

INFORMATION

Forward all applications, diplomas, fees, correspondence, etc., to the Board of Medical Examiners, 1921 G Street, A 107, Sacramento, California. Incomplete or unfiled applications are unacceptable. FOLLOW DIRECTIONS EXPLICITLY.

Warning: The Board is required by statute to hold at least one annual meeting in the city of Sacramento commencing on the third Monday in October. As held during the Board's absence of meetings for the following year. Two other meetings must be held each year. One in San Francisco and the other in Los Angeles.

Applications for Class A (with a translation) (Class A) will be received if candidates are residents of applicant does not desire to take the examination. Unfiled or partially completed applications are accepted.

Fees: As well as the fully completed application, there is deposited in the office of the Board in San Francisco two weeks before the date of examination. There may be in any form other than a personal check. All checks, etc., must be made payable to the Board of Medical Examiners.

Refund of fees: If the applicant does not appear for the written examination he is entitled to a refund of \$10.00. (S. & P. Code, Sec. 24717.) Applications of refund should be filed with the Secretary, Board of Medical Examiners, through the Department of Professional and Vocational Standards Accounting Department, by direction of the Board of Medical Examiners.

Subjects of examination: After you have filed a satisfactory application in our Sacramento office you must pass a written examination in the following subjects:

- 1. Anatomic, gross and microsc.
2. Physiology
3. Histology, including mind and hand upon dissection
4. Pathology
5. Obstetrics and Gynecology
6. Pathology - gross and microsc.
7. Mental Medicine and Therapeutics, including Forensic
8. General Surgery and Principles of Surgery
9. Public Health or Bacteriology.

Application may answer any 10 of the 12 questions or questions in each subject, writing the question and number thereof followed by the answer.

Details to the examinee will be mailed to all applicants for examination whose credentials are acceptable. This EXAMINANT must be presented at the hour of the examining room in order to gain admission when applicant name is called at the place, hour and date mentioned therein.

An applicant failing to appear for the written examination will be held in default and the examination will be held on the day before the commencement of the written examination.

A candidate will be considered an applicant immediately after the Credentials Committee has passed on applications. If your name is on "UNSATISFACTORY" there is some deficiency which you must furnish the Secretary in 48 hours of the day preceding the examination.

EXAMINATION - General rules for

The written examination consists of 9 subjects of 10 questions each. Two hours allowed for completion of each subject. There is to be given strictly.

The schedule of examination, name of examinee and the hour of each examination will be posted on the door of the examining room about 4 p.m. of the first day of each EXAMINANT. The examination schedule cannot be changed via telephone.

The applicant will furnish his own pen and ink and the Board will furnish examination tables, forms, etc.

Applicants will be SEPARATED by sex in examining rooms in alphabetical order, will identify each themselves and will not be permitted to leave the room within 15 minutes after the distribution of questions.

The applicant will be given an "Identification Envelope" on admission to the examining room. On this envelope should be written his name and his address and other mail may reach him within the venue after the date of the examination. The applicant will then return this envelope to the envelope, not the name and hand it to a warden.

The applicant will keep in mind the number appearing upon his "Identification envelope" and shall write and number on the outside of each examination table, together with the name of the examinee, subject of examination and the date. No Identification marks shall be made on the inside or back of any examination table. Doing so will nullify your EXAMINANT examination.

The applicant will not write his name on any examination table. Questions on examination forms are answered by the applicant.

The question of examination will be distributed after Identification envelopes have been collected.

No smoking will be permitted in the examination room.

All books, papers, etc., must be deposited at the door of the examining room and no paper or object, other than the examination question, examination table, a watch furnished by the Board, pen and ink, razor and pencil will be permitted on the applicant's table.

Applicants will not be permitted to hold conversations, verbal or otherwise, while the examination is in progress, and will leave the room immediately on completion of the examination. Questions on examination tables in which he has written the answers to questions to be deposited in a box, which he will find located at the exit of the examining room.

