

14. REFERENCES

Names and addresses of three registered practitioners of medicine in good standing to whom reference may be made if necessary, relative to applicant's moral and professional character:

NAME		ADDRESS
1. DR DAVID KIRBY	M.D.	2 CHURCH ST SOUTH, NEW HAVEN, CONN 06510
2. DR CARL M. CASSIN	M.D.	2 CHURCH ST SOUTH, NEW HAVEN, CONN 06510
3. DR STANLEY R. LAURIES	M.D.	2 CHURCH ST SOUTH, NEW HAVEN, CONN 06510

15. SOCIETY RECOMMENDATION

As secretary of the below named Medical Society, I certify that Dr. _____ is personally known to me, and that he is an ethical practitioner and of good moral character. I have examined the statements made by the applicant and believe them to be true.

SEAL

NAME AND ADDRESS OF SOCIETY
DATE
SIGNATURE OF SECRETARY

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD
P.O. Box 30018
905 Southland, Lansing, Michigan 48909

LMO-04 (3/77)

NOV 19 17 79 142343 ***105.00

(DO NOT WRITE IN THIS SPACE)

ENDORSEMENT APPLICATION

FEES SUBMITTED NONREFUNDABLE

FEE \$105.00 Make check or money order, in U.S. currency,
payable to STATE OF MICHIGAN — MEDICINE

Approved by _____

I hereby apply for endorsement of my certificate of registration No. _____

Issued by _____
STATE BOARD OR NATIONAL BOARD

on the _____ day of _____, 19____
NAME OF APPLICANT (last) (first) (middle)
MALTZER MARK CHARLES

BUSINESS ADDRESS (NO., STREET, CITY, STATE, ZIP)
333 COAR ST. NEW HAVEN CONNECTICUT 06510

HOME ADDRESS (NO., STREET, CITY, STATE, ZIP)
NEW HAVEN CONNECTICUT 06511

PLACE OF BIRTH _____ DATE OF BIRTH _____ INTENDED RESIDENCE (CITY) DETROIT

1. Are you a citizen of the United States? YES ☒ NO ☐ If "NO", Check one of following which is applicable:

2. If a naturalized citizen please give date of naturalization: _____

SOC. SECURITY # _____

2. Have you ever practiced any other branch of the Healing Arts? ☐ YES ☒ NO If "YES", what branch and where? _____

3. Have you ever been notified by any medical board or society of any complaint against you relative to the practice of medicine? ☐ YES ☒ NO If "YES", explain: _____

4. Has any formal action ever been taken on your medical license by any State Medical Board? ☐ YES ☒ NO If "YES", explain: _____

5. Have you ever been convicted of any crime in any state? ☐ YES ☒ NO If "YES", explain: _____

6. Have you been a member of any branch of the Armed Forces? ☐ YES ☒ NO If "YES", give dates of service and branch: _____

7. In what states do you hold an active medical license? (Please have each state direct a letter to this Board concerning your license status)
NONE

8. In what states have you previously practiced medicine and held a license?
NONE

9. EDUCATIONAL RECORD	NAME AND LOCATION OF INSTITUTION ATTENDED	DATES OF ATTENDANCE		DEGREES OBTAINED
		MONTH/YEAR	MONTH/YEAR	
PREMEDICAL EDUCATION	OBERLIN COLLEGE	9-68	1-72	A.B.
MEDICAL EDUCATION	UNIVERSITY OF MICHIGAN	9-72	6-76	M.D.
POST GRADUATE EDUCATION				

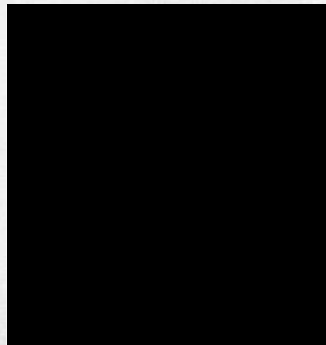
Note: Please attach complete summary of medical training and experience

INTERNSHIP	TYPE <input checked="" type="checkbox"/> ROTATING <input type="checkbox"/> MIXED <input type="checkbox"/> STRAIGHT	NAME OF HOSPITAL YALE NEW HAVEN HOSPITAL
ADDRESS OF HOSPITAL 333 CEDAR ST. NEW HAVEN, CONN.		DATES OF INTERNSHIP FROM: 7/1/76 TO: 6/30/77
DEGREE OF DOCTOR OF MEDICINE RECEIVED FROM	NAME OF MEDICAL SCHOOL UNIVERSITY OF MICHIGAN	DATE RECEIVED 6-76

10. AFFIDAVIT OF APPLICANT

STATE OF Connecticut	COUNTY OF New Haven	DATE August 20, 1979
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_____, being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.



