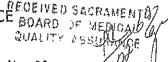
EDMUND G. BROWN JR., Governo

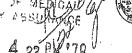


BOARD OF MEDICAL QUALITY ASSURANCE BOARD SACRAMENTA

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825 TELEPHONE:

Applications and Examinations (916) 322-5040





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

CLASS G

00189

I. NAME: Last	First	Middle	Mai	den	2. Telephor	ne No.
WIF INTER	MICHAEL	SETH			'	e.
WE / NER 3. List other names, if any, you have	ve used:					
4. Address: Street and No./Rural	Route		City '	. 1	State	Zip Code
108 TANGLEL			WATERB	URY	CONN. ate: (Month - Day	0670
. Name you wish on License:				Birthd	ate: (Month - Day	-Year)
MICHAEL SETH	WEINER				_	
MICHAEL SETH Premedical Education: Name of	College or University			Locati	on ·	
Amherst Period of attendance:	College				Am herst	MASS
Period of attendance:	Check I	premed course	s successfully co	mpleted:		
From: 1966 To:	1970 d c	hemistry	면 Physics	🗹 Bi	ology or Zoology	
		-				
. Medical School:						
Year Na	me of Institution		Loc	ation	From	
	of Medicine		New York	N.4.	Sept 19	
2nd // //	. 4 1/		ii ei	10 10	Sept 197	
3rd '' ''	tr 11 ·		n 1	11 11	Sept 197	12 July
4th '/ / (te & r		0 57		Sept 19'	73 7-15
5th			10 11			
6th						,
. Doctor of Medicine Degree gran	nted by:		Date		For office use on	A A A
				10011	LCahool Codos	
No Vale 11 Hoseiti	School of M	edition	June	1774	School Code:	1 1 1 1
New York University			June	,1974	School Code:	/ Y
). 1st Year Postgraduate Training	(Internship):	The second second		,1974	School Code:	
). 1st Year Postgraduate Training	(Internship):	The second second	NAME OF THE PERSON OF THE PERS			
. 1st Year Postgraduate Training Mount Sin Location	(Internship): a; Hospital	4	Type of Se	rvice	From	
. 1st Year Postgraduate Training Mount Sin Location	(Internship): a; Hospital	4	NAME OF THE PERSON OF THE PERS	rvice	From	974 June
Location New York, A List all States in which you ha	(Internship): a; /tospita(1. /. ve been licensed to practic	4	Type of Se	rvice	From	
Location New York, A List all States in which you ha	(Internship): a; Hospital J. Y. ve been licensed to practic	e medicine:	Type of Se Medicine	rvice	From July 19	974 June
D. 1st Year Postgraduate Training Mount Sin Location Voyk, A D. List all States in which you ha	(Internship): a; Hospital J. Y. ve been licensed to practic	e medicine:	Type of Se Medicine	rvice	From July 19	
D. 1st Year Postgraduate Training Mont Sin Location New York, A Deal York, Colored Has any disciplinary action ever	(Internship): a; Hospital J. Y. ve been licensed to practic	e medicine:	Type of Se Medicine	rvice	From July 19	974 June
D. 1st Year Postgraduate Training Mount Sin Location New York, A D. List all States in which you ha New York, Co 1. Has any disciplinary action ever If Yes, indicate below:	(Internship): a; Hospital Ly ve been licensed to practic ONNECTICUT r been taken regarding any	e medicine:	Type of Se Medicine	rvice	From July 19	974 June Yes
D. 1st Year Postgraduate Training Mont Sin Location New York, A Deal York, Colored Has any disciplinary action ever	(Internship): a; Hospital J. Y. ve been licensed to practic	e medicine:	Type of Se Medicine	rvice	From July 19	974 June Yes
Location New York, A List all States in which you ha New York, Co List all States in which you have you h	(Internship): a; Hospital Ly ve been licensed to practic ONNECTICUT r been taken regarding any	e medicine:	Type of Se Medicine	rvice	From July 19	974 June Yes
1. Ist Year Postgraduate Training Mont Sin Location New York, A Deal York, Co I. Has any disciplinary action ever If Yes, indicate below: State	(Internship): a; Hospital J. Y. ve been licensed to practic ONNECTICUT r been taken regarding any Date	e medicine: / license which	Type of Se Medicine th you now hole	rvice	From July 19	974 June Yes tion
D. 1st Year Postgraduate Training Mount Sin Location New York, A D. List all States in which you ha New York, Co 1. Has any disciplinary action eve If Yes, indicate below:	(Internship): a; Hospital J. Y. ve been licensed to practic ONNECTICUT r been taken regarding any Date	e medicine: / license which	Type of Se Medicine th you now hole	rvice	From July 19	974 June Yes
Location New York, A List all States in which you ha New York, Co I. Has any disciplinary action eve If Yes, indicate below:	(Internship): a; Hospital J. Y. ve been licensed to practic ONNECTICUT r been taken regarding any Date	e medicine: / license which	Type of Se Medicine th you now hole	rvice	From July 19	974 June Yes tion
A cont Sin Location New York, A Location	(Internship): a; Hospital J. Y. ve been licensed to practic ONNECTICUT r been taken regarding any Date License to practice medicine	char	Type of Se Medicine th you now hole	or ever held	From July 1'	974 June Yes tion
1. Ist Year Postgraduate Training Mont Sin Location New York, M Deal York, M 1. Has any disciplinary action ever If Yes, indicate below: State 2. Have you ever been denied a least control of the state of t	(Internship): a; Hospital J. Y. ve been licensed to practic ONNECTICUT r been taken regarding any Date	char	Type of Se Medicine th you now hole	or ever held	From July 19	974 JUKE Yes tion
2. Have you ever been denied a large of the street of the	(Internship): a; Hospital J. Y. ve been licensed to practic ONNECTICUT r been taken regarding any Date License to practice medicine	char	Type of Se Medicine th you now hole	or ever held	From July 1'	974 JUKE Yes tion



