

APPLICATION FOR LICENSE TO PRACTICE HEALING ART BY EXAMINATION

MEDICAL LICENSING BOARD OF INDIANA

Submit in typewritten form only.

#71935

\$150

Examination number	Receipt Number	Examination fee
--------------------	----------------	-----------------

<p style="text-align: center;"><u>D.U.</u></p> Medical School	<p style="text-align: center;">_____</p> Location	<p style="text-align: center;"><u>5-10-78</u></p> Date of graduation
<p style="text-align: center;"><u>28657</u></p> License Number	<p style="text-align: center;"><u>9-7-78</u></p> Date Issued	<p style="text-align: center;">_____</p> Diploma Received
<p style="text-align: center;">_____</p> Diploma Returned		

<p style="text-align: center;">_____</p> Identification	<p style="text-align: center;">_____</p> Date	<p style="text-align: center;">_____</p> Remarks
<p style="text-align: center;"><u>March 21, 1978</u></p> Application received		

(Do not write above this line — for Board use only.)

ANSWER ALL QUESTIONS

1. Name:	Last	First	Middle	Social Security Number
	Newton	Kristy	Lee	[REDACTED]

2. Other names you have used:

none

3. Address: No. and Street	City	State	Zip Code
5052 Brandywine Dr., #304	Indianapolis	Indiana	46241

4. Date of Birth: Mo./Day/Yr.	Place of Birth	Citizen of:	Telephone No.
12/06/52	Ft. Wayne, Indiana	Indiana	[REDACTED]

5. Citizenship:
- (a). Are you a citizen of the United States? YES If Naturalized, give date, place, and certificate number. _____
 - (b). Are you a lawful permanent resident of the United States? X Yes _____ No
 - (c). If not a naturalized citizen, you must submit a sworn notarized statement to become a citizen when legally possible or a Declaration of Intention.
 - (d). Do you intend to become a resident of Indiana? X Yes _____ No
If not, explain why by letter.
 - (e). What type visa do you hold? _____

6. Pre-medical Education: Name of College or University	Location
Indiana University	Bloomington, Indiana

Period of attendance:
 From: August 1971 to: May 1974 Degree obtained: A.B.

7. Medical Education:

Indiana University Indianapolis, Indiana Attended from 8/74 to 5/78
 (Name of medical school) (Location)

Attended from _____ to _____
 (Name of medical school) (Location)

8. Doctor of Medicine degree granted by:
 Name of institution Location Exact date of issuance
Indiana University Medical School, Indianapolis, Indiana May 10, 1978
 (Applicant must present notarized copy of original diploma with application.)

9. Post-graduate training in United States or Canadian hospitals:
 (Include Internships and Residency training)

Name of hospital	Location	From (mo./yr.) to (mo./yr.)

10. Have you previously taken the FLEX examination? ___ Yes X No
 If yes, where?

11. Have you been licensed to practice medicine in any state or country? ___ Yes X No
 If yes, where?

12. Have you ever had a medical license suspended or revoked? ___ Yes X No
 If yes, give details.

13. Have you been denied a license to practice medicine by any state or country? ___ Yes X No
 If yes, give details.

14. Are you now, or have you ever been addicted to narcotic drugs or alcohol? ___ Yes X No

15. Have you ever been charged with drug addiction? ___ Yes X No
 If yes, explain below.

Charge	Date	Disposition
--------	------	-------------

16. Have you ever been convicted of, pled guilty or nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or drug addiction? ___ Yes X No

17. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.) ___ Yes X No

18. If you answered "Yes" to either No. 16 or No. 17 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition

19. Do you agree to abide by the Code of Ethics as adopted by the A.M.A. and A.O.A.?

Yes No

I hereby declare that the photo of myself attached hereto, was taken on or about 9/76,

19 76, my age then being 24 years, and

my physical description then being as follows:

Native of United States;

Fair complexion;

color of hair brown; color of

eyes brown; height 5' 2";

weight 105 lbs.



State of Indiana

County of Marion } SS:

Kristy Lee Newton being duly sworn, says he is the person referred to in the foregoing application for admission to examination for a physician's license in Indiana and that he has carefully read and thoroughly understands all the requirements therein and that the statements made herein are strictly true in every respect.

Kristy Lee Newton

Signature of applicant in full
(Do not use initials)

Signed and sworn to before me this 21 day of March, 1978.

Kristina J. Lacher Rudman
Notary Public

4458 Moller Rd.
Address

My Commission expires: 9-5-79

SEAL



INDIANA UNIVERSITY

School of Medicine

1100 WEST MICHIGAN STREET
INDIANAPOLIS, INDIANA 46202

OFFICE OF THE DEAN

TELEPHONE: 317/264- 7175

October 11, 1978

Isadore J. Kwitny, M.D.
Executive Medical Director
Medical Licensing Board of Indiana
M W Building
700 North High School Road
Indianapolis, Indiana 46224

Re: Kristy L. Newton, M.D.

Dear Doctor Kwitny:

This is to certify to you that Kristy L. Newton, M.D., has completed all requirements, as stipulated by the Indiana University School of Medicine, for the degree Doctor of Medicine. This degree was conferred at commencement exercises in May with the diploma bearing the date of April 30, 1978.

Sincerely,

A handwritten signature in cursive script that reads "James E. Carter".

James E. Carter, M.D.
Associate Dean for Student Affairs

JEC:djb

cc: Fred L. Ficklin, Ed.D.
Assistant Dean for Student Affairs

Student File

INDIANA UNIVERSITY

Medical Center

1100 WEST MICHIGAN STREET

INDIANAPOLIS, INDIANA 46202

DEPARTMENT OF
OBSTETRICS AND GYNECOLOGY

February 21, 1978

Dear Sir:

I have known and worked with Kristy Newton for the past three years of medical school and have served as her faculty advisor in her senior year. Kristy has a good academic record and works well with patients.

I highly recommend Christy for licensure in the state of Indiana.

Sincerely yours,



Robert A. Munsick, M.D.
Professor

cl

MEDICAL LICENSING BOARD OF INDIANA

M W Building
700 North High School Road
Indianapolis, Indiana 46224

CERTIFICATE OF MEDICAL EDUCATION

I hereby certify that Kristy L. Newton was matriculated
(Name)

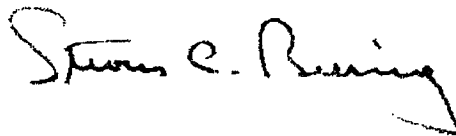
in Indiana University School of Medicine on the 19 day of August
(School of Medicine)

19 74 and attended 4 courses of instruction, graduating with the degree of

Doctor of Medicine on the 30 day of April, 19 78. The

photograph as appears is the likeness of the said Kristy L. Newton

and the person to whom the diploma was issued.



(Dean, Secretary, or Registrar)

(SEAL)

Date: January 31, 1978

This certification must be presented to the Medical Licensing Board of Indiana no later than April 1st for the June FLEX examination and October 1st for the December FLEX examination.



RECEIVED

FEB 06 1980

MEDICAL LICENSING
BOARD OF INDIANA

January 27, 1980

Theresa Key, Endorsement Out Secretary
Medical Licensing Board of Indiana
700 North High School Road
Indianapolis, Indiana 46224

Dear Ms. Key:

Enclosed is an application for reciprocity from the state of Tennessee. Also enclosed is a \$50.00 check to cover the fee for reciprocity.

I would appreciate if you would return these to me as soon as possible, because I am currently applying for a position requiring a state license.

Thank you very much.

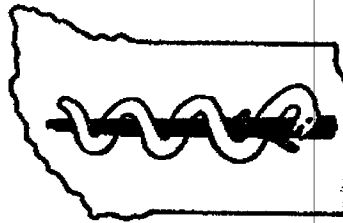
Sincerely yours,

Kristy L. Newton MD

Kristy L. Newton, M.D.
5329 Laurie Lane
Memphis, Tennessee 38117

License No. 28657

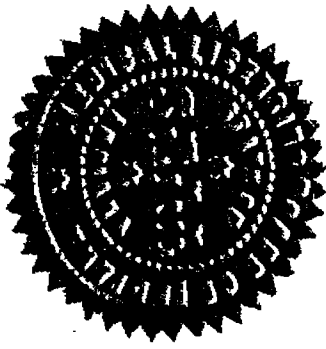
Whitman's Irrigator



This is to Certify That

KRISTY L. NEWTON

having complied with all the **LAWS** of the State of Indiana relating to the practice of medicine and having satisfied the **MEDICAL EXAMINING BOARD OF INDIANA** that he/she is properly qualified, is hereby granted this unlimited license to practice medicine in the State of Indiana as provided in the Acts of the 1975 General Assembly of the State of Indiana, Public Law No. 271.



In **WITNESS WHEREOF**, hereunto affixed the Seal and names of the President and Secretary of the Medical Licensing Board of Indiana, on this 7th day of September 1978.

John H. Mosler, MD PRESIDENT

Kristy L. Newton, MD SECRETARY

LICENSE NO. 28657