

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

108 WEST PENSACOLA STREET
TALLAHASSEE, FLORIDA 32304

RECEIVED

MAY 10 1978

ENDORSEMENT APPLICATION

BOARD OF
MEDICAL EXAMINERS

On the basis of license issued by

State of Connecticut
(Name of state where licensed)
and Federation License Examination (FLEX), or National Board of Medical Examiners, I Heroby

apply for license to practice Medicine and Surgery in the State of Florida and in support of this, submit the following information.

Name in full Stephen L Gabriel Rothman
(Type or print Use no initials.)

List all other names you have used _____

Have you ever legally changed your name? No If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 610 Ellsworth Ave, New Haven, Conn

Office address 789 HOWARD AVENUE, New Haven, Conn

Permanent address (if different from above) _____

Intended residence _____
(Print street and number, city, state, zip code)

Place of birth Bronx, New York Date of birth JAN 15 - 1942

Are you a citizen of the United States? Yes
(If foreign born give date and place of naturalization)

Did you attend a college or university? Yes 4 years Yeshiva University, New York
(How long? Give name and location of school)

Do you have any degree other than M.D.? B.A., B.H.L. JUNE 1963, Yeshiva Univ.
(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

Albert Einstein Medical School from Sept. 1963 to June 1967
(Name of medical school, location)

_____ from _____ 19 _____ to _____ 19 _____
(Name of medical school, location)

_____ from _____ 19 _____ to _____ 19 _____
(Name of medical school, location)

_____ from _____ 19 _____ to _____ 19 _____
(Name of medical school, location)

Degree of Doctor of Medicine was obtained from Albert Einstein College of Medicine
Morris Park Ave (Name of medical school, location)
Bronx, New York on June 2, 1967
(Exact Date)

CERTIFICATE OF MEDICAL EDUCATION

I certify that Stephen L Gabriel Rothman matriculated in the
Albert Einstein Col. of Med at Bronx

_____ 19 63-67, attended 4 years
study of medicine, and received a diploma from ALBERT EINSTEIN COL. OF MED
conferring the degree of Doctor of Medicine JUNE 2, 1967

President, Dean or Secretary MD. (Seal)

INTERNSHIP: Attach proof of satisfactory completion (photocopy or certificate or letter from administrator acceptable).
Mount Sinai Hospital, New York, N.Y. 7-1-67 to 6-30-68
(Name and address of hospital) (Date)

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.

List chronologically residency or other post-graduate training. Give name and address of hospitals, exact dates, and specify type of training.

Internship - MT SINAI Hospital 5th Ave and 100th St NY, NY 1 July 1967 - 30 June 1968

Allowship Diagnostic Radiology Yale University School of Med 1 July 1968 - 30 June 1969

List chronologically locations practiced and/or employed. Give addresses, dates, specify type of practice and/or employment.

Yale University School of Med. Asst Prof. Div. Radiology Oct 1973 - Present

MILITARY SERVICE: (Attach copy of separation form)

Pathologist Keener Army Hospital Fort 421A 151st 1169-1184-1971 ^{CDR - MAJ.}
(Branch of service, rank, dates)

FOREIGN GRADUATES: ECFMG Standard Certificate No. _____ Issued _____ after passing examination. (Attach photocopy of certificate)

In what states are you licensed? List states and dates licensed in each.

Conn 13714 1-31-76 - 6454 1967

CERTIFICATION OF STATE BOARD WHICH ISSUED THE LICENSE USED AS THE BASIS OF APPLICATION

I, _____ Secretary of the _____

_____ (Board or Department) certify that license No. _____ to practice Medicine

and Surgery was issued to _____ M.D. based on the Federation Licensure Examination

(FLEX) given by this board on the _____ day of _____, 19_____

I further certify that the aforesaid _____ M.D. passed the Federation Licensure Examination (FLEX) given by this Board on the above date with a general average of _____ percent.

I believe the above applicant to be a fit and proper person to receive an Endorsement Certificate, and certify that the photograph attached hereto is a genuine likeness of the applicant. Seal of Board or Department must be affixed.

Dated at _____ (Secretary or Director)

this _____ day of _____, 19_____ (Board or Department)

(SEAL)

ATTACH CERTIFIED COPY OF FLEX GRADES

CERTIFICATE OF NATIONAL BOARD OF MEDICAL EXAMINERS: Attach certified copy of National Board Grades.

