

Michigan State Board of Registration in Medicine

EXAMINATION APPLICATION

I hereby apply for a Certificate of Registration under Section Three, Act 237, Laws of 1899, and Acts amendatory thereto:

SWORN STATEMENT:

- Name..... Memie Clifton BURTON, Jr.
- Place of birth..... [REDACTED] Date of birth..... [REDACTED] Age..... [REDACTED]
- Are you a citizen of the United States? Yes
- Present mailing address..... 2345 Bishop Apt #5, Ann Arbor, Michigan
- Permanent residence..... 2325 Wood St. Muskegon Hts., Mich.
Name, address, of nearest relative..... Wife - Ellen A. Burton 2345 Bishop #5, Ann Arbor
- Where do you intend to practice?..... Muskegon Michigan
- In what states do you hold a license to practice medicine?..... None
- Have you ever been denied a license to practice medicine in any state?..... No
- Military service: Date of Entry..... Date of Discharge..... Branch of service and particulars.....
Rank.....
- What was your premedical education?
Name and location of Institution attended..... University of Michigan Period and date of study..... Sept 1955 to June 1959

What literary degrees did you obtain, when and from what schools or colleges?
BS from Univ. of Michigan 1959

11. MEDICAL EDUCATION: (Submit dates for each school year)

Day	Month	Year		Day	Month	Year	Name and Address of Medical College
21	Sept	1959	to	7	June	1960	The U. of Mich. Medical School, Ann Arbor
19	Sept	1960	to	3	June	1961	
12	June	1961	to	2	June	1962	
11	June	1962	to	8	June	1963	
			to				
			to				

12. POST GRADUATE EDUCATION:

Year		Year	School or Clinic	Degrees Obtained
	to			
	to			
	to			
	to			

13. Have you ever attended any other college or school teaching any of the healing arts?..... No

14. Have you been certified by the Michigan State Board of Examiners in the Basic Sciences?..... No - to be taken in May 1963.
Certificate Number..... 12475 MAY 29 1963

15. Internship: Rotating at Grand Rapids St. Mary's Hospital, located at Grand Rapids Michigan, from July 1, 1963 to June 30, 1964
16. Received degree of Doctor of Medicine from U of Michigan Medical School, on June 8 day of June, 1963.
17. Have you carefully read Michigan Medical Practice Act No. 237 as amended? Yes
18. Have you ever been convicted of any crime in any state? No
19. Have you ever been connected, directly or indirectly, with any concern, company, institution, or individual medical advertising organization? No
20. Do you hereby agree, should a certificate of registration or license be granted entitling you to practice medicine and surgery in the State of Michigan, not to become connected, directly or indirectly, with any medical concern, company, institute, advertising specialty or advertising specialist? Yes
21. Do you unreservedly agree to comply with all the provisions in the laws governing the practice of medicine in Michigan? Yes
22. Have you been examined by the National Board or any State Board of Medicine? No
- If so, are you licensed in any state? _____
- (Signed) M. C. Burton, Jr.

AFFIDAVIT OF APPLICANT

State of MICHIGAN
 County of WASHTENAW } ss.

Memie Burton, being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

M. C. Burton, Jr.
 Signature of applicant in full

Subscribed and sworn to before me, Robert L. Garfield
 a Notary Public, this 19th day of March, 1963

Address ROBERT L. GARFIELD
 Notary Public, Washtenaw County, Mich.
 My Commission Expires Nov. 2, 1964

I hereby certify that the photograph hereto attached is a genuine likeness of Memie Burton
 of Muskegon Co Mich




Photo of applicant taken within 60 days of application date of this application attached here.

(SEAL)

23. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

In the application of Memie Clifton BURTON, Jr., of Muskegon Heights, Michigan, dated March 6, 1963,

I hereby certify that I have reviewed the answers of the above named applicant. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that said applicant is of good moral and professional character.

