

CERTIFICATE N<sup>o</sup> 16709

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION

CERTIFICATE OF ELIGIBILITY IN THE BASIC SCIENCES

By Examination Recorded: Book 4 Page 10

Board Medicine

David Michael Priver

THIS IS TO CERTIFY THAT

residing at \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_, aged \_\_\_\_\_ years,  
a native of \_\_\_\_\_ has fulfilled the requirements prescribed by the Michigan Basic  
Science Law as enacted by the Fifty-ninth Legislature.

Given under the hands and Seal of the Board of Examiners in the Basic  
Sciences, of the State of Michigan, at Lansing, on the Eighteenth  
day of April in the year One Thousand Nine Hundred  
and Sixty-eight

SEAL

Majia M. Ash, J. *Resident*  
Secretary

H. J. Bradshaw, Deputy Director, Bureau of Licensing

# Michigan State Board of Registration In Medicine

**ORIGINAL RECOMMENDATION**  
**FOR ENDORSMENT OF SECONDARY AND COLLEGIATE EDUCATION FOR**  
**ADMISSION TO MEDICAL SCHOOL**  
**APPROVED BY THIS BOARD**

It is required that all blank spaces should be filled in completely and accurately, and the blank returned directly to E. C. Swanson, M.D., Secretary of the Board of Registration in Medicine, 118 Stevens T. Mason Building, Lansing, Michigan.

Colleges and other institutions are recognized by the Michigan Board only upon the understanding that their records are accurately kept and can be obtained promptly.


IT IS HEREBY CERTIFIED That David Michael Priver Full name

[REDACTED] Address has had a four year high school education, or its full equivalent, and two years of work in a college of literature, science and the arts approved by the Michigan State Board of Registration in Medicine.

That the two years of work in an acceptable college of literature, science and the arts has been a minimum 60 semester hours of collegiate work, exclusive of military and physical education, extending throughout two years of 32 weeks each, exclusive of holidays.

That the following required subjects and semester hours in those subjects have been passed: Chemistry, 12 semester hours; Physics, 8 semester hours; Biology, 8 semester hours; English Composition and Literature, 6 semester hours; Latin, French, Greek, German, Russian or Spanish, two semester sequence in college; or certification of equivalent achievement in a language proficiency examination; other non-science subjects, 12 semester hours.

That the required courses taken and passed are in accordance with the following descriptions of them listed on the reverse side of this document, and that credits for same are on file in this office subject to inspection; and if requested, complete, detailed transcript of same will be furnished the Michigan State Board of Registration in Medicine.

Signed  Secretary  
**Rolland G. Charpentier, Registrar**  
**Wayne State University**  
**School of Medicine**  
Name of College or University

(Seal)

1400 Chrysler Freeway  
Detroit, Michigan 48207  
Address

September 26, 1966  
Date

SECONDARY AND COLLEGE GRADE  
CREDITS

No. 1585

Name

Price, David M.

Address

Application for Endorsement of  
Secondary and Collegiate  
Education for Admission  
to Medical School

by

Michigan  
State Board of Registration  
In Medicine

E. C. Swanson, M.D., Secretary  
118 Stevens T. Mason Building  
Lansing, Michigan

19\_\_\_\_ Student

of \_\_\_\_\_  
(Medical College)

Received (Certificate) from \_\_\_\_\_  
(Diploma )

Returned \_\_\_\_\_  
(College)

Endorsement issued \_\_\_\_\_

To \_\_\_\_\_

The required courses taken and passed must be in accordance with the following descriptions:

(a) **Chemistry**—Twelve semester hours required, of which at least eight hours must be in general inorganic chemistry, including four semester hours of laboratory work; and four semester hours in organic chemistry, including two semester hours of laboratory work. In the interpretation of this rule, work in qualitative analysis may be counted as general inorganic chemistry.

(b) **Physics**—Eight semester hours required (including laboratory work). It is urged that this course be preceded by a course in trigonometry.

(c) **Biology**—Eight semester hours required, of which four must consist of laboratory work. This requirement may be satisfied by a course of eight semester hours in either general biology or zoology, or by courses of four semester hours each in zoology and botany, but not by botany alone.

(d) **English Composition and Literature**—The usual introductory college of six semester hours, or its equivalent is required.

(e) **Latin**—Two years of high school, or one year of college must be presented.

(f) **Non-science Subjects**—Of the sixty semester hours required as the measurement of two years of college work, at least eighteen including the six semester hours of English, should be in subjects other than the physical, chemical or biologic sciences.

(g) **In General**—This premedical course in both quantity and quality must be such as to make it acceptable as the equivalent of the first two years of the course leading to the degree of Bachelor of Science or Bachelor of Arts in approved Colleges of Arts and Sciences.

30013  
APR -2 1 70618943 \* 75.00  
6-17-71

Approved by.....

123

# 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 DAVID MICHAEL PRIVER
- Place of birth [redacted] Date of birth [redacted] Age [redacted]
- Are you a citizen of the United States? YES
- Present mailing address [redacted]
- Permanent residence [redacted]  
Name, address, of nearest relative [redacted]
- Where do you intend to practice? 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  
WAYNE STATE UNIV. 1/65 - 6/66  
KALAMAZOO COLLEGE 9/60 - 9/64  
What literary degrees did you obtain, when and from what schools or colleges?  
B.A. WAYNE STATE 1966

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

Day	Month	Year		Day	Month	Year	Name and Address of Medical College
22	9	66	to	2	6	67	WAYNE STATE UNIV., DETROIT
28	9	67	to	14	6	68	"
12	8	68	to	4	6	69	"
24	7	69	to	15	5	70	"
			to				
			to				

### 12. POST GRADUATE EDUCATION: \_\_\_\_\_

Year	Year	School or Clinic	Degrees Obtained

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? YES  
Certificate Number.....

15. Internship: ROTATING at SINAI Hospital, located  
(Rotating, Mixed or Straight)  
 at DETROIT, MICH., from 7-70 to  
(Date)  
7-71  
(Date)
16. Received degree of Doctor of Medicine from WAYNE STATE  
 on 16 day of MAY, 1970
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? NO  
 (Signed) David Priver

**AFFIDAVIT OF APPLICANT**

State of MICHIGAN }  
 County of WAYNE } ss.  
DAVID PRIVER, 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.

David Priver  
Signature of applicant in full

Subscribed and sworn to before me, Sandra Driscoll  
 a Notary Public, this 31 day of MARCH, 1970  
 Address 757 LAKEWOOD, DETROIT, MICH. 48215

SANDRA DRISCOLL  
 My Commission expires Not Notary County, MICH.  
 My Commission Expires June 9, 1972

I hereby certify that the photograph hereto attached is a genuine likeness of DAVID PRIVER  
 of [REDACTED]

(SEAL)

Photo of applicant (3" x 3") taken within 60 days next preceding the date of this application, must be attached here.

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

In the application of David Michael Priver, of  
[redacted], dated March 30, 1970,

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 David Michael Priver, M.D.

matriculated in the Wayne State University School of Medicine,  
September 22, 1966, will graduate May 16, 1970, at which time he was  
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.

.....  
.....  
.....

*Peter C. Storandt*  
Signature of Dean, Secretary or Registrar

Dated at Detroit, Michigan  
this March 30, 1970

**PETER C. STORANDT**  
REGISTRAR  
Wayne State University  
School of Medicine  
1400 Chrysler Freeway  
Detroit, Michigan, 48207  
Name and address of medical college

(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 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. 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. .... satisfactorily  
served ..... internship in  
(12 months rotating, or 12 months mixed or straight)  
..... 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 65 per cent on each subject.

	Marks	Average Percentage
Date Primary Examination.....		
Date Final Examination.....		
(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:

ALFRED I. SHERMAN M. D. SMAH HOSPITAL, 6767 W. OUTER DR., DETROIT 48735  
 Name P. O. Address  
 ELI BROWN M. D. " " " " " "  
 Name P. O. Address  
 JACK MANDIBERG M. D. WOODLAND CLINIC, W. 8 MILE RD., DETROIT  
 Name P. O. Address

EXAMINATION APPLICATION

Certificate No. ....  
 Name *Phoebe David*  
 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

Complete Examination, Ann Arbor, \$30.00.....  
 Complete Examination, Detroit, \$30.00.....  
 Complete Examination, Lansing, \$30.00.....  
 Certificate sent.....  
 License sent.....  
 Personal appearance with medical school diploma.....

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



FLEX EXAMINATION - Jun. 16, 17 and 18, 1970 #123 *Priver, D.M.*  
Lansing, Michigan

DAY I - BASIC SCIENCES

Anatomy [REDACTED]  
Physiology [REDACTED]  
Biological-Chemistry [REDACTED]  
Pathology [REDACTED]  
Microbiology [REDACTED]  
Pharmacology [REDACTED]  
B.S. AVERAGE [REDACTED]

DAY II - CLINICAL SCIENCES

Medicine [REDACTED]  
Surgery [REDACTED]  
Obstetrics & Gynecology [REDACTED]  
Preventive Medicine & Public Health [REDACTED]  
Pediatrics [REDACTED]  
Psychiatry [REDACTED]  
C. S. AVERAGE [REDACTED]

DAY III - Clinical Competence [REDACTED]

FLEX WEIGHTED AVERAGE [REDACTED]





WILLIAM G. MILLIKEN, Governor

CHARLES E. HARMON, Director

30013  
STATE OF MICHIGAN  
**DEPARTMENT OF LICENSING AND REGULATION**  
**BOARD OF REGISTRATION IN MEDICINE**  
1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926  
Telephone 373-0680, A.C. 517

NOV 19 1971

**BOARD MEMBERS**

C. Allen Payne, M.D., President  
Don W. McLean, M.D., Vice Pres.  
Howard H. McNeill, M.D.  
Irvin J. Kurtz, M.D.  
Gilbert Saltonstall, M.D.  
John J. Coury, M.D.  
H. Clay Tellman, M.D.  
Frederick W. VanDuyn, M.D.  
W. Herbert Huron, M.D.  
Donato F. Sarapo, M.D.

David M. Dalton, M.D.

Dear Doctor:

We are enclosing your engraved Certificate of Michigan Medical Licensure which is to be framed and conspicuously displayed in your business office or consultation room.

May we extend our best wishes for your success.

Sincerely yours,

MICHIGAN STATE BOARD OF  
REGISTRATION IN MEDICINE

John M. Wellman, M.D.  
Executive Secretary

JMW/gd

Encl.





WILLIAM G. MILLIKEN, Governor

CHARLES E. HARMON, Director

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF REGISTRATION IN MEDICINE

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Telephone 373-0680, A.C. 517

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John J. Coury, M.D.

H. Clay Tellman, M.D.

Frederick W. VanDyve, M.D.

W. Herbert Huron, M.D.

Donato F. Sarapo, M.D.

June 17, 1971

David Michael Priver, M.D.



We are enclosing a certified copy of your Michigan medical registration  
# 30013 dated June 17, 1971

This certificate will enable you to practice legally and apply for your  
narcotic licenses, membership in your county medical society, and hospital  
staff privileges. This number should be immediately registered with the  
medical director of the hospital concerned.

The certificate of Michigan medical licensure, which is to be framed and  
conspicuously displayed in your business office or consultation room, will  
be forwarded as soon as it can be hand inscribed and the seal and signatures  
affixed.

PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN ADDRESS  
OTHER THAN THE ONE USED ABOVE.

We are also enclosing for your information a memorandum which explains  
Annual Re-registration in Michigan.

Sincerely yours,

MICHIGAN STATE BOARD OF  
REGISTRATION IN MEDICINE

*John M. Wellman M.D.*

John M. Wellman, M.D.  
Executive Secretary

JMW/gd

Enclosures



MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE  
CERTIFICATION OF INTERNSHIP

This is to certify that David M. Priver, M.D.<sup>Michael</sup>  
Satisfactorily completed Rotating  
internship in the Sinai Hospital of Detroit Hospital  
extending from July 1, 1970 to June 30, 1971  
in conformation with the requirements of the Michigan State Board of  
Registration in Medicine

SIGNED: Sydney C. Peimer  
(Medical Director or Super-intendent)  
**Sydney C. Peimer, Administrator**  
**Sinai Hospital of Detroit**  
(Name of Hospital)  
**6767 W. Outer Drive**  
(Address)

SEAL OF  
HOSPITAL

DATE: June 15, 1971

This form is to be returned when completed to the address below;  
THIS CERTIFICATION WILL NOT BE ACCEPTED IF DATED EARLIER THAN JUNE 15  
OR FIFTEEN (15) DAYS PRIOR TO COMPLETION WHICH IS TIME ALLOWED FOR  
ILLNESS OR VACATION. Your certificate of registration will be mailed  
to the address which you indicate below.