No applicant will be permitted to leave the room during the progress of the examination, unless accompanied by a warden, and no more than two examinees shall be permitted to leave the room at any one time, unless such individuals have completed the examination.

The result of the examination will be mailed each applicant as soon as the examinee have all detailed reports to the Sacramento office.

Each applicant for written examination must obtain not less than a general average of 75% and not less than 60% in any two subjects.

If an applicant fails in the first examination, he may be re-examined at any subsequent meeting or as provided in Section 2293, and shall be required to pay a fee of \$10.00 for each subsequent examination. He will also file an affidavit as stated supplied by the Secretary, stating that he has not practiced his profession or acted as a physician in California since the date of his application.

Section 2293. If an applicant for any form of certificate desirable under this chapter twice fails to pass the examination required for the type of certificate for which he has applied, he shall not be eligible to be examined a third time until at least one year has elapsed from the date of the second examination and if he fails the third examination, he shall not be eligible to take the examination a fourth time until two years have elapsed from the date of the third examination. Thereafter, he may not take the examination more frequently than once in two years.

Section 2294. Any applicant who has been re-examined according to 2293 in each of seven subjects, shall be subsequently re-examined in those subjects only in which he failed and without additional fee.

Section 2143 to 2148 of the Business and Professions Code, relating to the practice of medicine (Chapter 414, Statutes 1937), provide that any person who shall practice or attempt to practice, or who advertises or holds himself out as practicing, any system or mode of treating the sick, or acting in this state, or who shall diagnose, treat, operate on, or prescribe for any ailment, disease, deformity, disease, disfigurement, disorder, injury, or other mental or physical condition of any person, without having at the time of so doing a valid certificate of completion as provided in this act, or who shall in any way or in any advertisement use the word "Doctor," the letters or prefix "Dr.," the letters "M.D.," or any other term or title implying or implying that he is a doctor, physician, surgeon, physician, hygienist or practitioner under the terms of this act or any other act, or that he is entitled to practice hereunder, or write any prescription or hold himself out as practicing under the word "College," "The Graduate," or any other term or title indicating or implying that he is a graduate of the name of the college, shall be guilty of a misdemeanor and upon conviction thereof shall be punished as provided in this code, provided, that nothing contained in this section shall be construed to prohibit the issuance, the recommendation or sale of either corrective shoes or appliances for human feet.

NO TEMPORARY OR SPECIAL PERMITS TO PRACTICE AND ISSUED.

Responding to your request dated

Please Follow Directions

RETURN THIS APPLICATION TO SACRAMENTO, CALIFORNIA

This application with CERTIFIED CHECK for \$10.00 and photograph type of diploma to be no less than 2 1/2 inches by 1 1/2 inches and no larger than 4 inches by 4 inches together with evidence of high school graduation and training required by a school approved by the Board, must be filed in the OFFICE OF THE BOARD, Sacramento, Cal., at least two weeks prior to the day of meeting of the Board at which the application is to be considered. (See the Convention Calendar.)

The date of this application does not guarantee any certificate of completion in effect or to consider any method of treating the sick or other person in California (See Section 2140 to 2148 of the Business and Professions Code printed at the bottom of page 4 of this form.)

NO MONEY REFUND OF FEES WILL BE MADE TO ANY APPLICANT WHO FAILS TO PASS THE EXAMINATION. All applications for written examinations must be submitted TO THE BOARD OF MEDICAL EXAMINERS, Sacramento, California, and not to the State of California. The Board of Medical Examiners will be notified by the State of California. The Board of Medical Examiners will be notified by the State of California. The Board of Medical Examiners will be notified by the State of California.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

Application for a Written Examination for a Physician's and Surgeon's Certificate (Class A)

I, RICHARD LEE FISHER, do hereby apply for a written examination for a physician's and surgeon's certificate in California and submit the following statements regarding my education, training and general educational qualifications in accordance with the requirements of the Business and Professions Code of the State of California and the rules adopted by the Board of Medical Examiners.

