



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

TELEPHONE:

Applications and Examinations (916) 322-5040

RECEIVED SACRAMENTO BOARD OF MEDICAL QUALITY ASSURANCE



MAR 20 4 22 PM '78

APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS G

00189

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: WEINER MICHAEL SETH
2. Telephone No.
3. List other names, if any, you have used:
4. Address: 108 TANGLEWOOD ROAD WATERBURY CONN. 06706
5. Name you wish on License: MICHAEL SETH WEINER Birthdate:
6. Premedical Education: Amherst College Amherst, MASS.
7. Medical School:
8. Doctor of Medicine Degree granted by: New York University School of Medicine June, 1974
9. 1st Year Postgraduate Training (Internship): Mount Sinai Hospital New York, N.Y. Medicine July 1974 June 1975
10. List all States in which you have been licensed to practice medicine: New York, CONNECTICUT
11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held?
12. Have you ever been denied a license to practice medicine in any State or Country?
13. Are you now or have you ever been addicted to narcotic drugs?



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (916) 322-5043
APPLICATIONS AND EXAMINATIONS (916) 322-5040



PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That Michael Seth Weiner
enrolled in New York University School of Medicine
on the 21st day of September 1970

[X] as a Freshman.

[ ] with advanced standing based on
Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

[X] PHYSICS [X] CHEMISTRY [X] BIOLOGY (or) ZOOLOGY (Check course(s) completed)
at Amherst College, and that he attended while at this

medical school (college) four courses of lectures of eight months weeks each,
completing hours in the subjects below listed, and that he/she

[X] was granted the degree Bachelor of Medicine

[ ] left the above mentioned medical school (college) for the following reason(s):

on the 6th day of June 19 74

Please indicate which of the following courses of study were successfully undertaken by the applicant:

- Anatomy, Embryology, Histology, Neuroanatomy, Physiology, Psychobiology, Biochemistry, Pathology, bacteriology and immunology, Pharmacology, Preventive medicine, Hygiene and sanitation, Radiology, including roentgenologic technique and radiation safety, Urology, Ophthalmology, Anesthesia, Otolaryngology, Obstetrics and gynecology, Medicine, Pediatrics, Psychiatry, Neurology, Dermatology, Physical medicine, Therapeutics, Tropical medicine, Surgery, including orthopedic surgery

Signed and the College seal affixed this 24th day

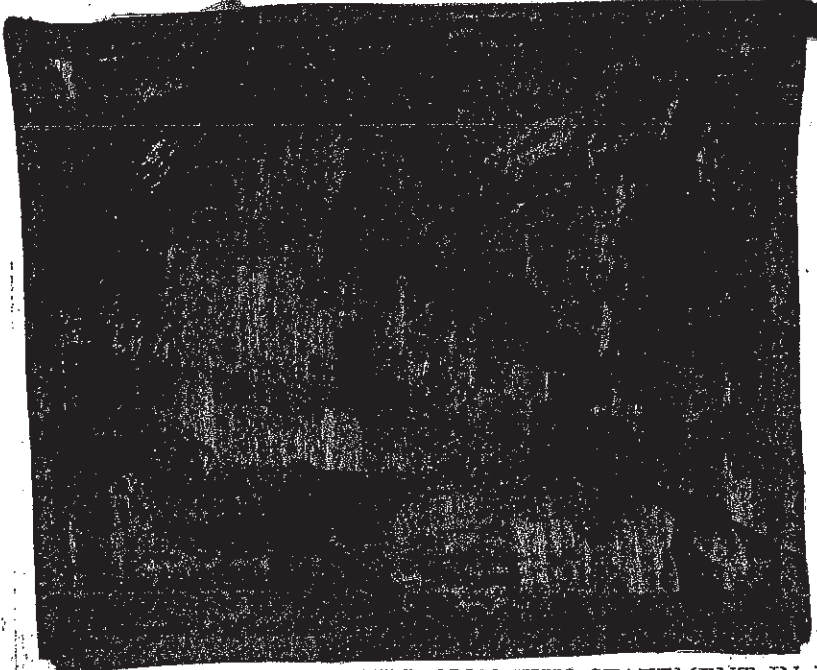
of February 19 78

By Jean A. Carpenter, President, Secretary, Dean

[ AFFIX SEAL HERE ]

Jean A. Carpenter

14. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction?	Yes	No
15. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.)	Yes	No
16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:		
Violation and Location	Date	Penalty/Disposition
17. Have you ever had staff privileges in a hospital suspended or revoked? If yes, please explain on another sheet of paper.	Yes	No



Applicant: Please complete the following:  
 Height: \_ \_ Ft. \_\_\_\_ In. Weight: \_\_\_\_ lbs.  
 Hair color: \_\_\_\_ Eye color: \_\_\_\_  
 Identifying marks: \_\_\_\_

NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant Michael Seth Weir  
 Date 3/13/78

Subscribed and sworn to before me this 13th day of March 1978.

Signature of Notary [Signature]

SEAL

Address 333 Cedar Street  
New Haven, Conn. 06510

My commission expires: My Commission Expires March 31, 1980

STATE DEPARTMENT OF CONSUMER AFFAIRS  
INTERNET CASHIERING SYSTEM  
MEDICAL BOARD OF CALIFORNIA  
SUPPLEMENTAL INFORMATION REPORT  
From Date: 07/02/2013 To Date: 07/02/2013

ATRISUPPINF

25-MAY-16 16:00:10

Person Id : Name : Weiner,Michael

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