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

	chael Seth Weiner Full name of applicant
enrolled in New York	University School of Medicine Name of medical school (college)
on the 21st day of Septiem	
🖾 as a Freshman.	
☐ with advanced standing	g based on
The undersigned further certificated of medicine the applicant of college grade including:	es that official transcripts on file show that prior to completing the it herein referred to completed at least a two-year resident course
E PHYSICS E CHE	MISTRY E BIOLOGY (or) ZOOLOGY (Check course(s) completed)
at Amherst College	, and that he attended while at this
	icate school
medical school (college)	fourcourses of lectures of eight monthsweeks each,
completing hours in t	the subjects below listed, and that he/ she:
	e Bachelor of Medicine
,	
on the 6th day of June	19 74. Year
Month	
Please indicate which of t	n Year
Please indicate which of tapplicant:	the following courses of study were successfully undertaken by the
Please indicate which of tapplicant:	the following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including Psychiatry
Please indicate which of tapplicant:	Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Neurology Preventive medicine Medicine Pediatrics Psychiatry Neurology Neurology
Please indicate which of tapplicant:	Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Urology West Year Medicine Pediatrics Psychiatry Neurology Dermatology Physical medicine
Please indicate which of tapplicant:	he following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Preventive medicine Medicine Prediatrics Procediatrics Pro
Please indicate which of tapplicant: Anatomy Embryology Histology Neuroanatomy Physiology Psychobiology Biochemistry	he following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Proposition Neurology Proposition Prediatrics Preventive Preventive medicine Prediatrics Prediatrics Prediatrics Prediatrics Preventive Prediatrics Prediatrics Prediatrics Prediatrics Preventive Prediatrics Prediatrics Prediatrics Prediatrics Preventive Prediatrics Predi
Please indicate which of tapplicant:	he following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Preventive medicine Medicine Prediatrics Proportive medicine Prediatrics Proportive medicine Preventive medicine Prediatrics Preventive medicine Preventive me
Please indicate which of tapplicant: Anatomy Embryology Histology Neuroanatomy Physiology Psychobiology Biochemistry Pathology, bacteriology and	he following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Prology Physical medicine Anesthesia Tropical medicine
Please indicate which of tapplicant:	he following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Preventive medicine Medicine Prediatrics Proportive medicine Prediatrics Proportive medicine Preventive medicine Prediatrics Preventive medicine Preventive me
Please indicate which of tapplicant: Anatomy Embryology Histology Neuroanatomy Physiology Psychobiology Biochemistry Pathology, bacteriology and immunology Pharmacology	he following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Urology Ophthalmology Anesthesia Otolaryngology Obstetrics and gynecology Signed and the College seal affixed this 24th day
Please indicate which of tapplicant:	the following courses of study were successfully undertaken by the Preventive medicine Hygiene and sanitation Radiology, including roentgenologic technique and radiation safety Urology Vhysical medicine Anesthesia Otolaryngology Obstetrics and gynecology Signed and the College seal affixed this 24th day

14.	Have you ever been convicted of, pled guilty or nolo co law relating to the manufacture, distribution or dispensing	ntendere to a viola of controlled substa	tion of any Federal, State or Local nces/narcotics, or to drug addiction?	Yes	No
	Have you ever been convicted of, pled guilty or nolo constate? (Except violations of traffic laws resulting in fines			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/Dispos	ition	
'					
	1 1 0' i i i			Yes	No
17.	Have you ever had staff privileges in a hospital suspended If yes, please explain on another sheet of paper.	or revoked:			