Name in full: RICHARD LEE FISHER, D. O. Address: LOS ANGELES, CALIF. Date of birth: [blank] Age at last date: [blank]

Are you a citizen of the United States? YES. Citizenship: NATURAL-BORN

Send certificate, if issued to: 39 YORKSHIRE DR. OAKLAND, CALIF. 94612, CALIF. (Applicant will file full address not only the board of their state of origin)

I have received a diploma, including HIGHER EDUCATION, from OAKLAND TECHNICAL AND COLLEGE, OAKLAND, CALIF. (Name of institution) (City and State)

on the day of JUNE 11, 1962, and the diploma was received in the regular course of instruction, comprising a full four year college high school course, or its equivalent as prescribed by law, and in addition to said diploma I have successfully completed, prior to commencing the study of medicine, a two-year college course of COLLEGE GRADUATE including the PRELIMINARY SUBJECTS:

- A. Chemistry: YES, College: UNIVERSITY OF CALIFORNIA, BERKELEY, from SEPTEMBER 1957 to JUNE 1961
B. Physics: YES, College: UNIVERSITY OF CALIFORNIA, BERKELEY, from SEPTEMBER 1957 to JUNE 1961
C. Biology: YES, College: UNIVERSITY OF CALIFORNIA, BERKELEY, from SEPTEMBER 1957 to JUNE 1961

I hold the College (Academic) degree of BACHELOR OF ARTS, granted by UNIVERSITY OF CALIFORNIA, BERKELEY on the day of JUNE 11, 1962.

MEDICAL EDUCATION - Applicant will give the name and location of each institution attended, specifying each course of instruction, giving the date of beginning and ending of each. The fee applies a RESIDENT course of at least a graduate year.

I attended CALIFORNIA COLLEGE OF MEDICINE in the City of LOS ANGELES, CALIF. from the day of SEPTEMBER 1961 to the day of SEPTEMBER 1962.

1st COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1961 to the day of SEPTEMBER 1962.

2nd COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1962 to the day of JUNE 1963.

3rd COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1963 to the day of JUNE 1964.

4th COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1964 to the day of JUNE 1965.

5th COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1965 to the day of JUNE 1966.

6th COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1966 to the day of JUNE 1967.

7th COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1967 to the day of JUNE 1968.

8th COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1968 to the day of JUNE 1969.

9th COURSE in CALIFORNIA COLLEGE OF MEDICINE, 7741 GREEN AVE. LOS ANGELES, CALIF. from the day of SEPTEMBER 1969 to the day of JUNE 1970.

I will attend the degree of DOCTOR OF MEDICINE by CALIFORNIA COLLEGE OF MEDICINE from the day of SEPTEMBER 1970 to the day of JUNE 1971.

I further state that I am the identical person to whom was granted the diploma or certificate of completion of the course of instruction and that the diploma or certificate of completion of the course of instruction is the identical person to whom was granted the diploma or certificate of completion of the course of instruction.

I further state that, in a consistent manner, I have completed the course and subject as set forth on page 3 of this application and as evidenced by any other documents I submit and that I have been licensed in no State except as follows: NONE

that no application either for admission to an institution or for a certificate to practice medicine has been denied me except as follows: NONE

and that I have not been charged with a violation of a United States statute or a State statute or the law of any foreign country except as follows: NONE

Applicant representing in a written or other manner, has been given the completion of a three-year course of college study including the subject of Chemistry, Physics and Biology.

The Board of Medical Examiners will not file a medical certificate of completion of the course of instruction unless the applicant has been licensed in no State except as follows: NONE

and that I have not been charged with a violation of a United States statute or a State statute or the law of any foreign country except as follows: NONE

Applicant representing in a written or other manner, has been given the completion of a three-year course of college study including the subject of Chemistry, Physics and Biology.

