

EXPERIENCE:

RECOMMENDED BY:

MEDICAL GO RECOMMENDATION:

MILITARY SERVICE:

SPECIALTY: QB/GVN BC 88

REGIMENT: KING/DREW NC LA, CA DATE: 7/80-6/83

INTERNSHIP: KING/DREW NC LA, CA DATE: 7/79-6/80

MED SCHOOL: U IL DATE: 74-78

POL-MED: LORYL/A U DATE: 85 73

STATE OF ORIGINAL LICENSE: NIG DATE: 4/14/80

BORN: 3/12/91 DATE: 3/12/91

INTENDED LOCATION: TUSCALOOZA

BOARD DATE: 1/13/94

AGUA-DON E. UMREHN

BOARD OF MEDICAL EXAMINERS
SUMMARY SHEET

1/13/94

LAWRENCE

PAGE

NFG:ks

Executive Director

Norman F. Gant, M.D.



Sincerely yours,

for 10 years.
awarded the Board's certifying diploma. Diplomas issued in 1986 and thereafter are valid requirements, has satisfactorily completed the written and oral examinations and has been
3. An individual becomes a diplomate of the Board when he/she has fulfilled all

repeating and passing the Board's written examination.
examination. This status is limited to six years and if expired may be regained by
2. An individual may achieve active candidate status by passing the written

that he/she has fulfilled the requirements to take the written examination.
1. An individual is registered with the Board when, upon application, the Board rules

This office responds to inquiries concerning the status of physicians in the certification
process according to the following:

Dr. Agua Don E. Umoren is a diplomate of this Board certified in 1988.

Dear Administrator:

Reference: Agua Don E. Umoren, MD

Alabama Board of Medical Examiners
PO Box 946
Montgomery, AL 36101

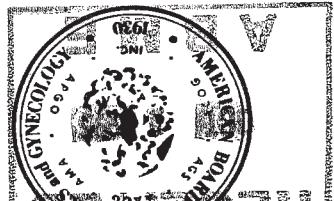
September 28, 1993

NORMAN F. GANT, M.D.
Executive Director

2915 Vine Street, Dallas, TX 75204
Phone (214) 871-1619, Fax (214) 871-1943

THE AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY, INC.

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JAN 12 1994

Prepared by:

(COLLEGE SEAL)

Associate Director of Records
George G. Mulley

Sincerely,

John W. Muller

OTHER:

In good academic standing unless otherwise noted:

Anticipated degree (s) and graduation date (s):

Semester hours: (12 hours - full-time)

Dates of current registration:

CURRENT STUDENT:

In good academic standing unless otherwise noted:

DECEMBER 2, 1978

Degree (s) and date (s) received: DOCTOR OF MEDICINE

Last date of attendance: DECEMBER, 1978

FORMER STUDENT:

SEPTEMBER, 1974

Matriculation date (s):

COLLEGE (s) curriculum (s): MEDICINE

LAST NAME	FIRST NAME	MIDDLE NAME
UMOREN	AQUA	DON

This will certify the following information concerning the academic records of

TO WHOM IT MAY CONCERN:

DATE: JANUARY 12, 1994

JAN 12 1994

(312) 996-4917
Office of Admissions and Records
Box 6998, Chicago, Illinois 60680

RECORDS AND REGISTRATION (MC 503)

at Chicago
The University of Illinois**UIC**

Please fill in all applicable spaces and return to the Alabama Board of Medical Examiners at the above address. Please do not send this application back to the applicant as the Board will not consider this certification unless it is received directly from the institution.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

(SEAL OF HOSPITAL)

