

Please Follow Directions

RETURN THIS APPLICATION TO SACRAMENTO, CALIFORNIA

This application, with CERTIFIED CHECK for \$40.00 and photographic copy of diploma to be not less than 7 1/2 inches by 10 inches and no larger than 8 1/2 inches by 13 inches, or other evidence of final, successful and entire completion of instruction and training required by a school approved by the Board, must be filed in the OFFICE OF THE BOARD, Sacramento, California, at least two weeks prior to the date of meeting of the Board as specified on the enclosed mimeographed list of dates. [See instructions re foreign documents.]

The filing of this application does not grant any special privilege to open an office or to conduct any method of practicing the sick or afflicted in the State of California. [See Sections 214 F to 214 H of the Business and Professions Code printed at the bottom of this blank.]

NO temporary certificates or special permits to practice are issued.

All credentials from foreign institutions must be translated INTO ENGLISH over the seal and signature of the consul of the country wherein such documents may have been issued. The English translation must be attached to the original, or to a photostatic copy thereof, and said consul must certify that said institution is recognized or approved by the authorities in the country wherein it is located. See bottom next page for additional information. Further information will be sent on request.

Application filed 6/3/68
Fee paid
Diploma filed
Diploma verified
0476

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

Application for a Written Examination for a Physician's and Surgeon's Certificate (Class-A)

I, Philip Dempsey Darney, herewith apply for a written examination for a

physician's and surgeon's certificate in California, and submit the following statements regarding my preliminary, premedical and medical educational qualifications in conformance with the requirements of the Business and Professions Code of the State of California and the rules adopted by the Board of Medical Examiners.

Name in full, Philip Dempsey Darney P. O. address, 1540 Jasmine St., San Mateo, Calif.

Date of birth, [blank] Year, [blank] Age at this date, [blank]

Are you a citizen of the United States? Give particulars. Yes

Send certificate, if issued, to [blank] via [blank]

I have received a diploma, evidencing PRELIMINARY EDUCATION, from [blank] Calif.

Neil W. Phillips Principal diploma was procured in the regular course of instruction, comprising a full four years' resident high school course, or its equivalent as prescribed by law, and in addition to said diploma I have successfully completed, prior to commencing the study of medicine, a two-year resident course of COLLEGE GRADE including the PREMEDICAL subjects of:

A. Chemistry Yes College Univ. Calif., Berkeley from Sept. 20, 1961, to June 15, 1964

B. Physics Yes College Calif. State Polytechnic College, Sept. 20, 1960 to June 15, 1961

C. Biology Yes College Univ. Calif., Berkeley from Sept. 20, 1961 to June 15, 1964

I hold the Collegiate (Academic) degree of, AB, granted by University of California, Berkeley on the 15th day of June, 1964.

MEDICAL EDUCATION.—Applicant will give the name and location of each institution attended, specifying each such course of instruction, giving the date of beginning and ending of each. The law requires a RESIDENT course of at least 4 academic years.

I entered the Univ. Calif., San Francisco in the 1st year class on the Sept. 18, 21, 1964

1ST COURSE in Univ. Calif., San Francisco, California from the 21 day of September, 1964, to the 10 day of June, 1965

2D COURSE in Univ. Calif., San Francisco, Calif. from the 20 day of September, 1965, to the 8 day of June, 1966

3D COURSE in Univ. Calif., San Francisco, Calif. from the 3 day of October, 1966, to the 13 day of June, 1967

4TH COURSE in Univ. Calif., San Francisco, Calif. from the 24 day of June, 1967, to the 8 day of June, 1968

5TH COURSE in NA from the 19 day of [blank], 19 to the 19 day of [blank], 19

6TH COURSE in NA from the 19 day of [blank], 19 to the 19 day of [blank], 19

I was granted the degree of Bachelor of Doctor of Medicine by University of California, San Francisco on the 13 day of June, 1968

I further state that I am the identical person to whom was granted the diploma or certificate of completion presented herewith, that the same was procured in the regular course of instruction without fraud or misrepresentation and that the diploma or certificate of completion presented is the genuine diploma or certificate of completion of said institution.

I further state that, as a resident student, I have completed the courses, and subjects as set forth on page 5 of this application, and as evidenced by any other documents I submit and that I have been licensed in no State, except as follows:

State, NA Date, [blank] State, [blank] Date, [blank]

and that no certificate to practice medicine and surgery, issued to me by any State or Territory of the U.S., or by the licensing authority of a foreign country, has been revoked or suspended except as follows:

State, NA Date, [blank] State, [blank] Date, [blank]

and that I have not been charged with a violation of a United States statute or a State statute or the law of any foreign country except as follows:

State, NA Date, [blank]

* Applicant matriculating in a medical school after January 1, 1954 must show the completion of a three year resident course of college grade including the subjects of Chemistry, Physics and Biology. † The term "course" refers to each year of medical study in Freshman, Sophomore, Junior and Senior years. Make entry accordingly, otherwise not acceptable. ‡ Foreign medical school graduates who have attended a number of medical schools (as is customary in Germany) may attach a pastor if space hereon is inadequate. Follow some OUTLINE of courses, etc.