I further certify that Memie Clifton BURTON, Jr., M.D.

matriculated in the University of Michigan Medical School,

will be Name of medical school Sept. 21, 1959 Date, and was graduated June 8, 1963 Date, at which time he was

granted the degree, Doctor of Medicine

If the degree, Bachelor of Medicine, is conferred upon completion of four years of medical school, further state the conditions and time the degree, Doctor of Medicine, will be granted.

Robert T. Seefeld

Signature of Dean, Registrar or Secretary Administrative Assistant

Dated at Ann Arbor, Michigan

this March 6, 1963

The University of Michigan Medical School Name and address of medical college Ann Arbor, Michigan

(SEAL)

Seal of college must be attached

24. INSTRUCTIONS TO APPLICANTS:

- 1. Written examinations are conducted by the Board at such times and places as the Board may from time to time designate.
2. This application will not be accepted unless properly signed and sworn to by the applicant and unless all blank spaces are properly filled in.
3. Examination application, premedical form, and required fee must be on file at the Michigan State Board of Registration in Medicine, Lansing, Michigan, at least 30 days prior to the date of the examination.
4. Material omissions covering questions in this application will bring the applicant under the provisions of Section 3, Subdivision Fourth to Seventh inclusive of Act No. 368, P. A. of 1913.
5. The examination fee must accompany the application, and should be transmitted by POSTAL MONEY ORDER, EXPRESS MONEY ORDER, or CERTIFIED or CASHIER'S CHECK. No responsibility will be assumed for fees transmitted in any other manner.
6. Before issuance of a license, a personal appearance with medical school diploma may be required.
7. The filing of this application does not grant any special privileges.
8. Graduates of foreign medical schools are required to comply with one of the extra educational requirements set forth under Paragraph H of the Board's Administrative Rules and Regulations and serve one year of rotating internship in a United States or Canadian hospital approved for internship training.
9. If after a license has been issued on this application, it is ascertained that misrepresentation of facts, or fraudulent statements have been made, the license so issued will be immediately revoked by this Board and the applicant becomes subject to prosecution.

25. HOSPITAL INTERNSHIP:

(This space should be left blank if the required internship has not been completed at the date the application is submitted)

I hereby certify that Dr. served satisfactorily (12 months rotating, or 24 months mixed or straight) internship in Hospital

from the day of 19, to the day of 19

(Signed) (Medical Director, Superintendent or Chief of Staff)

Date (Name of hospital)

(SEAL)

(Address of hospital)

26. (For Secretary's Use Only)

SUBJECTS	Question	NO. OF MARKS	
		Primary	Final
1. Anatomy, Gross, Microscopic and Neuro.....	10		
2. Biological-Chemistry.....	5		
3. Bacteriology, Microbiology and Immunology.....	5		
4. Physiology.....	10		
5. Pathology.....	10		
6. Medicine, includes Dermatology.....	10		
7. Preventive Medicine and Public Health.....	5		
8. Obstetrics and Gynecology.....	5		
9. Materia Medica, Pharmacology and Therapeutics.....	10		
10. Medical Jurisprudence.....	5		
11. Eye, Ear, Nose and Throat.....	5		
12. Surgery, includes Anesthesiology and Radiology.....	10		
13. Neurology and Psychiatry.....	5		
14. Pediatrics.....	5		

Answers Marked on Scale of 1 to 10 Each Question
 Number of questions, 100. Possible number of marks, 1000. Necessary to pass 750, or 75 per cent, with not less than 50 per cent on each subject.

	Marks	Average Percentage
<i>Ann Arbor</i>		
Date Primary Examination.....		
Date Final Examination..... <i>June 10, 11 & 12, 1963</i>		
(Total)		

REMARKS:.....

27.

Names and addresses of three legally registered practitioners of medicine in good standing to whom reference may be made, if necessary, relative to applicant's moral and professional character:

R.Y. August M.D. 72 East Broadway Muskegon Hts, Mich
Name P. O. Address
Richard A. Kustel M.D. 3415 Richard St. Ann Arbor, Mich
Name P. O. Address
D. L. Hincelman M.D. 308 Pine Ridge Ann Arbor, Mich
Name P. O. Address

EXAMINATION APPLICATION

Certificate No.
BURTON, M.E.M.E.C., JR.
 Name
 Address.....

MICHIGAN
 STATE BOARD OF REGISTRATION IN MEDICINE
 E. C. Swanson, M.D., Secretary,
 118 Stevens T. Mason Building
 Lansing, Michigan

OFFICE RECORD

Examination Fees

Initial Examination, Ann Arbor, \$25.00.....
 Initial Examination, Detroit, \$25.00.....
 Initial Examination, Lansing, \$25.00.....
 Complete Examination, Ann Arbor, \$50.00.....
 Complete Examination, Detroit, \$50.00.....
 Complete Examination, Lansing, \$50.00.....

Certificate sent.....
 License sent.....
 Personal appearance with medical school diploma.....

Michigan Basic Science Board—
 Certified (.....) Exempt (.....)

SPEX

Date Approved: _____

License No.: _____

Approved by: _____

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF MEDICINE
P.O. BOX 30192
LANSING, MICHIGAN 48209
(517) 373-0680

This form is required by P.A. 368 of 1978 in order for you to be licensed in Michigan

APPLICATION FOR MEDICAL AND CONTROLLED SUBSTANCE LICENSES

I am applying for the following:

- License by examination (National Boards or FLEX) \$90.00
- License by endorsement (Must be currently licensed in another state) \$90.00
- Controlled Substance License \$60.00

I am applying on the basis of the following examination:

- FLEX
- NATIONAL BOARDS
- OTHER

NAME OF APPLICANT (last, first, middle)			LIST PREVIOUS NAME(S) USED:		
Burton, Jr.	Memie	Clifton			
ADDRESS (no., street, city, state, ZIP)					
515 Lakeside Dr. SE Suite 201 Grand Rapids, MI 49506					
DATE OF BIRTH			SOCIAL SECURITY NUMBER		

CHECK THE APPROPRIATE ANSWER TO EACH OF THE FOLLOWING QUESTIONS. ATTACH DETAILED EXPLANATION FOR ANY YES ANSWER YOU CHECK.

Have you ever been convicted of a crime?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been under treatment for addition or insobriety?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been warned, censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges modified?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Are you now or have you ever been a defendant in a medical malpractice civil suit?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been refused a license to practice professionally for any reason by any state or federal agency?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever been denied the privilege of taking an examination by any state medical board?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever had your medical or controlled substance license, certificate, registration or approval revoked or sypended, or have you ever been otherwise disciplined by a medical board or a board responsible for regulating controlled substances?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Do you currently have any charges or complaints pending against you before a medical board or a board responsible for regulating controlled substance?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Have you ever held a restricted state or federal license, certificate, registration, or approval?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

Do you hold or have you ever held a medical license in this or any other state? If yes, list each state below and the date such license was issued and cause certification of license in good standing to be submitted directly from all other states:

YES NO

See attached copy of current Michigan license

Provide a complete chronological record of all your educational preparation and work experience to the present date. Attach additional sheets if necessary.

NAME AND ADDRESS OF INSTITUTION	DATES OF ATTENDANCE		DEGREE OBTAINED
	From	To	
See attached copy of Curriculum Vitae			

I understand that it is the policy of the Department of Licensing and Regulation to secure conviction criminal history information as part of their pre-licensure screening process, and I authorize the department to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police. I hereby certify that the information in this application is true and correct and I hereby make application for medical licensure in Michigan.

Signature *Nemie C. Durbin, MD* Date 1/20/93

Subscribed and sworn to before me this 20th day of January, 1993

Signature of Notary Public *Cynthia J. Stevens*

County of Kent My commission expires 3-25-95

CONTROLLED SUBSTANCE LICENSE APPLICATION

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. A separate controlled substance license is required for each business location from which you manufacture, distribute, prescribe, or dispense controlled substances. If you will practice at an additional location or in a methadone program, please request in writing an Application for Additional Location from the Michigan Board of Pharmacy, P.O. Box 30018, Lansing, Michigan 48909.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 357 Federal Building, 231 Lafayette, Detroit, Michigan 48226 (Telephone 313-226-7290).

I hereby make application for a Michigan controlled substance license.

Signature _____ Date _____

JOHN ENGLER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE

G 680105

BOARD OF MEDICINE

PHYSICIAN
LICENSE

MEMIE C BURTON JR MD
515 LAKESIDE DR SE
SUITE 201
GRAND RAPIDS MI 49506

PERMANENT I.D. NO.

EXPIRATION DATE

4301025923

01/31/96

2129279

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

JOHN ENGLER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE

G 680106

BOARD OF PHARMACY

CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE VALID ONLY IF PROFESSIONAL LICENSE IS ACTIVE

MEMIE C BURTON JR MD
515 LAKESIDE DR SE
SUITE 201
GRAND RAPIDS MI 49506

PERMANENT I.D. NO.

EXPIRATION DATE

4301025923

01/31/96

2129280

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

BOARD USE ONLY

License Number: 005973
Date of Licensure: 8/26/96

Michigan Department of Commerce
Board of Medicine
P.O. Box 30192
Lansing, Michigan 48909
(517) 335-0918

535.00 on file
5/28/96
Seq. # 2145C

APPLICATION FOR RELICENSURE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Evidence that you have earned 150 hours of continuing medical education (CME) in the three years preceding this application (including a minimum of 75 hours in Category (1) must be submitted with this application.

NOTE: Relicensures will expire on January 31 of the following year. Subsequent renewals are for a three-year period.

I AM APPLYING FOR THE FOLLOWING:		
<input checked="" type="checkbox"/> Relicensure Fee: \$160.00		<input checked="" type="checkbox"/> Controlled Substance License Fee: \$85.00
Expired Michigan Permanent I.D. Number Mich 25923	Expiration Date 1/96	Daytime Phone Number (602)
Name (Last, First, Middle) BURTON, MEMIE CLYTON JR.	Previous Name Used (if applicable)	
Date of Birth	Issue Date (Board Use Only)	
Street Address 12602 East Kalil Drive	Zip Code 85259	
City Scottsdale	State Arizona	Social Security Number

Check the appropriate answer to each of the following questions. Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony? YES NO
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? YES NO
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? YES NO
4. Have you been treated for substance abuse in the past 2 years? YES NO
5. Have you ever been warned, censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges modified? YES NO
6. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? YES NO
7. Have you had one or more settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? YES NO
8. Have you ever had a federal or state medical or controlled substance license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? YES NO
9. Has your Michigan medical or controlled substance license been lapsed more than three years? If yes, list the state(s) in which you hold or have ever held a medical license, the license number, the date issued, and the basis for licensure. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.) YES NO

State	License Number	Date of Issue	Basis for Licensure

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	
University of Michigan ANN ARBOR, Mich	1955	1959	B.S.
University of Michigan MEDICAL SCHOOL - ANN ARBOR	1959	1963	M.D.
St. Mary's Hosp. 250 Telford - Grand Rapids, Mich	1963	1964	INTERNSHIP
U.S. NAVY - MEDICAL CORP Great Lakes Ill.	1964	1966	MEDICAL OFFICER, - VIETNAM - DRAGON
Blodgett/St. Mary's Residency ORIGIN - GRAND RAPIDS, MI	1966	1969	FELLOW of Am Coll of OB/GYN Specialty Training Board Certified 08/94

Provide a description of your professional medical experience. Attach additional sheets if necessary.

Name and address of Employer	Dates of Practice		Duties
	From	To	
① M.C. BURTON, JR. MD, PC 515 LAKESIDE GRAND RAPIDS, MICH 49506	1969	PRESENT	PRIVATE PRACTICE OB/GYN
② PHOENIX INDIAN HEALTH SERVICES 4212 NO. 165 ST. PHOENIX, AZ 85016	1993	PRESENT	When I spend winters in Arizona, I treat NATIVE AMERICANS at this government institution

CONTROLLED SUBSTANCE LICENSE APPLICATION

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Applicant's Signature Memis C. Jortner, MD Date 6/20/96

SIGNATURE AND AFFIDAVIT

I understand that it is the policy of this agency to secure conviction criminal history as part of their pre-licensure screening process, and I authorize this agency to use the information provided in this application to obtain a conviction criminal history file search from the Central Records Division of the Michigan Department of State Police.

