

ME 0027006 01
LIVERIGHT, TIMOTHY F. JR.
4430 SOUTHWEST 43RD AVENUE

INQUIRES

- 4 - AMA
- 2 - D.E.
- 3 - INTERNSHIP
- X - RESIDENCY
- 5 - EMPLOYMENT
- 6 - MEDICAL SOCIETY
- 7 - LICENSE
- 8 - ~~REF.~~ N. Boards
- 9 - REF.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

ENDORSEMENT APPLICATION

RECEIVED

MAY 5 1976

BOARD OF
MEDICAL EXAMINERS

Fee of \$100.00 must accompany application. NO FEE REFUNDED.

Answer all questions. If the answer to any question is YES, give details in a notarized affidavit attached to the application.

On the basis of certification by the National Board of Medical Examiners Federation Licensure Examination (FLEX) I hereby, apply for licensure to practice medicine and surgery in Florida, and in support of this submit the following information.

Name in full Timothy Foch Liveright (Type or print. Use no initials.)

List all other names you have used. _____

Have you ever legally changed your name? No If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 6430 SW 63rd Court, S Miami, FLA 33143

Office address Presently Resided with University of Miami

Permanent address (if different from above) _____

Intended residence 820 S Delaney Ave, Abon Park, Fla. (Print street and number, city, state, zip code)

Place of birth New York City, NY Date of birth 1/15/45

Are you a citizen of the United States? Yes (If foreign born attach proof of citizenship or declaration of intention.)

Did you attend a college or university? University of Pennsylvania, Phila, Pa. 1962-67 (Give name, location and dates)

Do you have any degree other than M.D.? (M.D. from Temple University 1971) (Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

Wayne State U, Detroit, Mich from Sept 1967 to June 1969
(Name of medical school, location)

Temple U, Phila, Pa from Sept 1969 to May 1971
(Name of medical school, location)

_____ from _____ 19____ to _____ 19____
(Name of medical school, location)

_____ from _____ 19____ to _____ 19____
(Name of medical school, location)

Degree of Doctor of Medicine was obtained from Temple U, Phila, Pa (Name of medical school, location)
on May 1971

CERTIFICATE OF MEDICAL EDUCATION (Applicant must submit certified copy of medical diploma. Documents written in language other than English must be accompanied by a notarized translation.)

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.

Training: List chronologically residency or other post-graduate training. Give name and address of hospitals, exact dates, and specify type of training. If currently in training give name of department chief.

June, 1975 through present - University of Miami, Dept of Family Medicine (Lynn Carmichael, chief)
June, 1971 - June, 1972 - Phila. General Hospital - Internship. (Truman Schwabel, Chief)

List chronologically locations practiced and/or employed. Give addresses, dates, specify type of practice and/or employment.

Dec, 1974 - June, 1975, Family Planning Coun. of Woburn, Mass, Northampton, Mass (Lestelavne head)
June 1972 - June 1973 - General medical duties at Bldg 305, Rancho Los Amigos Hospital, Downey, Calif. - drug Rehabilitation Ward (Leon Marder, Chief)
April, 1974 - Nov., 1974 - College of Chinese Acupuncture, Oxford, England (Jack Worstley, head)

List hospitals where you have staff privileges (Give addresses, dates of service, chief of staff.)

Have you ever been denied staff privileges in any hospital? No

MILITARY SERVICE: (Attach copy of separation report.)

none

(Branch of service, rank, dates)

FOREIGN GRADUATES: ECFMG Standard Certificate No. _____ issued after passing examination. (Attach notarized copy of certificate.)

In what states are you licensed? List states giving license number and date of issuance.

California, 1972 - G-23553 - 1972
Massachusetts, 1974 - 36532 - 1974

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath? No

Have you ever failed a state board, FLEX or National Board examination? No

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency of any state or country? No

Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct? No

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any state, territory, or country? No

Are you certified by or qualified for an American Specialty Board? No If yes, give name of Board.
(Enclose copy of Board certificate or letter verifying eligibility.)