Mark Charles Maltzer, M.D.
Signature of Applicant in Full

Subscribed and sworn to before me *Richard H. Judd*
NOTARY PUBLIC

April 1, 1981
MY COMMISSION EXPIRES

11. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

I hereby certify that I have reviewed the answers in the above application. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that I am unaware of information that would suggest that said applicant is not of good moral and professional character.

I further certify that MARK CHARLES MALTZER, M.D. matriculated in the University of Michigan Med School
(Name and Address of Medical School)
on August 28, 1972 (Date), and was graduated May 30, 1976 (Date) 1335 Catherine St. Ann Arbor, MI
at which time, he was granted the
degree of Doctor of Medicine. If the degree, Bachelor of Medicine is conferred upon completion of
four years of medical school, further state the conditions and time the degree, Doctor of Medicine will be granted.

SEAL

NAME OF MEDICAL SCHOOL The University of Michigan Medical School	
DATE October 4, 1979	SIGNATURE OF DEAN, SECRETARY OR REGISTRAR <i>Frances D. French</i> Frances D. French, Director of Academic Services

Note: No application will be accepted without proper completion of this portion (Sec. 11)

12. HOSPITAL INTERNSHIP / OR FIRST YEAR RESIDENCY

I hereby certify the Dr. Mark C. Maltzer satisfactorily served twelve months rotating (Rotating or mixed or straight)
 X residency internship in Yale-New Haven Hospital from July 1, 1976 to June 30, 1977
 (CHECK ONE OF ABOVE) (DATE) (DATE)

SEAL

ADDRESS OF HOSPITAL

789 Howard Avenue
New Haven, Connecticut 06504

DATE

August 20, 1979

SIGNATURE OF MEDICAL DIRECTOR, SUPERINTENDENT
 OR CHIEF OF STAFF

Lawrence K. Pickett, M.D., Chief of Staff

13. CERTIFICATION OF SECRETARY OF STATE BOARD WHICH ISSUED LICENSE USED AS THE BASIS FOR THIS APPLICATION

(NOTE: If you are a Diplomate of the National Boards, please submit National Board Certificate of Record in lieu of completion of this Section.)

As Secretary of the below named agency, I certify that License No. _____ to practice Medicine and Surgery was
 issued to Dr. _____ on _____ (DATE)

The issuance of this license was based on: ☐ FLEX Examination ☐ Credentials ☐ Board Examination

This license has never been revoked. If licensure was based on examination, I further certify that the aforementioned Doctor
 passed the regular written examination given by this Board on _____ and scored a general average of
 _____ percent of the following subjects:

DAY I - BASIC SCIENCES AV. _____

DAY II - CLINICAL SCIENCES AV. _____

Anatomy	Medicine
Physiology	Surgery
Biological-Chemistry	Obstetrics & Gynecology
Pathology	Preventive Medicine & Public Health
Microbiology	Pediatrics
Pharmacology	Psychiatry

DAY III - CLINICAL COMPETENCE _____

I believe the above applicant to be a fit and proper person to receive a Reciprocity Certificate.

SEAL

BOARD OR DEPARTMENT

DATE

SIGNATURE OF SECRETARY



WILLIAM G. MILLIKEN, Governor
WILLIAM S. BALLENGER, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD (now known as MICHIGAN BOARD OF MEDICINE)

P. O. BOX 30018

905 SOUTHLAND, LANSING, MICHIGAN 48206

Telephone Area Code 517 373-0680

BOARD MEMBERS

John R. Wilson, M.D., President
Donald H. Kuiper, M.D., Vice President
Mrs. Margaret Thoms, Secretary
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James L. Fenton, M.D.
Alma R. George, M.D.
Henry A. Kaliet, M.D.
Addison E. Prince, M.D.

