

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

Application Fee	34545
Initial License Fee	37621
Certificate Fee	37620

Print or Type

1. Name: Last <u>GUTNICK</u> First <u>ERIC</u> Middle <u>IAN</u> Maiden	2. Social Security No.
3. Address: Street and Number/Rural Route <u>1028 COLE ST.</u> City <u>SAN FRAN.</u> State <u>CALIF.</u> Zip Code No. <u>94117</u>	
4. Birth date: (Month) (Day) (Year) <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female Color Eyes Color Hair Height Weight U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If U.S. Citizen, by <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Naturalization	
5. Preliminary Education (4-Year High School or Equivalent) Name of High School <u>CENTRAL HIGH</u> Location <u>PHILADELPHIA, PA.</u> Period of Attendance From <u>1959</u> To <u>1963</u>	
6. Premedical Education—College or University Name of College <u>OHIO WESLEYAN UNIV.</u> Location <u>DELAWARE, OHIO</u> Period of Attendance From <u>1963</u> To <u>1967</u>	

Required Premed Courses	College	Location	Period of Attendance From	To
Chemistry	OHIO WESLEYAN	DELAWARE, OHIO	1963	1967
Physics	"	"	"	"
Biology	"	"	"	"

Medical School Course (Year)	Medical College	Location	Period of Attendance From	To
1st	CORNELL UNIV. MED. COLLEGE	NEW YORK, N.Y.	1967	1971
2nd	"	"	"	"
3rd	"	"	"	"
4th	"	"	"	"
5th	"	"	"	"
6th	"	"	"	"

8. Doctor of Medicine degree granted by Name of Institution <u>CORNELL UNIV. MED. COLLEGE</u> Location <u>NEW YORK, N.Y.</u> Exact Date of Issuance <u>6/2/71</u>

9. Attach proof of degree and, if attended more than one school, proof of attendance at other school.
Post Graduate Education Name of Institution Location Period of Attendance From To

10. Internship Name of Hospital <u>SAN FRANCISCO GENERAL HOSP.</u> Location <u>SAN FRAN, CALIF.</u> Period of Attendance From <u>6/21/71</u> To <u>6/21/72</u>
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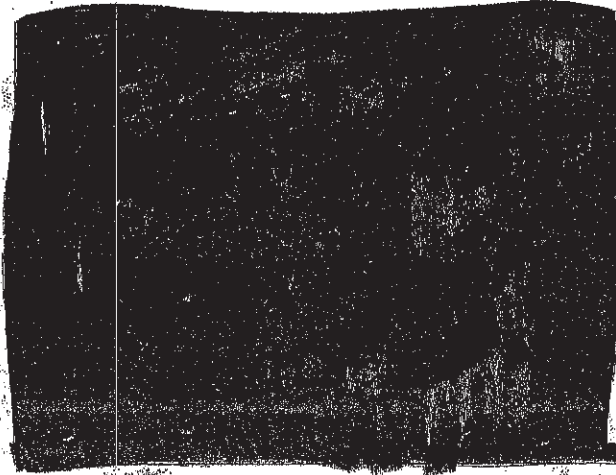
11. Have you been licensed to practice medicine in any state or country? State or Country Year License Issued	Active	Current Status of License Inactive	Suspended	Revoked
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If previous license ever suspended or revoked: License Issued by Date of Suspension or Revocation Charge
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12. Have you been denied a license to practice medicine by any state or country? State or Country Date of Denial Reason for Denial	Yes	No
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HAVE YOU EVER FAILED A WRITTEN OR ORAL EXAMINATION GIVEN BY THIS BOARD? Yes No
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13. Are you now or have you ever been addicted to narcotic drugs? Yes No
14. Have you ever been charged with drug addiction? Yes No
- If yes: Charge Date Disposition
- Have you ever made an offer in compromise in connection with the Harrison Narcotic Law? Yes No
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? Yes No
- If yes: Violation Date Penalty or Disposition
16. Are you suffering from any ailment communicable to others? Yes No



State of California } ss.
County of San Francisco }

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.

Anticipation diploma certificate has been

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
Eric Ian Gutnick, 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

Philadelphia, Pa.
July 1, 1972.

Cert. # 116041

JOHN P. HUBBARD
President of the Board

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.

Subscribed and sworn to before me this June day of June, 1972



My commission expires Oct 1, 1974

Signature of applicant in full—use no initials

Eric Ian Gutnick

Signature of notary

Otillia J. Kurnick

Address

2782-24th St. San Francisco California

(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. 116041 will be ~~xxx~~ issued to Eric Ian Gutnick M.D., on the 1st day of July 1972, and ~~has been~~ will be 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	<u>New York, N.Y.</u>	from	<u>June 17</u>	to	<u>June 18</u>	<u>1969</u>	Enter percentage
	Location of examination		Month Day		Month Day		
2d part	<u>London, England</u>	from	<u>April 13</u>	to	<u>April 14</u>	<u>1971</u>	Enter percentage
	Location of examination		Month Day		Month Day		
3d part	<u>San Francisco, Calif.</u>	on	<u>March 8</u>	xx		<u>1972</u>	Enter percentage
	Location of examination		Month Day		Month Day		

(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

[SEAL]

Official title President

dated at Philadelphia, Pennsylvania

Address 3930 Chestnut Street
Philadelphia,
Pennsylvania, 19104

this 28th day of June 1972

(NOTICE: Detach here and send to Medical College for endorsement)

It is hereby certified that Eric Ian Gutnick entered the First Year class in the Cornell University Medical College on the 12th day of September 1966
Name Medical College Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented Graduation from the
Central High School, Philadelphia, Penna., June 1963

2. That as evidence of PREMEDICAL EDUCATION (college) he presented B.A. degree from Ohio Wesleyan
University, June 1967

3. That prior to commencing the First Year 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, the applicant 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 4 courses of lectures given by this institution completed during a period of 4 years and was issued the degree Doctor of Medicine on the 2nd day of June 1971
Specify number Specify Month

Signed Charles A. Hunter-Buch M.D.
Associate Dean President/Dean/Secretary
of Cornell University Medical College
Name of school

this 20th day of June 1972

Graduates after August 10, 1918, 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.

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 Eric Gutwirth, 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 Edward W. Tully, M.D. Address 1515 Townsend Dr. Berkeley, Calif. 94704
Graduated from Stanford Univ. date June 1952 Licensed in Calif No. A14745
State

This certifies that I have been personally acquainted with Eric Gutwirth, 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 D. J. Pascoe Address 1001 Pico Blvd. S. Los Angeles, Calif. 90006
Graduated from Univ So Calif date June 1948 Licensed in Calif No. A13477
State

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.

NOT TO BE USED FOR RECIPROCITY BASED ON ANOTHER STATE'S LICENSE — WRITE FOR APPROPRIATE APPLICATION.

NO TEMPORARY CERTIFICATES — SPECIAL PERMITS — The filing of an application

does not grant applicant any special privileges, nor is any method of treating the sick or amenable 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) preferably in any form other than a personal check (which must be held 2 weeks to clear bank) must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California 95814, 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.

All preliminary, premedical and professional training must 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.

JUN 26 10 12 PM '72

RECEIVED
MEDICAL EXAMINERS
JUN 26 1972

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Responding to your
request dated

**STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT**
From Date: 07/27/2013 To Date: 07/27/2013

ATRISUPPINF

11-MAY-16 13:24:59

Person Id :

Name : Gutnick,Eric

Question

Answer

I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements. YES

I Have Completed 12 Hours Of Pain Management And End-Of-Life Care. YES

I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist. NO

Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older. I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The NO

Care Of Older Patients. Click No If Not Applicable.

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type WOMEN'S HEALTH MEDICAL

"None", If None Held. CENTER,850 SEQUOIA CIRCLE, FT. BRAGG,CA. 95437

I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct. YES

I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate. YES

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? NO

Total Questions Asked For Person :

8