

35966

DO NOT WRITE ON THIS FOLD

No. 35966

APPLICATION FOR REGISTRATION AS  
PHYSICIAN AND SURGEON

Section 18 - Half Bd

Mizock, Gilev Barton

City [REDACTED]

Street and number [REDACTED]

County Cook [REDACTED]

Preliminary Education  
approved 19

Medical Education  
approved 19

Diploma verified July 10 1959

Diploma returned 19

By air parcel { Mail  
Express

Clinical Test Fee  
(\$150.00) received JUN 1 1959 19

Certificate Fee  
(\$50.00) received AUG 28 1959 19

Certificate issued August 28 1959

Certificate forwarded 19

Application declined 19

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EXAMINATION RECORD

Practical Test

SUBJECT	First Examination	Second Examination
Laboratory Diagnosis	[REDACTED]	
Eye, Ear, Nose, and Throat		
Surgery		
Medicine		
Total		
General Average		

Date of first examination 7-10 1959

Date of second examination 19

PERSONAL INFORMATION

Applicant Must Fill Following Blanks in Own  
Handwriting

Name Giles Mizock

Postoffice address [REDACTED]

Is this your first application for a license in Illinois?  
Yes

Name of College issuing diploma:  
Chicago National School

Date of Graduation:  
June 14 1958

Total years of practice 0

If licensed in other states, give facts below.

State                      Date                     

"                      "                     

"                      "                     

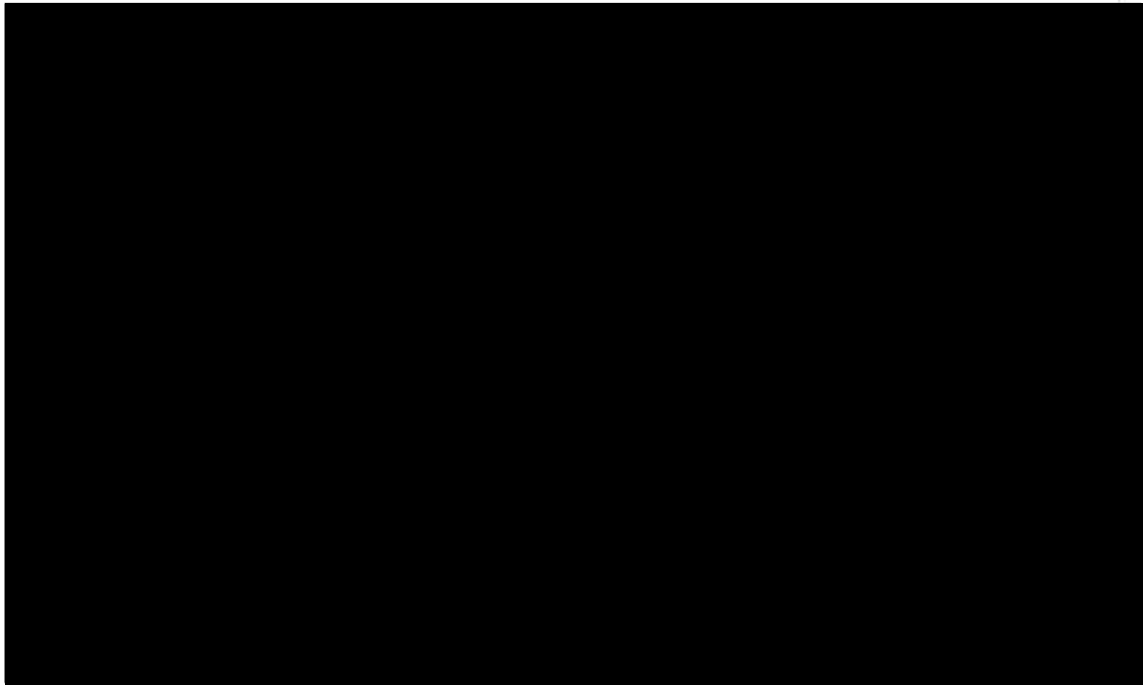
"                      "                     

I am not, and have not been an itinerant or advertising physician, and I hereby agree not to become such if a certificate be granted me to practice medicine in Illinois.

[REDACTED]

Signature of Applicant

M. D.



### CERTIFICATE OF MORAL CHARACTER

This is to Certify that we, the undersigned, are personally acquainted with Giles M. Cook,  
who is applying for registration as a Physician and Surgeon under the Illinois Medical Practice Act, and we know him to  
be of good moral character, and that he is the person referred to in this application; and that the attached photograph and  
signature are his.

Signed:  M. D.

Address: 12901 S. Parkway

Illinois License No. 36-336-408

Signed:  M. D.

Address: 10141 N. Forestview

Illinois License No. 36-352701

MAY 29 1959 237978 36  
STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
SPRINGFIELD

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY UNDER SECTION 13 OF AN ACT  
ENTITLED "THE MEDICAL PRACTICE ACT" OF ILLINOIS.

I hereby make application for a license to practice Medicine and Surgery in all their branches in the State of Illinois, and submit the following statements regarding my educational qualifications:

Full name Giles Bart Mizack  
Present address [REDACTED]  
Intended residence [REDACTED]  
Place of birth [REDACTED] Date of birth [REDACTED] Age [REDACTED]  
Are you a citizen of the United States? Yes

Naturalized citizens of U.S. must submit Certificates of Naturalization; aliens must submit proof of making Declaration of Intention to become citizens (first papers).

HIGH SCHOOL EDUCATION

Name and location of school attended Austin H.S., Chicago, Ill. Period of attendance Feb. 1947  
(For example, Oct. 10, 1913, to May 20, 1914)  
1st year "  
2d year "  
3d year "  
4th year "  
I was graduated from the Austin High School on the 1<sup>st</sup> day of Feb. 1951

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended U. of Illinois, Chicago, Ill. Period of attendance Feb. 1951  
(For example, Oct. 6, 1914, to May 24, 1915)  
1st year "  
2d year "  
3d year "  
4th year ", Champaign-Urbana  
I have credit for 128 hrs. of college work. I received the degree of B.S.  
(No. of majors, semester-hours, or clock hours)  
from College of Liberal Arts & Sciences on the 1<sup>st</sup> day of June 1954  
(College or University)

MEDICAL EDUCATION

I attended Chicago Medical School full courses of medical lectures as follows:  
At Chicago Medical School (Name of Medical College)  
from the 4<sup>th</sup> day of Oct. 1954 to the 25<sup>th</sup> day of June 1959  
At [REDACTED] (Name of Medical College)  
from the [REDACTED] day of [REDACTED] 19[REDACTED] to the [REDACTED] day of [REDACTED] 19[REDACTED]  
At [REDACTED] (Name of Medical College)  
from the [REDACTED] day of [REDACTED] 19[REDACTED] to the [REDACTED] day of [REDACTED] 19[REDACTED]  
At [REDACTED] (Name of Medical College)  
from the [REDACTED] day of [REDACTED] 19[REDACTED] to the [REDACTED] day of [REDACTED] 19[REDACTED]  
Rotating internship served at Michael Reese Hosp.  
from July 1, 1958 to July 1, 1959  
I was granted a diploma as a Doctor of Medicine by the Chicago Medical School  
located at Chicago, State of Illinois, on the 25<sup>th</sup>  
day of June 1954, and the Diploma presented with this application is the genuine Diploma of said institution.

dup 6/14/58

State of ILLINOIS ss.  
County of Cook

GILES MIZOCK, being  
duly sworn, says that he is the person referred to in this application and that  
the statements therein contained are true.

[Redacted]  
(Signature of Applicant)

Subscribed and sworn to before me this 1st day of

May, A. D. 19 59

[Redacted]  
(Notary Public)

### CERTIFICATION OF COLLEGE ATTENDANCE

(Give exact dates.)

