

Return This Application to Sacramento, California, and Not to San Francisco

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

(This application with a fee of \$10.00 in any form other than a personal check and a photographic copy of diploma to be APPROXIMATELY 7 1/2 inches by 10 inches must be filed in the office of the Board, 1021 O St., Rm. A-347, Sacramento, Cal.)

The filing of this application DOES NOT GRANT ANY SPECIAL PRIVILEGE to open an office or to conduct any method of treating the sick or afflicted in the State of California. [See Section 2141 to 2148 of the Business and Professions Code.]

All foreign documents must be translated into English over the seal and signature of the Consul of the country wherein the educational institution may be located.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

Application filed 7-20-66
Fee paid
Diploma filed
Diploma verified
By

NATIONAL BOARD APPLICATION—CLASS G

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

Name in full VERNON PAUL WAGNER Address 3817 E. POMEROY ST. LOS ANGELES, CALIF. 90008

Date of birth \_\_\_\_\_ Age this date \_\_\_\_\_

Are you a citizen of the United States? YES, BY BIRTH

Send certificate, if issued, to 3817 E. POMEROY ST. LOS ANGELES, CALIF. 90008

Did you attend high school? YES How long 4 yrs. Name and location of school GLENDALE ACADEMY, GLENDALE, CA

Did you graduate from high school? YES Date of diploma 1957 Name and location of school GLENDALE ACADEMY, GLENDALE, CALIF.

Did you attend college or university? YES - 3 yrs. - LA SIERRA COLLEGE ARLINGTON, CALIF. YES - 2 yrs. - SO. MISS. COLLEGE COLLEGEVILLE, MISS.

Have you any degree OTHER than M.D.? NO

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a one-year course of college grade in the subjects of:

- a. Physics YES College SO. MISS. COLL. COLLEGEVILLE, TEX. from SEPT. 1960 to JUNE 1961
b. Chemistry YES College LA SIERRA COLL. ARLINGTON, CALIF. from SEPT. 1958 to JUNE 1959
c. Biology YES College LA SIERRA COLL. ARLINGTON, CALIF. from SEPT. 1958 to JUNE 1959

(Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any 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's 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:

(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 4 years in the study of medicine and surgery each year comprising 7 months each in the following institutions:

(Note—Mention dates of each course (1st year, 2nd year, etc.) and complete each course chronologically. If attended more than one school, furnish credentials from each.)

From the 10 day of SEPT. 1961 to the 6 day of JUNE 1962 LOMA LINDA UNIVERSITY

From the 10 day of SEPT. 1962 to the 6 day of JUNE 1963

From the 10 day of SEPT. 1963 to the 6 day of JUNE 1964

From the 28 day of JUNE 1964 to the 6 day of JUNE 1965

From the 7 day of JULY 1965 to the 31 day of JULY 1966 White Memorial Med Center

From what school did you obtain the degree Doctor of Medicine LOMA LINDA UNIVERSITY, LOMA LINDA, CALIF. the 6 day of JUNE 1965

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

I base this application on a "Diplomate" certificate issued to me on the 15 day of JULY 1966

upon (1) written or (2) oral examination WRITTEN Specify which

Have you ever filed an application in California? NO

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

How long since you have ceased the active practice of medicine and surgery?

What has been your vocation since you ceased practice?

In what other states have you applied for license or registration? Give names of each, dates and results

Have you ever been denied a license or certificate or the right to take an examination? Yes or no

\* Applicants basing application on a diplomate certificate issued after September 22, 1951, must submit documentary evidence of the completion of a year's internship satisfactory to the Board prior to the date of the issuance of diplomate certificate.

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 \_\_\_\_\_

Have you ever been or are you now addicted to narcotic drugs? \_\_\_\_\_ Have you ever been charged with addiction? \_\_\_\_\_  
Specify charge \_\_\_\_\_

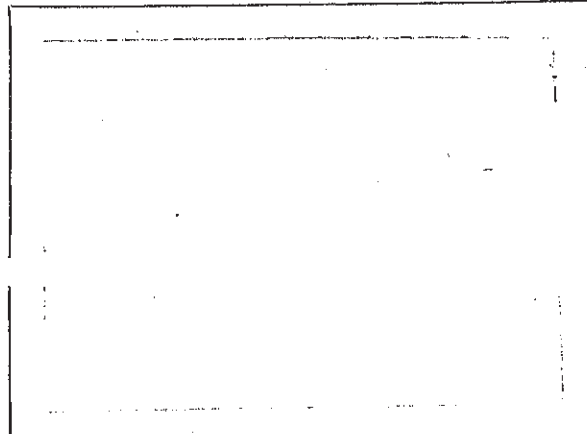
Have you ever made an offer in compromise in connection with the Harrison Narcotic Law? \_\_\_\_\_

Have you ever been called before a Federal, state or local enforcement officer? \_\_\_\_\_  
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 \_\_\_\_\_

Offense	Place	Disposition	Date of Disposition
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My physical description on this date is as follows: \_\_\_\_\_ Finger print classification \_\_\_\_\_  
Height \_\_\_\_\_ 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? \_\_\_\_\_  
Have you ever been connected, directly or indirectly, with any medical concern, company, institution, advertising specialty or advertising specialist? \_\_\_\_\_ If so, when and where? \_\_\_\_\_



Do you hereby agree, should a certificate be granted entitling you to practice as a physician and surgeon in the State of California, not to become connected, directly or indirectly, with any medical concern, company, institute, advertising specialty or advertising specialist? YES

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

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

~~THE~~ 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  
Vernon P. Wagner, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomat of the National Board of Medical Examiners.

Attest: JOHN PARKS  
President of the Board

SEAL

JOHN P. HUBBARD  
Executive Director of the Board

Philadelphia, Pa. July 15, 1966 Cert. # 82803  
DO-4-66-1M

STATE OF CALIFORNIA  
COUNTY OF LOS ANGELES  
VERNON PAUL WAGNER being duly sworn, deposes and says

that he is the applicant named in the foregoing application for a 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 29 day of June 1966  
Signature of applicant in full—use no initials

[SEAL]  
My commission expires My Commission Expires March 3, 1967  
Signature of notary  
Los Angeles California  
Address

(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.)

Assistant Director  
 Certification of Secretary 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  
 Director

I, Richard H. Saunders, Jr., M.D., Assistant Secretary of the National Board of Medical Examiners

and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 82803

was issued to Vernon Paul Wagner M.D., on the 15 day of July 1966, 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	<u>Los Angeles, Calif.</u>	from	<u>September 4</u>	to	<u>September 5</u>	19	<u>63</u>	Enter percentage
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>			
2d part	<u>Los Angeles, Calif.</u>	from	<u>April 20</u>	to	<u>April 21</u>	19	<u>65</u>	Enter percentage
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>			
3d part	<u>San Diego, Calif.</u>	from	<u>March 16</u>	to	<del>XXXX</del>	19	<u>66</u>	Enter percentage
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>			

(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); (6) that from the records of the National Board of Medical Examiners, I believe the above applicant to be a fit, proper and fully qualified person to receive a physician's and surgeon's certificate to practice in California and so recommend.

In testimony whereof witness my hand and seal

*Richard H. Saunders, Jr.* M.D.  
 Signature of executive officer

[SEAL]

Official title Assistant Director

dated at Philadelphia, Pa.

Address 133 South 36th Street

this 15 day of July 1966.

Philadelphia, Pa. 19104

[NOTICE—Detach here and send to Medical College for endorsement]

It is hereby certified that Vernon Paul Wagner entered the freshman class in the LOMA LINDA UNIVERSITY on the 5th day of September 1961

Name Medical College Specify Freshman or later Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented \_\_\_\_\_

Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented a transcript from Southern Missionary College, Collegedale, Tennessee, dated July 13, 1961

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

\*3. That prior to commencing the \_\_\_\_\_ 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. After September 21, 1951, 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, 1954 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 four courses of lectures given by this institution completed during a period of 4 yrs. and was issued the degree Doctor of Medicine on the 6th day of June 1965

Specify number Specify Year Month

Signed *Herbert A. Wallis* M.D.  
 Herbert A. Wallis President/Dean/Secretary

of REGISTRAR, LOMA LINDA UNIVERSITY  
Name of school

} SEAL OF SCHOOL }

this 5th day of July 1966

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.

# 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 Vernon Wagner, M.D.

for 3 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 David J. Leonard MD Address 141 San Pascual Ave. L.A. 4  
Graduated from Louisiana State University date JUNE 1963 Licensed in Calif. No. 21407  
State

This certifies that I have been personally acquainted with Vernon Wagner, M.D.

for 2 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 Wm. L. West Address 616 San Pascual LA 4  
Graduated from Baylor date June 1962 Licensed in Calif. No. C2518  
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.

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.

### 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

STATE DEPARTMENT OF CONSUMER AFFAIRS  
INTERNET CASHIERING SYSTEM  
MEDICAL BOARD OF CALIFORNIA  
SUPPLEMENTAL INFORMATION REPORT  
From Date: 08/22/2012 To Date: 08/22/2012

ATRISUPPINF

26-APR-16 10:58:31

Person Id : 575738

Name : Wagner,Vernon

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 Care Of Older Patients. Click No If Not Applicable. NO

Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held. NONE

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 : 575738

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