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 cap within other than a personal check and a photographic copy of diploma to be
APPROXIMATELY 7% inches by 10 inches with the office of the Board, 1021 O Street, from A-202, Sacramento, Calif. 95814.
The filing of this application boas normalistic Analysicial requirements to open an office or to conduct any method of treating the
sick or afficied in the State of California, 25ec Sections 2141-tg 12 48 of the Business and Professions Code.]
All foreign documents must be statisfied into English of the seal and signature of the Consul of the country wherein the
clucational institution may be located.

DEPARTMENT OF TROPIESSIONAL AND VOCATIONAL STANDARDS

Application filed

Fee Daid.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

NATIONAL BOARD APPLICATION—CLASS G

Application filed 2/2/1/	
Fee paid 1991	2
Diploma filed	~
Diploma verified	J,
By	100

	IVILIOIVILLE DOLLIUS III DIOZZIION
	I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following credentials as required in Section 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 MICHAEL ERIC SUSIMAN MO Address GO GRANDIEN TEORIC APT (
J	Date of birthAge this date
	Are you a citizen of the United States? Give particulars 12 (MCW/MCK, NEW VORICY)
1	Send certificate, if issued, to MICHAEL WILL SUSMAN Mg/GO GRANDUR TEVE B1/Son Frances Co of Applicant will give full directions and notify the Board of every change of address 94/1/
	Did you attend high school? Tes or no How long Name and location of school JESS Tes or no How long Name and location of school JESS
]	Did you graduate from high school? (es June 1962 None and location of school Date of diploma Name and location of school Date of diploma
J	Did you attend college or university? Let 4 years Transcus Massace Lance 7 to Peuna
	Have you any degree office than M.D.P. Names and dates Names and dates Names and dates Names and dates
]	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 1967 to June 1964]
	Yes or no Nama Location Date of completion
	b. Chemistry TU College RWC from 1964 to 1964
	c. Biology 765 College name from Sept 1969 to June 1976
;	† (Every applicant presenting an application based on a certificate or license issued after January I, 1919, by any examining board,
8	anust show that "before beginning the last half of the second-year in the study of medicine he has completed a bouts which medical states one year of work of collège grade, in each of the subjects of Physics, Chemistry and Biology." After January 1, 1624, such premedical courses must have been completed prior to commencing the study of medicine. After September 22, 1051; an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology, and an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology, and an applicant
1	must show the completion of a two-year 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 college course, including the subjects of Physics, Chemistry and Biology.)
	furticate 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 tyears in the study of medicine and surgery each year comprising. Months Months
	(Note-Mention dates of each course (1st year, 2nd year, etc.) and complete each course chronologically. If attended more
	han one school, furnish credentials from each of the 20 day of That 1967, day of 1962, to the 20 day of Month (Concernation of records essoci
3	From the W day of FOT 1968, to the 20 day of June 1968, Sand
	(Sophomore) Month Month (Sophomore) Month (Sopho
	(Juniox) Month Month Name and location of medical school
1	(Senior) Month Month Name and location of medical school
	From the day of 1901 to the day of Month Name and location of hospital CAC (Intereship) Month
J	From what school did you obtain the degree Doctor of Medicine? GLORISE WALKINGTON ACCORD DEMON WALKINGTON, D.C. the 31 day of MAY 1975
_	Name of institution Location Exact Date on Diploma
,	Specify which
	I base this application on a "Diplomate" certificate issued to me on the 15t day of Exact date of issue
1	upon (1) written or (2) oral examination WCYTEN
	Have you ever filed an application in California? VO Yes or no If so, when?
	Have you ever failed in a written examination in California?
	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? Cive name of each, dates and result
	• Applicants basing application on a diplomate certificate issued after September 22, 1951, must submit documentary evidence of the completion of a search submit documentary to the Board prior to the date of the issuance of diplomate certificate.