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE  
1033 South Washington Avenue  
Lansing, Michigan 48926  
John M. Wellman, M.D., Executive Secretary

ADDRESS: David M. Priver, M.D.  
(Name)  
[REDACTED]  
(Street)  
[REDACTED]  
(City and State)



WILLIAM G. MILLIKEN, Governor

CHARLES E. HARMON, Director

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF REGISTRATION IN MEDICINE

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone 373-5680, A.C. 517

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John J. Coury, M.D.  
H. Clay Tellman, M.D.  
Frederick W. VanDuyne, M.D.  
W. Herbert Huron, M.D.  
Donato F. Sarapo, M.D.

David M. Priver, M.D.



Dear Doctor:

This is to advise you that you were successful in writing the Michigan State Board (FLEX) Licensure Examinations on June 16, 17 and 18, 1970.

You will be issued permanent Michigan medical licensure upon receipt of the following:

- Enclosed Certification of Internship statement, acceptable no earlier than June 15, 1971.
- Enclosed Certification of Naturalization statement properly completed.

You will be eligible for Michigan temporary license for private practice when you have complied with the following:

- Submitted the required \$10.00 for 1970-71 temporary licensure.
- Established permanent residence in Michigan and submitted the required \$10.00 fee with your professional address.
- Submit Declaration of Intention to become an American citizen together with the required \$10.00 fee.

Sincerely yours,

MICHIGAN STATE BOARD OF  
REGISTRATION IN MEDICINE

John M. Wellman, M.D.  
Executive Secretary

August 24, 1970





WILLIAM G. MILLIKEN, Governor

CHARLES E. HARMON, Director

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATION  
BOARD OF REGISTRATION IN MEDICINE

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone 373-0680, A.C. 517

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John J. Coury, M.D.  
H. Clay Tellman, M.D.  
Frederick W. VanDyke, M.D.  
W. Herbert Huron, M.D.  
Donato F. Sarapo, M.D.

May 27, 1970

David M. Priver, M.D.



Dear Doctor:

Your name has been placed on the eligible roster to write the Michigan State Board FLEX Examination on Tuesday, Wednesday and Thursday, June 16, 17 and 18, 1970 in Lansing, Michigan.

You are to report on the first morning at 8:00 a.m. to the Main Auditorium, Civic Center, 505 W. Allegan, Lansing, Michigan.

ATTENTION:

NO APPLICANT WILL BE ADMITTED TO THE EXAMINATION WITHOUT THIS LETTER AND ATTACHED PHOTOGRAPH.

Please bring with you two (2) soft lead pencils.  
Pens will not be permitted.

HOUSING ACCOMMODATIONS: Please note attached memorandum.

YOUR IDENTIFICATION NUMBER IS:

# 123

Sincerely yours,

MICHIGAN STATE BOARD OF  
REGISTRATION IN MEDICINE

John M. Wellman, M.D.  
Executive Secretary

RESULTS OF THE EXAMINATIONS:

You will be notified BY MAIL within 10 weeks regarding the results of this examination. YOU ARE REQUESTED NOT TO CONTACT THIS OFFICE BY TELEPHONE REGARDING THE RESULTS.



OR/LMD-094 (3/97)

License Number: 030013  
 Date of License: 6-10-99

Michigan Department of Consumer and Industry Services  
**Board of Medicine**  
 P.O. Box 30192  
 Lansing, Michigan 48909  
 (517) 335-0918  
 TDD (517) 373-7489

CONSUMER & INDUSTRY SERV  
 ANT. REC'D  
 160-00  
 SEP 21 98

### 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.

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 (313) 234-4300).

