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BOARD OF MEDICAL EXAMINERS

1120 N. STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE:

Applications and Examinations (916) 322-5040

EDMUND G. BROWN JR., Governor  
SACRAMENTO  
BOARD OF MEDICAL  
QUALITY

JUN 22 3 03 PM '76 MS/MC

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

13501  
13502  
13503

CLASS C

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

1. NAME: Last <b>KIRSCHENBAUM</b> First <b>GENE</b> Middle <b>DAVID</b> Maiden		2. Social Security No. <b>UNOBTAINED</b>	
3. List other names, if any, you have used:			
4. Address: Street and No./Rural Route <b>2265 So. BEVERLY GLEN BLVD.</b>		City <b>LOS ANGELES</b>	State <b>CALIF.</b> Zip Code <b>90064</b>
5. Name you wish on License: <b>GENE DAVID KIRSCHENBAUM, MD</b>		Birthdate: (Month - Day - Year)	
6. Pre-medical Education: Name of College or University <b>SYRACUSE UNIVERSITY</b>		Location: <b>SYRACUSE, N.Y.</b>	
Period of attendance: From: <b>9/67</b> To: <b>6/71</b>		Check premed courses successfully completed: <input checked="" type="checkbox"/> Chemistry <input checked="" type="checkbox"/> Physics <input checked="" type="checkbox"/> Biology or Zoology	
7. Medical Schools:			
Year	Name of Institution	Location	From To
1st	<b>N.Y. MEDICAL COLLEGE</b>	<b>NYC, NY</b>	<b>9/71 6/75</b>
2nd			
3rd			
4th			
5th			
6th			
8. Doctor of Medicine Degree granted by: <b>NEW YORK MEDICAL COLLEGE</b>		Date <b>6/3/75</b>	For office use only School Code: <b>NY9</b>
9. 1st Year Postgraduate Training (Internship): <b>KAISER FOUNDATION HOSPITAL</b>			
Location <b>4817 SUNSET BLVD. L.A., CALIF.</b>		Type of Service <b>OB-GYN PRACTICE</b>	From To <b>9/1/75 6/30/76</b>
10. List all States in which you have been licensed to practice medicine: <b>NONE</b>			
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



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This Certificate That BENJ. DAVID KIRSCHENBAUM  
Full name of applicant  
 of 77 E 12 St. NYC, NY  
Address when matriculated matriculated in NEW YORK MEDICAL COLLEGE  
Name of medical school (college)  
NYC, NY  
Location on the 8 day of SEPTEMBER 1971  
Month

and was granted the following credits on matriculation:

FRESHMAN  
Specify whether entered freshman or with advanced credits

based upon the following credentials: BA ZOOLOGY, SYRACUSE UNIVERSITY, SYRACUSE, N.Y.  
Give a transcript of premedical education or advanced credit either above or on an attached cover

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 he attended in this institution ‡

four courses of lectures of 32 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 he was granted the degree { Doctor } of Medicine §

by the above-mentioned Medical (College) on the 3 day of JUNE 1971  
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 20th day of May 1976

[ AFFIX SEAL HERE ]

By Coralynn P. Pappas  
 Associate Registrar

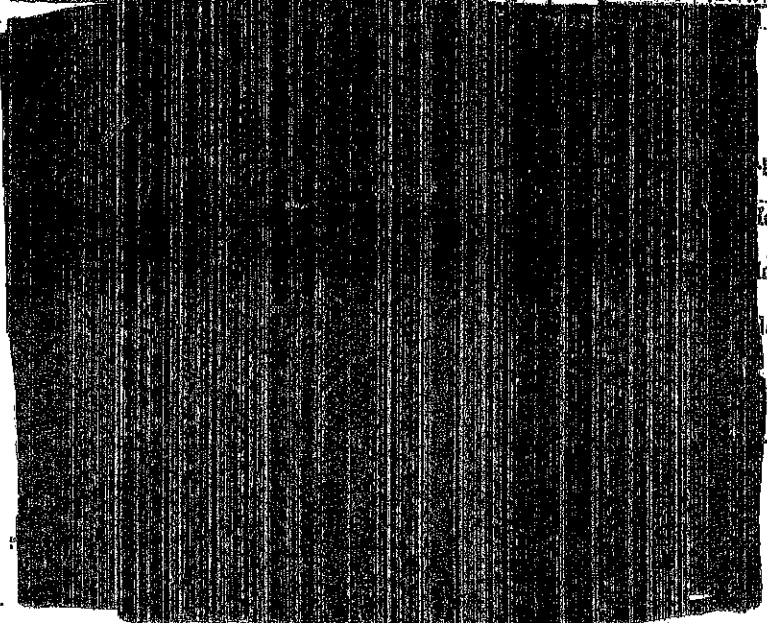
\* If premedical work has been completed state the time devoted therein and institution where completed.  
 † An applicant matriculating in a medical school before January 1, 1954 need only present evidence satisfactory to the board of having completed a TWO Year resident course of college grade including the subjects of physics, chemistry and biology.  
 ‡ Each medical school attended must complete one of these forms covering period of attendance.  
 § Strike out the degree NOT CONFERRING.  
 The law requires 4 terms of 32 weeks each totaling 4,000 hours medical education completed in a school approved by the Board.

14. Have you ever been convicted or 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 or 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 state in the following tabular form:

Date	Penalty/Disposition



Applicant: Please complete the following:

Height:      Ft.      In. Weight:     

Hair color:      Eye color:     

Identifying marks:     

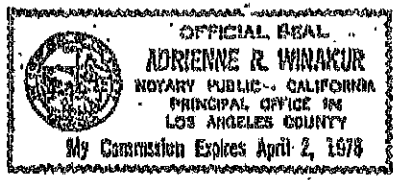
**NOTE--APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.**

"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: *David Kerachentsov, MD*

Date: 6/11/76

Subscribed and sworn to before me this 1<sup>st</sup> day of June, 1976



Signature of Notary: *Adrienne R. Winakur*

Address: 4867 Sunset Blvd

My commission expires April 2, 1978