

MEDICAL BOARD OF CALIFORNIA LICENSING PRIOGRAM

1426 Howe Avenue, Sacramento, CA 95825-3236 (919) 263/2499[



APPLICATION FOR PHYSICIAN AND SURGEON'S LICENSURE

Please <u>BEAD</u> all Instructions prior to completing this application. <u>ALL</u> questions on this application must be answered, and <u>all</u> supporting documents must be submitted with this application as per instructions.

Please type or print neatly. When space provided is insufficient, attach additional sheets of paper.

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10. Have you ever If YES, please give o	filed an appli	cation for phy	sician and surg	eon examinat	on or licensi	ire in Calif	fornia?		es 🔯 N	o ii
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12. List the names and addresses of all schools where professional medical instruction was received, and, where applicable, the degree awarded. PLEASE SUBMIT: 1) an original Certificate of Medical Education (Form L2) and official transcripts with the signature of the dean or registrar and the school seal affixed from each school attended; and 2) an original medical diploma and a photocopy.										
School Name		Address	Ble	ace of Instruction		Dates of	Attenciance		Degree Awa	nded
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Harvand Me	dical Sch	001 253	hallusk Si		MA -021	(5	Anna	ine l	0, 1999	e a sete
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17. Has a claim or action	on for damages eve	been filed agains	st you in the course of the prectice of me	dicine or any other hea	ling art	
which resulted in a malp	ractice settlement, ju	idgement or arbit	ration award of over \$30,000,00?	Yes	No	
IF YES, GIVE DETAILS BELOV	٧.	797			1	
Name of Claimant	Location of Court	Section 1	Brief Description of the facts			
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16. Have you ever been	n denled a license, 🕫	ermission to prac	tice medicine or any other healing art, o	r denied permission to	take	
An examination in any st IF YES, give details selov	ate, country, or U.S.	. federal jurisdictic	on, or is any such action pending?	Yes	No .	
State or Country		The state of the s	and the salar commence of the salar and salar	The second secon	<u></u>	
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19. Have you ever volu	ntarily surrendered	a licertse to practi	se in the healing arts in this or any other	state, or volumently		
surrengered your narcon	c (controlled substa	nce) permit (state	or federal) to any licensing board or an	y other		
agency, or is any such a	ction pending?	***		Ves	No	
20. Have you ever had	staff oriviteras in a	beingb letinend	suspended, limited, revoked or not renev		· · · · · · · · · · · · · · · · · · ·	
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-21. Do you have any condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety.						
including but not limited to, any of the following?						
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if yes, please check the appropriate box(es) below:						
A condition which required admission to an inpatient psychiatric treatment facility.						
O Alcohol or chemical substance dependency or addition.						
Emotional, mental or behavioral disorder. Other (explain):						
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"For any of the boxes checked above, please submit complete official inpatient and outpatient treatment records, evidence of ongoing						
REHABILITATION TREATMENT,	and a personal writi	en explanation.	•	, -	4	
GUESTION 22: For a	inv nositive respon	se to the following				
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or other governmental or law enforcement agencies. You have the getet to random the medical lice	Insing authorities, E	ay the processing of your application. d Professions Code, which authorizes is Federation of State Medical Boards
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MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM 1426 Hower Avenue, Sacramento, CA 95825-3236 DALIFORNIA



OERTIFICATE OF COMPLETION OF ACGME/OCME POSTGRADUATE TRAINING

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	<u>Valversity of</u> Name of Program Director:		, san e-canc	LECO DUS	rachassus	Ave., Box U	132, San Fran Telephone Number		+424
	Lee A. Learman		.0.			- Address of the second	(415) 476-5	192	
*	Signature of Frogram Direct	LUMMA			WY		Oate Signed: 2/22/01	- Department	**************************************
4	List Categorical Specialty A OB/GYN	Nea of Training Com	pleted by Trainee:		Date Training 0		Date Freining Compl 6/20/00	eled:	
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MEDIGAL BOARD ÖF CALIFÖRNIA LIGENSÎNG PROGRAM

1426 Howe Avenue - Sacramento, GA - 95625-3236 - 4916) 263-2499





CERTIFICATE OF MEDICAL EDUCATION

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MEDICAL BOARD OF CALIFORNIA LIGENSING PROGRAM

1426 Howe Avenue "Sacrairiento, CA 95825-3236 (916) 263-2499



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NOTE: Do-not-use this form in lieu of Form L3A, "Gertificate of Completion of ACGME/CCME Postgraduate Training."

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IMPORTANT ADDRESS CHANGE INFORMATION

You must report all address changes to the board within 30 days, release allow only 32 characters per line for your new address. Return to the address indicated above. If the address reported is a post office box, you must also provide a confidential street address.

MUST INCLUDE PHYSICIAN'S SIGNATURE

07A-107 (Rev. 9/2001)

MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM 1426 Howe Avenue, Suite 54 Sacramento, CA 55825-3238 (916) 283-2382



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