

RECEIVED

STATE OF KANSAS

APPLICATION FOR A LICENSE BY ENDORSEMENT

OCT 27 1982

To the Kansas State Board of Healing Arts:

KANSAS STATE BOARD OF HEALING ARTS

I hereby make application for a license to practice Medicine and Surgery, Osteopathic Medicine and Surgery, or Chiropractic in the State of Kansas. (Strike out words not applicable.) For the purpose of obtaining such license I make the following statement of facts and offer the following proof in support of my qualifications:

1. ORRIN ARLINGTON MOORE
First Name Middle Name Last Name

(Print name as you wish it to appear on your license.)

Permanent Mailing Address Confidential Overland Park New York 14668
(Street) (City) (State) (Zip) KS 66207

2. Place of Birth Guyana Date of Birth Confidential 42

3. EDUCATIONAL BACKGROUND:

Pre-Healing Arts (College) Education:

University of Maryland Princess Anne Maryland 21885 1/30/68 - 5/21/72
School Location Dates

Professional Education (Please submit certified copy of Healing Arts school diploma)

Cornell University Medical College 1300 York Ave New York, NY 10024 - 9/72 - 5/76
School Location Dates

I received the degree of M.D. from the Cornell University Medical College
(name of professional college)

located at 1300 York Ave, New York, NY 10024
(City) (State)

on the 26th day of May 1976

Postgraduate Medical Education: if applicable none

Internship State University of New York Downstate - Kings County Medical CTR Brooklyn, NY 11203 450 Clarkson Ave 7/1/76 - 6/30/77
Hospital/Institution Location Dates

Residencies same as above 7/1/77 - 6/30/80

Fellowships none

If you are a foreign medical graduate, do you hold a permanent ECFMG certificate?
() YES () NO Number: _____
(Please include copy)

4. Do you limit your practice to a specialty? yes

Primary: Obstetrics and Gynecology

Secondary: none

5. Have you ever been granted healing arts licensure by any State or Territory? YES () NO If yes, please list:

State or Territory	License No.	Effective Date	Current
New York	132971	10/28/77	to present
Missouri	R3C18	5/26/82	to present
California	G47149	2/22/82	to present

6. List locations and dates of previous healing arts practice, including present:

Location	Dates
State University of New York	
Downstate - Kings County Medical CTR	
450 Clarkson Ave Brooklyn, NY 11203	7/1/76 - 6/30/78
800 Carter Street	
Rochester, New York 14624	7/1/80 to present 7/82
Private Group Practice	

7. Address of present practice: 9150 E. 41st Terrace, 816-356-5000

~~800 Carter Street~~

Tele. No. 716-338-1400

City Kansas City State Missouri

~~Rochester~~

~~New York~~

Zip 64133

As a result of this application, do you intend to change location of your practice? YES NO

If yes, give location and date of intended establishment of practice:
Location: Prime Health 9150 East 41st Terrace, Kansas City Missouri Date 8/1/82
64133

- | | Yes | No |
|--|-----|-------------------------------------|
| 8. Was any license ever revoked, suspended or cancelled? | | <input checked="" type="checkbox"/> |
| 9. Have you ever been denied a license? | | <input checked="" type="checkbox"/> |
| 10. Have you ever been denied the privilege of taking an examination? | | <input checked="" type="checkbox"/> |
| 11. Have you ever surrendered your D.E.A. number? | | <input checked="" type="checkbox"/> |
| 12. Have you ever been disciplined by a Board? | | <input checked="" type="checkbox"/> |
| 13. Have you ever been denied hospital staff privileges or had staff privileges revoked? | | <input checked="" type="checkbox"/> |
| 14. Have you ever practiced any other branch of the healing arts? | | <input checked="" type="checkbox"/> |
| 15. Have you ever been a patient for the treatment of mental illness? | | <input checked="" type="checkbox"/> |
| 16. Have you ever been addicted to alcohol or drugs? | | <input checked="" type="checkbox"/> |
| 17. Have you ever been convicted of a felony? | | <input checked="" type="checkbox"/> |

Confidential

Confidential

Confidential

If you answered YES to any of the above questions, PLEASE GIVE DETAILS:
(on this or separate sheet if necessary)

If you are rendering professional services in Kansas you are required by K.S.A. 40-3401-3419 to maintain professional liability insurance of not less than \$100,000 per occurrence (per claim) subject to not less than \$300,000 annual aggregate for all claims made during the policy period and to participate in the Kansas Health Care Stabilization Fund.

