

Handwritten scribbles at the top of the page.

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SAMUEL CLEOPHUS LETT

NBME

SAMUEL CLEOPHUS LETT

INTERVIEWED: 6/2/82

INTENDED LOCATION: SELMA  
SELMA, AL

LICENSED BY: NBME 75.5  
DATE: 7/2/79

PRE-MED: KNOXVILLE COL  
DATE: BS 72

MEDICAL SCHOOL: MEHARRY MED COL  
DATE: 8/74-5/78

INTERNSHIP: TRUMAN MED CTR  
DATE: 7/78-6/79

RESIDENCY: TRUMAN MED CTR  
DATE: 7/79-6/82

SPECIALTY: OB/GYN  
MILITARY SERVICE: /  
DATE: /

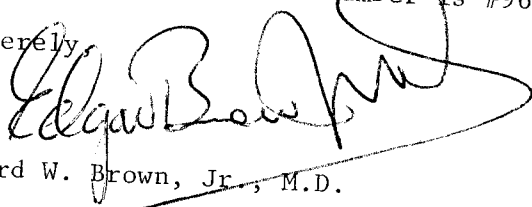
PRACTICE EXPERIENCE: /  
MEDICAL SO RECOMMENDATION: /  
State of Alabama  
19 South Jackson Street  
Montgomery, Alabama 36106

Dear Sir:

I would like to recommend Dr. Sam C. Lett be granted license to practice medicine here in the State of Alabama. I have known Dr. Lett for some time and have found him to be of high moral character and an excellent physician who would be an asset to the medical community here in Alabama.

My Alabama license number is #9630.

Sincerely,



Edward W. Brown, Jr., M.D.

EWB/dlp

From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_  
From \_\_\_\_\_ to \_\_\_\_\_



GOOD SAMARITAN HOSPITAL, INC.

1107 VOEGLIN AVENUE • SELMA, ALABAMA 36701

May 6, 1982

Medical Society of the  
State of Alabama  
19 South Jackson Street  
Montgomery, Alabama 36106

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From..... to.....  
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From..... to.....

May 6, 1982

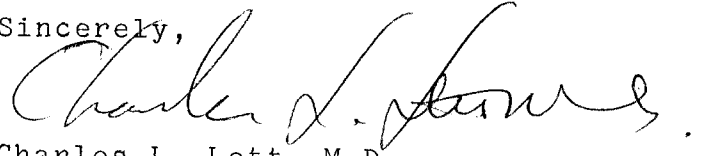
Medical Society of the State of Alabama  
19 Jackson Street  
Montgomery, Alabama 36106

RE: Samuel C. Lett, M.D.  
Alabama Licensee Candidate

It is our pleasure to recommend the candidate for licensure to practice medicine in the state of Alabama. We have grown up together and can readily attest to his fine character.

We feel that his medical acumen would be a great service to his intended practice area of Dallas County. Without reservation, we sincerely suggest his accepted licensure.

Sincerely,



Charles L. Lett, M.D.

CLL/cys

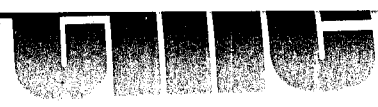
From..... to.....

From..... to.....

From..... to.....

Truman Medical Center  
2301 Holmes Street  
Kansas City, Missouri 64108

A.C. 816/556-3355  
816/556-3544



**Department of Obstetrics and Gynecology**

April 29, 1982

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

RE: Licensure application for Dr. Samuel Lett

Dear Sirs:

I have known Dr. Samuel Lett since he began his residency in Obstetrics and Gynecology here at Truman Medical Center in July, 1978. I believe he has obtained the skills and competence that are necessary to make him a good physician, and I can recommend him for licensure in the State of Alabama without reservation.

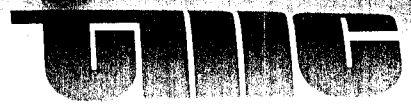
Sincerely,

*Naim S. Kassir, M.D.*  
Naim S. Kassir, M.D.  
Clinical Assistant Professor

csa

Primary Hospital for the University of Missouri-Kansas City School of Medicine

From ..... to .....  
From ..... to .....  
From ..... to .....