This is to certify STEPHEN L. B. ROTHMAN M.D., holds certificate No. 93786

of the National Board of Medical Examiners issued 1 July 1968 and that the applicant is in good standing and also certify that the photograph attached hereto is a genuine likeness of the applicant.

Seal of the Board must be affixed.

Dated at _____

(President or Secretary)

(S E A L)

this day of _____, 19____

If any of the following questions are answered YES give full details on a separate sheet of paper and attach to application. ALL QUESTIONS MUST BE ANSWERED.

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath? No

Have you ever failed a written examination for medical licensure given by any state or territorial licensing agency? No

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency or any state or country? No

Have you ever been called before any licensing agency for a hearing on a charge of violation of the medical practice act, unprofessional or unethical conduct? No

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any state, territory, or country? No

Have you ever been convicted of a felony? No A misdemeanor? No

Are you now or have you ever been addicted to the use of narcotics? [Redacted]
Have you ever been charged with addiction? [Redacted]

Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? No

Have you ever been addicted to the use of barbiturates or other medication? [Redacted]
Have you ever been charged with addiction? [Redacted]

Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? [Redacted]

Have you ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution? [Redacted]

MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates and complete address, (street, city, state).

If you have been in private practice and not a medical society member, explain why

RECOMMENDATIONS: Furnished by two reputable physicians in the locality where applicant last practiced or served as an intern or resident.

This certifies that I have been personally acquainted with Stephen L.G. Rothman M.D. for 5 years and known him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

E. Leon Kien M.D. Address 333 Cedar St, New Haven, Ct.
Graduate Univ of California S.F. Licensed Conn 1/1964
(School and date) (State and date)

* * *
This certifies that I have been personally acquainted with Stephen L.G. Rothman M.D. for 4 years and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

Donald G. Quinn, M.D. Address 205 High Street, New Haven, Ct.
Graduate Yale Medical College Licensed Connecticut 4/72
(School and date) (State and date)

AFFIDAVIT OF APPLICANT:
I, STEPHEN L. GABRIEL ROTHMAN, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF NEW HAVEN
STATE OF CONNECTICUT

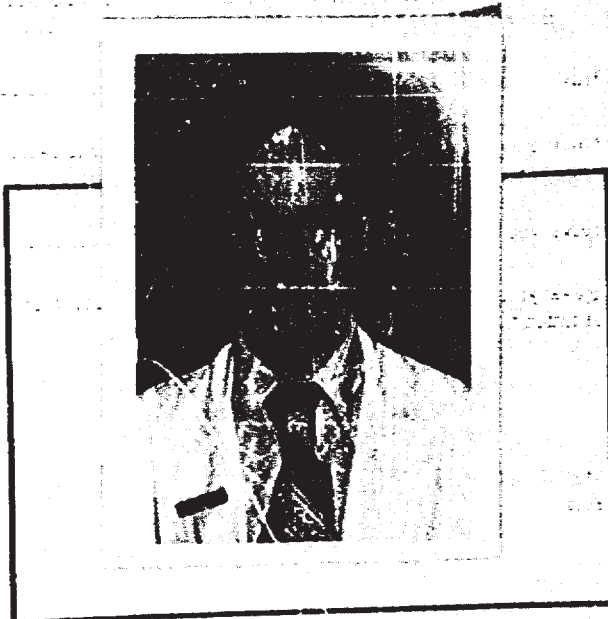
Stephen L.G. Rothman
(Signature of applicant)

Subscribed and sworn to before me this 6 day of May 1976
Elise O. Collins
(Notary Public)
My Commission Expires March 31, 1980

26276 - 6-23-76

TO BE COMPLETED BY APPLICANT

Date 5-3-76
Age 34
Height 6 1/4 Weight 200
Color of Eyes Br
Color of Hair Br
Other means of identification -



FOR USE OF SECRETARY ONLY

Oral Examination: Yes No License Number 27089
Date Date Issued 7-19-76

No. 1374

No. 1718

This Space - 20-68

Raven

11/22/68

years

CONNECTICUT MEDICAL EXAMINING BOARD

This Certifies That STEPHEN L. GABRIEL ROTHMAN, M.D. having presented credentials satisfactory to this Board has been found qualified to practice Medicine and Surgery in the State of Connecticut on the basis of endorsement of a Certificate #93786 issued by

The National Board of Medical Examiners

SWORN & SUBSCRIBED TO BEFORE ME
THIS 25 DAY OF March 1968
MY COMMISSION EXPIRES 30 June 1971

Oliver P. Weard
NOTARY PUBLIC

Members of Medical Examining Board

November 8, 1968

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MAY 10 1978

MED-SES (7-66) 300x2

(This Certificate does not authorize the holder to practice) BOARD OF MEDICAL EXAMINERS

New York City
Will you take up general practice as you a Diplomat of a Medical length of Conn. residence? 2 1/2
I am Member of the STATE OF CONNECTICUT New Haven COUNTY
Personally appeared Stephen L. Gabriel Rothman and made oath that the foregoing is true. Affix notary seal here.

STATE OF CONNECTICUT
Department of Health

ISSUED IN THE PURSUANCE OF THE POWERS OF THE STATUTES OF THE STATE OF CONNECTICUT

STEPHEN L. G. ROTHMAN MD
789 HOWARD AVE
NEW HAVEN CONN
06501

EXPIRATION DATE		
Exp. to	Renew	Issue
1371		
FEES 10.00		
2 13714		
SERIAL NUMBER		

is Licensed and is duly registered with this Department as a
PHYSICIAN AND SURGEON

Stephen Rothman *Franklin W. Foote*

Service
Address
10 68
of the Peace
Public
of Superior Court

Where do you wish your certificate to be recorded?
In what city or town do you wish your license registered?

NOTICE

A photograph of the applicant (without hat) taken within a year must accompany this application and must be a best photograph not less than 2 1/4 X 3 inches pasted on the gummed clip provided. Duplicate copies of the above statement must be forwarded to the State Department of Health, with the Duplicate Certificates of Examination. If space of blank supplies insufficient space use back of blank. The State Department of Health will then issue a Certificate of Registration which is a license to practice medicine and surgery, and will send a duplicate copy of this statement to be recorded with the Town Clerk of the town in which the applicant intends to practice. When copy of the blank is returned to you from the office of the town clerk please keep in your files for your use should you change your residence to another town or city. Important: Under the provisions of the state law, if you change your residence or office location to another town, you are required to notify the town clerk of the town to which you are moving and the State Department of Health of your new address within thirty days.

