 day of Sept 1961 to the 8 day of June 1962, same

From the 1 day of July 1962 to the 30 day of June 1963, Kings Co Hosp, Bklyn, NY

From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote.)

State University of Iowa, Iowa City, Iowa the 8th day of June 1962

Is this application accompanied by the original diploma or a photographic copy thereof? Copy

Upon what license or certificate do you base this application? State of Iowa Medical Board

6 August 63 upon (1) written or (2) oral examination or (3) registration of diploma all 3 plus intern-ship.

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? in residency, presently.

What has been your vocation since you ceased practice?

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, 1951, 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 Examination prior to POSSESSION OF DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

*Graduates from foreign medical school please read and comply with instructions on page 4. *ORAL EXAMINATION REQUIRED IF STATE CERTIFICATE IS DATED FIVE OR MORE YEARS BEFORE APPLICATION IS FILED.

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? NO If so, specify _____

Have you ever been or are you now addicted to narcotic drugs? NO Answer yes or no

Have you ever been charged with addiction? NO Specify charge _____

Have you ever made an offer in compromise in connection with the Harrison Narcotic Law? NO

Have you ever been called before a Federal, state or local enforcement officer? NO

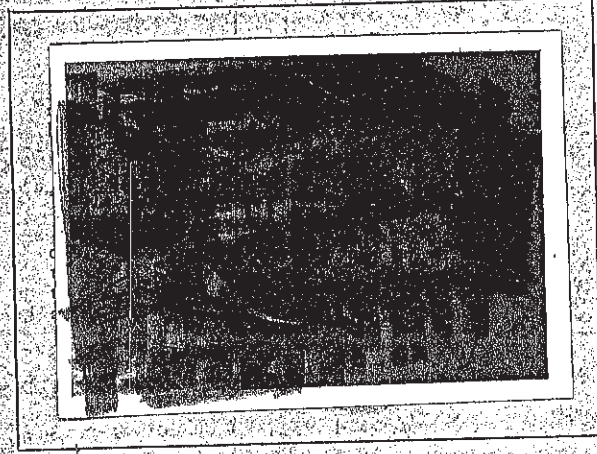
Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U. S. STATUTE or STATE STATUTE? NO If so, give full particulars _____

Offense	Place	Disposition	Date of Disposition

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

Height _____ feet _____ inches; weight _____ pounds; color of eyes _____; of hair _____; 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? NO

Have you answered the above questions from your own knowledge or upon information or from your best recollection? NO

Reciprocity not granted if the following certificate was issued "on Reciprocity" NO 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 New York
COUNTY OF Kings

YOEL LAWRENCE BERNSTEIN 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.

Subscribed and sworn to before me this 18 day of OCTOBER 1965

[SEAL] _____
Signature of notary

My commission expires _____
(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 Board. The date of his endorsement must follow the date of your affidavit above.)

FLORENCE KRAM
Notary Public, State of New York
No. 24-2190-160
Qualified in Kings
Commission Expires _____

Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application
 DO NOT MAKE THIS ENDORSMENT unless the applicant has affixed his PHOTOGRAPH on the preceding page and made the required AFFIDAVIT
 Ronald V. Sarf, Executive Secretary of the IOWA STATE BOARD OF MEDICAL EXAMINERS

I certify that the foregoing certificate No. 16743 to practice as a Physician and Surgeon was issued to Udell Lawrence Bernstein, M.D. on the 6th day of August, 1963,

based on written examination; that (1) said applicant was then the actual possessor of a 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 State University of Iowa, College of Medicine on the 8th day of June, 1962; that no charge against Dr. Udell Lawrence Bernstein 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 **NOR 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. Udell L. Bernstein passed the REGULAR WRITTEN EXAMINATION given by this Board on June 11-12-13, 1962, and obtained a general average of 82.9 per cent in the following subjects:

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
Anatomy		Medicine	
Physiology		Surgery	
Bio-Chemistry		Obstetrics & Gynecology	
Pathology		Public Health, Hygiene &	
Pediatrics		Medical Jurisprudence	
Material Medica, Pharmacology or Therapeutics			

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.
 [Signature] Executive Secretary
 SEAL] Executive Secretary of the IOWA State Board of Examiners

Dated at Des Moines, Iowa this 4th day of November, 1968. Address 503 Empire Building, Des Moines, Iowa 50309

*An oral examination shall not be deemed of equal merit with a written examination and no certificate shall be issued in that 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 DUCOMA 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 Udell L. Bernstein entered the Freshman class in the University of Iowa College of Med on the 26th day of September, 1957.

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented diploma from West High School, Waterloo dated 1953

2. That as evidence of PREMEDICAL EDUCATION (college) he presented attended Univ of Illinois 53-56 University of Iowa 56-57

3. That prior to commencing 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, 1911, 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, 1914, 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 5 courses of lectures given by this institution completed during a period of 5 years and was issued the degree Doctor of Medicine on the 8th day of June, 1962.

Signed DB Stone M.D.
 Executive Associate Dean of University of Iowa College of Med
 this 1st day of November, 1968

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 Business and Professions Code of California.

