

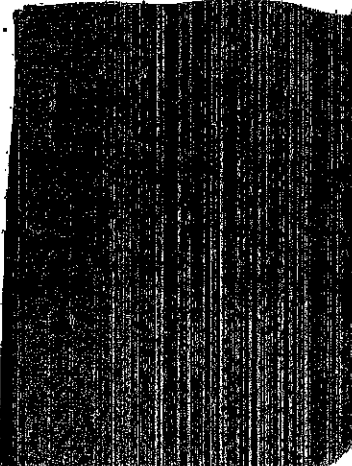
Name NONE

Name NONE
City SAN JOAQUIN State CALIF. Date JUNE 26, 1920

SECTION ONE OF THE BY-LAWS OF THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA...

I hereby certify that the plates of eyes, physical defects...

and the physical condition of the eyes of the patient...



I hereby certify that the plates of eyes, physical defects...

State of California
City of SAN FRANCISCO

Signature of Christopher Robert Mills

Speed and return to before at 8 day of May 1920

Official seal of the Board of Medical Examiners of the State of California.

Signature of Laurence H. Hutton
Secretary of California Medical Examiners

The applicant who presents a medical diploma from a FOREIGN MEDICAL SCHOOL...

Every applicant for a "physician and surgeon certificate" shall present to the Board...

CERTIFICATE OF MORAL CHARACTER

University of California and Board of Regents of the University of California

This Certificate has been previously registered with Christopher Robert Mills

University of California, San Francisco
Graduated from University of Calif. S.F. No. 946 Class of 1917

This Certificate has been previously registered with Christopher Robert Mills

University of California, San Francisco
Graduated from Massachusetts University No. 943 Class of 1917

CERTIFICATE OF MEDICAL EDUCATION

This Medical Certificate was issued to the holder by the Board of Regents of the University of California...

This Certificate was issued to Christopher Robert Mills of San Francisco, California

graduated from UNIVERSITY OF CALIF. SCHOOL OF MEDICINE, SAN FRANCISCO, CALIF.

based upon the following credentials: High school diploma at least 2 years of pre-medical work

The holder of this certificate has received the following credits in the subjects of PHYSICS, CHEMISTRY, AND BIOLOGY...

Table with 2 columns: Allotment (Anatomy, Physiology, Microbiology, etc.) and Department (Anatomy, Biochemistry, etc.)

Speed and return to before at 15th day of May 1920

Signature of George R. De H

*The holder of this certificate shall be held to the highest standard of professional conduct...

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK. MAKE A PHOTOCOPY FOR YOUR RECORDS

License Renewal Application
Physician and Surgeon

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U S A and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING YES NO

D. Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HAVE A PERMANENT CME WAIVER.
SIGNATURE REQUIRED HERE *Christopher Robert Mills* DATE: _____

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

AMOUNT DUE NOW	DELINQ FEE IF POSTMARKED AFTER 01/30/14
\$808.00	\$886.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$	\$

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

Signature required here

LICENSE NO. 24522 EXPIRES 12/31/13

ACTIVE CHRISTOPHER ROBERT MILLS
464 N STEWART
SONORA CA 95370

OVER

63010100000100002000245225011231130008080000088600

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name	Address
STOCKTON PREGNANCY CONTROL MEDICAL CLINIC	3209 N. CALIFORNIA STREET STOCKTON CALIF 95204

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

10002010 20002000 20010001

