



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0680

BOARD MEMBERS

- C. Allen Payne, M.D., President
- Frederick W. VanDuyns, M.D., Vice President
- Irvin J. Kurtz, M.D.
- H. Clay Tellman, M.D.
- Donato F. Sarapo, M.D.
- Donald T. Anderson, M.D.
- Joseph J. Burke, M.D.
- John R. Wilson, M.D.
- John W. Moss, M.D.
- Florence A. Pillote, M.D.
- Mrs. Margaret J. Thoms

51 35137 84
WATERMAN II, PHILIP F
[REDACTED]
ESSEX JUNCTION VT
05452

Dear Doctor:

We are enclosing herewith your engraved Certificate of Michigan Medical Licensure which is to be framed and conspicuously displayed in your business office or consultation room.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert C. Brennan
Bert C. Brennan
Executive Director

Encl.





WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
MEDICAL PRACTICE BOARD

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 517 373-0680

July 1, 1975

Philip F. Waterman, II, M.D.
Essex Junction, Vermont 05452

BOARD MEMBERS

C. Allen Payne, M.D., President
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Donald T. Anderson, M.D.
Joseph J. Berke, M.D.
John R. Wilson, M.D.
John W. Moss, M.D.
Florence A. Pillots, M.D.
Mrs. Margaret J. Thoms

Dear Doctor:

We are enclosing a certified copy of your Michigan medical registration # 35137 dated June 24, 1975

This certificate will enable you to practice legally and apply for your Controlled Substances Registrations, membership in your county medical society, and hospital staff privileges.

The engraved certificate of Michigan medical licensure, which is to be framed and conspicuously displayed in your business office or consultation room, will be ordered and forwarded as soon as it can be hand inscribed and the seal and signatures affixed. This usually takes about four to six months.

PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN ADDRESS OTHER THAN THE ONE USED ABOVE.

PLEASE NOTE ENCLOSURES:

1. Re: Annual Re-registration of your medical license in Michigan
2. Re: Registration for controlled substances in Michigan

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

Bert S. Brennan
Bert S. Brennan
Executive Director

Encls.



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION
BOARD OF REGISTRATION IN MEDICINE
1033 S. Washington Avenue, Lansing, Michigan 48926

35137
6/24/75

LMD-65 (8/72)

MAR 28 1 74 47343 ***100.00

(DO NOT WRITE IN THIS SPACE)

EXAMINATION APPLICATION

FEE \$100.00 - Make check or money order, in U.S. currency,
payable to: STATE OF MICHIGAN - MEDICINE

Approved by _____

INSTRUCTION TO APPLICANT

1. If additional space is necessary, use back of application.
2. The application must be completely filled out.
3. The affidavit must be properly completed.
4. Before a license is issued, a personal appearance before the Board may be required.
5. Examination dates and locations will be determined by the Board.

NAME OF APPLICANT
PHILIP F. WATERMAN II

ADDRESS (No., Street, City, State, Zip)
GRAND RAPIDS, MICHIGAN 49505

PLACE OF BIRTH
[REDACTED]

DATE OF BIRTH
48

WHERE DO YOU INTEND TO PRACTICE?
? GRAND RAPIDS, MICHIGAN

	YES	NO
1. Are you a citizen of the United States? <i>U.S. born</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/> If "NO", check one of the following which is applicable: a. Hold official declaration of intention no. _____ Dated _____ b. Hold Permanent Visa No. _____ Date of Issue _____ c. Other (Please Explain) _____
2. Have you ever been convicted of any crime in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give details.
3. Have you been examined by the National Board or any State Board of Medicine?	<input checked="" type="checkbox"/>	<input type="checkbox"/> If "YES", give details. <u>PARTS I + II OF NATIONAL BOARDS</u>
4. Do you hold a license to practice medicine in any state or states?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give states
5. Have you been a member of any branch of the Armed Forces?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give dates of service and branch.
6. Have you been connected directly or indirectly with any concern, company, institution or individual medical advertising organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/> If "YES", give details.