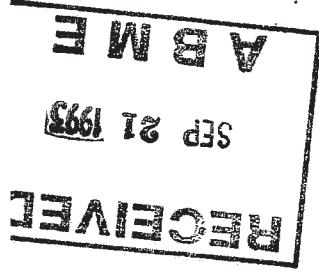
Date 9-13-93

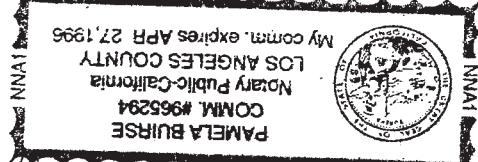
I, Edward W. Savage, Jr., M.D., Acting Medical Director, Alabama Board of Medical Education Director of Residency Training
Administrator of Hospital Medical Education Director
Director of Residency Training
and our records do not reflect any derogatory information concerning this physician.
I further certify that in so far as the records reveal the said Dr. Aguado-E. Umoren is a reputable physician
Placed an internship or first year residency in this hospital extending from July 1979 to June 1983
the records of this hospital show that Aguado-E. Umoren, M.D. has successfully completed
gram (indicate which one) of King/Drew Hospital at Los Angeles, CA certify that
I, Edward W. Savage, Jr., M.D., Administrator, Medical Education Director of Residency Training Pro-

CERTIFICATION OF INTERNSHIP OR FIRST YEAR RESIDENCY

APPENDIX B

P.O. Box 946 - Montgomery, Alabama 36102
ALABAMA BOARD OF MEDICAL EXAMINERS





Yours sincerely q/3/93

EWS:bj's

Edward W. Savage, Jr., M.D.
 Acting Medical Director
 King/Drew Medical Center

Sincerely yours,

Los Angeles.

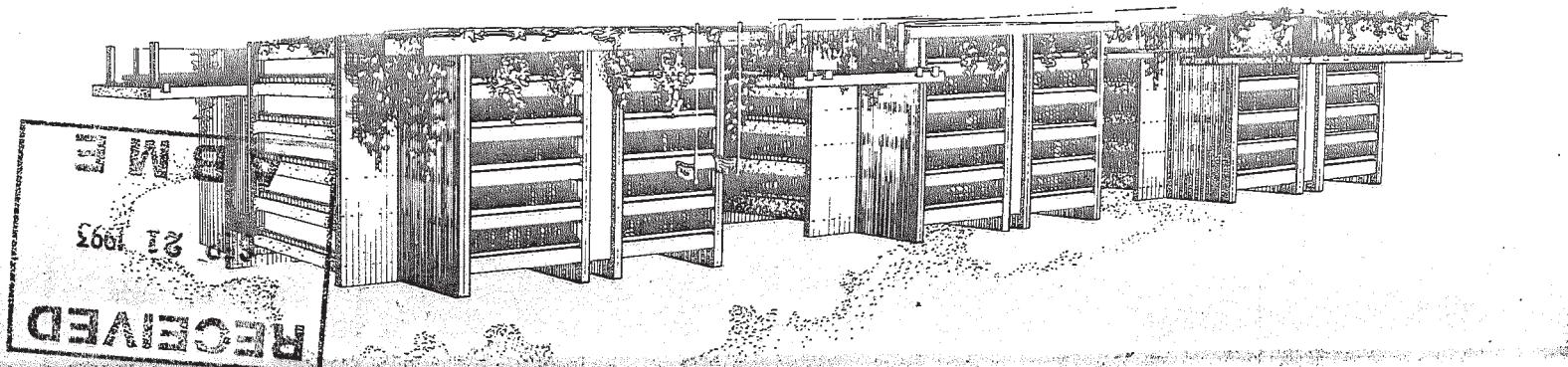
As such, it does not have a seal independent of the
official seal of the Government of the County of

Los Angeles County Department of Health Services and not
 the King/Drew Medical Center is a hospital and not
 an independent institution.

TO WHOM IT MAY CONCERN:

4/13/93 DATE:

MARTIN LUTHER KING, JR./CHARLES R. DREW MEDICAL CENTER 12021 South Wilshire Boulevard Los Angeles, CA 90059 213/603-4321
 EDWARD J. RENFORD, Hospital Administrator
 JAMES G. HAUGHTON, M.D., Medical Director
 BETTYE J. MOSLEY, R.N., Director of Nursing



SEAL

To expedite the verification process, the above is the standard format used by the Medical Board of California.