The Board of Medical Examiners will not file a medical certificate of completion of the course of instruction unless the applicant has been licensed in no State except as follows: NONE

and that I have not been charged with a violation of a United States statute or a State statute or the law of any foreign country except as follows: NONE

CERTIFICATES OF MORAL CHARACTER

PREPARED BY REGISTERED PHYSICIANS AND SURGEONS SERVING ON THE CALIFORNIA BOARD OF MEDICAL EXAMINERS
 WITH THEIR KNOWLEDGE AND APPROVAL FOR AT LEAST ONE YEAR

This Certificate that I have been personally acquainted with Richard Lee Fischer, M.D.
 for 3 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a physician and surgeon in the State of California.

Name Dr. B. Beard, M.D. Address 1201 N. State St., Los Angeles
 Graduated from CCM Date June 1965 Licensed in California A 22006

This Certificate that I have been personally acquainted with RICHARD LEE FISCHER, M.D.
 for 2 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a physician and surgeon in the State of California.

Name P. Hagan, M.D. Address 1200 N. STATE ST. LOS ANGELES
 Graduated from CCM Date June 1964 Licensed in California APC 21848

CERTIFICATE OF MEDICAL EDUCATION

The following graduate must be listed on record held by the President, Dean or Secretary of such school who certifies the applicant passed the prescribed course and gained the medical diploma or certificate of completion in this institution. Course served in medical school after this date will count the applicant in medical degree must be submitted with a completed copy of this form (copy sent to the office of the Board of Medical Examiners) and a certificate of medical education to be completed by FACU medical school where the applicant resided.

This Certificate that Richard Lee Fischer of 39 Yorkshire Drive, Oakland 18, Calif.
 graduated from California College of Medicine, 1221 Griffin Ave., Los Angeles, California
 on 16 day of September, 1963, and was granted the following credits on matriculation:

Preliminary
 based upon the following credits: Trent Univ. of Calif. Berkeley, 9/29-6/63, 122 credits
 The undersigned further certifies that the records of this institution show that having completed the course of study of medicine the applicant, herein referred to, has completed 4 years of college grade including the subjects of PHYSICS, CHEMISTRY and BIOLOGY, and that he has attended in this institution 4 terms of courses* of lectures of 36 weeks each, completing the following schedule of work as set forth below in the subjects required by the Board and Proficiency Code of California as set forth in Section 2199 and that he was granted the degree of PHYSICIAN on September 16 day of 1963.

ANATOMY	BIOCHEMISTRY
Embryology	PATHOLOGY, BACTERIOLOGY AND IMMUNOLOGY
Physiology	PHARMACOLOGY
Neuro-anatomy	PRESERVATIVE MEDICINE
PATHOLOGY	Hygiene and Sanitation
Parasitology	Statistics, including
Microbiology	Orthopedics Surgery
Pathology	Urology
Psychiatry	Ophthalmology
Neurology	Radiology
Zoology	Anesthesia
Physical Medicine	Chiropractic
Therapeutics	Chiropractic and Osteopathy
Tropical Medicine	

Signed at the college and dated this 19 day of May, 1963
 (SEAL) Robert J. McHenry

*The credits for degree eligibility of up to this five percent course of prescribed instruction, each of not less than 12 weeks (Section 2199, (1)) does not include the degree of Bachelor of Science or Doctor of Philosophy or any other degree.

I hereby declare that I have taken postgraduate instruction in the following institutions:

Institution	From	To

SECTION 2111 OF THE B & P CODE PROVIDES THAT BEFORE A PHYSICIAN'S AND SURGEON'S CERTIFICATE MAY BE ISSUED, SATISFACTORY EVIDENCE OF THE COMPLETION OF A YEAR'S INTERNSHIP IN A HOSPITAL APPROVED BY THE BOARD MUST BE FILED.

