

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING

REGULAR WRITTEN EXAMINATION

RECEIVED - SACRAMENTO - RETURN THIS FORM AND TO 21 O Street, Sacramento, and NOT to San Francisco
BOARD OF MEDICAL EXAMINERS FOR APPROVAL OR CREDENTIALS

DO NOT USE FOR CREDENTIALS

READ CAREFULLY ALL CONDITIONS IN THIS BLANK MUST BE COMPLIED WITH IN FULL

Nov 15 1963

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1963

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS

BOARD OF MEDICAL EXAMINERS

OF THE STATE OF CALIFORNIA

RECIPROCITY 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 Judd Lawrence Bernstein Address 665 New York Av., Brooklyn, NY

Application filed 10/21/68

Pee paid

Diploma filed

Diploma verified

12681

12682

Date of birth Month Day Year 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 High Waterloo, Iowa

How long

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

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

How long

Have you any degree OTHER than M.D.? BA 1957 State U. of Iowa, La 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 PAGE 2 was issued after January 1, 1951)

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

Year no Name Location Date of completion

b. Chemistry Yes College U. of Illinois/U. of I from Sept 1953 to Aug 1956

Year no Name Location Date of completion

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

Year no Name Location Date of completion

(Every applicant presenting an application based on a certificate or license issued after January 1, 1951, 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 included at least one year of work of college grade in each of the subjects of Physics, Chemistry, and Biology.) After January 1, 1951, 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 at least two years 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's 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 2 years in the study of medicine and surgery each year comprising 9 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, La City, Ia

(Freshman) Month Name and location of medical school

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

(Sophomore) Month Name and location of medical school

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

(Junior) Month Name and location of medical school

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

(Senior) Month Name and location of medical school

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

(Internship) Month Name and location of hospital

*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

Name and location of school Date of Diploma

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

Specify which and the date of

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

Give name of Board issuing certificate

6 August 63 upon (1) written or (2) oral examination or (3) registration of diploma all 3 plus internship

Exact date of issue Specify which

Have you ever filed an application in California? No

Yes or no

Have you ever failed in a written or oral examination in California? Give particulars

Yes or no

How long since you have ceased the active practice of medicine and surgery? In residency, presently

Yes or no

What has been your vocation since you ceased practice?

none

In what other states have you applied for license or registration? None

Give name, date and result

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? No

Yes or no

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 photographic 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? _____ If so, specify _____

Answer yes or no _____ State or Country _____ Charge _____ Date _____

Have you ever been or are you now addicted to narcotic drugs? _____ Yes or no _____

Have you ever been charged with addiction? _____ Yes or no _____

Specify charge _____

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

Answer yes or no _____ Yes or no _____

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

Answer giving particulars _____

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? _____ If so, give full particulars? _____

Answer yes or no _____

Offense _____ Place _____ Disposition _____ Date of Disposition _____

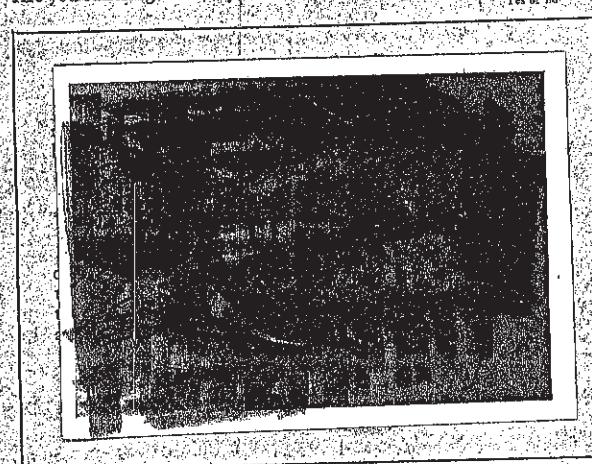
My physical description on this date is as follows: _____ Finger print classification _____

Attach prints _____

Height _____ feet _____ inches; weight _____ pounds; color of eyes _____ of hair _____ identification marks _____

Are you suffering from any ailment communicable to others? _____ Have you ever practiced as an itinerant physician? _____

Answer yes or no _____



Was the photo attached to this application a likeness taken within sixty days next preceding the date of the affidavit affixed hereto? _____

Answer yes or no _____

Have you answered the above questions from your own knowledge or upon information or from your best recollection? _____

Reciprocity not granted if the following certificate was issued "on Reciprocity." _____
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

YORK L. KRAMER 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

[SEAL]

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 that
issued the above certificate or license, WHO WILL ENDORSE at top of next page. The date of his endorsement must follow the date of your affidavit above.)

Signature of applicant in full—use no initials _____
OCTOBER 19 _____ FLORENCE KRAMER
Placencia L. Krammer, Public State of New York
Signature of notary _____ No. 24-2190160
Qualified In Kings
Commission Expires _____

Address _____

Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application.

DO NOT FOLD THIS DOCUMENT; under the application, has placed his PHOTOGRAPH on the preceding page and made the required AFFIDAVITI.

Ronald V. Saff, Executive, Secretary of the IOWA STATE BOARD OF MEDICAL

Enter name of Board or Department EXAMINERS.

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,

written examination based on _____; that (1) said applicant was then the actual possessor of a

State whether after written or oral examination or on credentials _____

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

Name of Medical School

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 NOT 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

this Board on June 11-12-13, 1962 and obtained a general average of 82.6 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 | |
| Materia Medica, Pharmacology | | | |
| 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.

Udell L. Bernstein, M.D.

Executive Secretary

Exe. Secretary of the IOWA STATE BOARD OF EXAMINERS

lived at Des Moines, Iowa Address 503 Empire Building

this 4th day of November 1968 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 the 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 who has taken prior to November 1, 1924, 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

Name Medical College _____

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

Specify documentary evidence and date of document _____

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

University of Iowa 56-57

Specify documentary evidence and date of document, including number of units _____

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 numbers if course not recorded your institution i.e., filed as matriculation requirement.

4. That he attended 5-4 courses of lectures given by this institution completed during a period of 5 and Specified number _____

was issued the degree Doctor of Medicine on the 8th day of June 1962

Specify _____

Signed D. Stone, M.D.

Executive Associate Dean _____

of University of Iowa College of Med

Name of school _____

this 1st day of November 1968

Month _____

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.

CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons Who Have Known the 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 Udell Lawrence Bernstein, M. D., for 4 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. Udell Lawrence Bernstein

Name Allan James White MD Address 140TH ST., BKLYN, NY 11203
Graduated from NY Downstate Med Sch date June 1964 Licensed in NY No. D95812

This certifies that I have been personally acquainted with Udell Lawrence Bernstein, M. D. for _____ 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: Leslie Walton Address: 661 Bklyn Ave., NY 11203
Graduated from: NY Downstate Med Sch. Date: June 1964 Licensed in: NY NO 07605

RECIPROCITY INFORMATION

Dear Doctor: Sacramento, California

Answering your recent inquiry, we submit the following information regulating the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an 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 an office nor circulate prospectus or printed matter using the prefix "Dr." or suffix "M.D." 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, 1921 O Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$10.00 certificate fee to be paid if certificate is issued together with the current license fee as provided by law and the Board rules and regulations.

Mutilated or partially completed applications not acceptable. Read footnotes on pages 1-2-3.

If admitted to examination in another state BEFORE POSSESSION OF DIPLOMA, an applicant must submit a certified copy.

the document used as a basis of his admission to examination.

Applicants who have failed in a California written oral examination are not eligible to file a Reciprocity Application. This Application must be based on a certificate or medical license issued by a Board of Medical Examiners (or similar medical licensing body) of any STATE OR TERRITORY of the UNITED STATES that maintained a standard EQUAL TO CALIFORNIA on the same date. After September 22, 1911, the requirements of the Business and Professions Code for the issuance of a physicians and surgeons certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical examinations complying with the enclosed notice of dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

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

Amendment (Chapter 670, Statutes 1935, effective September 13, 1935, and subsequent amendments) requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

Responding to your requested dated