



BOARD OF MEDICAL EXAMINERS
1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE:
Applications and Examinations (916) 333-5040

STATE OF CALIFORNIA
BOARD OF MEDICAL EXAMINERS



JUN 28 8 01 AM '76

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

14019
14020
14021

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

1. NAME: Cies, Lucia Social Security No. WU

2. List other names, if any, you have used:
(NONE)

3. Address: Street and No./Rural Route 871 Wisconsin Street City San Francisco State Calif. Zip Code 94107

4. Name you wish on license: Lucia Cies Birthdate: (Month - Day - Year)

5. Premedical Education: Harvard University Location Cambridge, Mass.
Period of attendance: Sept. 1966 to June 1970 Check premed courses successfully completed:
 Chemistry Physics Biology or Zoology

6. Medical School:

Year	Name of Institution	Location	From	To
1st	<u>School of Medicine, University of California</u>	<u>San Francisco</u>	<u>June 1972</u>	<u>June 1972</u>
2nd	<u>same</u>	<u>"</u>	<u>Sept. 1971</u>	<u>March 1972</u>
3rd	<u>same</u>	<u>"</u>	<u>Sept. 1972</u>	<u>June 1973</u>
4th	<u>same</u>	<u>"</u>	<u>June 1973</u>	<u>June 1974</u>
5th	<u>"</u>	<u>"</u>	<u>June 1974</u>	<u>March 1975</u>
6th				

7. Doctor of Medicine Degree granted by: University of California Date March 30, 1975 For office use only: School Code: 202

8. 1st Year Postgraduate Training (Internship):

Location	Type of Service	From	To
<u>San Francisco General Hospital</u>	<u>Family Practice Residency</u>	<u>June 1975</u>	<u>June 1976</u>

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

10. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? Yes No
If Yes, indicate below: (not applicable)

State	Date	Charge	Disposition

11. Have you ever been denied a license to practice medicine in any State or Country? Yes No
If Yes, indicate below: (not applicable)

State or Country	Date of Denial	Reason for Denial

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



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: (916) 322-5040



This Certifies That Lucia Cias Full name of applicant
of San Francisco, California Address when matriculated matriculated in University of California, Name of medical school (college)
San Francisco Location on the 27 day of September 19 71 Month

and was granted the following credits on matriculation:
Entered as a freshman

Specify whether entered freshman or with advanced credits

based upon the following credentials:

The undersigned further certifies * that the records of this institution show that PRIOR TO COMMENCING THE STUDY OF MEDICINE the applicant herein referred to has completed a three-year course of College grade including the subjects of PHYSICS, CHEMISTRY and BIOLOGY and that she attended in this institution |
13 courses of lectures of 12 weeks each, completing the following schedule totaling at least
Specify number Specify number of weeks

4,000 hours in the subjects required by Article 5, Section 2192 of the Business and Professions Code, relating to the practice of medicine, as set forth hereunder, and that she was granted the degree ~~of~~ Doctor of Medicine § by the above-mentioned Medical (College) on the 30th day of March 19 75 Month Year

Anatomy
Embryology
Histology
Neuroanatomy
Physiology
Psychobiology
Biochemistry
Pathology, bacteriology and immunology
Pharmacology
Preventive medicine
Hygiene and sanitation
Radiology, including roentgenologic technique and radiation safety

Medicine
Pediatrics
Psychiatry
Neurology
Dermatology
Physical medicine
Therapeutics
Tropical medicine
Surgery, including orthopedic surgery
Urology
Ophthalmology
Anesthesia
Otolaryngology
Obstetrics and gynecology

Signed and the College seal affixed this 22 day of June 1976

[AFFIX SEAL HERE]

Dr. H. ... M.D.
President, Secretary, Dean

* If premedical work has been completed since the time directed therein and institution where completed.
1 An applicant matriculating in a medical school before January 1, 1954 need only present evidence satisfactory to the board of having completed a TWO Year resident course of college grade including the subjects of physics, chemistry and biology.
1 Each medical school attended must complete one of these forms covering period of attendance.
1 Strike out the degree NOT CONFERRED.
The law requires a term of 36 weeks each totaling 1,000 hours medical education completed in a school approved by the Board.

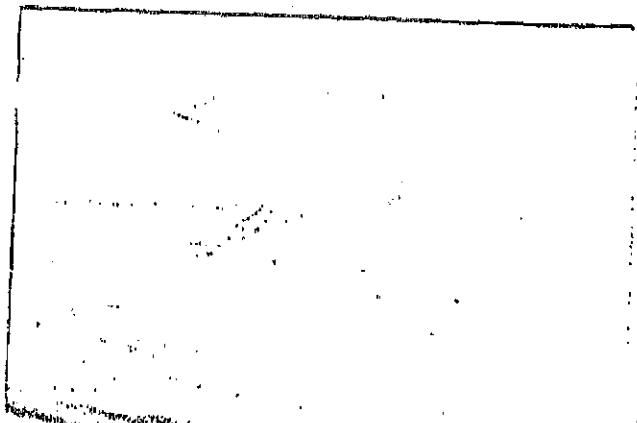
14. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? Yes No

15. Have you ever been convicted of, pled guilty or 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:

(not applicable)

Violation and Location	Date	Penalty/Disposition



Applicant: Please complete the following:
 Height: Ft. n. Weight: Lbs.
 Hair color: Eye color:
 Identifying marks:

Lucia Cies

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."

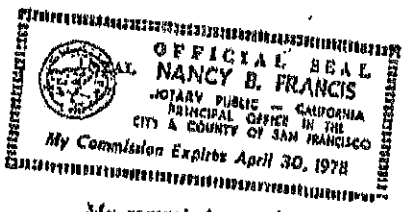
Signature of Applicant: *Lucia Cies*

Date: *June 23, 1976*

Subscribed and sworn to before me this *23* day of *June* 19*76*.

Signature of Notary: *Nancy B. Francis*

Address: *46 San Francisco*



My commission expires: _____