February 15, 1980

Mark Charles Maltzer, M.D.

Madison Heights, Mich. 48071

Dear Doctor:

We are enclosing a certified copy of your Michigan medical licensure
42011 dated Feb. 15, 1980

This certificate will enable you to practice legally and apply for your
Controlled Substances Registrations, membership in your county medical
society, and hospital staff privileges.

The engraved certificate of Michigan medical licensure, which is to be
framed and conspicuously displayed in your business office or consultation
room, will be ordered and forwarded as soon as it can be hand inscribed and
the seal and signatures affixed. This usually takes four to six months.

PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN ADDRESS
OTHER THAN THE ONE SHOWN ABOVE.

PLEASE NOTE ENCLOSURES:

1. General Rules - re: Continuing Medical Education.
2. General Rules - re: Standards of practice regarding amphetamines.
3. Michigan Board of Pharmacy memorandum concerning registration for
controlled substances.

Sincerely yours,

MICHIGAN BOARD OF MEDICINE

Bert C. Brennan
Executive Director

Encls.



ENDORSEMENT OF CERTIFICATION

RECEIVED

NOV 29 1979

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

DEPT. OF LIC. & REG.

MARK C. MALTZER, 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: JOHN S. MILLIS
Chairman of the Board

SEAL

ROBERT A. CHASE
President of the Board

Philadelphia, Pa.

07/01/77

Cert. # 168086

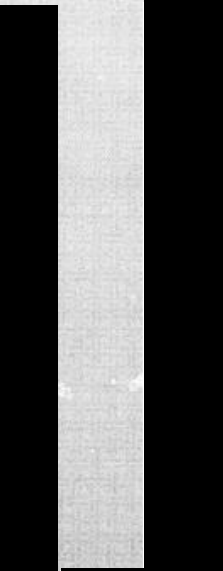
It is certified that the above is a copy of the Diplomate Certificate issued to the named physician,
a graduate of **UNIV OF MICHIGAN MED SCH** in
MAY 1976, whose birth date is **1950**, following successful completion
of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

PART I passed 06/74
Anatomy, incl. histology and embryology
Physiology
Biochemistry
Pathology
Microbiology, incl. immunology
Pharmacology and Materia Medica
Behavioral Sciences
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**

Part II passed 09/75
Internal medicine and the medical specialties
Surgery and the surgical specialties
Obstetrics and Gynecology
Public Health and Preventive Medicine
Pediatrics
Psychiatry
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**

PART III passed 03/77
A General Test of Clinical Competence
(Minimum Passing Grade 290/75) AVERAGE

GENERAL AVERAGE (Parts I, II, and III)Standard*
ScoreScale
Score

(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Heverling
Secretary for Certification
11/26/79

SEAL

Date

CURRICULUM VITAE

NAME: Mark Charles Maltzer

Date of birth: [REDACTED] 1950

Place of birth: [REDACTED]

Marital Status: [REDACTED]

Spouse: [REDACTED]

Education: High School: Royal Oak Dondero, Royal Oak, Mich. 1964-1968
College: Oberlin College, Oberlin, Ohio 1968-1972
Medical: University of Michigan Medical School,
Ann Arbor, Mich. 1972-1976

Residency: Categorical mixed internship. Yale New Haven Hospital,
New Haven, Conn. 1976-1977
Assistant Resident Ob/Gyn. Yale New Haven Hospital, New
Haven, Conn. 1977-1979
Chief Resident, Ob/Gyn. Yale New Haven Hospital, New
Haven, Conn. July, 1979 to present.

National Honor Societies: Phi Beta Kappa, 1971

Publications: Maltzer, M.C., Silva, J., "Chemotaxis of Leukocytes in
Pregnancy" J. CDC. in press
Berkowitz, R. Drugs and Pregnancy, Yale Press (Chapter
on anticoagulants) in press

Hospital Committees: Perinatal Morbidity and Mortality 1979-1980
Housestaff Council 1979-1980

Foreign Languages: French: fluently
Spanish: working knowledge in Ob/Gyn (experience
in USC/LAC)

Other: "Free Clinic" coordinator at voluntary clinic, Coldwater,
Mich. University of Michigan Medical School, 1973-1976
Started the drug rehabilitation program, Oberlin, Ohio
1973