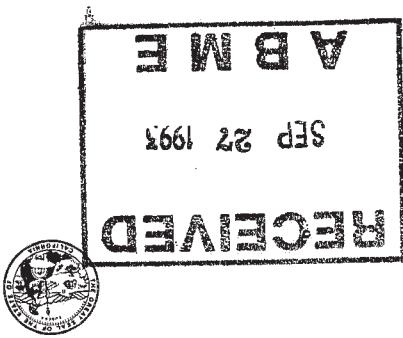
Sandy Fuggett
Division of Licensing

This is to verify that Dr. Aqua-Don E. Umoren, born on 2/12/51, was issued California physician's certificate #G 41844, on 4/28/80, based on National Board Credentiahs. The license is current and renewal fees are paid through 2/28/94. There is no current record of accusation and/or disciplinary activity.

TO WHOM IT MAY CONCERN:

Alabama Medical Examiners
P. O. Box 946
Montgomery, AL 36102

September 28, 1993



(916) 263-2653

1426 HOWE AVENUE
SACRAMENTO, CA 95825-3236

SEE OTHER SIDE FOR SCORE INFORMATION

DATE: 10/13/1993

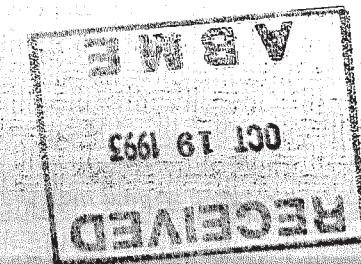
NBME	Mar	440	290	75	79.9	PASS	PART III	1980	75	79.9	79.9	PASS
NBME	Sep	295	290	75	75	PASS	PART II	1977	75	75	79	69
NBME	Jun	425	380	75	75	PASS	PART I	1976	76	79	81	68
Exam	Total Min.	Pass	Test	Date	Med	Surg	Ob/Gyn	PM/Ph	Ped	Psych		

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Certification Date: 04/14/1980

Date of Birth: 02/12/1951

Diplomate Name: Agua-Don E. Umoren, MD



Note: The embossed seal of the National Board of Medical Examiners (NBME) is in the lower left corner certifies the authenticity of this document.



1. MATTHEAS CATHOLIC SCHOOL, LACOS	1959-1959	Dates Attended	Name of School
2. TOWNSHIP SCHOOL, WATKIN NUGENT	1959-1962	Dates Attended	Name of School
List all schools attended, elementary through college and post-graduate work other than medical school.			

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

16. Place of intended Residence in Alabama	USCALOO SA
15. Military Service, Branch	Dates
HOSPITAL, ETC.	
IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET AND PROVIDE THE COMPLETE ADDRESS OF ANY PSYCHIATRIST/PSYCHOLOGIST, STATE BOARD,	
14. To your knowledge, have you ever been or are you now, the subject of an investigation by any licensing Board/Agency as of the date of this application?	
13. Have you ever had a judge mental rendered against you, or action settled relating to the performance of your professional service?	
12. Have you ever been diagnosed and/or treated for a mental illness and/or serious substance?	
11. Are you now, or have you ever been addicted to the use of alcohol or controlled substances?	
10. Have you ever been denied a certificate of qualification or a license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	
9. Have your staff privileges at any hospital or health care facility been revoked, suspended, restricted, limited or placed under conditions restricting your practice?	
8. Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation?	
7. Have you ever been denied a state or federal controlled substances certificate to controlled substances?	
6. Have you ever been convicted of any violation of a state or federal law relating to the practice of medicine?	
5. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to controlled substances?	
4. Have you ever been convicted of a felony?	
NO	YES

1. Name in Full	AQUA-DOU E. UMORÉN	Date of Birth	Feb 12, 1951
2. Address	P.O. Box 5158 BEVERLY HILLS CA 90210		
3. Place of Birth	LACOS, NICERIA	Date of Birth	Feb 12, 1951
Social Security # [REDACTED] Sex M Telephone (H)(310)273-2131 (W)(310)672-1064			

I hereby make application for a certificate to practice medicine and surgery in the State of Alabama, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

To The Board of Medical Examiners of the State of Alabama:

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE THROUGH ENDORSMENT	
DECEMBER 20 1993	P.O. Box 946 - Montgomery, AL 36101
ALABAMA BOARD OF MEDICAL EXAMINERS	