Have you ever been convicted of a felony? No A misdemeanor? No Have any judgments ever been entered against you? No Have you ever been sued for malpractice? No

Have you ever had to discontinue practice for any reason for a period of one month or longer? No

Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or any other medication? No

Are you now or have you ever been emotionally or mentally ill? No Have you ever received psychotherapy? No

Have you ever voluntarily or otherwise been a patient in a hospital for the treatment of mental or emotional illness, drug addiction or abuse, or excessive use of alcohol? No

Have you ever been treated but not hospitalized? No

If any of these questions are answered yes, give details including dates, names of and addresses of hospitals and treating physicians on sworn affidavit.

Have you ever been warned or called before the Bureau of Narcotics and Dangerous Drugs? No Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? No Have you ever been denied or surrendered a narcotic tax stamp? No

LIST MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates and complete address (street, city, state).

None

Has any application for medical society membership been rejected? No

Have you ever been notified to appear before a medical society in regard to charges or complaints filed against you? No

List civic organizations of which you are or have been a member.

None

FLEX Certification: (Applicant must have weighted average of 75% or above on one complete writing of the examination to be eligible for consideration.)

Applicant is responsible for contacting FLEX and having a certified transcript of FLEX grades sent to the Florida Board. The address is: FLEX c/o The Federation of State Medical Boards, 1612 Summit Avenue, Suite 308, Fort Worth, Texas 76102.

CERTIFICATE OF NATIONAL BOARD OF MEDICAL EXAMINERS: Applicant is responsible for contacting the National Boards and having a certified copy of grades and certificate number sent to the Florida Board. The address is: National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, Pa. 19104.

RECOMMENDATIONS: Give the names and complete addresses of two physicians in each city where you have practiced. If in training or employed give names and addresses of physicians with whom you have worked.

Sam Topal, M.D. (re. family planning), Family Planning of Jackson Mem. Hsp, Center St, North Miami Beach, Miss.
Daniel Hubert, M.D. (re. drug qualification), Bldg 305, Ponce de Leon Hsp, Dade Co, Doral, Fla.
Lynn C. Michael, M.D. (re. family medicine), Dept of Family Med., Jackson Memorial Hsp, Miami, Fla.

AFFIDAVIT OF APPLICANT:

I, Timothy Funch Liveright, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF DADE

STATE OF FLORIDA

Subscribed and sworn to before me this 15th day of MARCH, 1976.

Timothy Funch Liveright
 (Signature of Applicant)

Sandra C. Lawrence
 (Notary Public)
 Notary Public, State of Florida, At Large
 My Commission Expires Feb 12, 1978
 BONDERS OF THE STATE OF FLORIDA, INC.

TO BE COMPLETED BY APPLICANT

Date 3/15/76

Age 31

Height 5'11" Weight 175

Color of Eyes blue

Color of Hair br. brown

Other means of identification Scar left flank,

Scar Rt. knee

Rec # 25808 5-27-76

FOR USE OF SECRETARY ONLY

Oral Examination: Yes No

Date _____

Approved _____ Disapproved _____



License Number 27006

Date Issued 7-19-76

Timothy Funch Liveright
 Name as it appears on license



UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
Washington, D.C. 20537

JUL 8 1976

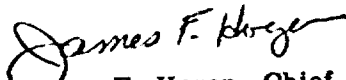
George S. Palmer, M.D.
Executive Director
State Board of Medical Examiners
of Florida
Department of Professional and
Occupational Regulation
305 Blount Street
Tallahassee, Florida 32301

Dear Dr. Palmer:

In response to your inquiry of May 21, 1976, concerning
Timothy L. Liveright, M.D., date of birth January 15, 1945,
the following information is contained in DEA files.

On July 28, 1973, Dr. Timothy Liveright, date of birth
January 15, 1945, was arrested at Acapulco, Mexico, for
alleged possession of marihuana. DEA files do not contain
the outcome of this arrest.