<b>I AM APPLYING FOR THE FOLLOWING:</b>		
<input checked="" type="checkbox"/> Relicensure Fee: \$160.00	<input type="checkbox"/> Controlled Substance License Fee: \$85.00	
Expired Michigan Permanent I.D. Number	Expiration Date	Daytime Phone Number
(Last Name) <u>RIVER</u>	(First Name) <u>DAVID</u>	(Middle Name) <u>MICHAEL</u>
All Previous Names and/or Birth Name Used (if applicable)		
Date of Birth	Issue Date (Board Use Only)	
Street Address	Zip Code	
City	State	Control Substance Number

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

1. Have you ever been convicted of a felony?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
7. Have you had one or more settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
9. Has your Michigan medical or controlled substances license been lapsed more than three years? If yes, list each state, 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.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

State	License Number	Date of Issue	Basis for Licensure
<u>CALIFORNIA</u>	<u>038171</u>	<u>6/78</u>	<u>?</u>

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	
WAYNE STATE UNIV. SCHOOL OF MEDICINE	9/66	6/70	MD
WAYNE STATE UNIV	1/65	6/66	BA
KALAMAZOO COLLEGE	9/61	9/64	NONE

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

Name and address of Employer	Dates of Practice		Duties
	From	To	
SAN DIEGO WOMEN'S MED. CLINIC (SELF EMPLOYED)	8/79	9/98	OB/GYN PRIVATE PRACTICE
NORTHWEST OB/GYN ASSOC. SOUTHFIELD, MICH.	7/74	7/79	"

#### CERTIFICATION

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.

Signature of Applicant

*David Prus*

Date

9/8/98



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Bureau of Health Services  
Thomas C. Lindsay II, Director

Ottawa Building  
P.O. Box 30670  
Lansing, Michigan 48909-7518  
Telephone: 517-335-0918  
TDD: 517-373-7489

## MEMORANDUM

TO: Application Section

FROM: Susan Burgess, Credentials Unit

DATE: June 8, 1999

SUBJECT: David M. Priver, Application for Relicensure

LICENSE NUMBER: 43-01-030013

The applicant named above has submitted evidence that he/she meets the 150 hour requirement for relicensure. Please continue processing his or her relicensure application. Thank you.





State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

## MEMORANDUM

**TO:** Robert Echols, Director  
Complaint & Allegation Division

**FROM:** Cathy Seyka, Manager  
Licensing Division

**DATE:** October 5, 1998

**SUBJECT:** Malpractice Information for License Applicant  
David Priver, M.D. (Relicensure)

Malpractice information meeting the established criteria has been received by the  
aforementioned applicant and is attached for your information and review.

The Licensing Division is continuing to process the applicant's application for licensure.

attachment

cc: Application Processing Section ✓

TM



**MEDICAL BOARD OF CALIFORNIA**

Licensing Program  
1426 Howe Avenue #56  
Sacramento, CA 95825  
(916) 263-2360

SEP 25 98



September 24, 1998

Michigan Board of Medicine  
P.O. Box 30018  
Lansing, MI 48909

TO WHOM IT MAY CONCERN:

This is to verify that Dr. David Michael Priver, was issued California physician and surgeon's certificate #C38171, on 07/24/78, based on reciprocity with the state of Michigan. The license is current and renewal fees paid through 09/30/99.

There is no current record of accusation and/or disciplinary activity.

*Nancy A Jurisich*

Nancy Jurisich  
Licensing Program

To expedite the verification process, the above is the standard format used by the Medical Board of California.

SEAL



State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Office of Health Services  
Thomas C. Lindsay II, Director

Ottawa Building  
P.O. Box 30670  
Lansing, Michigan 48909-8170  
Telephone: 517-335-0918  
TDD: 517-335-4478

## IMPORTANT

### ADDENDUM TO YOUR LICENSE OR REGISTRATION APPLICATION

On July 3, 1998, P A 227 of 1998 was signed by the Governor and took immediate effect. This law requires a change to the signature affidavit on applications for licensure and registration. **You are required to sign and submit this affidavit with your application in order to be considered for a license or registration.**

***A license or registration cannot be issued without this signed affidavit on file with our office.***

### AFFIDAVIT

Pursuant to PA 227 of 1998, I consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

*David Rivera*

Applicant's Signature

*9/1/98*

Date

*DAVID RIVERA*

Print or Type Name

Social Security Number

8/13/98