This NBME Endorsement of Certification may include scores for Step 1 and Step 2 of the United States Medical Licensing Examination™ (USMLE™). The USMLE, established by the Federation of State Medical Boards and the NBME, is a single, uniform medical licensure examination system comprised of three Step examinations. USMLE will replace both the current Federation Licensing Examination (FLEX) and the NBME Parts I, II and III. Implementation of USMLE began with the administration of Steps 1 and 2 in 1992. The first administration of Step 3 will occur in June 1994. The NBME accepts passing scores on Parts I, II, and III as meeting the examination requirements for its certification program and the following combinations of passing scores on NBME

3. From _____ to _____

2. From 1985 to 1993

1. From 1984 to 1985

Place Address

LaTeX NICERIA

LaTeX NICERIA

Women's MEDICAL CENTER P.O. Box 3612 MARINA

LaTeX NICERIA

LaTeX NICERIA

LaTeX NICERIA

List all practice experience since completion of your formal training giving dates, institutions/hospitals, and complete addresses.

Use separate sheet if necessary.

V. ACTIVITIES FOLLOWING MEDICAL SCHOOL AND TRAINING

I certify that this license has not been the subject of any disciplinary action. If so please explain on attached sheet.

on 4/28/80, license number G 41844, based upon NATIONAL BOARD

IV. ORIGINAL LICENSE

(if Applicable)

I was issued my original (first) license in the State of CALIFORNIA

(if Applicable)

Speciatly(s) OBSTETRICS / GYNECOLOGY (BC 88)

8. From _____ to _____

7. From _____ to _____

6. From _____ to _____

5. From _____ to _____

4. From _____ to _____

3. From _____ to _____

2. From 1980 to 1983

1. From 1979 to 1980

Do not list practice experience.

List all internship and/or residency since graduation from medical school with dates and complete addresses of institutions.

III. INTERNSHIP AND/OR RESIDENCY TRAINING

3. From _____ to _____

2. From _____ to _____

1. From 1974 to 1978

Name of School

Address

List all medical schools attended, dates and complete addresses of institutions. Do not list internship and/or residency training.

II. MEDICAL EDUCATION

2. From 1985 to 1993 WOJEN'S MEDICAL CENTER P.O. Box 3612 MARTIN
LAfCoS. NICE RIA
MIGELEM

3. From _____ to _____

6. From _____ to _____

8. From _____ to _____

9. From _____ to _____

10. From _____ to _____

1. From 8/92 to PRESENT

Address MARTIN LUTHHER KING JR/ DECEW MEDICAL CENTER 12021 S. WILMINGTON AVE

Los Angeles CA 90059

2. From 8/93 to PRESENT

CENTINELA HOSP. MED CENTER 555 E. HARRY STER

NICELWOOD CA 90301

VI. HOSPITAL PRIVILEGES

List all hospitals where you have held staff privileges of any type. Attach sheet if necessary.

3. From _____ to _____

4. From _____ to _____

5. From _____ to _____

6. From _____ to _____

7. From _____ to _____

8. From _____ to _____

9. From _____ to _____

10. From _____ to _____

11. From _____ to _____

12. From _____ to _____

13. From _____ to _____

(If Applicable)
List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. It is a requirement that each state complete one of the verification forms which will be attached to your application.

CALIFORNIA

VIII. SPEX

1. Have you successfully completed a written licensing examination within the last ten years?
NO If Appendix C of this application does not reflect this exam, please submit such evidence.
2. Have you been certified or re-certified by an A.M.A. approved Specialty Board within the last ten years?
YES If so please have the Specialty Board send verification of your certification.

IX. AFFIDAVIT AND RELEASE

AQUADON E. UMOREN, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Alabama Board of Medical Examiners in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Alabama Board of Medical Examiners from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Alabama Board of Medical Examiners and release this person or organization from any liability for the release of information.

Date 09/15/93

A. Umoren

Applicant's Signature

County of ORANGE

State of CALIFORNIA

SWORN to and subscribed before me this

15th.

day of SEPTEMBER, 1993

Eloise Eccles

Notary Public

My Commission Expires: 1120-95

(SEAL)



ESTER PEUCHOT
COMM. # 948910
Notary Public - California
ORANGE COUNTY
My Comm. Expires NOV 20, 1995

