

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, 1020 N Street, Sacramento, California.

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 2-12-61
Fee paid 2-12-61
Diploma filed 2-12-61
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 Fred Walter Schnapp, Jr. Address 1017 Tyler St. Glendale 5, Calif.

Place and date of birth Lincoln Nebraska Month Day Year Age this date

Are you a citizen of the United States? Give particulars yes

Send certificate, if issued, to 1017 Tyler St. Glendale 5, Calif. via Am. R. Express.

Did you attend high school? Yes four years Monterey Bay Academy, Watsonville, Calif.

Did you graduate from high school? Yes, June, 1952 Monterey Bay Academy, Watsonville, Calif.

Did you attend college or university? Yes four years Pacific Union College, Angwin, Calif.

Have you any degree OTHER than M.D.? B.A. June, 1956 Pacific Union College, Angwin, Calif.

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 Pacific Union Coll. Angwin from September 1953 to June 1954

b. Chemistry Yes College Pacific Union Coll. Angwin from September 1953 to June 1954

c. Biology Yes College Pacific Union Coll. Angwin from September 1954 to June 1955

(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 9 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 7th day of September 1956, to the 7th day of June 1957, Coll. Med. Evan., Loma Linda, Cal

From the 4th day of September 1957, to the 6th day of June 1958, Coll. Med. Evan., Loma Linda, Cal

From the 7th day of September 1958, to the 5th day of June 1959, Coll. Med. Evan., Los Angeles,

From the 31st day of June 1959, to the 5th day of June 1960, Coll. Med. Evan., Los Angeles,

From the 1st day of July 1960, to the 30th day of June 1961, Los Angeles County General Hospital, Los Angeles, Calif.

From what school did you obtain the degree Doctor of Medicine? College of Medical Evangelist, Los Angeles, Calif. the 5th day of June 1960

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

I base this application on a "Diplomate" certificate issued xxx on the 1st day of July 1961

upon (1) written or (2) oral examination written and oral

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? Just starting practice of Medicine

What has been your vocation since you ceased practice? not applicable

In what other states have you applied for license or registration? none

Have you ever been denied a license or certificate or the right to take an examination? none

An oral examination optional with the Board.

Applicants basing their application on a diplomate certificate issued after September 22, 1951, must show the completion of a year's internship satisfactory to the Board prior to the date of the issuance of their diplomate certificate. Applicant should file with the application evidence of the completion of the internship.

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 _____

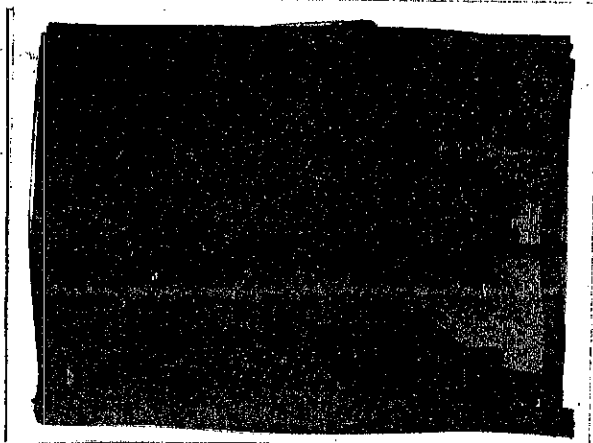
Offense _____ Place _____ Disposition _____ Date of Disposition _____

My physical description on this date is as follows: _____ Finger print classification _____

Height _____ feet _____ 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? _____

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? _____

APPLICANT WILL LEGIBLY COPY in the space immediately below, the "DIPLOMATE" CERTIFICATE on which he applies.

Nati

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
Fred W. Schnepfer, 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:
President of the Board
N. A. Womack
Philadelphia, Pa. July 1, 1961

SEAL
JOHN P. HUBBARD
Executive Secretary of the Board
Cert. #61462

P-11-60-1M

STATE OF California
COUNTY OF Los Angeles

Fred Walter Schnepfer, Jr. 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 1st day of July, 1961

[SEAL]

My commission expires
My Commission Expires Dec. 3, 1962

Fred Walter Schnepfer, Jr. M.D.
Signature of applicant in full-use no initials
Samuel B. Bullock
Signature of notary
707 South Glendale Ave Glendale, Calif
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.)

NOTARY PUBLIC IN AND FOR THE COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

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

I, John P. Hubbard, M.D., Secretary of the National Board of Medical Examiners

and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 61462

was issued to Fred W. Schepper, M.D., M.D., on the 1st day

of July 1961, 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	Los Angeles	from	June 17	to	June 18	19 58	Enter percentage
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>		
2d part	Los Angeles	from	April 26	to	April 27	19 60	Enter percentage
	<small>Location of examination</small>		<small>Month Day</small>		<small>Month Day</small>		
3d part	Los Angeles	from	June 13	to	June 13	19 61	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

John P. Hubbard
Signature of executive officer

[SEAL]

Official title Secretary

dated at Philadelphia, Pa.

Address 133 South 36th St.

this 6th day of July 19 61.

OFFICE.—Detach here and send to Medical College for endorsement)

It is hereby certified that Fred Walter Schepper, Jr. entered the Freshman class

in the COLLEGE OF MEDICAL EVANGELISTS on the 5th day of September 19 56

That as evidence of PRELIMINARY EDUCATION (high school) he presented transcript of credit showing the completion of 17 units of credit from Monterey Bay Academy June 1, 1952

2. That as evidence of PREMEDICAL EDUCATION (college) he presented transcript of credit from Pacific Union College showing the completion of four years of college credit with the Bachelor of Arts degree dated June 3, 1950.

*3. That prior to commencing 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 four years and was issued the degree DOCTOR OF MEDICINE on the 5th day of June 19 60.

Signed *Chester B. Link*
Registrar President/Dean/Secretary

of College of Medical Evangelists
Name of school

this 28th day of June 19 61

SEAL OF SCHOOL

Graduates after August 10, 1913, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum 4000 hours in the subjects set forth in the Medical Practice Act of California.

CERTIFICATE OF MORAL CHARACTER

Must be Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced

(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 Fred Schreyer, Jr., M.D.

for one 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 E. Neilich, M.D. Address 1200 N. State St., L.A. 5
Graduated from Univ. So. Calif. date June 1917 Licensed in Calif. No. A-1212

This certifies that I have been personally acquainted with Fred Schreyer, Jr., M.D.

for one 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 Richard H. Casberg, M.D. Address 1560 N. Hobart Blvd, Apt. 202
Graduated from Univ. Calif. San Francisco date June 1916 Licensed in Calif. No. 12679

INFORMATION

Director:

In answer to 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 the data required on this application blank.

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.

California Board in its discretion, may require the applicant to submit to an oral examination given by said Board.

TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not entitle applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the possession of a certificate issued by this Board and then only after said certificate has been recorded in the county where the 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 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 \$90.00 to be paid if certificate is issued.

INCOMPLETELY COMPLETED APPLICATIONS NOT ACCEPTABLE.

Requirement (Chapter 309, Statutes 1929) requires all preliminary, premedical and professional training to have been received 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.

G
Responding to your
request dated

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 11/16/2012 To Date: 11/16/2012

ATRISUPPINF

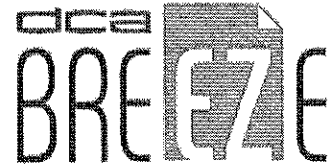
08-JUN-16 11:28:37

Person Id : Name : Schnepfer,Fred

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 :

8



Department of Consumer Affairs

RECEIPT

Thank you for using the BreEZe System to submit your application.

Name:	SCHNEPPER, FRED W
Transaction Date:	12/01/2014 12:41
Application Number:	
Complaint Number:	
License Type:	8002
License Number:	7025
Payment Description:	Physician's and Surgeon's Renewal
Fee Paid: (US \$)	820.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

Application Summary

12/1/14 12:41 PM

Page 1 of 3

License Type: **Physician and Surgeon G**
License Number: **7025**
File Number:
Application: **Physician's and Surgeon's Renewal**
Application Number:
Application Date: **12/01/2014 (mm/dd/yyyy)**

Personal Detail

First Name: **FRED**
Middle Name: **W**
Last Name: **SCHNEPPER**
Birthdate: ****/**/******
Gender: **Male**

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning:

In order to protect your privacy and identity, address will not be displayed.

Questions

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**

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver? **Yes**

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

Yes

Family Physician Training Program Voluntary Fee

Voluntary Fee:

No

Attachments

Physician Survey

Are you retired?

No

Activities in Medicine

Administration - None

Other - None

Patient Care - 30-39 Hours

Research - None

Teaching - None

Telemedicine - None

Patient Care Practice Location

Zip: 91911 County: SAN DIEGO

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: County:

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Obstetrics and Gynecology - Primary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Cultural Background

White

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

Steven M. Thompson Physician Corps Loan Repayment Program

\$25.00

Total Amount Due:

\$820.00

Applications are not considered submitted for processing until payment is received.

Attestation

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

Signature:

Date: