

Have you ever been denied a license or certificate or the right to take any examination? Yes

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? No

Have you ever been or are you now addicted to narcotic drugs? No Have you ever been charged with addiction? No Specify charge: _____

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

Have you ever been called before a Federal, state or local enforcement officer? No

Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U.S. STATE or STATE STATUTE? No If so, give full particulars: _____

City	Place	Examination	Final Diagnosis
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My physical description on this date is as follows: _____

Height: _____ feet _____ inches weight _____ pounds; color of eyes: _____

Are you suffering from any ailment communicable to others? No

Have you ever practiced as an itinerant physician? No

Have you ever been connected, directly or indirectly, with any medical concern, company, institution, advertising specialty or advertising specialty? No If so, when and where? _____



Do you hereby agree, should a certificate be granted entitling you to practice as a physician and surgeon in the State of California, not to become connected, directly or indirectly, with any medical concern, company, institution, advertising specialty or advertising specialty?

Was the photo attached to this application likeness taken within sixty days next preceding the date of the affidavit hereto? Yes

Have you answered the above questions from your own knowledge or upon information or from your best recollection? Yes

APPLICANT WILL LEGIBLY COPY in the space immediately below, the "DURATION" Certificate on which he applies.

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Jack Harold Dym, 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: Carl A. Meyer
President of the Board

SEAL
JOHN P. HUBBARD
Executive Director of the Board
Cor. # 730950

STATE OF Penn.
Philadelphia, Pa.
July 1, 1964

COUNTY OF Allegheny
I, Jack Harold Dym, being duly sworn, depose and say that he is the applicant named in the foregoing application for a Certificate to practice as a Physician and Surgeon in the State of California; that he has read the foregoing application and knows the content thereof to be true.

Subscribed and sworn to before me this 2nd day of March, 1964

(SEAL)
ALICE E. LUTZ, Notary Public
Pittsburgh, Pa.
My Comm. Exp. 10/1/67
Signature of notary
123 Murray Ave. # 11217
Address

(Note—This affidavit and the endorsement required at the top of the next page must be dated within thirty days of the filing date of this application. After you have completed all data required in Nos. 1 and 2, fill in your affidavit (1) and seal this blank to the Secretary of the National Board of Medical Examiners, who will return it to you at the top of next page.)

Certification of the National Board of Medical Examiners
NATIONAL BOARD OF MEDICAL EXAMINERS

I, John P. Hubbard, M.D., President of the National Board of Medical Examiners and official custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 73095 was issued to Jack Harold Dym, M.D., on the 28th day of July, 1964 and has been delivered to him; (2) that prior thereto said applicant had with the National Board, his Medical Diploma; (3) that said applicant has passed examinations given by the National Board as follows:

1st part	<u>Pittsburgh, Pa.</u>	from <u>June 20</u> to <u>June 21</u> , 19 <u>61</u>	<u>80.2</u>
	Location of examination	Month Day to Month Day	Enter percentage
2d part	<u>Pittsburgh, Pa.</u>	from <u>April 23</u> to <u>April 24</u> , 19 <u>63</u>	<u>84.3</u>
	Location of examination	Month Day to Month Day	Enter percentage
3d part	<u>Pittsburgh, Pa.</u>	from <u>January 22</u> to <u>Jan 23</u> , 19 <u>64</u>	<u>85.7</u>
	Location of examination	Month Day to Month Day	Enter percentage

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to the California Board on request; (5) that the "Diplomate" Certificate on the preceding page bears the original due of issue (if a Duplicate please add an explanatory note); (6) that from the records of the National Board of Medical Examiners, I believe the above applicant to be a fit, proper and fully qualified person to receive a physician's and surgeon's certificate to practice in California and so recommend.

In testimony whereof witness my hand and seal
John P. Hubbard, M.D.
Signature of executive officer
Official title President

Place of Philadelphia, Pennsylvania Address 1930 Chestnut Street
Philadelphia,
Pennsylvania, 19104

It is hereby certified that Jack Harold Dym entered the Freshman class in the School of Medicine on the 8th day of September, 1959

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented Certificate of Preliminary Education Number A 12243 dated August 29, 1960.

2. That as evidence of PRELIMINARY EDUCATION (college) he presented Certificate of Preliminary Education Number A 12243 dated August 29, 1960.

3. That prior to commencing the study of medicine he completed a one-year course of college grade in each of the subjects of Physics, Chemistry and Biology as shown on the accompanying certification.

Every application based on a certificate issued after January 1, 1959, must show that prior to commencing the last half 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, 1964, such course must have preceded the study of medicine. After September 21, 1963, 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, 1964, must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.

4. That he attended all courses of lectures given by this institution completed during a period of four courses and was issued the degree Doctor of Medicine on the 3rd day of June, 1963

Signed Samuel P. Harrison, M.D.
Samuel P. Harrison, M.D., Associate Dean
of University of Pittsburgh School of Medicine
Dean of School

this 10th day of February, 1964
Graduates after August 10, 1963, 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 Medical Practice Act of California.

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 08/14/2013 To Date: 08/14/2013

ATRISUPPINF

10-AUG-16 16:42:07

Person Id :

Name : Dym,Jack

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

A And Its Territories, Military Court Or A Foreign Country? NO

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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:	DYM, JACK HAROLD
Transaction Date:	10/01/2015 18:26
Application Number:	
Complaint Number:	
License Type:	8002
License Number:	18786
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

10/1/15 5:55 PM

Page 1 of 3

License Type: **Physician and Surgeon G**
License Number: **18786**
File Number:
Application: **Physician's and Surgeon's Renewal**
Application Number:
Application Date: **10/01/2015 (mm/dd/yyyy)**

Application Questions

Have you served or are you currently serving in the military? **Y**

Personal Detail

First Name: **JACK**
Middle Name: **HAROLD**
Last Name: **DYM**
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.

License Attributes Selected

Secondary Status **Military**

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**



1443747348567

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 - 1-9 Hours**Other - None****Patient Care - 1-9 Hours****Research - None****Teaching - None****Telemedicine - None**

Patient Care Practice Location

Zip: County: LOS ANGELES

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: County:

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

4 Years

Cultural Background

White

Foreign Language Proficiency

None

Web Site Profile

Cultural Background - Yes**Foreign Language Proficiency - Yes****Gender - Yes**

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

