

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICE AGENCY



MEDICAL BOARD OF CALIFORNIA  
1425 HOWE AVENUE, SUITE 54, SACRAMENTO, CA 95833-3230  
(916) 224-4411

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MEDICAL BOARD OF CALIFORNIA

JUN 01 12 00 PM



APPLICATION FOR PHYSICIAN AND SURGEON'S  
EXAMINATION OR LICENSURE

Read all instructions prior to completing this application. All questions on this application must be answered, and all supporting documentation must be submitted with this application per instruction. Please type or print neatly. Where space provided is insufficient, attach additional sheets of paper.

1. Name: Last first middle

Kirschner Nora I Brigitta

2. Other names you have used (include maiden name):

3. Social Security Number

See disclosure statement on LIC

4. Address: Number and Street/Route (include apartment number, if any)

705 Airport Road

City State ZIP Code Country  
Chapel Hill NC 27514 USA

5. Telephone Numbers: Home Work

A. Date of Birth: Mo/Day/Yr

7. Sex:  Female  Male

B. Are you a U.S. citizen?

Yes  No

If you are a Foreign Medical Graduate you must provide an original Certificate of Naturalization, Declaration of Intention to become a U.S. Citizen or a full birth record from the country you practice medicine in to state or country.

9. Have you ever filed an application for examination or licensure in California?

Yes  No

YES, give date of previous application:

10. List name and address of all colleges or universities attended other than schools where professional medical instruction was received. Submit an official transcript from each school attended.

Name	Address	Period of Attendance	
		From (Mo/Yr)	To (Mo/Yr)
TUFTS University	123 University Ave, Medford, MA 02155	8/76	5/80
University of Maryland	101 North St, College Park, MD 20742	6/81	5/83
Georgetown	3900 Reservoir Rd NW, Washington DC 20007	7/83	5/87

10a. Check whether the following premedical courses were successfully completed and show when completed.

Course	Yes	No	Name of College or University
Chemistry: General Organic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Md, College Park, Md
Physics: General	<input checked="" type="checkbox"/>	<input type="checkbox"/>	University of Md, College Park, Md
Biology: General Zoology	<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNIVERSITY OF MD, COLLEGE PARK, MD

11. List name and address of all schools where professional medical instruction was received. Submit an original Certificate of Medical Education (Form 12) and official transcripts from each school attended.

Name	Address	Place Where Instruction Received	Period of Attendance	
			From (Mo/Yr)	To (Mo/Yr)
Georgetown	3900 Reservoir Rd NW Washington DC 20007	Washington DC	7/84	5/87

12. Doctor of Medicine Degree granted by (submit original medical diploma and a photocopy; Note, a U.S. graduate may, in lieu of the original, submit an official certified photocopy that has the school seal affixed on the signature of the registrar/official/examining officer)

Name of Medical School	Address of Medical School	Date of Issuance	School Code
Georgetown University	3900 Reservoir Rd. NW Washington, DC 20007	5/1987	L1A

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17. Have you ever been denied a license, permission to practice medicine or any other healing art, or examination in any state, country, or U.S. federal jurisdiction?

If yes, give details below:

State or Country	Date of Denial	Reason for Denial

18. Have you been charged with unprofessional conduct or any other unlawful activity by any healing arts licensing authority or by the U.S. military and are awaiting final disposition by that body? You must also list any pending actions or dispositions.

If yes, please explain on a separate sheet of paper.

19. Have you ever voluntarily surrendered a license to practice by the healing arts in another state?

If yes, please explain on a separate sheet of paper.

20. Have you ever had staff privileges in a hospital denied, suspended or revoked, or resigned from a medical staff in lieu of disciplinary action?

If yes, please explain on a separate sheet of paper.

21. Are you now, or were you in the past, addicted to or treated for addictions to controlled substances, such as narcotics or alcohol?

If yes, please explain on a separate sheet of paper.

22. Have you ever been convicted of, or pled not guilty to a violation of any federal, state or local law relating to the manufacture, distribution or dispensing of controlled substances?

If yes, give details below:

Violation and Location	Date	Penalty or Disposition

23. Have you ever been convicted of, or pled not guilty to any offense, misdemeanor or felony of any state, the United States, or a foreign country except violations of traffic laws resulting in loss of \$750.00 or less.

YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED UNDER SECTION 1203.4 OF THE PENAL CODE OR UNDER ANY OTHER PROVISION OF LAW. A SEPARATE LETTER EXPLAINING THE DETAILS OF THE OFFENSE IS ALSO REQUIRED.

If yes, give details below:

Offense and Location	Date	Penalty or Disposition

\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Title 1, 94-403 (42 U.S.C.A. 405) (a) (2) (C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes. If you fail to disclose your social security number, you will be reported to the Branches Tax Board, which may assess a \$100 penalty against you.

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STATE OF CALIFORNIA - STATE AND CONSUMER SERVICE AGENCY

GEORGE DEUKMEJIAN, Governor



MEDICAL BOARD OF CALIFORNIA

3225 HOWE AVENUE, SUITE 24, SACRAMENTO, CALIFORNIA 95833  
(916) 499-4411



CERTIFICATE OF MEDICAL EDUCATION

MEDICAL SCHOOL: DO NOT COMPLETE IF PHOTOGRAPH OF APPLICANT/STUDENT IS NOT ATTACHED BELOW.

This certifies that Nora B. Kirshner, M.D.

(NOT NAME IS APPLICANT)

of Washington, DC

enrolled in Georgetown University Sch. of Medicine

3900 Reservoir Road, NW  
Washington, DC 20007

on the 16th day of AUGUST, 1984

and was granted the following credit on enrollment:

**Premedical Education:** Two years of preprofessional postsecondary education, including the subjects of physics, chemistry, and biology [Business and Professions Code Section 2008].

**Advanced Credits:** Credit previously obtained at an approved medical school.

The undersigned further certifies that the records of this institution show that she attended in this institution 4 courses of residential instruction of 9 weeks each, comprising at least 4,000 hours, of which at least 80 percent actual attendance is required, in the subjects set forth hereunder (Business and Professions Code Section 2009), and that she was granted the degree Doctor of Medicine by  she withdrew from the above mentioned medical school on the 28th day of May, 1988.

- |  |                                       |   |
|--|---------------------------------------|---|
| Anatomy                                | Dermatology                           | Preventive medicine/Infectious Diseases |
| Ophthalmology                          | Endocrinology                         | Physical Medicine                       |
| Otorhinolaryngology                    | Histology                             | Respiratory                             |
| Pathology, including Radiation Safety  | Immunology                            | Neuroanatomy                            |
| Tropical Medicine                      | Internal Medicine                     | Child Abuse Detection and Treatment     |
| Physiology                             | Surgery, including Orthopedic Surgery | Diabetic Education                      |
| Biostatistics                          | Urology                               | Scientific                              |
| Pathology, Microbiology and Immunology | Psychiatry                            | Pharmacology                            |
| Ophthalmology                          | Neurology                             | Anesthesia                              |

Signed and the college seal affixed this 2nd day of May, 1991

by John W. McNameara, Registrar

Medical School Seal **MUST** Be Imprinted Partially on the Photograph.

TRANSCRIPTS OF PREMEDICAL EDUCATION, ADVANCED CREDITS, AND MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE.

Do not stamp when premedical credit of educational institution is not used. If this stamp is used, it must be used on the original photograph of the student. Do not use the stamp on a copy of the photograph.

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GEORGE DEUKMEJIAN, Governor

DEPARTMENT OF  
**Consumer Affairs**

**MEDICAL BOARD OF CALIFORNIA**

1425 HOWE AVE., STE. 54  
SACRAMENTO, CA 95826-0230  
(916) 930-0411

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SECRETARY  
MEDICAL BOARD  
OF CALIFORNIA



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DIVISION OF LICENSING

MAY 22 2 23 PM '91

**CERTIFICATION STATEMENT**

This is to certify that Nora B. Kirchner, M.D. is in an approved ACGME/CCME postgraduate  
(Name of Physician)  
training position that commenced on June 20, 1988 and is expected to be completed  
on June 30, 1991 in Internal Medicine  
(Type of Training)  
at University of Virginia Medical Center, Charlottesville, VA 22908  
(Name and Address of Facility)

(AFFIX SEAL OF)  
(HOSPITAL OR)  
(NOTARY PUBLIC)

*I hereby declare under penalty of perjury under the laws of the State of California that the above statements are true and correct and the facility is approved by the ACGME or the CCME to offer the type and level of training completed by the applicant and that the applicant is being trained in an approved ACGME or CCME program position.*

Margaret E. Walters, Dir., Medical Staff/Residency Office  
Type or title name of Director of Medical Education

Margaret E. Walters  
Signature of Director of Medical Education

May 13, 1991  
Date

(804) 924-2047  
Phone Number

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