2301 Holmes Street  
Kansas City, Missouri 64108

A.C. 816/556-3355  
816/556-3544

Department of Obstetrics and Gynecology

April 29, 1982

State of Alabama  
Board of Medical Examiners  
Post Office Box 946  
Montgomery, Alabama 36102

Gentlemen:

I have known Dr. Lett since he was a medical student at Meharry Medical College, Nashville, Tennessee. I have likewise had the opportunity to directly observe his progress during his residency in Obstetrics/Gynecology at Truman Medical Center. During his residency he has consistently displayed sincerity and maturity in regard to his patients and their problems. He characteristically generates positive response on the part of his patients, and relates well with peers and supervisors.

Dr. Lett has performed very well as a resident in Obstetrics and Gynecology and appears to possess appropriate skills for his level of training in Obstetrics and Gynecology.

I recommend Dr. Lett with enthusiasm for medical licensure in the state of Alabama.

Sincerely,

Elwyn M. Grimes, M.D.  
Clinical Associate Professor  
Department of Obstetrics & Gynecology

Primary Hospital for the University of Missouri-Kansas City School of Medicine

From..... to.....  
From..... to.....  
From..... to.....

THROUGH ENDORSEMENT

14507 rec'd

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

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

- 1. Name in full Samuel Cleophus Lett M.D.
- 2. Address 11929 Manchester Grandview, MO 64030
- 3. Place of birth Selma, Alabama
- 4. Have you ever been arrested for a violation of any Federal, State or Local Statute? If so, give details NO
- 5. Are you now, or have you ever been addicted to the use of alcohol or any controlled substance? NO
- 6. Have you ever been under the care or treatment of a psychiatrist? NO  
If so, please give details.
- 7. Have you ever been directed to appear before any State Medical Examining Board, Hospital Staff, or Professional Society for disciplinary action? NO  
If so, please give details.
- 8. Have you ever had a judgment rendered against you, or action settled relating to the performance of your professional service? NO  
If so, please give details.
- 9. Has any State Medical Examining Board revoked or suspended a certificate issued to you? NO
- 10. I have practiced medicine and surgery by virtue of a full license 4 years as follows: (do not list residency training)
  - From / To / At /
  - From / To / At /
  - From / To / At /

- 11. Military service, branch, NONE Dates /
- 12. Place of intended residence in Alabama Selma, Ala 1915 Lafayette Dr  
Selma, AL 36701

I. PRELIMINARY AND PRE-MEDICAL EDUCATION

Name of School or College	Dates Attended	Certificate or Degree Conferred
1. <u>Marshall University</u>	<u>9-68 / 5-69</u>	<u>/</u>
2. <u>KNOXVILLE COLLEGE</u>	<u>9-69 / 5-72</u>	<u>B.S</u>
3. <u>/</u>	<u>/</u>	<u>/</u>

II. (A) MEDICAL EDUCATION

I have spent 4 years in the study of medicine in the institutions named below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>8-25-74</u>	to <u>5-28-78</u>	<u>Meharry Med College</u>	<u>Nashville, TN</u>
From <u>/</u>	to <u>/</u>	<u>/</u>	<u>/</u>
From <u>/</u>	to <u>/</u>	<u>/</u>	<u>/</u>
From <u>/</u>	to <u>/</u>	<u>/</u>	<u>/</u>

(B) CERTIFICATE OF DEAN OR PRESIDENT

It is hereby certified that Samuel C. Lett of Selma, Alabama matriculated in Meharry Medical College at Nashville, Tennessee Date August 26, 1974 attended four courses of lectures of nine months each, and received a diploma from Meharry Medical College conferring the degree of Doctor of Medicine (date) May 28, 1978 (Seal) Date April 15, 1982 (President, Secretary or Dean) M. D. Oattie L. West, Director Admissions and Records

(C) PROPER CERTIFIED EVIDENCE

I received the degree of Doctor of Medicine from the Meharry Medical College, located at Nashville, Tenn on the 28th day of May 1978 I am the person named in the Certificate of Dean or President and am the lawful possessor of the diploma referred to. The photograph submitted herewith is a true likeness of myself and was taken within sixty days prior to the date of this application.