18. In what company do you carry professional Liability Insurance? St. Paul Fire & Marine

Policy Number 580JG4441 Have you ever been accused

of malpractice? NO

Explain fully _____

Was a settlement made? _____ Explain fully _____

19. Have you ever been in military service? NO List assignments and periods of service.

20. CERTIFIED COPY OF STATE LICENSE OR NATIONAL BOARD CERTIFICATION

(A photostatic or verbatim copy to follow here of State Board license or National Board certificate, certified by the Secretary, with seal.)

This Filing to be Filled Out
by the Secretary Only

ENDORSEMENT

The Kansas State Board
of
Healing Arts

OFFICE RECORD—(Leave Blank)

Name Orrin Arlington Moore, M.D.

Address **Confidential**

City Overland Park

State KS 66207

Reciprocal Certificate No. _____
Application for Certificate through Endorsement with
National Board

Kansas Certificate No. 19844

Issued DEC 10 1982 19__

Certificate Forwarded MM 07 1982 19__
Sent by Certified Mail

By William Allen, M.D. Secretary

This is to certify that I have known Dr. ORRIN A. MOORE
of **Confidential** Rochester, N.Y. 14618 whose photograph is hereto attached, for 1
years; that he is a capable physician, an ethical practitioner whose moral character is above reproach; and that he is not addicted to
intoxicants or narcotics.

I further certify that to the best of my knowledge and belief Dr. MOORE
is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

I am a member of the Jackson County Medical Society
Signed [Signature]
Address 9180 E. 41st Terrace
State Kansas City, Mo. 64114

NOTE: Fee must accompany the application. Fee payable by bank draft or money order. No personal checks. Make fee payable to Kansas
State Board of Healing Arts. Continuing Education is a requirement for renewal of license each year. Professional Certificates sent
Certified Mail only.

25. OATH OF APPLICANT:

State of Missouri
County of Jackson ss

I, ORRIN ARLINGTON MOORE, hereby certify under oath that I am the person
referred to in the above application for license to practice the healing arts in the State of Kansas, and that the statements herein contained
are each and all strictly true in every respect; and the attached photograph is a true likeness, taken within 90 days of application.

X [Signature] Signature of Applicant Sworn to before me this 26th day
of October 1982

M. Michele Parrish
Notary Public

My commission expires
March 17, 1984



27. Address to which Certificate will be mailed by cer-
tified mail.
Name ORRIN A. MOORE, M.D.
Street **Confidential**
City Rochester Overland Park
State Kansas Zip Code 66207
Certificates will be mailed in June and December. Please
give address to be used at that time or notify Board office of
change.

RECEIVED

OCT 27 1982

KANSAS STATE BOARD OF
HEALING ARTS

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Orrin Arlington Moore, 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 Certificate # **166481**

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **CORNELL U MEDICAL COLLEGE** in **MAY 1976** and whose birth date is **Confidenti 1942**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score	
PART I passed <u>06/74</u>			
Anatomy, incl. histology and embryology		Confidential	
Physiology			
Biochemistry			
Pathology			
Microbiology, incl. immunology			
Pharmacology and Materia Medica			
Behavioral Sciences			
TOTAL TEST (Minimum Passing Score 380/75)			
Part II passed <u>04/76</u>			
Internal medicine and the medical specialties			
Surgery and the surgical specialties			
Obstetrics and Gynecology			
Public Health and Preventive Medicine			
Pediatrics			
Psychiatry			
TOTAL TEST (Minimum Passing Score 290/75)			
PART III passed <u>05/77</u>			
A General Test of Clinical Competence			
TOTAL TEST (Minimum Passing Score 290/75)			
GENERAL AVERAGE (Parts, I, II, and III Scale Score)			

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Ann K. Heverling
Secretary for Certification

10/06/82

Date

SEAL

Cornell University

Be it known that

Orin Arlington Moore

having satisfied in full the requirements for the degree of

Doctor of Medicine

has been admitted to that degree with all the rights, privileges and honors pertaining thereto in witness of this action the seal of the University and the signatures authorized by the Board of Trustees are affixed below

Given at New York, New York, on the twenty-sixth day of May, in the year one thousand nine hundred and seventy-six



Robert J. Johnson
RJM

Dale R. Conson
President

M. MICHELE PARRISH
Notary Public - State of Missouri
Commissioned in Jackson County

My Commission Expires 3-17-84

This is a true and actual copy of the original sworn to me this 26th day of October, 1982.

M. N. T. D.