

# CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons Who Have Known Applicant for at Least One Year  
(The practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and training, on request of the Board.)

This certifier that I have been personally acquainted with Wayne R. Weber M. D. for 1 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 Henry J. Beckwith M.D. Address 1021 O Street Sacramento, Cal.  
Graduated from U.C. Coll. of Medicine 1956 Licensed in Calif. No. G 6273

This certifier that I have been personally acquainted with Wayne R. Weber M. D. for 1 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 Wayne R. Weber Address 1021 O Street Sacramento, Cal.  
Graduated from Corvallis Univ. Med. Coll. June 1954 Licensed in Calif. No. 4383

## RECIPROCIITY INFORMATION

Dear Doctor:  
Answering your recent inquiry, we submit the following information regarding the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week. No TEMPORARY CERTIFICATES or SPECIAL PERMITS in practice are issued. The filing of an application does not grant an applicant any special privileges, nor is any method of treating the sick or infirmed permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein such practice is conducted. See sections 2147 to 2149 of the Business and Professions Code. Applicants must not establish an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." before a California certificate has been issued.

ADMISSION FEE of \$10.00 (foreign exchange to be added) in any form other than a personal check must accompany this application and be deposited in the office of the Board, 1021 O Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 certificate fee to be paid if certificate is issued, together with the current license fee as provided by law and the Board rules and regulations.

Mutilated or partially completed application not acceptable. Read footnotes on pages 1-2-3.  
Application based on a certificate issued "in Reciprocity" is not acceptable.

If admitted to examination in another state without possession of a diploma, an applicant must submit a certified copy of the certificate which it was a condition of examination.

Applicants who have failed in a California written or oral examination are not eligible to file a Reciprocity Application. This Application must be based on a certificate or medical license, issued by a Board of Medical Examiners (or similar medical licensing body) of any State, or Territory of the United States that maintained a standard EQUAL TO CALIFORNIA on the same date. After September 23, 1951, the requirements of the Business and Professions Code for the issuance of a physician and surgeons certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical, clinical oral examination complying with the attached notices as dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed thereon. The Board must be notified when and where you will report for oral examination.

Amendment (Chapter 109, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

Amendment (Chapter 67, Statutes 1931), effective September 15, 1931, and subsequent amendments requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING A REGULAR WRITTEN EXAMINATION.

Return This Application to 1021 O Street, Sacramento, and NOT to San Francisco  
NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

READ CAREFULLY—ALL CONDITIONS ON THIS BLANK MUST BE COMPLIED WITH IN FULL  
This application with 100¢ stamp (highly recommended) is not valid unless accompanied by a personal check and photographic copy of diploma to be approximately the same size as the original. The Board of this application sets its own rules and regulations to apply in effect or to modify any printed or written rules as offered in the State of California, the University of California, or any other institution.  
All license documents must be translated into English and signed by the Consul of the country where the institution may be located. (See last page for additional information for practice of foreign schools.)  
The English translation must be checked by each license document.

## DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

Application filed 1/23/52 4006  
Fee paid 1/23/52  
Diploma filed 1/23/52  
Diploma mailed 5555  
By 5556

### RECIPROCIITY APPLICATION—CLASS C

I hereby apply for a physician and surgeon's reciprocity certificate in the State of California and submit the following credentials as required by the Business and Professions Code (Chapter 1) and the rules of the Board of Medical Examiners of the State of California.

Name in full Wayne R. Weber Address Denver, Colorado, P.O. Box 1088  
City and residence Denver, Colorado, P.O. Box 1088

Date of birth \_\_\_\_\_ Age this date \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Are you a citizen of the United States? Give particulars Yes

Did you attend high school? Yes High School Scotland, W.S. Scotland, S.D.  
Year or years 1938-1942 Name and location of school

Did you graduate from high school? May 1942 Scotland, W.S. Scotland, S.D.  
Date of diploma Name and location of school

Did you attend college or university? Yes 4 1/2 years Augustana College, Sioux Falls, S.D.  
Year or years Name and location

Have you any degrees other than M. D.? Yes B.S. 1944 Augustana College  
Degree, name of degree and date Name institution

### PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of:  
(Note—This is required ONLY if years listed in rows 2 was issued after January 1, 1919.)

a. Physics Yes College Augustana C. Coll. from Sept. 1938 to June 1940  
Year or years Name and location Date of completion

b. Chemistry Yes College Augustana C. Coll. from Sept. 1938 to June 1940  
Year or years Name and location Date of completion

c. Biology Yes College Augustana C. Coll. from Sept. 1938 to June 1940  
Year or years Name and location Date of completion

Every applicant presenting an application based on a certificate or license issued after January 1, 1919, by any state examining board, must show that "before beginning the last half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade in each of the subjects of Physics, Chemistry and Biology." After January 1, 1924, each premedical course must have been completed prior to commencing the study of medicine. After September 23, 1911, an applicant must show the completion of a one year college course, including the subjects of Physics, Chemistry and Biology and an applicant matriculating in a medical school after January 1, 1918 must show the completion of a three year college course, including the subjects of Physics, Chemistry and Biology.

Indicate your medical education in the following manner. Be specific:  
(Applicants matriculating in medical schools graduated between August 1, 1901, and August 16, 1913, must show the medical college standards for both preliminary and professional education was such as permitted by the Association of American Medical Colleges for the year of matriculation and graduation.)

I have spent 4 1/2 years in the study of medicine and surgery each year completing \_\_\_\_\_ each in the following institutions:  
(Note—Indicate date of EACH COURSE in, Preceptor, Dispensary, Junior and Senior, and complete each course CHRONOLOGICALLY, if attended more than one school, furnish credentials from each.)

From the \_\_\_\_\_ day of August, 1938, to the \_\_\_\_\_ day of June, 1939 Augustana College, Sioux Falls, S.D.  
(Indicate) Month Name and location of medical school

From the \_\_\_\_\_ day of Sept., 1939, to the \_\_\_\_\_ day of June, 1940 Augustana College, Sioux Falls, S.D.  
(Indicate) Month Name and location of medical school

From the \_\_\_\_\_ day of Sept., 1940, to the \_\_\_\_\_ day of June, 1941 Augustana College, Sioux Falls, S.D.  
(Indicate) Month Name and location of medical school

From the \_\_\_\_\_ day of Sept., 1941, to the \_\_\_\_\_ day of June, 1942 Augustana College, Sioux Falls, S.D.  
(Indicate) Month Name and location of medical school

From the \_\_\_\_\_ day of Sept., 1942, to the \_\_\_\_\_ day of June, 1943 Augustana College, Sioux Falls, S.D.  
(Indicate) Month Name and location of medical school

From the \_\_\_\_\_ day of Sept., 1943, to the \_\_\_\_\_ day of June, 1944 Augustana College, Sioux Falls, S.D.  
(Indicate) Month Name and location of medical school

From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote)  
The University of Oklahoma, Oklahoma City, Oklahoma, the 1948

Is this application accompanied by the original diploma or a photographic copy thereof? Copy  
Specify which and where prepared

Upon what license or certificate do you base this application? Checked State Board of Medical Examiners  
City and name of board issuing certificate

Was it based upon (1) written or (2) oral examination or (3) registration of diploma? Written  
Specify which

Have you ever filed an application in California? No

Have you ever failed in a written or oral examination in California? \_\_\_\_\_ Give particulars \_\_\_\_\_

How long since you have ceased the active practice of medicine and surgery? \_\_\_\_\_

What has been your vocation since you ceased practice? \_\_\_\_\_

In what other states have you applied for license or registration? \_\_\_\_\_

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? \_\_\_\_\_

Applicants filing their application on a license issued after September 23, 1931, must show the completion of a year's internship satisfactory to the Board prior to the filing of the application. Submit with the application a photographic copy of your internship certificate.

An applicant applying to a State Medical Board Examination prior to POSSESSION OF DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

Graduates from foreign medical schools must read and comply with instructions on page 4.

4006 INFORMATION REQUIRED IF STATE CERTIFICATE IS DATED FIVE OR MORE YEARS BEFORE APPLICATION IS FILED.

X \_\_\_\_\_ X  
Responding to your requested data  
68 11 20 0  
X \_\_\_\_\_ X

Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? If so, specify \_\_\_\_\_  
 Have you ever been or are you now addicted to narcotic drugs? \_\_\_\_\_  
 Have you ever been charged with addiction? \_\_\_\_\_  
 Specify charge \_\_\_\_\_  
 Have you ever made an offer in compromise in connection with the Harrison Narcotic Law? \_\_\_\_\_  
 Have you ever been called before a Federal, state or local enforcement officer? \_\_\_\_\_  
 Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U. S. STATUTE or STATE STATUTE? If so, give full particulars \_\_\_\_\_  
 Office \_\_\_\_\_ City \_\_\_\_\_ Physician \_\_\_\_\_ City of Residence \_\_\_\_\_

My physical description on this date is as follows: \_\_\_\_\_  
 Height, \_\_\_\_\_ inches; weight, \_\_\_\_\_ pounds; color of eyes, \_\_\_\_\_ of hair, \_\_\_\_\_; identification marks, \_\_\_\_\_  
 Are you suffering from any ailment communicable to others? \_\_\_\_\_ Have you ever practiced as an itinerant physician? \_\_\_\_\_



Was the photo attached to this application a license taken within sixty days next preceding the date of the affidavit attached hereto? \_\_\_\_\_  
 Have you answered the above questions from your own knowledge or upon information from your best recollection? \_\_\_\_\_

Reciprocity not granted if the following certificate was issued "on Reciprocity."  
 APPLICANT WILL RECEIVE COPY or attach a photostatic copy in the space immediately below, the entire original State Certificate on license on which this application is based. Do not enter a Country Clerk's Certificate or Registration or a receipt for Annual Registration.

Certification of Secretary of State Board Which issued the License Used as the Basis of This Application  
 (Do not make this certification until the applicant has secured the PROCTORSHIP on the preceding page and made the required AFFIDAVIT)  
 G. R. Sparks, D.O. Secretary of the Colorado Board of Medical Examiners

I certify that the foregoing certificate No. 16112 to practice as a Physician and Surgeon was issued to Wayne Raymond Weber on the 21st day of June 1969

based on a written examination that (1) said applicant was then the actual possessor of a diploma as evidence of his completion of his medical course; (2) that said applicant BEARS ADMISSION TO SAID EXAMINATION presented to this Board a diploma issued by the University of Oklahoma Medical School on the 23rd day of June 1968 that no charge against Dr. Wayne Raymond Weber has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION certificate. (If it be a "DUPLICATE" please add an explanatory note.)

(Note—If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certificate, separate with ACROSS the page below this line the words "ISSUED ON CREDENTIALS")  
 I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.  
 I further certify that the aforesaid Dr. Wayne Raymond Weber passed the regular written examination given by this Board on December 10th, 1968 and obtained a general average of 78.2 per cent in the following subjects:

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
Anatomy		Obstetrics & Gynecology	
Bacteriology		Medicine	
Chemistry		Surgery	
Physiology & Pharmacology		Public Health & Sanitation	
Pathology			

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.  
 In testimony whereof I witness my hand and seal.  
 G. R. Sparks, D.O., Pres., M.D.M.A.  
 Secretary of the Colorado Board of Medical Examiners

dated at Denver, Colorado this 20th day of June 1969

Address: 715 Republic Bldg. 1611 Tremont Plaza  
 \*An oral examination shall not be deemed of equal weight with a written examination and no certificate shall be issued in the case where the applicant was given an oral examination in another state and the California law required a written examination on the same day.  
 \*An applicant admitted to examination prior to possession of diploma must submit a certified copy of the document used as a basis of his admission to examination.

(NOTICE—Dutch here and send to Medical College for endorsement)  
 It is hereby certified that Wayne Raymond Weber, M.D., entered the Freshman class in the University of Oklahoma Sch. of Med. on the 22nd day of August 1966

1. That as evidence of preparatory education (high school) he presented transcript from University of South Dakota rec'd Aug. 15, 1966

2. That as evidence of PRELIMINARY EDUCATION (college) he presented transcript from University of South Dakota rec'd Aug. 15, 1966 - total semester hours - 205

3. That prior to commencing the first year of the study of medicine he completed a one-year course of college grade in each of the subjects of chemistry, physics and biology as shown on the accompanying certification.  
 Every applicant based on a certificate issued after January 1, 1919, must show that prior to commencing the last fall of the second year in the study of medicine, he has completed one year of college grade in the subjects of physics, chemistry and biology. After January 1, 1919, all students must have completed the study of medicine. On and after September 22, 1919, an applicant must show the completion of a two-year college course, including the subjects of physics, chemistry and biology prior to commencing the study of medicine, and an applicant matriculating in a medical school after January 1, 1914 must show the completion of a three-year college course, including the subjects of physics, chemistry and biology.  
 \*State out number 2 if center copy of record in your institution, do, filed as matriculation requirements.

4. That he attended full courses of lectures given by this institution completed during a period of 9 months and was issued the degree Doctor of Medicine on the 9th day of June 1968

Signed David C. Hook, D.O., M.D., Pres. of Board  
 David C. Hook, D.O., M.D., Asst. Sec. of Board  
 this 23rd day of June 1969

Graduates after August 10, 1913, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Business and Professions Code of California.

STATE DEPARTMENT OF CONSUMER AFFAIRS  
INTERNET CASHIERING SYSTEM  
MEDICAL BOARD OF CALIFORNIA  
SUPPLEMENTAL INFORMATION REPORT  
From Date: 01/11/2013 To Date: 01/11/2013

ATRISUPPINF

10-AUG-16 09:41:28

Person Id : Name : Weber,Wayne

Question	Answer
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
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

Total Questions Asked For Person :

8