7. EDUCATIONAL RECORD

	NAME AND LOCATION OF INSTITUTION ATTENDED	DATES OF ATTENDANCE		Degrees Obtained
		Mo/Yr	Mo/Yr	
PREMEDICAL EDUCATION	<u>NORTHWESTERN U., EVANSTON, ILL.</u>	<u>SEPT 1966</u>	<u>JUNE 1968</u>	
	<u>U. OF MICHIGAN, ANN ARBOR MICH.</u>	<u>AUG 1968</u>	<u>MAY 1970</u>	<u>BA</u>
MEDICAL EDUCATION (Submit Dates for Each School Year)	<u>U. OF MICHIGAN MEDICAL SCHOOL</u>	<u>AUG 1970</u>	<u>JUNE 1971</u>	
	<u>ANN ARBOR, MICH.</u>	<u>AUG 1971</u>	<u>JUNE 1972</u>	
		<u>AUG 1972</u>	<u>JUNE 1973</u>	
		<u>AUG 1973</u>	<u>JUNE 1974</u>	
POST GRADUATE EDUCATION				

Have you ever attended any other college or school teaching any of the healing arts?

YES NO

If "YES" give name and location of school.

INTERNSHIP	TYPE <input type="checkbox"/> ROTATING <input type="checkbox"/> MIXED <input type="checkbox"/> STRAIGHT	NAME OF HOSPITAL
ADDRESS OF HOSPITAL		DATES OF INTERNSHIP FROM: _____ TO: _____
DEGREE OF DOCTOR OF MEDICINE RECEIVED FROM:	NAME OF MEDICAL SCHOOL UNIV. OF MICHIGAN MEDICAL SCHOOL	DATE RECEIVED JUNE 1974

8. AFFIDAVIT OF APPLICANT

STATE OF MICHIGAN	COUNTY OF KENT	DATE 3-18-74
----------------------	-------------------	-----------------

being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

Philip F. Waterman II
Signature of Applicant in Full

Subscribed and sworn to before me
NOTARY PUBLIC *Jan H. Goolian*
Kent County, Michigan

PAPERCLIP THREE PHOTOGRAPHS (3" x 3") OF APPLICANT HERE. PHOTOS MUST HAVE BEEN TAKEN WITHIN THE LAST 60 DAYS. ENDORSE PHOTOS ACROSS THE FRONT WITH YOUR SIGNATURE.

MY COMMISSION EXPIRES *Oct. 15, 1977*

9. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

I hereby certify that I have reviewed the answers in the above application. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that I am unaware of information that would suggest that said applicant is not of good moral and professional character.

I further certify that PHILIP F. WATERMAN, II ~~XXXX~~ matriculated in the University of Michigan Medical School (Name of Medical School) on August 31, 1970 (Date) and ~~will graduate~~ is expected to graduate May 31, 1974* (Date) at which time, he ~~will be~~ will be granted the degree of Doctor of Medicine. If the degree, Bachelor of Medicine is conferred upon completion of four years of medical school, further state the conditions and time the degree, Doctor of Medicine will be granted.

* NOTE -- M.D. degree not yet conferred !

SEAL

NAME AND ADDRESS OF MEDICAL SCHOOL THE UNIVERSITY OF MICHIGAN MEDICAL SCHOOL	
DATE MAR 25 1974	SIGNATURE OF DEAN, SECRETARY OR REGISTRAR <i>Frances D. French</i> Frances D. French, Registrar

10. HOSPITAL INTERNSHIP

(This space should be left blank if the required internship has not been completed at the date the application is submitted)

I hereby certify that Dr. _____ satisfactorily served twelve months _____ (Rotating or mixed or straight) internship in _____ Hospital from _____ (DATE) to _____ (DATE)

SEAL

ADDRESS OF HOSPITAL

DATE

SIGNATURE OF MEDICAL DIRECTOR, SUPERINTENDENT OR CHIEF OF STAFF

11. REFERENCES

Names and addresses of three legally registered practitioners of medicine in good standing to whom reference may be made if necessary, relative to applicant's moral and professional character:

NAME	ADDRESS
1. DONALD E. KELLEY M.D.	515 LAKESIDE DR. GRAND RAPIDS, MICH
2. ROBERT S. HOLM M.D.	515 LAKESIDE DR GRAND RAPIDS, MICH
3. KENNETH J. VANDER KOLK M.D.	21 MICHIGAN N.E. GRAND RAPIDS, MICH.

DO NOT WRITE IN THIS SPACE

12. FLEX EXAMINATION - Date _____ Place _____

DAY I - BASIC SCIENCES	DAY II - CLINICAL SCIENCES
Anatomy	Medicine
Physiology	Surgery
Biological-Chemistry	Obstetrics & Gynecology
Pathology	Preventive Medicine & Public Health
Microbiology	Pediatrics
Pharmacology	Psychiatry
B.S. AVERAGE _____	C.S. AVERAGE _____
DAY III - Clinical Competence _____	
FLEX WEIGHTED AVERAGE _____	

EXAMINATION APPLICATION

NAME PHILIP F. WATERMAN II

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE
CERTIFICATION OF INTERNSHIP

RECEIVED
JUN 23 1975

DEPT. OF LIC. & REG.

This is to certify that PHILIP F. WATERMAN II. M.D.

Satisfactorily completed a first-year residency year

~~8866668866668866~~ in the Medical Center Hospital of Vermont Hospital
Burlington, Vermont (University of Vermont College of Medicine)
extending from July 1, 1974 to June 30, 1975 (1st year of a 4-year program)

in conformation with the requirements of the Michigan State Board of

Registration in Medicine

SIGNED: _____

John Van S. Maeck
(Medical Director or Superintendent) John Van S. Maeck, M.D.
Chief of Service (Obstetrics and Gynecology)

Medical Center Hospital of Vermont
(Name of Hospital)

Burlington, Vermont 05401

(Address)

SEAL OF
HOSPITAL

DATE: June 17, 1975

This form is to be returned when completed to the address below;
THIS CERTIFICATION WILL NOT BE ACCEPTED IF DATED EARLIER THAN JUNE 15
OR FIFTEEN (15) DAYS PRIOR TO COMPLETION WHICH IS TIME ALLOWED FOR
ILLNESS OR VACATION. Your certificate of registration will be mailed
to the address which you indicate below.

*Please
note*

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE
1033 South Washington Avenue
Lansing, Michigan 48926
John M. Wellman, M D., Executive Secretary

ADDRESS: PHILIP F. WATERMAN II M.D.
(Name)

[REDACTED]
(Street)

ESSEX JUNCTION, VERMONT 05452
(City and State)

May 12, 1975

Philip F. Waterman, II, M.D.
[REDACTED]
Essex Junction, Vt. 05452

Dear Doctor Waterman:

This is in reply to your letter of April 10, 1975 and I will try to answer your questions as follows:

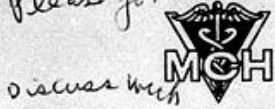
1. Our records indicate that you will be eligible for Michigan medical licensure in June 1975, and upon receipt of certification of your internship, dated no earlier than June 15, 1975, your license will be issued and forwarded to you. There is no additional fee for issuance of this license.
2. The fee for certification of a Michigan license to another state is \$25.00, and this fee must be paid each time you apply for licensure in another state on the basis of your Michigan license.
3. Regarding question #3: We realize that the Federation of State Medical Boards will forward your FLEX grades to any state which requests them without fee. However, it was our understanding that the Vermont Board of Medical Examiners required this certification directly from our Board as part of the requirements for licensure in that state.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

C. Allen Payne, M.D.
President

Genevieve:-
Please jot down your thoughts
on this case



Discuss with
me when I come next

Medical Center Hospital of Vermont

BURLINGTON, VERMONT 05401

RECEIVED 4-10-75

APR 10 1975

DEPT. OF LIC. & REG.

Dear Dr. Payne,

I received your letter dated April 1, 1975 which was an answer to my letter of March 22, 1975.

You closed with "Hoping this explanation is satisfactory..." however, I'm afraid it is not. It still leaves me with several questions.

- M
- #1. You stated that the \$25 fee was not for certification of the FLEX grades alone but was for ~~of~~ certification of my license to practice in Michigan. Does that mean that had I stayed in Michigan for my residency + then requested only a Michigan license that I would have had to pay a \$25 fee in addition to the \$100 fee I paid for the FLEX exam?
 - #2. Now that I have paid the \$25 fee will I have to pay an additional \$25 each time I apply for a license in a different state?

#3. You failed to address yourself to the fact that the Federation of State Medical Boards sent my scores to New York without a fee. Even if the Michigan Board is required by law to charge the \$25 fee, could you not have informed me, and others, that the Federation would have done the same thing for no charge?

#4. In July 1975 when I should receive my Michigan license is there any other form or fee to take care of or will I receive my license automatically. Had I not paid the \$25 fee in question would I have to pay it in order to receive my license?

I would sincerely appreciate an answer to each of these four questions, separately and believe me I'm not trying to be difficult to get along with but \$25 is a lot of money to a poorly paid resident.

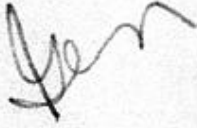
Thank you for your time.

Sincerely,

Philip F. Waterman II MD

ESSEX JUNCTION, VT 05452

April 1, 1975



Philip F. Waterman, II, M.D.

Essex Junction, VT. 05452

Dear Doctor Waterman:

I am in receipt of your letter of March 22, 1975 concerning the charge of \$25.00 to certify your FLEX grades to another state. I believe that there is some misunderstanding concerning charges that might be made by the Medical Practice Board.

These are established by legislation and rules and regulations and are not developed at the whim of the Medical Practice Board. The Medical Practice Board must carry out the will of the Legislature in performing the various duties assigned to us by the Legislature.

Furthermore, the \$25.00 was not for the certification of the FLEX grades alone but was for the certification of your license to practice medicine in the State of Michigan which requires more work than merely listing the FLEX grades.

I am very sorry that this incident has occurred but believe that the Medical Practice Board is only carrying out the will of the Legislature.

Incidentally, when you transfer your license from one state to another you will find that you will have to pay fees of anywhere from \$50.00 to \$100.00 for such so-called endorsement. This is standard among all states.

Hoping this explanation is satisfactory to you, I remain

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

C. Allen Payne, M.D.
President

CAP/gd

C

3-22-75

RECEIVED

MAR 25 1975

DEPT. OF LIC. & REG.

Dear Sirs,

I am writing this letter in order to complain about your practice of charging \$25 to certify FLEX grades to another state. After having graduated from the University of Michigan medical school in 1974 I took FLEX in June 1974. I then moved to Vermont for a residency in OB-GYN. When I applied for a Vermont medical license, I was asked to write to the Michigan Board for a certified copy of my FLEX grades. I did so and as you are aware, was told the fee for such a service is \$25. Having what I thought to be no other choice, I sent the \$25 and my grades were sent to Vermont.

Just recently I wrote a letter to the state of New York where I will spend six months of my residency, to ask for information on obtaining a New York medical license.

I was informed that along with the \$55 fee for license

I would need a copy of my FLEX grades from

The Federation of State Medical Boards of the United States
1612 Summit Ave. Suite 308
Fort Worth, Texas 76102.

I thus wrote to the above address and asked if there was a fee for such a transcript. I received a letter shortly thereafter stating that my transcript had been sent. There was no mention of any fee. On the letterhead was the name C. Allen Payne MD as a member of the FLEX Board.

It thus appears to me that when I wrote to request a transcript from the Michigan Board, I either should not have been charged the \$25 fee or at least been informed that the Federation in Fort Worth will provide such service free of charge. At my present stage, where I am moonlighting just in order to be able to feed and house my family, a \$25 fee, unnecessarily paid, seems totally out of line.

I sincerely believe that the Michigan Board owes me the \$25 and should change its present policy.

I anxiously await your reply.