Sincerely,


James F. Hogan, Chief
State and Industry Section

RECEIVED
JUL 12 1976
BOARD OF
MEDICAL EXAMINERS



JUL 8 1976

George S. Palmer, M.D.
Executive Director
State Board of Medical Examiners
of Florida
Department of Professional and
Occupational Regulation
305 Blount Street
Tallahassee, Florida 32301

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/s/
James F. Hogan, Chief
State and Industry Section

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
305 South Andrews Avenue, Suite 901
Fort Lauderdale, Florida 33301

305 Blount Street
Tallahassee, Florida 32301

May 21, 1976

TO: Drug Enforcement Administration
1405 I Street, N.W.
Washington, D.C. 20537

FROM: George S. Palmer, M.D.
Executive Director

APPLICANT'S NAME: Timothy F. Liveright, M.D.
DATE OF BIRTH: Jan. 15, 1945
PLACE OF BIRTH: New York, New York
PRESENT ADDRESS: 6430 S.W. 63rd Court
South Miami, Florida 33143
FORMER ADDRESS:

The subject has applied for medical licensure in Florida and has filed with this Board a document releasing all persons from responsibility in connection with answering this inquiry.

Will you please furnish us with a record of any and all arrests, investigations, or complaints, and reasons therefore, involving this physician?

Thank you for your cooperation.

REPLY:

RECEIVED
JUL 12 1976
BOARD OF
MEDICAL EXAMINERS

Mr. [Name]
[Address]
[City, State, Zip]
Date: _____

UNIVERSITY OF MIAMI
CORAL GABLES, FLORIDA 33124

Mailing Address:
DEPARTMENT OF FAMILY MEDICINE
SCHOOL OF MEDICINE
P. O. BOX 520875, BISCAYNE ANNEX

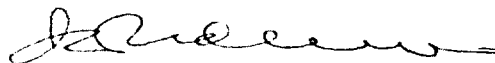
Location:
1044A MEDICAL RESEARCH BUILDING
1600 N. W. 10TH AVENUE

Re: Timothy Liveright, M.D.

To Whom It May Concern:

This is to certify that Timothy Liveright, M.D. successfully completed an internship at Philadelphia General Hospital during the academic year July, 1971 through June, 1972.

Sincerely,



Irwin E. Redlener, M.D.
Director, Office of Graduate Education

IER:et

RECEIVED
MAY 5 1976
BOARD OF
MEDICAL EXAMINERS

*A private, independent, international university
An equal opportunity employer*

TEMPLE · UNIVERSITY

OF · THE · COMMONWEALTH · SYSTEM · OF · HIGHER · EDUCATION

BY · AUTHORITY · OF · THE · BOARD · OF · TRUSTEES · AND · UPON · RECOMMENDATION
OF · THE · FACULTY · HEREBY · CONFERS · UPON

~ Timothy Fouch Liveright ~
THE · DEGREE · OF
Doctor of Medicine

TOGETHER · WITH · ALL · THE · RIGHTS · PRIVILEGES · AND · HONORS · APPERTAINING
THERE TO · IN · RECOGNITION · OF · THE · SATISFACTORY · COMPLETION
OF · THE · COURSE · PRESCRIBED · BY · THE · FACULTY · OF · THE · UNIVERSITY
IN · TESTIMONY · WHEREOF · THE · UNDERSIGNED · HAVE · SUBSCRIBED
THEIR · NAMES · AND · AFFIXED · THE · SEAL · OF · THE · UNIVERSITY
GIVEN · AT · PHILADELPHIA · PENNSYLVANIA · ON · THIS · TWENTY · SEVENTH
DAY · OF · MAY · NINETEEN · HUNDRED · AND · SEVENTY · ONE

Wm. G. Phillips
CHAIRMAN OF THE BOARD OF TRUSTEES

William G. Phillips



Paul R. Anderson
PRESIDENT OF THE UNIVERSITY

William P. Barlow

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA 19104

RECEIVED

APR 1 1976

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE

UNITED STATES OF AMERICA

Timothy F. Liveright, M.D.

BOARD OF
MEDICAL EXAMINERS

ENDORSEMENT
OF
CERTIFICATION

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: J. D. Myers
Chairman of the Board

SEAL

JOHN P. HUBBARD
President of the Board

Philadelphia, Pa.
July 1, 1972

Cert. # 116274

It is certified that the above is a copy of the Diplomate Certificate issued to the named Physician, a graduate of Temple University School of Medicine on 05/27/1971, whose birth date is 01/15/1945, following successful completion of all examinations required for Certification by the National Board of Medical Examiners. The grades obtained are as follows:

	Standard* Score
PART I passed 06/18/1969	
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 04/14/1970	
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 03/08/1972	
A General Test of Clinical Competence	AVERAGE
(Minimum Passing Grade 290/75)	
GENERAL AVERAGE (Parts I, II, and III)	(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 passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Haverling
Secretary for Certification

March 25, 1976
Date

SEAL

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

305 South Andrews Avenue, Suite 901
Fort Lauderdale, Florida 33301

305 Blount Street
Tallahassee, Florida 32301

MA

MAY 21 2 48 PM '76

TO: State of California
Board of Quality Assurance
1020 N Street, Room 434
Sacramento, California 95814

May 21, 1976

RECEIVED

MAY 1 1976

FROM: George S. Palmer, M.D., Executive Director
Florida State Board of Medical Examiners

The following doctor has made application to take the examinations for medical licensure in Florida.
He states that he is licensed to practice medicine in your state. Will you please complete the form below and
return it to this office at your earliest convenience?
Thank you for your cooperation

Name T. F. Liveright, MD.

Graduated: Temple University - May 1971

License Number: G-23553 Issued: 1972

By written examination National Board Through Reciprocity _____

License is in good standing delinquent - 2-28-74

License has been revoked or suspended _____

Reason: _____

Derogatory information: _____

Remarks: _____

VERIFICATION SECTION
State of California
Board of Medical Examiners
1020 N Street, Rm. 434
Sacramento, CA 95814

Signed: Raymond Reid

SECRETARY

Date: May 26, 1976

(If additional space is needed please use back of page)

All verifications are based on information available as of February 29, 1976. If the license was current and valid on that date, we consider them valid until our renewal process is more complete. Current status will be available approximately June 1, 1976.



COMMUNITY HEALTH OF SOUTH DADE, Inc.

South Dade Community Health Center

10300 S.W. 216th St. • Miami, Fla. 33170 • (305) 253-5100

May 24, 1976

George S. Palmer, M.D., Executive Director
Florida Board of Medical Examiners
305 Blount Street
Tallahassee, Florida, 32301

Dear Dr. Palmer:

In response to your requests of May 21, 1976, we submit the following information on physicians applying for medical licensure in Florida:

We have known the following physician for the past three years as a resident in the Family Practice Program of the University of Miami School of Medicine with primary responsibilities at the South Dade Community Health Center:

Barry C. McNeil, M.D.

We have known the following physicians for the past two years as residents in the Family Practice Program of the University of Miami School of Medicine with primary responsibilities at the South Dade Community Health Center:

James H. Katzel, M.D.
Joseph Knight, M.D.
Steven R. Laney, M.D.
Mark J. Marquardt, M.D.
Michael R. O'Neal, M.D.

We have known the following physicians for the past one year as a resident in the Family Practice Program of the University of Miami School of Medicine at the South Dade Community Health Center:

Timothy F. Liveright, M.D.

RECEIVED
MAY 26 1976
BOARD OF
MEDICAL EXAMINERS

CHI is a non-profit corporation, supported by Dade County, DHEW, and the United Fund, to plan, develop, administer and coordinate the Comprehensive Health Service Delivery System of South Dade County, Florida.

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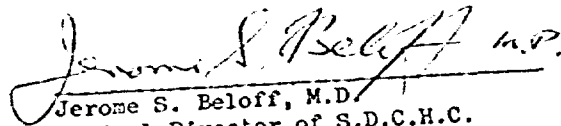
BOARD OF
MEDICAL EXAMINERS

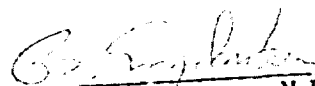
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George S. Palmer, M.D., Executive Director
May 24, 1976
Page Two


The above listed physicians have demonstrated their competence, responsibility, and high ethical and moral standards, and will make positive contributions in any medical practice setting.

Sincerely,


Jerome S. Beloff, M.D.
Medical Director of S.D.C.H.C.
Professor of Family Medicine
University of Miami School of Medicine


Bery Engebretsen, M.D.
Director, Residency Program


Richard H. Peck, D.O.
Administrator
Department of Medical Education


Paul M. Gustman, M.D.
Director of Medical Education

/sl

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MAY 26 1976
BOARD OF
MEDICAL EXAMINERS

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
 STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
 305 South Andrews Avenue, Suite 901
 Fort Lauderdale, Florida 33301

STATE OF FLORIDA
 BOARD OF MEDICAL EXAMINERS
 305 BLOUNT STREET
 TALLAHASSEE, FLORIDA 32301

RECEIVED

May 21, 1976

JUN 1 1976

TO: Philadelphia General
 Hospital
 University of Pennsylvania
 Civic Center Blvd.
 34th St., Philadelphia, PA. 19104
 FROM: George S. Palmer, M.D., Executive Director

Please complete the form below and return it to this office at your earliest convenience. This doctor has made application for medical licensure in Florida and is under investigation by this authority.

1. Name T. F. Liveright, M.D.

2. Internship Residency _____ From June 1971 To June 1972

3. Professional Character (compared to physician of similar experience)

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Basic Medical Knowledge	_____	_____	<u>X</u>	_____	_____
b. Diagnostic and Clinical Ability	_____	_____	<u>X</u>	_____	_____
c. Teaching Ability	_____	_____	<u>X</u>	_____	_____
d. Research Potential	_____	_____	<u>X</u>	_____	_____
e. Fitness for Clinical Practice	_____	_____	<u>X</u>	_____	_____

4. Personal Character:

a. Motivation	_____	_____	<u>X</u>	_____	_____
b. Initiative	_____	_____	<u>X</u>	_____	_____
c. Responsibility	_____	_____	<u>X</u>	_____	_____
d. Integrity	_____	_____	<u>X</u>	_____	_____
e. Appearance	_____	_____	<u>X</u>	_____	_____
f. Knowledge of English	_____	_____	<u>X</u>	_____	_____

5. Relationships:

a. Teaching Staff	_____	_____	<u>X</u>	_____	_____
b. Colleagues	_____	_____	<u>X</u>	_____	_____
c. Nursing Staff	_____	_____	<u>X</u>	_____	_____
d. Patients	_____	_____	<u>X</u>	_____	_____

6. Physical Handicaps: [REDACTED]
 Comment: _____

7. PERSONALITY PROBLEMS WHICH MIGHT AFFECT PERFORMANCE: [REDACTED]
 Comment: _____

8. Overall Evaluation:
 1. Recommend as outstanding applicant.
 2. Recommend as qualified and competent.
 3. Recommend with some reservations.
 4. Cannot Recommend.

Signed: Gladys M. Miller, M.D.
 Gladys M. Miller, M.D.
 Position: Director, Medical Education

9. Use back of page for additional information or comment.

UNIVERSITY OF MIAMI
CORAL GABLES, FLORIDA 33124

Mailing Address:
DEPARTMENT OF FAMILY MEDICINE
SCHOOL OF MEDICINE
P. O. BOX 520875, BISCAYNE ANNEX

Location:
1044A MEDICAL RESEARCH BUILDING
1600 N. W. 10TH AVENUE

May 28, 1976

George S. Palmer, M.D.
Executive Director
State of Florida
Department of Professional and
Occupational Regulation
Board of Medical Examiners
305 Blount Street
Tallahassee, FL 32301

Dear Dr. Palmer:

Thank you for your letter regarding Dr. Timothy F. Liveright.

Dr. Liveright entered the second year of family practice training on July 1, 1975 and will satisfactorily complete the program on June 30, 1976. He is continuing into the third year. He is a competent, conscientious and ethical young physician.

I hope his application will receive favorable consideration.