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME FIRST NAME MIDDLE NAME ROTHMAN STEPHEN L GABRIEL		2. SERVICE NUMBER 05260510		3. SOCIAL SECURITY NUMBER [REDACTED]			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY-USAR-MD			5. GRADE, RATE OR RANK MAJ		6. DATE OF ENTRY INTO SERVICE DAY: 17 MONTH: Jul YEAR: 71		
SELECTIVE SERVICE DATA	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Bronx, NY			9. DATE OF BIRTH DAY: 15 MONTH: Jan YEAR: 42		
	10. SELECTIVE SERVICE NUMBER 50 20 42 28		11. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE LB# 20, New York Bronx NY			12. DATE INDUCTED DAY: MONTH: YEAR: NA		
TRANSFER OR DISCHARGE DATA	13a. TYPE OF TRANSFER OR DISCHARGE Relieved from active duty			13b. STATION OR INSTALLATION AT WHICH EFFECTED Ft Lee, VA				
	14. REASON AND AUTHORITY AR 635-611 Expiration of term of service			15. EFFECTIVE DATE DAY: 15 MONTH: Sep YEAR: 71		16. TYPE OF CERTIFICATE ISSUED Normal		
SERVICE DATA	17. TYPE OF ASSIGNMENT AND REGIMENT OR COMMAND USKAM Heddae Ft Lee, VA 1st USA		18. CHARACTER OF SERVICE HONORABLE		19. TYPE OF CERTIFICATE ISSUED Normal			
	20. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR Control Gp And Tng USARPAC St Louis, MO			21. REENLISTING CODE NA				
VA AND EMP. SERVICE DATA	22. TERMINAL RATE OF RESERVE/UNIT'S OBLIGATION DAY: 12 MONTH: Oct YEAR: 73		23. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (Under 18) <input type="checkbox"/> ENLISTED (Over 18) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER Ordered from USAR/COM		24. TERM OF SERVICE (Month) NA		25. DATE OF ENTRY DAY: 16 MONTH: Sep YEAR: 69	
	26. PRIOR REGULAR ENLISTMENTS NA		27. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE 1LT O-2		28. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) New Haven, CT			
REMARKS	29. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Bronx, NY		22. STATEMENT OF SERVICE					
	30. SPECIALTY NUMBER & TITLE 3306 Radiologist		31. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Roentgenologist 0-26.10		32. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDGM			
AUTHENTICATION	33. EDUCATION AND TRAINING COMPLETED USA MFSS PSHT - Amdd off Basic (HC-DC-70)		34. NET SERVICE THIS PERIOD 2 0 0					
	35. MONTHS PAY PERIODS TIME LOST (Specify by the Board) None		36. DAYS ACCRUED LEAVE PAID 19		37. INSURANCE IN FORCE (ESOL or ESOLB) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		38. AMOUNT OF ALLOTMENT NA	
AUTHENTICATION	39. VA CLAIM NUMBER C- NA		39. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE					
	33. REMARKS HIGHEST CIVILIAN EDUCATION: MD Blood Type: Item 5a: Perm CPT USAR 1 Jan 70		34. OTHER SERVICE 3 11 3					
AUTHENTICATION	37. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 760 Grand Concourse, Bronx, NY 10451		35. TOTAL ACTIVE SERVICE 2 0 0					
	38. TYPED NAME, GRADE AND TITLE OF AUTHORIZED OFFICER D. B. HITE, CW1, USA Asst Adj Gen		36. FOREIGN AND OR SEA SERVICE 0 0 0					
39. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Stephen L. Gabriel</i>		37. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>D. B. Hite</i>						

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BOARD OF
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1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937

NATIONAL BOARD OF MEDICAL EXAMINERS
1700 CHESTNUT STREET PHILADELPHIA, PENN. 19104

REPORT OF SCORES - PART II

PASSING GRADES

To pass the Part II Examination, a candidate must obtain a Total Grade of 75 or more. Total Grade is determined by the total number of questions answered correctly in the entire examination, (1/3 by Branching the six subject matter scores (Medicine, Surgery, etc.))

If he fails to obtain a Total Grade of 75 or more, the candidate must repeat the entire examination, regardless of the scores he has made in the individual subject-matter areas.

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MAY 10 1976

BOARD OF
MEDICAL EXAMINERS

The American Board of Radiology

Organized through the cooperation of the
American College of Radiology, the American Roentgen Ray Society,
the American Radium Society, the Radiological Society of North America
and the Section on Radiology of the American Medical Association
Hereby certifies that

Stephen V. Gabriel Rothman, M.D.

Has pursued an accepted course of graduate study
and clinical work, has met certain standards and qualifications, and
has passed the examinations conducted under the authority of

The American Board of Radiology

On this twenty-third day of June, 1974

Thereby demonstrating to the satisfaction of the Board
that he is qualified to practice the specialty of

Diagnostic Radiology

Ralph W. Scott
President

C. Allen Hood
Secretary

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MAY 10 1976

BOARD OF
MEDICAL EXAMINERS





THE MOUNT SINAI HOSPITAL

Fifth Avenue and 100th Street • New York, N.Y. 10029 • 212/630-7300

May 21, 1976

TO WHOM IT MAY CONCERN:

This is to certify that Stephen L. G. Rothman, M.D.
served The Mount Sinai Hospital as an Intern in Medicine
from July 1, 1967 to June 30, 1968.

Sincerely,

DAVID POMRINSE, M.D.
Executive Vice President

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JUN 11

BOARD OF
MEDICAL EXAMINERS

ALBERT EINSTEIN COLLEGE OF MEDICINE
YESHIVA UNIVERSITY

East 125th Street and Morris Park Avenue
Bronx, New York 10469

OFFICE OF THE DEAN

DATE: May 19, 1976

RE: Stephen Rothman, M.D.