Sincerely,

Philip F. Waterman II MD

Essex Junction, Vt. 05452

FLEX Processing No. 30758

3-22-75

Dear Dr. Payne,

As an almost life-long resident of Grand Rapids I decided to write this letter to you personally as well as sending a letter to the Medical Practice Board of the State of Michigan to complain about the Board's practice of charging \$25 to certify FLEX grades to another state. I have lived in Michigan most of my life, graduated from the University of Michigan and the University of Michigan Medical School and then took FLEX in Michigan in June 1974. I then moved to Vermont for a residency in OB-GYN. Upon applying for a Vermont medical license, I was asked to send for a certified copy of my FLEX grades from Michigan. I did so and received a letter stating that my scores would be sent after receipt of the \$25 fee. I sent the fee and you sent my grades.

Just recently I wrote a letter to the state of New York where I will spend six months of my residency, to ask for information on obtaining a New York medical license. I was informed that along with the \$55 fee for licensure I would need a copy of my FLEX grades from

The Federation of State Medical Boards of the United States
1612 Summit Ave Suite 308
Fort Worth, Texas 76102 .

I thus wrote to the above address and asked if there was a fee for such a transcript and received a letter shortly thereafter stating that my transcript had been sent. There was no mention of any fee. On the letter head was the name C. Allen Payne M.D. as a member of the FLEX Board.

It thus appears to me that when I, or anyone else, requests a transcript from the Michigan Board, one should either not be charged (certainly not charged \$25) or at least informed that the Federation in Fort Worth will provide such service free of charge. At my present stage where I must moon light just in order to be able to feed and house my family, a \$25 fee, unnecessarily paid, seems rather expensive. I sincerely believe that the Michigan Board owes me the \$25 and should change its present policy.

I anxiously await your reply.

Sincerely,

Philip F. Waterman II M.D.

FLEX PROCESSING No. 30758

CURRENT ADDRESS:

ESSEX JUNCTION, VT. 05452



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD
1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 517 373-0680

AUG 23 1974

TO: Philip F. Waterman, II, M.D.
Essex Junction, VT 05452

BOARD MEMBERS

- C. Allen Payne, M.D., President
- Frederick W. VanDuyne, M.D., Vice President
- Irvin J. Kurtz, M.D.
- H. Clay Tallman, M.D.
- Donato F. Sarago, M.D.
- Donald T. Anderson, M.D.
- Joseph J. Berke, M.D.
- John R. Wilson, M.D.
- John W. Moss, M.D.
- Florence A. Pillots, M.D.
- Mrs. Margaret J. Thom

Dear Doctor:

This is to advise you that you were successful in writing the Michigan State Board (FLEX) Licensure Examination on June 11, 12 and 13, 1974.

_____ This now completes your requirements for Michigan medical licensure and this will be issued and forwarded to you within the next six weeks. Please advise this office immediately if you plan to change your address during this time.

✓ _____ Your Michigan medical license will be issued when we have received the following:

✓ _____ Certification of Internship (form enclosed)

_____ Certification of Residency (form enclosed)

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

John M. Wellman MD

John M. Wellman, M.D.
Executive Secretary

MICH THE GREAT LAKE STATE	WATERMAN II PHILIP F	ST.BD.NO. 478	FLEX WEIGHTED AVERAGE	[REDACTED]				
		TP.NO.30758						
		ANAT	PHYS	BIO PATH	MICR	PHAR	B.S.AVG	
	BASIC SCIENCE	[REDACTED]						
		MED	SURG	OB	PH	PED	PSY	C.S.AVG
CLINICAL SCIENCE	[REDACTED]							
							CLINICAL COMPETENCE AVERAGE	[REDACTED]



WILLIAM G. MILLIKEN, Governor
BEVERLY J. CLARK, Director

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATION

MEDICAL PRACTICE BOARD
1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926
Telephone Area Code 517 373-0680

AUG 23 1974

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- Mrs. Margaret J. Thom

TO: Philip F. Waterman, II, M.D.
Essex Junction, VT 05452

Dear Doctor:

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_____ This now completes your requirements for Michigan medical licensure and this will be issued and forwarded to you within the next six weeks. Please advise this office immediately if you plan to change your address during this time.

✓ _____ Your Michigan medical license will be issued when we have received the following:

✓ _____ Certification of Internship (form enclosed)

_____ Certification of Residency (form enclosed)

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

John M. Wellman MD
John M. Wellman, M.D.
Executive Secretary

WATERMAN II PHILIP F		ST.BD.NO. 478	FLEX WEIGHTED AVERAGE		
		TP.NO.30758			
		ANAT	PHYS	BIO PATH	MICR PHAR B.S.AVG
BASIC SCIENCE					
		MED	SURG	OB PH	PED PSY C.S.AVG
CLINICAL SCIENCE					
				CLINICAL COMPETENCE AVERAGE	



October 21, 1974

Philip F. Waterman II, M.D.
[REDACTED]
Essex Junction, VT 05452

Dear Doctor Waterman,

In reply to your recent letter this is to advise you that the fee for certification of your Michigan FLEX grades to another state is \$25.00. Therefore, upon receipt of your check for this amount together with your Vermont licensure application we will be glad to complete our portion and return it to you.

Your check should be made payable to State of Michigan-Medicine.

Sincerely yours,

MICHIGAN MEDICAL PRACTICE BOARD

C. Allen Payne, M.D.
President



Medical Center Hospital of Vermont

BURLINGTON, VERMONT 05401

15 Oct, 1974

State of Michigan
Dept. of Licensing + Regulation
1033 S. Washington Ave.
Lansing, Michigan 48926

RECEIVED

OCT 18 1975

DEPT. OF LIC. & REG.

Dear Sir,

I am currently living in Burlington, Vermont, working
as a resident in obstetrics and gynecology.

I took FLEX in June 1974

ST. BD. NO. 478

TP. NO. 30758

and would appreciate it if you would send
a certified copy of my scores (the average
as well as all the individual scores),
to :

Board of Medical Registration
Dr. A. D. Sutherland, President
P.O. Box 678
Brattleboro, Vermont, 05301

It would be of great help if this could be
done as soon as possible.

Thank you for your time.

Sincerely,

Philip F. Waterman II MD

AN EQUAL OPPORTUNITY EMPLOYER

ESSEX JCT., VT. 05452

26 June 1974

State of Michigan
Dept. of Licensing & Regulation
Board of Registration in Medicine
John M. Wellman M.D. Exec. Sec.
1033 S. Washington Ave.
Lansing, Michigan 48926

RECEIVED
JUL 1 1974
DEPT. OF LIC. & REG.

Dear Dr. Wellman,

I just took the FLEX in Detroit.
Since that time I have changed my
mailing address to:

PHILIP F. WATERMAN II M.D.

ESSEX JUNCTION, VERMONT 05452

I would appreciate it if my scores were
sent to this new address. My test
processing number was 30758.

I would also appreciate your
sending me some information

I would like to know:

1. How do I apply for a temporary &/or permanent license in Michigan and what is the fee?
2. In which states is FLEX sufficient to obtain a license? (Are there any states in which National Board are sufficient but FLEX is not?)
3. Once licensed in Michigan, with which states is there reciprocity and how does one apply for a license in another state on such a basis?
4. Is the same score on FLEX required for licensure in each state?

Thank you for your time.

Sincerely,

Philip T. Waterman II M.D.

[REDACTED]
Essex Junction, Vt. 05452



WILLIAM G. MILLIKEN, Governor

CHARLES E. HARMON, Director

Beverly J. Clark

May 20, 1974

Philip F. Waterman II, M.D.

Grand Rapids, MI 49505

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

BOARD OF REGISTRATION IN MEDICINE

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0680

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John J. Coury, M.D.
H. Clay Tellman, M.D.
Donato F. Sarapo, M.D.
Donald T. Anderson, M.D.
Joseph J. Berke, M.D.
John R. Wilson, M.D.

Dear Doctor:

Your name has been placed on the eligible roster to write the Michigan State Board FLEX Examination on Tuesday, Wednesday and Thursday, June 11, 12 and 13, 1974 in Detroit, Michigan.