		• •	
· ·	The second second		والمستقل المستقل المست
- A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		of the speciment of the control of t	
			and the second second
1 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			27
Landin 🏂 in the District			Marie Committee Committee
The state of the s			2.2
			· V
المنازع والمستقلص المستمار والمستمار والرساسي يبركني			· X
A CONTRACTOR OF THE CONTRACTOR		at a second	
Section 1988		6. 1	4
	5 \$. Ogr - 1-5-		
		· · · · · · · · · · · · · · · · · · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
[18] [18] [18] [18] [18] [18] [18] [18]		ranger in the second of the se	1 . 7 . 5
			7 gNA
		1.60 (1.60) (1.60)	and the second
√ 3	Burger and the second		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1917年,1921年,1921年	#44
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	適等 김 왕조 이 중 이		
1			ં તે શ્રીપ્રો
	"各段的"对一句表。"	- 1 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	
	"林涛"的一点树上。	그렇다 하는 사람들이 다 가지 사람이 아니다.	1 No. 1
一 中国 一 多数 为 (为)为(数) 多数数		「夢じりなり」 夢。 .	1.75
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	2階 25	· 15. 2000 - 15. 2000	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
		4.25 % SA	
(表 1) インス (製造的) (表)		"城路人"等。 多克坤	i kiri
1 2 3 3 3 3 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1. 機工	1.5 特别 國外人 1.5 数	
· · · · · · · · · · · · · · · · · · ·		and the second	· · · · · · · · · · · · · · · · · · ·
	经验证		
	The second of th		
		· 66 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	· · · · · · · · · · · · · · · · · · ·
[2] (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
多		the state of the s	事金 一種語 (一)
			a second
		· 展示 · · · · · · · · · · · · · · · · · ·	
THE PROPERTY OF THE		"不不是我的事情,不是不是	
* W. M.	A LESS	Marie and the second	
		Acres 1	
	Eller James Chillian		
	Contract of the State of the St		
		化成合物 经实际费 经产品工程	

Applicant: Please complete the following	g:
Height:FtIn. Weight:	bs.
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 Mach Set h	lein n
Subscribed	nd sworn to before me this 13th day of 14arch	19 78
•	Signature of Notary Sugalory / Lev	-
EAL	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

ATRISUPPINE 25-MAY-16 16:00:10

Total Questions Asked For Person:

Person Id :	Name :	weiner,Michael	
Question		Ans	wer
	eding The Expiration Dan All Or Part Of The Re		
·		ain Management And End-Of-Life Care	NO
Years Or Older: I Have Comp Care Of Older Patients, Click I	d Family Physicians W leted At Least 20% Of No If Not Applicable.	Radiologist Or Pathologist. ho Have 25% Of Their Patient Population A The Required Cme In Geriatric Medicine Or Immediate Family Hold Financial Interest. Ty	The
"None". If None Held.	y where rou or rour i	inimediate Family Hold Financial interest. Ty	pe NONE
I Certify Under Penalty Of Perj Contained In This Application	s True And Correct.	f The State Of California That The Information Site At Www.Mbc.Ca.Gov And Acknowledge	
Information Contained Therein Since You Last Renewed You	As Current And Accurr License, Have You Ha Body; Or, Have You Be	ate. ad Any License Disciplined By A Governmer en Convicted Of Any Crime In Any State, Th	it No

lical Board of California – Physician's an	nd Surgeon's Initial Renewal LICENSE NO.	EXPIRAT DATE		AMOUNT DUE NOW	POST	OUNT DUE IF MARKED AFTE OBER 30, 2015
LICENSEE NAME WEINER, MICHAEL S	G36357	09/30		\$820.00		\$898.00
LICENSEE MUST CHECK CORRECT BO Completed Continuing Education Change of Address (fill in reverse side) Conviction Disclosure – Yes Conviction Disclosure – No Family Physician Training Program (\$25)	I declare unde statements, an	r penalty of perjuices and representation, are true, complete	entations on ete and accum	laws of the State this form, includrate.	ling supple	
G" V Financial Interest Statement-Read instruct	ions above	TER YOUR PH	ONE NUM	I	ERENCE	:
G" Financial Interest Statement-Read instruct	720109301500082000		, 1 ·	FEK FOR KER	ERENCE	: G36357
G" M Financial Interest Statement-Read instruct	ions above	JOOOB9800 /EINER, MICI	HAEL S			G36357
G" Financial Interest Statement-Read instruct 301070000070000600036357 CHANGE OF MAILING ADDRESS	ions above	JOOOB9800 /EINER, MICI	HAEL S			G36357
G" Financial Interest Statement-Read instruct 301070000070000600036357 CHANGE OF MAILING ADDRESS	ions above	TEINER, MICE	HAEL S			G36357

*