To Whom It May Concern:

This is to certify that the above-named:

- is presently a full-time student in his _____ year at the Albert Einstein College of Medicine.
- attended the Albert Einstein College of Medicine from 9/5/63 to 6/2/67.
- received the M.D. degree on June 2, 1967.

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JUN 11

BOARD OF
MEDICAL EXAMINERS

SEAL:

Very truly yours,

Jean L. Cook

Jean L. Cook, M.D.
Assistant Dean for Student
Academic Affairs

610 Eleventh Avenue
New Haven, Conn 06511
June 7, 1976

Florida State Board of Medical Examiners
305 Blount Street
Tallahassee, Florida 32301

Dear Sir;

In May, I mailed to you an application
for medical licensure in Florida.

Enclosed please find two of the
documents requested; proof of completion
of internship, and proof of completion of medical
school.

I would appreciate having these documents
included with my application.

Thank you very much.

Yours truly,
Dr. Stephen Rothman

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JUN 11 1976
BOARD OF
MEDICAL EXAMINERS

Yale University *New Haven, Connecticut 06510*

SCHOOL OF MEDICINE
333 Cedar Street
Department of Diagnostic Radiology

June 25, 1976

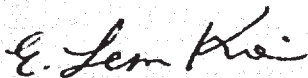
George S. Palmer, M.D.
Executive Director
State of Florida
Board of Medical Examiners
305 Blount Street
Tallahassee, Florida 32301

Dear Dr. Palmer:

I am writing in response to your letter requesting my assessment of Dr. Stephen L.G. Rothman.

I have known Dr. Rothman for the past five years and I can recommend him extremely highly in regards to his professional ability as well as from a personal point of view.

Sincerely,



E. Leon Kier, M.D.
Associate Professor of Diagnostic Radiology
Chief of Neuroradiology

ELK/amb

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JUN 29 1976
BOARD OF
MEDICAL EXAMINERS

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DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
305 South Andrews Avenue, Suite 901
Fort Lauderdale, Florida 33301

305 Blount Street
Tallahassee, Florida 32301

June 22, 1976

TO: Drug Enforcement Administration
1405 I Street, N.W.
Washington, D.C. 20537

FROM: George S. Faber, M.D.
Executive Director

APPLICANT'S NAME: Stephen L. G. Rothman, MD.
DATE OF BIRTH: Jan. 15, 1942
PLACE OF BIRTH: Bronx, New York
PRESENT ADDRESS: 610 Ellsworth Avenue
New Haven, Conn.
FORMER ADDRESS:

The subject has applied for medical licensure in Florida and has filed with this Board a document releasing all persons from responsibility in connection with answering this inquiry.

Will you please furnish us with a record of any and all arrests, investigations, or complaints, and reasons therefore, involving this physician?

Thank you for your cooperation.

REPLY:

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JUL 2 1976
BOARD OF
MEDICAL EXAMINERS

U.S. DEPARTMENT OF JUSTICE
Drug Enforcement Administration
We have no unfavorable information regarding the above named individual
Date JUN 30 1976



STATE OF FLORIDA
Board Of Medical Examiners

3

GEORGE S. PALMER, M.D.
EXECUTIVE DIRECTOR

305 BLOUNT ST.
TALLAHASSEE, FLA. 32301
904-486-7614

MARJORIANN H. KESLER
ASSISTANT DIRECTOR

June 22, 1976

TO: David G. Finn, M.D.
205 Hepburn Road
Harden, Conn.

FROM: GEORGE S. PALMER, M.D., EXECUTIVE DIRECTOR

SUBJECT: Stephen L. G. Rothman, M.D.

THE SUBJECT IS APPLYING FOR MEDICAL LICENSURE IN FLORIDA AND HAS GIVEN YOU AS A REFERENCE.

WE WOULD LIKE TO KNOW HOW LONG AND IN WHAT CAPACITY YOU HAVE KNOWN THIS PHYSICIAN.

THANK YOU FOR YOUR COOPERATION.

REPLY:

I have known Dr. Rothman since June, 1972.
We both attend D. Yale University, & were on the staff
there together. Dr. Rothman is a fine individual whom I
give my highest professional & personal recommendation.

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JUL 8 1976

BOARD OF
MEDICAL EXAMINERS

David G. Finn, M.D.

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
DEPARTMENT OF PHYSICIAN STATISTICS

NAME: ROTHMAN, STEPHEN GABRIEL, M.D. MEDICAL EDUCATION NUMBER: 03546670677
ADDRESS: 610 ELLSWORTH AVE NEW HAVEN CT DATE: 07-02-76
BIRTHPLACE: BRONX, NY BIRTHDATE: 01/15/42 06511
MEDICAL EDUCATION (SCHOOL YEAR):
ALBERT EINSTEIN COLLEGE OF MEDICINE OF YESHIVA UNIVERSITY, NEW YORK 1967
NATIONAL BOARD CERTIFICATION: 1968
LICENSES:

CT 1968
VA 1971

PHYSICIAN'S PROFESSIONAL ACTIVITIES:

NOT CLASSIFIED
PRIMARY SPECIALTY: RADIOLOGY
SECONDARY SPECIALTY: GENERAL PRACTICE
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION:

AMERICAN BOARD OF RADIOLOGY
MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE
PROFESSORIAL APPOINTMENT:

SCH: YALE UNIVERSITY SCHOOL OF MEDICINE, NEW HAVEN
SPECIALTY: DIAGNOSTIC RADIOLOGY

INTERNSHIP:

HOSPITAL: MT SINAI HOSP NEW YORK 10029
DATES OF TRAINING: 07/67-06/68
SPECIALTY:

RESIDENCY:

HOSPITAL: YALE NEW HAVEN HOSP NEW HAVEN 06504
DATES OF TRAINING: 10/72-09/73
SPECIALTY: RADIOLOGY
SPECIALTY: UNSPECIFIED

*** AMA FILES HAVE BEEN CHECKED ***

03000000252C

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JUL 8 1977

BOARD OF
MEDICAL EXAMINERS



Torrance
Memorial
Hospital
Medical
Center

RECEIVED
May 12 11 40 AM '88
Office of
The Medical Staff

May 8, 1988

Florida Board of Medical Examiners
130 N. Monroe
Tallahassee, FL 32304

Re: Steplica Gabriel Rothman, M.D.

Dear Sir:

The above referenced physician is applying for staff membership at
Torrance Memorial Hospital Medical Center.

He/she states in their application that they were licensed in the
state of Florida in 1976.

Confirmation of his/her license and any other pertinent
information which may help us in credentialing their application
would be greatly appreciated.

An authorization to release information and a self addressed
postage paid envelope are enclosed for your convenience.

Thank you in advance for your cooperation.

Sincerely,

Linda M. Young
LINDA M. YOUNG
Medical Staff Secretary

/my

Enclosures

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MAY 24 1988

DEPARTMENT OF PROFESSIONAL REGULATION
FLORIDA BOARD OF MEDICAL EXAMINERS

License Number 27089

Issue Date 7-19-76

Expiration Date 12-31-79

Regulatory Information 105

Authorized Signature and Date

Kevin Keith Lefor, M.D.

NAME:

10/11/83

DATE:

09/83

ROLL #

10/11/83

27089

ROTHMAN, STEPHEN L.G.

NOTICE

ME 85 015

STATE OF FLORIDA

DEPT. OF PROFESSIONAL REGULATION
BOARD OF MEDICAL EXAMINERS

29615

IMPORTANT: YOUR FEE
CANNOT BE PROCESSED
WITHOUT THIS CARD
READ REVERSE SIDE

RENEWAL REQUEST STATUS RENEWAL REQUEST NATIONAL STATUS

YOUR

1983-85 PHYSICIAN LICENSE

SIGNATURE _____

REPORT ONLY THE CHANGES OF NAME OR ADDRESS

WILL EXPIRE

DEC 31, 1985

ME 0027089	
LICENSEE NAME	WORLD ID NO.
STREET ADDRESS	
CITY	STATE ZIP

REMIT FEE OF \$ 100.00

SEND CHECK OR MONEY ORDER ONLY
*** DO NOT SEND CASH ***
RETURN TO:

BOJHMAN, STEPHEN L G
610 ELLSWORTH AV
NEW HAVEN CT 06511

ME DEPARTMENT OF
PROFESSIONAL REGULATION
130 NORTH MONROE STREET
TALLAHASSEE, FL
32301-8289

⑆5000⑈5000⑆ 6180164⑈