I further depose and state that I have taken postgraduate instruction in the following institutions:

a. NA Name _____ Location _____ from _____ 19____, to _____

b. NA Name _____ Location _____ from _____ 19____, to _____

I have or am serving an INTERNESHIP in the following hospitals:

H.S. Public Health Service Hosp., San Francisco, Calif. from July 1 1968, to July 1, 1969

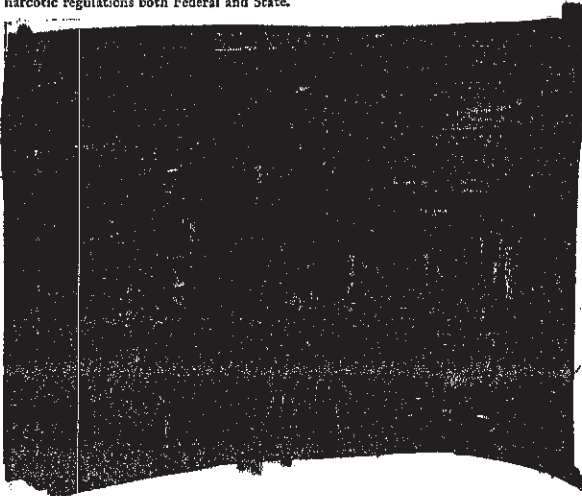
b. NA Name _____ Location _____ from _____ 19____, to _____

SECTION 2192 OF THE B & P CODE PROVIDES THAT BEFORE A PHYSICIAN'S AND SURGEON'S CERTIFICATE MAY BE ISSUED, SATISFACTORY EVIDENCE OF THE COMPLETION OF A YEAR'S INTERNESHIP IN A HOSPITAL APPROVED BY THE BOARD MUST BE FILED.

I further depose and state that prior to the date of this application I have not filed an application to practice any system of healing the sick and/or afflicted under the laws of California, and that I have not practiced as an itinerant physician nor have I been connected directly or indirectly with any medical concern, company, institute, advertising specialty or advertising specialist except as follows:

NA Answer _____

and furthermore I agree, should a certificate be granted me by the Board of Medical Examiners of the State of California, that I will not become an itinerant doctor nor become connected either directly or indirectly with any medical concern, company, institute, or advertising specialty or advertising specialist and that I will familiarize myself with all the provisions of the California laws relating to the treatment or care of the sick and afflicted and narcotic regulations both Federal and State.



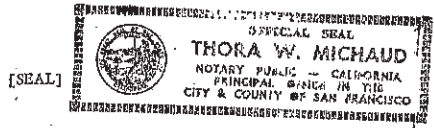
I hereby declare that the photo of myself, attached hereto, was taken on or about the _____ day of _____ 19____ my age then being _____ years, and my physical description then being as follows:
native of _____; _____ Complexion;
color of hair _____;
height _____; ^{heavy} ~~medium~~ ^{light} weight _____ lbs.
marks _____
Fingerprint Classification _____

STATE OF California
COUNTY OF San Francisco } ss.

Philip Dempsey DARNEY being duly sworn, says _____ he is the person referred to in the foregoing application for a physician's and surgeon's certificate in California and that _____ he has carefully read and thoroughly understands all the requirements therein and that the statements made herein are strictly true in every respect and that _____ he is not suffering from any ailment transmissible to others and that _____ he has never been and is not now addicted to the use of narcotic drugs.

Philip Dempsey Darney
Signature of applicant IN FULL (Do Not USE INITIALS ONLY)

Signed and sworn to before me this 3rd day of May 1968



Thora W. Michaud
Notary Public
Address San Francisco Medical Center
San Francisco, California

My commission expires _____ 19____
THORA W. MICHAUD
MY COMMISSION EXPIRES NOVEMBER 27, 1968

The applicant who presents a medical diploma from a FOREIGN MEDICAL SCHOOL, must meet additional requirements outlined in Sections 2193 and 2193.5 of the Business and Professions Code. SEND FOR OUR FORM 172-173. Canadian medical school graduates exempted by Chap. 281, Statutes 1939, effective September 19, 1939.

Every applicant for a "physician and surgeon certificate," shall present to the Board satisfactory evidence that BEFORE BEGINNING THE STUDY OF MEDICINE HE HAS COMPLETED A TWO-YEAR COLLEGE COURSE WHICH INCLUDES AT LEAST ONE YEAR OF WORK, OF COLLEGE GRADE, IN EACH OF THE SUBJECTS OF PHYSICS, CHEMISTRY, AND BIOLOGY. An applicant matriculating after January 1, 1954, shall present evidence satisfactory to the Board of having completed a three-year resident course of college grade including the subjects of physics, chemistry and biology.