Dated 4-27-82 Signed [Signature] (Name in full) County of Jackson State of Missouri, ss. In Kansas City, MO in said county on this 27th day of April A. D. 1982 personally appeared before me Karen B. Laddis, who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions. My commission expires 1-5-1985 Karen B. Laddis Notary Public (Seal)

III. RECOMMENDATION OF SUPERINTENDENT OF HOSPITAL

I, Robert M. Kretzschmar, M.D., Superintendent, Truman Medical Center Hospital at Kansas City, Missouri, certify that the records of this hospital show that Samuel Lett, M.D. has completed an internship in this hospital extending over a period of one year from July 1 1978 to June 30 1979

I further certify that in so far as the records reveal the said Dr. Samuel Lett is a reputable physician. I have carefully examined all the statements made by the applicant and believe them to be true in every respect. I also state that the above photograph is a recent one and the likeness of the said Dr. Samuel Lett



ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA	
Samuel C. Lett, M.D. having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.	
Attest: WILLIAM P. HOLDEN Chairman of the Board  Philadelphia, Pa. 07/02/79	SEAL  EDITHE J. LEVIT President of the Board  Cert. # 203972

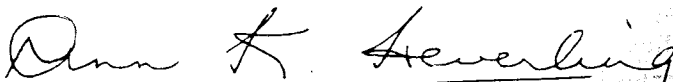
It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of WEHARRY MEDICAL COLLEGE in MAY 1978, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 09/78</u>		
Anatomy, incl. histology and embryology .....	420	75
Physiology .....	340	70
Biochemistry .....	360	72
Pathology .....	320	69
Microbiology, incl. immunology .....	525	82
Pharmacology and Materia Medica .....	390	75
Behavioral Sciences .....	435	76
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>	<u>380</u>	<u>75</u>
<u>Part II passed 04/78</u>		
Internal medicine and the medical specialties .....	335	75
Surgery and the surgical specialties .....	330	75
Obstetrics and Gynecology .....	395	76
Public Health and Preventive Medicine .....	375	76
Pediatrics .....	465	80
Psychiatry .....	190	67
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>	<u>310</u>	<u>75</u>
<u>PART III passed 05/79</u>		
A General Test of Clinical Competence .....		
<u>(Minimum Passing Grade 290/75)</u>	AVERAGE	350
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		75.5 (Scale Score)

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

  
 Secretary for Certification  
 04/13/82

was granted certificate No. \_\_\_\_\_ to practice medicine in the State of \_\_\_\_\_  
 on the \_\_\_\_\_ day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ based on \_\_\_\_\_  
 (Written examination or diploma)  
 and that said certificate has never been revoked.

NOTE:—If by written examination the secretary should further certify:

I further certify that the aforesaid \_\_\_\_\_  
 in his written examination before this Board, obtained a general average of \_\_\_\_\_  
 per cent. in the following branches:

Subject	Per Cent.	Subject	Per Cent.
Natl	Board of	Med. Exam.	

Acting on behalf of the \_\_\_\_\_ of Medical  
 Examiners, I hereby certify to the reputability of Dr. \_\_\_\_\_

based on the records, and recommended him to the \_\_\_\_\_  
 State Board of Medical Examiners as a fit and proper person to receive a certificate.

(Seal of Board)

Chairman or Secretary

Place \_\_\_\_\_

Date \_\_\_\_\_

V. RECOMMENDATION OF SECRETARY OF MEDICAL SOCIETY

I, \_\_\_\_\_, Secretary, \_\_\_\_\_

Medical Society certify that \_\_\_\_\_  
 (Full name of applicant)

personally known to me, and that he is an ethical practitioner and is of good moral and profes-  
 sional character.

I further certify that the said Dr. \_\_\_\_\_  
 is engaged in the reputable practice of medicine in the State of \_\_\_\_\_

and, so far as I am informed, he has not been an itinerant or advertising doctor. I have carefully  
 examined all the statements made by the applicant and believe them to be true in every respect.

I also state that the above photograph is a recent one and the likeness of the said

Dr. \_\_\_\_\_

{Seal of}  
 {Society}

Secretary

Certificate of internship for recent graduates is accepted in lieu of membership in a society.