You are to report on Tuesday morning at 8:00 a.m. to the COMMUNITY ARTS BUILDING on the State Fair Grounds in Detroit, located on Woodward Avenue between Seven Mile Road and Eight Mile Road on the corner of Woodward Avenue and State Fair Avenue. (Please enter the Fair Grounds from Woodward Ave.)

THE EXAMINATION WILL BE HELD IN THE EXHIBITION HALL.

ATTENTION:

NO APPLICANT WILL BE ADMITTED TO THE EXAMINATION WITHOUT THIS LETTER AND ATTACHED PHOTOGRAPH.

Please bring with you two (2) soft lead pencils. Pens will not be permitted.

YOUR MICHIGAN IDENTIFICATION NUMBER IS 478.

YOUR SEAT NUMBER IN THE EXAMINATION HALL IS 478.

Sincerely yours,

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE

John M. Wellman, M.D. Executive Secretary

RESULTS OF THE EXAMINATIONS:

You will be notified BY MAIL within 10 weeks regarding the results of this examination. YOU ARE REQUESTED NOT TO CONTACT THIS OFFICE BY TELEPHONE CONCERNING THE RESULTS.





WILLIAM G. MILLIKEN, Governor

CHARLES E. HARRISON, Director

Beverly J. Clark

May 20, 1974

Philip F. Waterman II, M.D.

Grand Rapids, MI 49505

STATE OF MICHIGAN

DEPARTMENT OF LICENSING AND REGULATION

BOARD OF REGISTRATION IN MEDICINE

1033 SOUTH WASHINGTON AVENUE, LANSING, MICHIGAN 48926

Telephone Area Code 517 373-0680

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- Donato F. Sarapo, M.D.
- Donald T. Anderson, M.D.
- Joseph J. Berke, M.D.
- John R. Wilson, M.D.

Dear Doctor:

Your name has been placed on the eligible roster to write the Michigan State Board FLEX Examination on Tuesday, Wednesday and Thursday, June 11, 12 and 13, 1974 in Detroit, Michigan.

You are to report on Tuesday morning at 8:00 a.m. to the COMMUNITY ARTS BUILDING on the State Fair Grounds in Detroit, located on Woodward Avenue between Seven Mile Road and Eight Mile Road on the corner of Woodward Avenue and State Fair Avenue. (Please enter the Fair Grounds from Woodward Ave.)

THE EXAMINATION WILL BE HELD IN THE EXHIBITION HALL.

ATTENTION:

NO APPLICANT WILL BE ADMITTED TO THE EXAMINATION WITHOUT THIS LETTER AND ATTACHED PHOTOGRAPH.

Please bring with you two (2) soft lead pencils.
Pens will not be permitted.

YOUR MICHIGAN IDENTIFICATION NUMBER IS 478.

YOUR SEAT NUMBER IN THE EXAMINATION HALL IS 478.

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

John M. Wellman, M.D.
Executive Secretary

RESULTS OF THE EXAMINATIONS:

You will be notified BY MAIL within 10 weeks regarding the results of this examination. YOU ARE REQUESTED NOT TO CONTACT THIS OFFICE BY TELEPHONE CONCERNING THE RESULTS.





WILLIAM G. MILLIKEN, Governor

~~CHARLES E. HARRISON~~, Director

Beverly J. Clark

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April 1, 1974

Philip F. Waterman II

Grand Rapids, MI 49505

Dear Doctor:

- We have received your:
- FLEX Examination application
 - Medical Credentials
 - \$100.00 fee
 - Photographs

Your name will be placed on the eligible roster for the examination scheduled to be held on June 11, 12 and 13, 1974. Your admission letter, and information concerning time and place of the examination, will be forwarded to you the last week in May.

- We will await receipt of :
- FLEX Examination application
 - \$100.00 fee (please make check payable to State of Michigan - Medicine)
 - Photographs (3x3)

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

John M. Wellman, M.D.,
Executive Secretary

Note: We will be glad to make the necessary arrangements for you to write this exam in _____.

When these have been completed you will be advised. Please keep this office informed of any change in your address.