CERTIFICATES OF MORAL CHARACTER

PREFERABLY REGISTERED PHYSICIANS AND SURGEONS LICENSED BY THE CALIFORNIA BOARD OF MEDICAL EXAMINERS
WHO HAVE KNOWN APPLICANT FOR AT LEAST ONE YEAR

THIS CERTIFIES that I have been personally acquainted with Philip Dempsey DARNEY 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.

Name Malcolm S. Roberts Address 909 Hyde Street, San Francisco, California
Graduated from Harvard Medical School date June 1, 1941 Licensed in California No. G-658
State

THIS CERTIFIES that I have been personally acquainted with Philip Dempsey DARNEY 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 William J. Miller M.D. Address U. of California, San Francisco
School of Medicine
Graduated from University of Maryland date 1, 1942 Licensed in California No. G-27322
State

CERTIFICATE OF MEDICAL EDUCATION

The following certificate must be filled out, signed and sealed by the President, Dean or Secretary of each medical school wherein the applicant pursued his professional course and granted the medical diploma or certificate of completion to this applicant. Courses pursued in medical schools other than the one which granted the applicant his medical diploma must be submitted each on a supplemental copy of this form (duly certified) by the officers of said school or schools. One certificate of medical education to be completed by EACH medical school wherein the applicant studied.

THIS CERTIFIES That Philip Dempsey DARNEY of San Luis Obispo, California
Name Address when matriculated
matriculated in University of California School of Medicine, San Francisco, California
Name of medical school or college Location

on 21st day of September 1964, and was granted the following credits on matriculation:

Freshman

Specify whether entered Freshman or with advanced credits

based upon the following credentials: High School certificate and at least 3 years of premedical work
Give a transcript of premedical education and advanced credit if any

The undersigned further certifies that the records of this institution show that PRIOR TO COMMENCING THE STUDY OF MEDICINE the applicant herein referred to has completed at least 3 course of College grade including the subjects of PHYSICS, CHEMISTRY and BIOLOGY, and that he has attended in this institution four terms of courses* of lectures at least 32 weeks* each, completing the following schedule totaling at least 4000 hours in the subjects required by the Business and Professions Code of California as set forth hereunder, and that he will be granted the degree of BACHELOR of Doctor of Medicine ‡ on the 13 day of June 1968
Specify which degree

ANATOMY
Embryology
Histology
Neuro-anatomy

PHYSIOLOGY

PSYCHO-BIOLOGY

MEDICINE
Pediatrics
Psychiatry
Neurology
Dermatology
Physical Medicine
Therapeutics
Tropical Medicine

BIOCHEMISTRY

PATHOLOGY, BACTERIOLOGY AND IMMUNOLOGY

PHARMACOLOGY

PREVENTIVE MEDICINE

Hygiene and Sanitation

SURGERY, including

Orthopedic Surgery
Urology
Ophthalmology
Radiology
Anesthesia
Otolaryngology
Obstetrics and Gynecology

Signed and the college seal affixed this 3rd day of May 1968

[SEAL]

By Stuart C. Cullen
President, Secretary, Dean

Stuart C. Cullen, M.D., Dean

* The California law requires completion of no less than four resident courses of professional instruction, each of not less than 32 weeks (Section 2132).
‡ If a degree was granted, please give definite information. If no degree or diploma was granted "strike out" the entire line.

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK. MAKE A PHOTOCOPY FOR YOUR RECORDS.

PART 3

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? PLEASE READ INSTRUCTIONS BEFORE ANSWERING YES NO

License Renewal Application
Physician and Surgeon

YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

D Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER
SIGNATURE REQUIRED HERE: [Signature] DATE: 1/28/12

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 03/30/13
\$808.00	\$886.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$	\$

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.
[Signature]

LICENSE NO. A 23577

EXPIRES 02/28/13

ACTIVE PHILIP DEMPSEY DARNEY
SAN FRANCISCO GENERAL HOSPITAL
1001 POTRERO AVE WARD 6D
SAN FRANCISCO CA 94110

OVER

63010100000100002000235770010228130008080000088600

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

none	

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

Medical Board of California - Physician's and Surgeon's Initial Renewal | -83034 / 820.00 12/19/14 B5 AMOUNT DUE IF POSTMARKED AFTER MARCH 30, 2015

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER MARCH 30, 2015
DARNEY, PHILIP D <i>12/10</i>	A23577	02/28/15	\$820.00	\$898.00

LICENSEE MUST CHECK CORRECT BOXES

"H" Completed Continuing Education

"E" Change of Address (fill in reverse side)

"I" Conviction Disclosure - Yes

"J" Conviction Disclosure - No

"F" Family Physician Training Program (\$25)

"G" Financial Interest Statement

"D" SIGNATURE REQUIRED

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

Signature *Philip Darney* Date 11.21.14

ENTER YOUR PHONE NUMBER FOR REFERENCE:

63010100000100002000235770010228150008200000089800