Sincerely,

Lynn P. Carmichael, M.D.
Professor and Chairperson

LPC:me

RECEIVED
JUN 2 1976

MAY 24 1976

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
BOARD OF MEDICAL EXAMINERS
~~305 South Andrews Avenue, Suite 901
Fort Lauderdale, Florida 33301~~

305 Blount Street
Tallahassee, Florida 32301

May 21, 1976

RECEIVED

JUN 1 1976

TO: Sam Topal, M.D.
Family Planning of
Western Mass., Inc.
Center Court
Northampton, Mass.

FROM: George S. Palmer, M.D., Executive Director

SUBJECT: Timothy F. Liveright, M.D.

The subject is applying for medical licensure in Florida and has given you as a reference.

We would like to know how long and in what capacity you have known this physician.

Thank you for your cooperation.

REPLY:

*I have known Dr. Liveright
for approximately one year in his capacity as
chief of family planning clinic
at Northampton.*

*We found him to be competent
and understanding*

*George S. Palmer, M.D.
Medical Director
Western Mass. Family
Planning Council*

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
 STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
 305 South Andrews Avenue, Suite 901
 Fort Lauderdale, Florida 33301

STATE OF FLORIDA
 BOARD OF MEDICAL EXAMINERS
 305 BLOUNT STREET
 TALLAHASSEE, FLA. 32301

RECEIVED

May 21, 1976 JUN 4 1976

TO: University of Miami
 Dept. of Family Medicine
 Coral Gables, Florida 33124

FROM: George S. Palmer, M.D., Executive Director

BOARD OF
 MEDICAL EXAMINERS

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a. Basic Medical Knowledge	_____	_____	<input checked="" type="checkbox"/>	_____	_____
b. Diagnostic and Clinical Ability	_____	_____	<input checked="" type="checkbox"/>	_____	_____
c. Teaching Ability	_____	_____	<input checked="" type="checkbox"/>	_____	_____
d. Research Potential	_____	_____	<input checked="" type="checkbox"/>	_____	_____
e. Fitness for Clinical Practice	_____	_____	<input checked="" type="checkbox"/>	_____	_____

4. Personal Character:

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Motivation	_____	_____	<input checked="" type="checkbox"/>	_____	_____
b. Initiative	_____	_____	<input checked="" type="checkbox"/>	_____	_____
c. Responsibility	_____	_____	<input checked="" type="checkbox"/>	_____	_____
d. Integrity	_____	_____	<input checked="" type="checkbox"/>	_____	_____
e. Appearance	_____	_____	_____	<input checked="" type="checkbox"/>	_____
f. Knowledge of English	_____	_____	_____	_____	_____

5. Relationships:

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Teaching Staff	_____	_____	<input checked="" type="checkbox"/>	_____	_____
b. Colleagues	_____	_____	<input checked="" type="checkbox"/>	_____	_____
c. Nursing Staff	_____	_____	<input checked="" type="checkbox"/>	_____	_____
d. Patients	_____	_____	<input checked="" type="checkbox"/>	_____	_____

6. Physical Handicaps: _____
 Comment: _____

7. PERSONALITY PROBLEMS WHICH MIGHT AFFECT PERFORMANCE: _____
 Comment: _____

8. Overall Evaluation:
 1. Recommend as outstanding applicant.
 2. Recommend as qualified and competent.
 3. Recommend with some reservations.
 4. Cannot Recommend.

9. Use back of page for additional information or comment.

Signed: IRWIN REGLER, M.D.
 DIRECTOR OF GRADUATE MEDICAL EDUCATION
 Department of Family Medicine

Position: _____

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
DEPARTMENT OF PHYSICIAN STATISTICS

NAME: LIVERIGHT, TIMOTHY FOUCH, M.D. MEDICAL EDUCATION NUMBER: 04113711421 DATE: 05-27-76
ADDRESS: JACKSON MEM HOSP-DEPT FP MIAMI FL 33136
BIRTHPLACE: USA, BIRTHDATE: 01/15/45
MEDICAL EDUCATION (SCHOOL YEAR):
 TEMPLE UNIVERSITY SCHOOL OF MEDICINE, PHILADELPHIA 1971
NATIONAL BOARD CERTIFICATION: 1972
LICENSES:

CA 1972
NY 1974
MA 1974

PHYSICIAN'S PROFESSIONAL ACTIVITIES:
RESIDENT

PRIMARY SPECIALTY: FAMILY PRACTICE
SECONDARY SPECIALTY: UNSPECIFIED
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE
CURRENT MEDICAL TRAINING: RESIDENT

HOSPITAL: JACKSON MEM HOSP MIAMI 33136
DATES OF TRAINING: 07/75-06/76
SPECIALTY: FAMILY PRACTICE
SPECIALTY: UNSPECIFIED

INTERNSHIP:
HOSPITAL: PHILADELPHIA GEN HOSP PHILADELPHIA 19104
DATES OF TRAINING: 06/71-06/72
SPECIALTY:

RESIDENCY:
NOT REPORTED TO DATE

*** AMA FILES HAVE BEEN CHECKED ***

00000000274C

07

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JUN 9 1976

BOARD OF
MEDICAL EXAMINERS

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

CENTER FOR HEALTH SERVICES RESEARCH AND DEVELOPMENT
DEPARTMENT OF PHYSICIAN STATISTICS

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SPECIALTY BOARD CERTIFICATION: NOT REPORTED TO DATE

MEMBER OF AMA: NOT MEMBER

NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE

PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE

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HOSPITAL: JACKSON MEM HOSP

MIAMI

33136

DATES OF TRAINING: 07/75-06/76

SPECIALTY: FAMILY PRACTICE

SPECIALTY: UNSPECIFIED

INTERNSHIP:

HOSPITAL: PHILADELPHIA GEN HOSP

PHILADELPHIA

19104

DATES OF TRAINING: 06/71-06/72

SPECIALTY:

RESIDENCY:

NOT REPORTED TO DATE

*** AMA FILES HAVE BEEN CHECKED ***

0000000248C

CR

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BOARD OF
MEDICAL EXAMINERS

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

305 South Andrews Avenue, Suite 901
Fort Lauderdale, Florida 33301

305 Blount Street
Tallahassee, Florida 32301

TO: Massachusetts Board of
Registration in Medicine May 21, 1976
1511 Leverett Saltonstall Bldg.
Government Center
100 Cambridge Street
Boston, Mass. 02202

FROM: George S. Palmer, M.D., Executive Director
Florida State Board of Medical Examiners

The following doctor has made application to take the examinations for medical licensure in Florida.
He states that he is licensed to practice medicine in your state. Will you please complete the form below and
return it to this office at your earliest convenience?

Thank you for your cooperation

Name T. F. Liveright, M.D.
Graduated: Temple University - May 1971
License Number: 36532 Issued: May 2, 1974
By written examination Through Reciprocity ~~Endorsement-National Board.~~
License is in good standing Has not renewed in 1976.
License has been revoked or suspended No
Reason: _____

Derogatory information: No

Remarks: _____

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SEP 2

BOARD OF
MEDICAL EXAMINERS

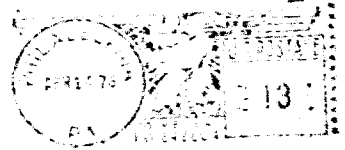
Signed: Stuart H. Shapiro, M.D.
SECRETARY

Date: 8/27/76

(If additional space is needed please use back of page)
Board of Registration & Discipline Medicine
Leverett Saltonstall Building
100 Cambridge Street, Room 1511
Boston, MA 02202

405-011-02
TEMPLE UNIVERSITY
OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION
HEALTH SCIENCES CENTER
PHILADELPHIA, PENNSYLVANIA 19140

Admissions Office
TEMPLE UNIVERSITY SCHOOL OF MEDICINE
Broad & Tioga Streets
Philadelphia, Pennsylvania 19140



19014

27506

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

305 S. Andrews Ave.
Suite 901
Ft. Lauderdale, Fl. 33301

REGISTRATION APPLICATION FOR UNLICENSED PHYSICIANS

Name Timothy Liveright

List all other names you have used _____

Residence Address _____

School of graduation Temple U Med School Date 1971

If foreign graduate have you passed the ECFMG examination? _____ Certificate number and date _____

Are you a United States citizen? yes Birthplace NYC, NY Date 1/15/45

If not born in United States give date and place of entry _____

Are you a naturalized citizen? _____ Give date and place _____

If not a citizen what is your status? Refugee _____ Immigrant _____ Filed Declaration of Intention _____

Internship in United States Philadelphia Gen Hosp, 1971-72 DATE DATE

HOSPITAL NAME, ADDRESS, DATES

If you are in a teaching position how long do you anticipate remaining in such position? _____

Do you intend to become licensed in Florida? yes

Are you licensed in any state? Give names and dates Calif-1972; Mass.-1973; NY-1973

Are you licensed in any country? Give names and dates _____

Have you ever had a medical license suspended or revoked? no If yes, give details on separate sheet and attach.

Have you ever been convicted of a felony or misdemeanor? no If yes, give details on separate sheet and attach.



Physical Description:

Height 5'11"

Weight 175

Color of Hair brown

Color of eyes blue

Other means of identification _____

RECEIVED
JAN 20 1973
STATE BOARD OF MEDICAL EXAMINERS
FT. LAUDERDALE, FLORIDA

List all places of previous employment in the United States including Florida. If additional space is needed attach sheet to application.

NAME AND ADDRESS OF HOSPITAL, INSTITUTION OFFICE, HEALTH DEPARTMENT, ETC.	DATES OF EMPLOYMENT	POSITION	APPROVED TRAINING
PRESENT EMPLOYMENT: Family planning, Springfield, Mass.	Jan. 1975-present	physician	
PREVIOUS EMPLOYMENT: Camp Sequoia, Rock Hill, NY	June-Aug., 1974	physician	
West Side Clinic Pittsfield, Mass.	Jan., 1975-April, 1975	physician	
Rancho Los Amigos Hosp/ Downey, Calif.	Oct., 1972 June, 1973	physician	

AFFIDAVIT OF APPLICANT:

I, Timothy Liveright, being first duly sworn deposit and say that I am the person referred to in the foregoing application and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my right to be employed as an unlicensed physician on the resident staff of a Florida hospital or serve in the capacity of intern, resident or assistant resident in an approved training program in a Florida hospital.

Timothy Liveright
SIGNATURE OF APPLICANT

COUNTY OF Ala
STATE OF Ala

Subscribed and sworn to before me this 9 day of July, 1975.
Monte C. Carle
NOTARY PUBLIC

EXPIRES JULY 15, 1976
BONDED THRU GENERAL INSURANCE UNDERWRITERS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FLORIDA STATE BOARD OF MEDICAL EXAMINERS

CAMERA 1

NAME

Clark

DATE

10/9/71

ROLL #

105

27006

LIVERIGHT, TIMOTHY FOUCH

2714

2

CAMERA 1

NAME

DATE

ROLL

NOTICE DEPT. OF PROFESSIONAL REGULATION
STATE OF FLORIDA BOARD OF MEDICAL EXAMINERS

10755

IMPORTANT: YOUR FEE
CANNOT BE PROCESSED
WITHOUT THIS CARD
READ REVERSE SIDE.

I HEREBY REQUEST ACTIVE STATUS I HEREBY REQUEST INACTIVE STATUS

YOUR

1983-85 PHYSICIAN LICENSE

SIGNATURE _____

REPORT ONLY THE CHANGES OF NAME OR ADDRESS

WILL EXPIRE

DEC 31, 1985

REMIT FEE OF \$ 100.00

ME 0027006		
LICENSE # NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		
CITY STATE ZIP		

SEND CHECK OR MONEY ORDER ONLY
*** DO NOT SEND CASH ***

RETURN TO:

LIVERIGHT, TIMOTHY FOUCH
8430 SOUTHWEST 63RD COURT
SOUTH MIAMI FL 33143

MC DEPARTMENT OF
PROFESSIONAL REGULATION
130 NORTH MONROE STREET
TALLAHASSEE, FL
32301-8289

⑆5000⑆5000⑆ 6181284⑆