The statements in this application are true and correct. I have not withheld information which might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

This affidavit **MUST** be signed in the presence of a Notary Public. Failure to do so will void this application.

Signature of Applicant <u>Memis C. Jortner, MD</u>	Date <u>6/21/96</u>
Subscribed and sworn to before me this <u>21</u> day of <u>June</u> , 19 <u>96</u>	My Commission Expires: <u>City Commission Expires Aug 14, 1998</u>
<u>ONG KUMONG MUY</u> Notary Public	County/State: <u>PHOENIX ARIZONA</u>

Michigan Department of Community Health
Board of Pharmacy
 P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthlicense

DCH/LPH-090 (09/07)

Trans Info: 430137 14115046-1 06/23/08
 Check: 1592 Amt: \$20.00
 ID: 4301025923
 Trans Info: 430137 14115046-2 06/23/08
 Check: 1592 Amt: \$65.00
 ID: 4301025923

CONTROLLED SUBSTANCE LICENSE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who manufactures, distributes, prescribes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended.

A separate controlled substance license is required for each business location from which you manufacture, distribute, or dispense controlled substances. If you only prescribe controlled substances at more than one location, you only need one controlled substance license.

Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration 431 Howard Street, Detroit, Michigan 48226 (telephone: 800-882-9539). The Michigan Board of Pharmacy is unable to answer questions about the federal licensing process.

Board Use Only

License Number

4301 025923

Date of Licensure

07.11.2008

Type or Print Only

INSTRUCTIONS

1. CONTROLLED SUBSTANCE FEE: Initial (first time) professional license or relicensure of your professional license - \$85.00.

If you already hold a professional license and your professional license expires in:

0-12 months the fee is \$85.00 (13757) 13-24 months the fee is \$160.00 (23757) 25-36 months the fee is \$235.00 (33757)

2. M.D./D.O. Applicants: This application may not be used for prescribing physicians for drug treatment programs. Please request an application for the Prescribing Physician for a Drug Treatment Program.

3. Allow up to six weeks for your paper license to arrive.

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name: Memie Middle Name: CLIFTON Last Name: BURTON JR

Name of Pharmacy or Manufacturer/Wholesaler

Street Address: 660 W. Hild Rd Telephone Number: (602) 317-1784 (602) 263-6830

City: MUSKEGON State: Michigan ZIP Code: 49441

TYPE OF PROFESSIONAL LICENSE

(Please Check One)

	Regular	Educ. Lmt.	Volunteer
<input type="checkbox"/> 29 - 01 D.D.S. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>		
<input type="checkbox"/> 59 - 01 D.P.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 69 - 01 D.V.M. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>		
<input checked="" type="checkbox"/> 43 - 01 M.D. 71-5315	<input checked="" type="checkbox"/> or <input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 51 - 01 D.O. 71-5315	<input type="checkbox"/> or <input type="checkbox"/>	or <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 49 - 01 O.D. 71-5330	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 01 Pharmacy Store 71-5301	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 02 R.Ph. 71-5302	<input type="checkbox"/>		
<input type="checkbox"/> 53 - 06 Manuf/Wholesaler 71-5306	<input type="checkbox"/>		

STATUS:

1. Have you ever had any health professional license limited, suspended, revoked, denied, or surrendered?

Yes No

If Yes, please explain on separate sheet.

2. Is your current professional license limited as a result of Board disciplinary action?

Yes No

Michigan Permanent I.D. Number (as shown on your pocket card)

4301025923

Expiration Date of License

01/31/2009

Social Security Number

I am applying for a controlled substance license in Michigan and certify that the statements and information above are true.

Signature

Memie C. Burton, Jr.

Date

6/20/08

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American's with Disabilities Act, you may make your needs known to this agency.