I further declare and state that prior to the date of this application I have not filed an application to practice any system of healing the sick, and/or affiliated under the laws of California, and that I have not practiced as a licentiate physician nor have I been associated directly or indirectly with any medical concern, company, institution, advertising specialty or advertising specialist except as follows:

and furthermore I state should a certificate be granted me by the Board of Medical Examiners of the State of California, that I will not become an insurance doctor nor become connected either directly or indirectly with any medical concern, company, institution, advertising specialty or advertising specialist and that I will conform myself with all the provisions of the California laws relating to the treatment or care of the sick and afflicted and surgical regulations both State and State.

I hereby declare that the photos of myself attached hereto, on this and on about the _____ day of _____, 19____, are true and correct, and my physical description therein is true, and my physical description therein is as follows:

Color of hair _____ Color of eyes _____

Color of skin _____

Build _____

Complexion _____

Height _____

Weight _____

Signature (Identification) _____

STATE OF CALIFORNIA
 COUNTY OF LOS ANGELES

BEFORE ME on this _____ day of _____, 19____, being duly sworn, appeared _____ who has carefully read and thoroughly understood all the requirements therein and that the statements made therein are strictly true in every respect and that he is not suffering from any ailment, communicable or contagious, and that he has never been and is not now subjected to the use of any narcotic drugs.

Richard Lee Fischer
 Physician and Surgeon

Signed and sworn to before me this _____ day of _____, 19____.
Alice Harshman
 My Commission Expires June 7, 1967
 Address 1721 Griffin Avenue, Los Angeles, Calif.



The applicant who presents a medical diploma from a FOREIGN MEDICAL SCHOOL, must meet additional requirements outlined in Sections 2199 and 2191.5 of the Business and Professions Code. SEND FOR OUR FORM 173-171. Canadian medical school graduates exempted by Chap. 281, Statutes 1935, effective September 19, 1935.

Every applicant for a "physician and surgeon certificate" shall present to the Board satisfactory evidence that before beginning the study of medicine he has completed a two-year college course which includes at least one year of work of college grade, in each of the subjects of physics, chemistry, and biology. An applicant matriculating after January 1, 1914, shall present evidence satisfactory to the Board of having completed a three-year resident course of college grade including the subjects of physics, chemistry and biology.

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

10-AUG-16 16:39:18

Person Id : Name : Fischer,Richard

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



Department of Consumer Affairs

RECEIPT

Thank you for using the BreEZe System to submit your application.

Name:	FISCHER, RICHARD L
Transaction Date:	05/21/2015 17:07
Application Number:	
Complaint Number:	
License Type:	8002
License Number:	22833
Payment Description:	Physician's and Surgeon's Renewal
Fee Paid: (US \$)	820.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.

Application Summary

5/21/15 5:04 PM

Page 1 of 3

License Type: **Physician and Surgeon A**
License Number: **22833**
File Number:
Application: **Physician's and Surgeon's Renewal**
Application Number:
Application Date: **05/21/2015 (mm/dd/yyyy)**

Personal Detail

First Name: **RICHARD**
Middle Name: **L**
Last Name: **FISCHER**
Birthdate: ****/**/******
Gender: **Male**

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning:

In order to protect your privacy and identity, address will not be displayed.

Questions

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**

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver? **Yes**



1432253092451

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

Yes

Family Physician Training Program Voluntary Fee

Voluntary Fee:

No

Attachments

Physician Survey

Are you retired?

No

Activities in Medicine

Administration - 10-19 Hours

Other - None

Patient Care - 1-9 Hours

Research - 1-9 Hours

Teaching - 1-9 Hours

Telemedicine - None

Patient Care Practice Location

Zip: 95126 County: SANTA CLARA

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: 95127 County: SANTA CLARA

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Obstetrics and Gynecology - Primary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Postgraduate Training Years

5 Years

Cultural Background

White

Foreign Language Proficiency

None

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00



Steven M. Thompson Physician Corps Loan **\$25.00**
Repayment Program

Total Amount Due: **\$820.00**

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

Signature:

Date: