00344

STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY

EDMUND G. BROWN JR., Governor

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (916) 322-5043
APPLICATIONS AND EXAMINATIONS (916) 322-5040

JUL 24 10 39 AM '79

# APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
# BASED ON NATIONAL BOARD CREDENTIALS
## CLASS G

000638

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: Last: WISE First: ELIZABETH Middle: FRANZI

2. Telephone No.:

3. List other names, if any, you have used: none

4. Address: Street and No./Rural Route: 4099 Hamilton St, #16 City: San Diego State: CA Zip Code: 92104

5. Name you wish on License: ELIZABETH FRANZI WISE

Birthdate: (Month - Day - Year)

6. Premedical College or University: Massachusetts Institute of Technology Location: Cambridge, MA

Period of attendance: From 9/71 To 2/74

Check premed courses successfully completed: ☒ Chemistry ☒ Physics ☒ Biology or Zoology

7. Medical School:

*in Harvard-MIT Program in Health Science and Technology

| Year | Name of Institution | Location | From | To |
|---|---|---|---|---|
| 1st | Harvard Medical School ** | Boston, MA | 9/74 | 6/75 |
| 2nd | Harvard | " | 6/75 | 6/76 |
| 3rd | Harvard | " | 6/76 | 6/77 |
| 4th | Harvard | " | 6/77 | 6/77 |
| 5th | | | 6/77 | 6/78 |
| 6th | | | | |

8. Doctor of Medicine Degree granted by: Harvard Medical School Date: 6/8/78

For office use only School Code: MA001

9. 1st Year Postgraduate Training (Internship):

| Location | Type of Service | From | To |
|---|---|---|---|
| Univ California at San Diego | Family Medicine Internship | 6/78 | 6/79 |

10. List all States in which you have been licensed to practice medicine: none

11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? Yes No

If Yes, indicate below:

| State | Date | Charge | Disposition |
|---|---|---|---|
| | | | |

12. Have you ever been denied a license to practice medicine in any State or Country? Yes No

If Yes, indicate below:

| State or Country | Date of Denial | Reason for Denial |
|---|---|---|
| | | |

13. Are you now or have you ever been addicted to narcotic drugs? Yes No

07A-161 (REV. 2/77)

(Over)

| 14. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or disposing of controlled substances/narcotics, or to drug addiction? | Yes | No |
|---|---|---|
| 15. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of $50.00 or less.) | Yes | No |

16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

| Violation and Location | Date | Penalty/Disposition |
|---|---|---|
| | | |
| | | |
| | | |

| 17. Have you ever had staff privileges in a hospital suspended or revoked? If yes, please explain on another sheet of paper. | Yes | No |
|---|---|---|

Applicant: Please complete the following:

Height: ____ Ft. ____ In. Weight: ____ Lbs.

Hair color: ____ Eye color: ____

Identifying marks: ____

NOTE: The information on this application is required and maintained pursuant to Section 2312 of the Business and Professions Code. All items in this application are mandatory, none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their applications subject to the provisions of the California Public Records Act.

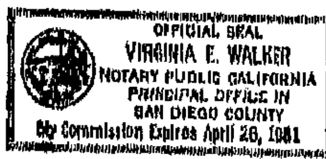
NOTE: APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC:

*"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."*

Signature of Applicant Elizabeth Weir MD

Date July 6, 1979

Subscribed and sworn to before me this 6th day of July 1979




Signature of Notary Virginia E. Walker

Address University Hospital, 225 Dickinson St., San Diego, CA. 92103

My commission expires April 26, 1981

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY EDMUND G. BROWN JR., Governor

# BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
APPLICATIONS AND EXAMINATIONS
(916) 920-6411

## PLEASE FORWARD TO YOUR MEDICAL SCHOOL

## CERTIFICATE OF EDUCATION

This Certifies That Elizabeth Frances Dise
Full name of applicant

enrolled in Harvard Medical School
Name of medical school (college)

on the 4th day of September 19 74
Month Year

[X] as a Freshman.

[ ] with advanced standing based on ______
Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

[X] PHYSICS [X] CHEMISTRY [X] BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at Massachusetts Institute of Technology, and that he attended while at this
Please indicate school

medical school (college) 4 courses of lectures of 32 weeks each,
Specify number Specify number of weeks

completing 4000 hours in the subjects below listed, and that ~~he~~/she:
Total hours

[X] was granted the degree { ~~Bachelor~~ Doctor } of Medicine

[ ] left the above mentioned medical school (college) for the following reason(s):

______

______

on the 8th day of June 19 78
Month Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

| | | |
|---|---|---|
| ___Anatomy | ___Preventive medicine | ___Medicine |
| ___Embryology | ___Hygiene and sanitation | ___Pediatrics |
| ___Histology | ___Radiology, including roentgenologic technique and radiation safety | ___Psychiatry |
| ___Neuroanatomy | | ___Neurology |
| ___Physiology | ___Urology | ___Dermatology |
| ___Psychobiology | ___Ophthalmology | ___Physical medicine |
| ___Biochemistry | ___Anesthesia | ___Therapeutics |
| ___Pathology, bacteriology and immunology | ___Otolaryngology | ___Tropical medicine |
| ___Pharmacology | ___Obstetrics and gynecology | ___Surgery, including orthopedic surgery |

Signed and the College seal affixed this 9th day

[ AFFIX SEAL HERE ]

of July 19 79
Month Year

By [signature]
President, Secretary, Dean
Audrey Noreen Koller, Registrar