May 7, 1959

TO THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that GILES BARTON MIZOCK  
was in regular attendance at the The Chicago Medical School  
from the 4th day of October, 1954 to the 18th day of June, 1955  
from the 5th day of July, 1955 to the 16th day of June, 1956  
from the 1st day of October, 1956 to the 22nd day of June, 1957  
from the 24th day of June, 1957 to the 14th day of June, 1958  
from the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ to the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
and was granted a Diploma as Doctor of Medicine by The Chicago Medical School  
located at Chicago State of Illinois  
on the 14th day of June, 1958

[Seal of College]

[Redacted]  
(Dean, Secretary or Registrar)

### CERTIFICATE OF INTERN SERVICE

This is to certify that Giles Mizock, a graduate  
(Name of Applicant)  
of Chicago Medical School Medical College in 1958  
(Date)  
served a ~~straight~~ rotating internship in Michael Reese Hospital  
(Name of Hospital)  
located at 29th and Ellis, Chicago 16, Illinois  
(Address of Hospital)  
from July 1, 1958, to June 30, 1959

[Redacted]  
(Signature of Hospital Superintendent)  
med. director

**NATIONAL BOARD OF MEDICAL EXAMINERS  
CERTIFICATION OF GRADUATION**

This certifies that WIZOOK GILES D

is a person of good moral character, that he has been a

student in CHI MED School of Medicine 54071

from October, 1954 To June, 1958 and that

**PLEASE DO NOT BEND,  
FOLD, STAPLE OR  
MUTILATE THIS CARD**

the degree of M.D. has been conferred on June 14, 1958

January 7, 1959

(Date)

President

Submitted to the  
NATIONAL BOARD OF MEDICAL EXAMINERS  
133 South Thirty-sixth Street, Philadelphia 4, Pa. 54071

## CERTIFICATE OF EDUCATION

### PREMEDICAL EDUCATION

**This Certifies** that Mizock, Giles B. of Chicago, Illinois

is a person of good character; that he (she) matriculated Sept. 1954 in the medical school of  
(Date)  
University of Illinois, submitting credentials

which indicated that he (she) had completed (1) a standard four-year high school course and (2) at least two years of acceptable premedical college work (60 semester hours), which included at least the credits indicated in each of the following subjects: **Chemistry** (12 hours, including 4 hours of organic chemistry), **Physics** (8 hours), **Biology** (8 hours), and **English** (6 hours).

### MEDICAL EDUCATION

**This Also Certifies** that this candidate has completed satisfactorily the subjects below in which grades or other designations are given:

FIRST YEAR		SECOND YEAR		THIRD YEAR	
SUBJECT	GRADES*	SUBJECT	GRADES*	SUBJECT	GRADES*
Anatomy . . . . .		Anatomy . . . . .		Anatomy . . . . .	
Physiology . . . . .		Physiology . . . . .		Physiology . . . . .	
Biochemistry . . . . .		Biochemistry . . . . .		Biochemistry . . . . .	
Pathology . . . . .		Pathology . . . . .		Pathology . . . . .	
Bacteriology . . . . .		Bacteriology . . . . .		Bacteriology . . . . .	
Phar. & Mat. Med. . . . .		Phar. & Mat. Med. . . . .		Phar. & Mat. Med. . . . .	

\* Including Laboratory.

Signed

[Redacted Signature]

President Date

Date July 18, 1956

[SEAL]

This form is to be used for reporting any subjects which are not completed in the second year. This form will be accepted for entries in those schools to which this applies.

June 10, 1959

Medical  
Division

Giles P. Mizock, M.D.  


Dear Doctor:

Your application for registration in Illinois upon the basis of your National Board Examination has been received and you will be furnished with a card of admission to the clinical examination which is scheduled for July 10 when we receive an official transcript of your medical and premedical studies and your grades from the National Board of Medical Examiners.

Very truly yours,

Vera M. Binks  
Director

By Fredric B. Selcke  
Superintendent  
of Registration

LH:hk