	Have you ever been denied a license or certificate or the right to take an examination?					
	Has any license entitling you to	te or territory of the United Stat	tes been			
	suspended or revoked?	If so, specify				
	Answeryes	or now addicted to narcot	mtry ric (drivers)	Charge Da	ute ed swith	
	addiction? Specify ch	TOP ENGINEER TO MENOUS	, Yes or r	Charge Di Have you ever been charge	,,,,,,,,	
	Yes or no	in annual in annuali	with the Hemi	son Narcotic Law? Yes orn		
k . 1	mave you ever made an oner	in compromise in connection	m with the Hall	Yes or no	>	
	Have you ever been called bei	ore a Federal, state or loca	1 enforcement ou	Yes or no Answer, giving particulars		
				country, or with a violation of		
	STATUTE or STATE STATU	TE?If so, give full	. particulars			
	Offense	Place	Disposition	· Date of Disposition	1	
	My physical description on thi		Pin	genprint classification.		
			سري 1عم لينيم عم	Attach p	rints	
	Height teet inches;	weight pounds; color	or eyes; or I	nam; identification marks_	# _ ·	
	Are you suffering from any ar	lment communicable to ot	aersr	nair; identification marks		
	Have you ever been connected specialty or advertising special	l, directly or indirectly, wit ist? んっ If so, when an	h any medical co d where?	ncern, company, institution, adv	ertising	
		Answer yes or no	Halilat Deservation of	1		
			Do y	ou hereby agree, should a certif I entitling you to practice as a pl	icate be hysician	
			and su	I entitling you to practice as a plant of the state of California e connected, directly or indirect	, not to	
			nist any m	edical concern, company, instit ng specialty or advertising sp	ute, ad-	
f			vertisii	ng specialty or advertising sp	ecianstr	
1				· Answer yes or no		
;			LIL Was	the photo attached to this app	lication	
)î	a liker	less taken within sixty days no the date of the affidavit affixed	ext pre-	
		P.	ceding	the date of the attidavit affixed	neretor	
				Answer yes or no		
			TT	and the above question	me from	
			your o	e you answered the above questic wn knowledge or upon inform	ation or	
			from y	our best recollection?	<u>-</u>	
		ac	- 7-a,B)	elow, the "Diplomate" Certifi		
	whi	Frank 1				
		Nan		Medical Examiners		
	er.			THE S OF AMERICA		
	M	Total State of the		ic Sussman, M.D.		
				naving successfully passed the exa		
	• • • • • • • • • • • • • • • • • • • •	is hereby declared a l	Diomate of the	National Board of Medical I	sxammers.	
	•	Attest: JACK D. MYER: Chairman of the B				
				SEAL		
		Dittadalakia Da		JOHN P. Hur President of the		
	STATE OF STATE	Philadelphia, Pa. July 1, 1971	Ger	t. # 111054	boatu	
	COUNTY OF ST	For 9	se named	being duly sworn, deposes a	and save	
	that he is the applicant named	in the foregoing applicatio	n for a Certificate	to practice as a Physician and	Surgeon	
	in the State of California; tha	the has read the foregoing	application and	knows the contents thereof to	be true.	
	•	. 1	y WWW. Signat	use of applicant in full—use no initials	171	
	Subscribed and swom to be	efore me this	daycoloooga	LUNE ,	.19.7/_	
	[SEAL]	BERNARD	BAYLOCO	Demand Day	low	
		O THE STERRY CITY AND	COUNTY OF	Signature of notary		
E	HRMA commission expires Mission Expires Alienst 29, 1974		rangisco X	Address	7	
COMM	(Note—This affidavit and the e of this application. After you have	ndorsement required at the top completed all data required on	of the next page m	ust be dated within 60 days of the i	uing date this blank	
	to the Secretary of the National Box	iru or medical Examiners, who '	way engoise at tob o	Trove hages 1		

Certification 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., President of the National I	Board of Medical Examiners and official
custodian of the records of said Board, certify that the foregoing Diplor	
was issued to Michael Eric Sussman,	\
of	
with the National Board, his Medical Diploma; (3) that said applicant	has passed examinations given by the
National Board as follows:	
Ist part New York, New York from Sept. 4 to Sept. Location of examination Month Day Mon	t. 5 19 68 th Day Enter percentage
2d part Washington, D.C. from April 14 to April Location of examination Month Day Mon	il 15 19 70 th Day Enter percentage
2d part Washington, D.C. from April 14 to April Location of examination Month Day Month Sd part San Francisco, Calif. *** Month Day Mont	th Day Enter percentage
(4) that the complete record of said applicant's credentials and examinat the California Board on request; (5) that the "Diplomate" Certificate or date of issue (if a Duplicate please add an explanatory note).	tion will be forwarded for inspection to
	31/11 0
In testimony whereof witness my hand and seal	Signature of executive officer
[SEAL] Official ti	le President
dated at Philadelphia, Pennsylvania Addr	ess 3930 Chestnut Street Philadelphia,
this 1st day of July 19.71	Pennsylvania, 19104
It is hereby certified that MICHAEL BUC SULIMW, MI	
class in the George Washington University on the 13 Name Medical College	1.
I. That as evidence of preliminary education (high school) he preser	
High School Graduation James Caldwell High School Specify documentary evidence and date of documentary	ent
2. That as evidence of PREMEDICAL EDUCATION (college) he presented. A	. B Franklin and Marshall Celleg
	· ·
Specify documentary evidence and date of document, including	· ·
*3. That prior to commencing the First year of the study of m	
college grade in each of the subjects of Physics, Chemistry and Biology as	
Every application based on a certificate issued after January 1, 1919, must show second year in the study of medicine, he has completed one year of college grade in After January 1, 1924, said course must have proceeded the study of medicine. After the completion of a two-year college course, including the subjects of Physics, Ch study of medicine and an applicant matriculating in a medical school after January year college course, including the subjects of Physics, Chemistry and Biology,	the subjects of Physics, Chemistry and Diology, it is spetember 21, 1961, an applicant must show emistry and Biology prior to commencing the 1, 1954, must show the completion of a three-
° Strikesout number 3 if course not of record in your institution, i.e., filed as matricular	
4. That he attended 4 courses of lectures given by this institution	
and was issued the degree <u>Doctor of Medicine</u> on the 31	day of May 1970.
Signed	the MS enter Down
Berthe ^F Bernin (SEAL). of The Geo	disel Cus Resident/Dean/Secretary Assoc Registrar rge Washington University
SCHOOL SCHOOL	Name of school
	day of June 1971
Graduates after August 10, 1913, must show the completion of 4 terms minimum of 4000 hours in the subjects set forth in the Medical Practice Act with the Medical Practice Act of the Cally	s of 32 weeks, totaling 128 weeks, and a et of California, ATWAAL BONEO EL LILOJY
WILL FILL I'LLIMAN, MO 60 GROWALLEW FURALL AFT	I JAN FRANCISCO, CAL 94114

MICHAEL BUC SULLMAN, MO

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

and this kinto kint in inplacement to ut gloud one	Z OLIZ
(No practitioner is expected to sign this recommendation who is not personally acquainted wit to furnish information concerning his or her character, education and standing, or	on request of the Board.)
This certifies that I have been personally acquainted with Michael	EVIC Suscingh, MD.,
foryears and that I know h. 4 to be of good moral character and he Board of Medical Examiners of the State of California as most worthy to be lice and surgeon" in the State of California	ereby recommend h.12 to the ensed to practice as a "physician
Name Auer H. allaman Address 2	125 Ceary Southure
Graduated from Washing fru Univ-State Jul 19 5 ZILi	icensed in GL_{Shift} No. G 900 ,
This certifies that I have been personally acquainted with Michael	re Sussman, M.D.,
for years and that I know h.101 to be of good moral character and he Board of Medical Examiners of the State of California as most worthy to be lies and surgeon, in the State of California.	ensed to practice as a "physician
Name Clan Schwarty Address 230/	Day AS; Don Thomases 4412
Graduated from Downstate Med. Canton N. Y. date June 1968 Isi	censed in Caryonia No. 6/8397
INFORMATION	
DEAR DOCTOR:	·
Answering your recent inquiry, we submit the following information regulating practice in California under the provisions of Section 2194 of the Business and Profesthat you carefully supply all the data required on this application blank.	g the issuance of a certificate to essions Code, with the suggestion
National Board reciprocity applications are acted on at credential committee in a week. Final action requires the affirmative vote of seven members of the Board.	neeting held approximately once
The California Board in its discretion, may require the applicant to submit t said board.	to an oral examination given by
No TEMPORARY CERTIFICATES or SPECIAL FERMITS to practice are iss does not grant applicant any special privileges, nor is any method of treating the California without the lewful possession of a certificate issued by this Beard and has been recorded in the county wherein such practice is conducted. See sections 2 Professions Code. Applicants must not establish offices nor circulate professional professional by the contribute has been issued.	the sick or afflicted permitted in of them andy after said certificate 2141 to 2143 of the Business and
APPLICATION FEE of \$10.00 (foreign exchange to be added) in any form of accompany this application and be deposited in the office of the Board, 1021 O Str weeks before any date shown on the accompanying dates for meetings for the current be paid if certificate is issued, together with the current license fee as provided regulations.	reet, Sacramento, California, two rrent year. An additional \$100.00
PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE.	
Amendment (Chapter 309, Statutes 1929) requires all preliminary, premedical a been "resident" courses in a school approved by the Board.	and professional training to have
THE BUSINESS AND PROFESSIONS CODE PROVIDES ADDITIONAL RIBE COMPLETED BY GRADUATES OF FOREIGN MEDICAL SCHOOL GRADUATES OF FOREIGN MEDICAL SCHOOLS SHOULD REQUEST ITHE ADDITIONAL REQUIREMENTS PRIOR TO COMPLETING THIS A	S. APPLICANTS WHO ARE
Section 2194 of the Business and Professions Code. An applicant, whose applicantificate issued by the National Board of Medical Examiners of the United State this chapter and, in addition to all other requirements provided for a physician's a file testimonials of good moral character satisfactory to the board and shall satisfy the National Board of Medical Examiners on the date that the diplomate certificator particular less than that which was required for a physician's and surgeon's the same date.	es, shall pay the fee provided by and surgeon's certificate, he shall y the board that the standard of ate was issued was in no degree
He shall also satisfy the board that the diplomate certificate was procured with and that at no time has any certificate or license issued by any state of the Unite country been revoked or annulled for unprofessional conduct.	ed States or issued by foreign.
The board may, in its discretion, with or without an oral examination, issue a has complied with the requirements provided for a diplomate certificate.	certificate to an applicant who
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and the second s	G

Responding to your request dated

. 13801-627 7-69 2M ① 09

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	(DO NO I	. DETACH)		
Iedical Board of California – Physician's and Sur	geon's Initial Rer			AMOUNT DUE IF
LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	POSTMARKED AFT JUNE 30, 2014
SUSSMAN, MICHAEL E	G21001	05/31/14	\$820.00	\$898.00
LICENSEE MUST CHECK CORRECT BOXES "H" Completed Continuing Education	. "D"	SIGNATURE		و يوسو يدون ويوم يولايه ويوانه ويوم جمير طوي مساحت (۵۱۸ ماک ۱۹۷۰ وه د
"E" Change of Address (fill in reverse side)		e under penalty of perjury under the nts, answers, and representations on		
"I" Conviction Disclosure Yes	attached	hereto, are true, complete and accu	rate.	
"J" Conviction Disclosure - No		An Elman		0/0/16
"F" Family Physician Training Program (\$25)	Signature		Da	$\frac{3/9/4}{}$
"G" Financial Interest Statement				THE THE THE STATE STATE SEAL SEAL SALE AND ADDRESS AND LAND SAME
1741 Marotal Interest Statement				
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CHANGE OF MAILING ADDRESS	15311400082	en de la companya de La companya de la companya de		G2100
CHANGE OF MAILING ADDRESS **********************************		SUSSMAN, MICHAEL E	this address then be	
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CHANGE OF MAILING ADDRESS CHANGE OF MAILING ADDRESS Street Address (this address is public information except to the content of the content	when a PO Box is us	SUSSMAN, MICHAEL E		
CHANGE OF MAILING ADDRESS CHANGE OF MAILING ADDRESS Street Address (this address is public information except to the content of the content	when a PO Box is us	SUSSMAN, MICHAEL E		
CHANGE OF MAILING ADDRESS CHANGE OF MAILING ADDRESS Street Address (this address is public information except and a confidential physical street actives) City PO Box (if used, must provide a confidential physical street active) City	when a PO Box is us	SUSSMAN, MICHAEL E		

Medical Board of California - Physician's and Surgeon's Initial Renewal AMOUNT DUE IF **EXPIRATION** AMOUNT POSTMARKED AFTER LICENSEE NAME LICENSE NO. DATE DUE NOW JUNE 30, 2016 SUSSMAN, MICHAEL E G21001 05/31/16 \$898.00 LICENSEE MUST CHECK CORRECT BOXES SIGNATURE REQUIRED Completed Continuing Education 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 Change of Address (fill in reverse side) attached hereto, are true, complete and accurate. Conviction Disclosure - Yes Conviction Disclosure - No Family Physician Training Program (\$25) ENTER YOUR PHONE NUMBER FOR REFERENCE: Financial Interest Statement-Read instructions above L3010700000700006000210013010531160008200000087800 CHANGE OF MAILING ADDRESS SUSSMAN, MICHAEL E G21001 04182816 20001709 20016918 Street Address (this address is public information except when a PO Box is used for the public address of record; this address then becomes confidential) City State Zip PO Box (if used, must provide a confidential physical street address, above)

State

City

STATE DEPARTMENT OF CONSUMER AFFAIRS INTERNET CASHIERING SYSTEM MEDICAL BOARD OF CALIFORNIA SUPPLEMENTAL INFORMATION REPORT From Date: 04/30/2012 To Date: 04/30/2012

ATRISUPPINF 20-MAY-16 11:39:54

Person Id:

Name:

Sussman, Michael

Question	Answer	
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme Fo Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Con	r The Two-	YES
Which Would Exempt Me From All Or Part Of The Requirements.	duons	
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	Control of the second s	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Car	re	NO
Continuing Education Requirement Because I Am A Radiologist Or Pathologist. Only For General Internists And Family Physicians Who Have 25% Of Their Patient Popula	USS A CALL OF	N/S
Years Or Older: I Have Completed At Least 20% Of The Required Gme in Gerlatric Medici	ne Or The	NUMBER OF STREET
Care Of Older Patients, Click No If Not Applicable.	romit in the state of the state	A plant of the control of the contro
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Inter- "None", If None Held.	est. Type	NONE
Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Info	irmation	YES
Contained in This Application is True And Correct.		And the second section of the second section s
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknow Information Contained Therein As Current And Accurate.	ledge The	YES
Since You Last Renewed Your License, Have You Had Any License Disciplined By A Gove	mment	NOV-may be a served and a served of
Agency Or Other Disciplinary Body, Or, Have You Been Convicted Of Any Crime in Any Sta	ite, The U.S	F.3. Add the control of the control
A And Its Territories, Military Court Or A Foreign Country?	Proceedings of the company of the process of the pr	Company of the Compan

Total Questions Asked For Person: