

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING
A REGULAR WRITTEN EXAMINATION.

RECEIVED - SACRAMENTO
BOARD OF MEDICAL EXAMINERS
MEDICAL EXAMINERS

Return This Application to 1021 O Street, Sacramento, and NOT to San Francisco
NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

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

This application with fee (align exchange additional) in any form other than a personal check and photographic copy of diploma to be approximately 7 1/2 inches by 10 inches.
Filing of this application does NOT GRANT ANY SPECIAL PRIVILEGES to open an office or to conduct any method of treating the sick or afflicted in the State of California. [See information on last page.]
All foreign documents must be translated into English over the seal and signature of the Consul of the country wherein the institution may be located. [See last page for additional information for graduates of foreign schools.]
The English translation must be attached to each foreign document.

Application filed 6/2/67
Fee paid ✓
Diploma filed Photo
Diploma verified _____
By _____

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS
OF THE STATE OF CALIFORNIA

RECIPROCITY APPLICATION—CLASS C

I hereby apply for a physician's and surgeon's reciprocity certificate in the State of California and submit the following credentials as required by the Business and Professions Code (Chapter 5) and the rules of the Board of Medical Examiners of the State of California.

Name in full RUBEN MARMET Address St. Louis, Mo., 8427 ATHERTON
City and street address

Date of birth _____ Age this date _____
Month Day Year

Are you a citizen of the United States? Give particulars YES, NATURALIZED 1945.

Did you attend high school? YES How long 4 YEARS Name and location of school WALNUT HILLS CINCINNATI, OHIO

Did you graduate from high school? JUNE, 1955 Name and location of school WALNUT HILLS CINCINNATI, OHIO

Did you attend college or university? YES How long 3 YEARS Name and location U. OF CINCINNATI, CINCINNATI, OHIO

Have you any degree OTHER than M. D.? B.S., JUNE 1958 Name institutions U. OF CINCINNATI

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of:
(NOTE.—This is required ONLY if your license on PAGE 2 was issued after January 1, 1919.)

- a. Physics YES College U. OF CINCINNATI, OHIO from JUNE 1957 to AUGUST 1957
Yes or no Name Location Date of completion
- b. Chemistry YES College U. OF CINCINNATI, OHIO from SEPTEMBER 1955 to JUNE 1958
Yes or no Name Location Date of completion
- c. Biology YES College U. OF CINCINNATI, OHIO from SEPTEMBER 1955 to JUNE 1958
Yes or no Name Location Date of completion

†(Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any state 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. Be specific:

(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 5 years in the study of medicine and surgery each year comprising 12 each in the following institutions:

- Note.—Mention dates of EACH COURSE, (i.e., Freshman, Sophomore, Junior and Senior, and complete each course CHRONOLOGICALLY. If completed more than one school, furnish credentials from each.)
- From the 25 day of SEPT. 1958, to the 15 day of JUNE 1959, U. OF CINCINNATI, OHIO
(Freshman) Month Name and location of medical school
- From the 25 day of SEPT. 1959, to the 15 day of JUNE 1960, U. OF CINCINNATI, OHIO
(Sophomore) Month Name and location of medical school
- From the 7 day of SEPT. 1960, to the 30 day of AUGUST 1961, U. OF CINCINNATI, OHIO
(Junior) Month Name and location of medical school
- From the 25 day of SEPT. 1961, to the 10 day of JUNE 1962, U. OF CINCINNATI, OHIO
(Senior) Month Name and location of medical school
- From the 1 day of JULY 1962, to the 30 day of JUNE 1963, JEWISH HOSP., CINCINNATI, OHIO
(Internship)† Month Name and location of hospital

*From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote.)
U. OF CINCINNATI, CINCINNATI, OHIO the 10 day of JUNE 1962
Name of institution Location Exact Date on Diploma

Is this application accompanied by the original diploma or a photographic copy thereof? PHOTOSTATIC COPY
Specify which and degree conferred

†Upon what license or certificate do you base this application? OHIO STATE BOARD
Give name of Board issuing certificate

8/14/62 upon (1) written or (2) oral examination or (3) registration of diploma WRITTEN
Exact date of issue Specify which

Have you ever filed an application in California? NO
Yes or no

Have you ever failed in a written or oral examination in California? _____ Give particulars _____
Yes or no See page 4

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? ONLY OHIO
Give names, dates and result

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? _____
Yes or no

†Applicants basing their application on a license issued after September 22, 1951, must show the completion of a year's internship satisfactory to the Board prior to the filing of the application. Submit with the application a photostatic copy of your internship certificate.

*An applicant admitted to a State Medical Board Examination prior to POSSESSION of DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

*Graduates from foreign medical school please read and comply with instructions on page 4.

0.41

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.....
Answer yes or no State or Country Charge Date

Have you ever been or are you now addicted to narcotic drugs?.....
Yes or no *no*

Have you ever been charged with addiction?.....
Yes or no *no*

Specify charge.....

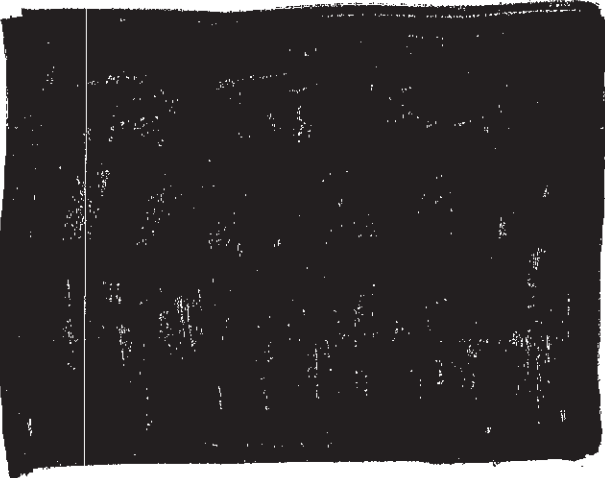
Have you ever made an offer in compromise in connection with the Harrison Narcotic Law?.....
Yes or no

Have you ever been called before a Federal, state or local enforcement officer?.....
Answer giving particulars

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?.....
Answer yes or no

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..... Attach prints
 f hair..... identification marks.....
 Are you suffering from any ailment communicable to others?..... Have you ever practiced as an itinerant physician?.....
Yes or no Answer yes or no



Was the photo attached to this application a likeness taken within sixty days next preceding the date of the affidavit affixed hereto?.....
Answer yes or no

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

Reciprocity not granted if the following certificate was issued "on Reciprocity."
 APPLICANT WILL LEGIBLY COPY or attach a photostatic copy in the space immediately below, the entire original STATE CERTIFICATE OR LICENSE on which this application is based. Do not enter a COUNTY CLERK'S CERTIFICATE OF REGISTRATION or a receipt for ANNUAL REGISTRATION.

SEE PHOTOSTATIC COPY.

STATE OF Missouri }
 City of St. Louis } ss.
 COUNTY OF _____

RUBEN MARRET, M.D. being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity 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.

Ruben Marret, M.D.
 Signature of applicant in full—use no initials

Subscribed and sworn to before me this 23rd day of May 1967.

[SEAL]

Sharon Lapsen
 Signature of official

My commission expires Sept. 29, 1969 4504 Clayton
 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 Board that issued the above certificate or license, WHO WILL ENDORSE at top of next page. The date of his endorsement must FOLLOW the date of your affidavit above.)

Certification of Secretary of State Board Which Issued the License Used as the Basis of This Application
 [DO NOT MAKE THIS ENDORSEMENT unless the applicant has affixed his PHOTOGRAPH on the preceding page and made the required AFFIDAVIT]
 I, W. T. Washam, M.D., Secretary of the Ohio State Medical Board
Enter name of Board or Department

certify that the foregoing certificate No. 29302 to practice as a Physician and Surgeon was issued to
Ruben Marmet on the 14th day of August 1962,
Month

based on * Written examinations; that (1) said applicant was then the actual possessor of a
State whether after written or oral examination, or on credentials

diploma as evidence of his completion of his medical course; (2) that said applicant BEFORE ADMISSION TO SAID EXAMINATION
 presented to this Board a diploma issued by University of Cincinnati, Cincinnati, Ohio
Name of Medical School

on the 10th day of June 1962; that no charge against Dr. Ruben Marmet
Specify Month Year
 has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and
 that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION CERTIFICATE.
 (If it be a "DUPLICATE" please add an explanatory note.)

(NOTE.—If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certification, otherwise write ACROSS the page below this line the words: ISSUED ON CREDENTIALS.)

I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.

I further certify that the aforesaid Dr. Ruben Marmet passed the REGULAR WRITTEN EXAMINATION given by this Board on June 14-16 1962, and obtained a general average of 89.1 per cent in the following subjects:
Month Day or days Year

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
Anatomy		Practice	
Physiology		Pathology	
Bacteriology (50% basis)		Surgery	
Diagnosis		Obstetrics & Gyn.	
Chemistry (50% basis)		Specialties (50% basis)	
Mat. Med. Ther.		Prev. Med. & Hyg. (50% basis)	

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof witness my hand and seal.

W. T. Washam M. D.
Secretary

[SEAL]

Secretary of the Ohio State Medical Board
State Board of Examiners

dated at Columbus, Ohio

Address 21 W. Broad Street

this 25th day of May 1967.

*An oral examination shall not be deemed of equal merit with a written examination and no certificate shall be issued in the case where the applicant was given an oral examination unless the applicant has also passed a written examination of the same subjects as the oral examination. An applicant who has passed an oral examination must submit a certified copy of the transcript of the oral examination to the Secretary of the State Board of Examiners.

I hereby certify that Ruben Marmet graduated from the U. of Cincinnati College of Medicine on the 22 day of September 1958
Name Medical College Specify Month Year

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented
Walnut Hills High School - Graduated 6.55
Specify documentary evidence and date of document

2. That as evidence of PREMEDICAL EDUCATION (college) he presented
University of Cincinnati (6/55-6/58) B.S. (U.C.) 6/6/58
Specify documentary evidence and date of document, including number of units

* 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. On and 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 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 all courses of lectures given by this institution completed during a period of 4 and
Specify number Years

was issued the degree Doctor of Medicine on the 10th day of June 1962.
Specify Month

Signed C. E. Kiely, Jr. M. D. Associate Dean
 of U. of Cincinnati College of Medicine
Name of school

SEAL OF SCHOOL

this 24 day of May 1967
Month

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 Business and Professions Code of California.

CERTIFICATE OF MORAL CHARACTER

*Must Be Signed by Two Licensed Physicians and Surgeons 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 RUBEN MARMET, M. D. for 4 years and that I know h.l.m. to be of good moral character and hereby recommend h.l.m. 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 Joseph B. Woolf Address 4911 Barnes Hop Plaza
 Graduated from Univ. of Rochester date June 1939 Licensed in Calif No. C-9810

This certifies that I have been personally acquainted with RUBEN MARMET, M. D. for 4 years and that I know h.l.m. to be of good moral character and hereby recommend h.l.m. 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 L. Carroll Address St. Louis, Mo.
 Graduated from Creighton date 6/1 1950 Licensed in Mo No. R-1136

RECIPROCITY INFORMATION

Dear Doctor:

Sacramento, California

Answering your recent inquiry, we submit the following information regulating the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week. No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an 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 an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." 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, 1021 O Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 certificate fee to be paid if certificate is issued, together with the current license fee as provided by law and the Board rules and regulations.

Mutilated or partially completed applications not acceptable. Read footnotes on pages 1-2-3.

Application based on a certificate issued "on Reciprocity" is not acceptable.

If admitted to examination in another state BEFORE POSSESSION OF DIPLOMA, an applicant must submit a certified copy of the diploma or certificate of graduation from the institution in which the applicant was examined. If the applicant has been examined in another state and has received a certificate or diploma, the applicant must submit a certified copy of the certificate or diploma. If the applicant has been examined in another state and has received a certificate or diploma, the applicant must submit a certified copy of the certificate or diploma. If the applicant has been examined in another state and has received a certificate or diploma, the applicant must submit a certified copy of the certificate or diploma.

If the applicant's certificate or diploma is dated five or more years before the filing date of this application, the applicant must report for practical, clinical oral examination complying with the inclosed notice re dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

Amendment (Chapter 309, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

Amendment (Chapter 670, Statutes 1935, effective September 15, 1935, and subsequent amendments) requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

c
Responding to your
requested dated

X

X

JUN 7 9 38 AM '57
 BOARD OF MEDICAL EXAMINERS
 SACRAMENTO

X

X

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 06/02/2013 To Date: 06/02/2013

ATRISUPPINF

25-MAY-16 15:50:26

Person Id : Name : Marmet,Ruben

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



[About BreEZe](#) [FAQ's](#) [Help/Tutorials](#)

[Skip navigation](#)

[Logon](#) | [Contact Us](#)

License Details - Public Record Actions - Arbitration Award

Press "Back" to return to the previous screen.

Name:	MARMET, RUBEN
License:	C 29220
Arbitrator:	HON. JUDITH C. CHIRLIN (RET.) JUDICATE WEST
Docket Number:	NC 052036
Amount of Award:	6155562
Date of Action:	11/07/2011
Document URL:	http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=C&licenseNumber=29220&name=MARMET, RUBEN

[Back](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)
Copyright © 2013 State of California