

APPLICATION FOR CERTIFICATE TO PRACTICE MEDICINE AND SURGERY,  
 THROUGH  
 ENDORSEMENT

(Strike out words not applicable.)

APR 20 1972

To the Kansas State Board of Healing Arts:

On the basis of a Certificate or License issued to me by the NATIONAL BOARD OF MEDICAL EXAMINERS  
 (Name of Board of Healing Arts)

of the State of \_\_\_\_\_, on the 1<sup>st</sup> day of JULY, 1967, and obtained by written examination from said Board, I hereby make application for a certificate and license to practice Medicine and Surgery, ~~Osteopathy~~, or ~~Chiropractic~~ in the State of Kansas. For the purpose of obtaining such license I make the following statement of facts and offer the following proof in support of my qualifications.

- Name IRENE ELIZABETH HELLER  
 (Print name in full, including middle name. Use no initials)
- P. O. Address #1603 1260 NELSON ST, VANCOUVER 5, B.C. - CANADA  
 (Street) (City) (County) (State)
- Place of birth MONTREAL, CANADA Date of birth 1941 Age 30
- Citizenship acquired by: Birth CANADIAN Naturalization \_\_\_\_\_  
 (If citizenship acquired by naturalization proof thereof, including date and place must be submitted.)
- I  (do ~~not~~) propose to abandon practice at my present location and to become a permanent resident of the State of Kansas and engage in the practice of MEDICINE (NEUROLOGY) in KANSAS CITY, Kansas.
- I agree to pay the fee to obtain a license to practice.
- Have you ever been denied a certificate by, or the privilege of taking an examination before any State Examining Board?  
 Answer NO  
 (Yes or No. Give Particulars)
- Has any State Examining or Licensing Board revoked or suspended a certificate issued to you?  
 Answer NO  
 (Yes or No. Give Particulars)
- I have not practiced as an itinerant or advertising doctor, nor been connected, either directly or indirectly, with any medicine concern, company, institute or advertised specialty; and I hereby pledge my solemn word of honor I will not so practice or become connected if a license is granted to me. I further pledge that I will be governed in my practice by the principles and ethics promulgated by the Kansas State Board of Healing Arts as the standard to be maintained in this State. I further agree that any willful violation of those principles and ethics will constitute grounds for disciplinary action by the Board.

9. Preliminary and Pre-medical Education

Give name and location of institutions attended, beginning with high school, with concise statement of period of study, giving dates of diplomas or certificates received.

PRINCE OF WALES H.S., VANCOUVER, B.C. - CANADA; 1954-1956  
UNIVERSITY HILL H.S., " " " 1956-1958  
REED COLLEGE, PORTLAND, OREGON 1958-1962 - B.A. JUNE '62

10. Professional Education

I have spent 4 years in the study of M.D. in the institutions named below:

Day, month, year	Day, month, year	Name of school	Location
<u>SEPT, 6 1962</u>	<u>23 MAY 1966</u>	<u>UNIV. PENNSYLVANIA MED SCH;</u>	<u>PHILADELPHIA, PENNA.</u>

From \_\_\_\_\_ to \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

I received the degree of M. D. from the UNIV. PENNSYLVANIA MED'L SCH.

(Name of professional college)  
 located at 34<sup>th</sup> SPRUCE ST, PHILADELPHIA, on the 23<sup>rd</sup> day of MAY, 1966  
 (Street) (City)

I am the identical person named in the diploma and am the lawful possessor of the same. The photograph submitted herewith is a true likeness of myself and was taken within sixty days prior to the date of this application.

Date March 21, 1972, 1972 (Signed) Irene Elizabeth Heller, M.D.  
 (Name in full)

**11. Certified Copy of Basic Science Certificate**

(Photostatic copy or verbatim copy to follow here over seal of State Board of Basic Science certified by the Secretary thereof.)

I, \_\_\_\_\_ of \_\_\_\_\_  
 Secretary of the \_\_\_\_\_ State Board of Basic Science, hereby certify that  
 Dr. \_\_\_\_\_ of \_\_\_\_\_  
 was granted, on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, Basic Science Certificate No. \_\_\_\_\_ of which  
 the above is an exact copy, by the \_\_\_\_\_ State Board of Basic Science upon examination by the  
 said Board in the following subjects:

Subject	Rating	Subject	Rating
Anatomy	_____	Pathology	_____
Bacteriology	_____	Physiology	_____
Chemistry	_____	Total	_____
		General Average	_____

I further certify that the ratings herein given are true and correct, and that the said applicant was awarded a general average of \_\_\_\_\_ percent thereon. I further certify that no certificate issued by this Board to the said \_\_\_\_\_ has ever been revoked or suspended, and that from records now on file in this office I believe him to be of good moral character and worthy of professional recognition, and recommend him to the Kansas State Board of Healing Arts as a fit and proper person to receive reciprocal recognition by the Kansas State Board of Healing Arts.

In Testimony Thereof, Witness my hand and seal.

\_\_\_\_\_  
 Secretary of the \_\_\_\_\_  
 State Board of Basic Science \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Dated at \_\_\_\_\_ this \_\_\_\_\_  
 day of \_\_\_\_\_, 19\_\_\_\_

(SEAL)

*National Board*  
**12. Certified Copy of ~~State License~~ or Certificate**

NATIONAL BOARD OF MEDICAL EXAMINERS  
 OF THE  
 UNITED STATES OF AMERICA  
 Irene Elizabeth Heller, 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: RICHARD H. YOUNG  
 Chairman of the Board

SEAL

Philadelphia, Pa.  
 July 1, 1967

Cert. # 87573

JOHN P. HUBBARD  
 President of the Board

*Not. Bd.*  
13. Certificate of State Endorsement

I, William B. Kennedy, M. D. of Philadelphia, Pennsylvania  
an Associate Director of National State Board of Medical Examiners

hereby certify that Dr. IRENE ELIZABETH HELLER of VANCOUVER, CANADA  
was granted, on the 1<sup>st</sup> day of JULY 1967, Certificate No. 87573 of which the above is

an exact copy, by the National State Board of Medical Examiners

upon { diploma The University of Pennsylvania School of Medicine - May 23, 1966  
(State college and date of graduation)  
examination by the said Board in the following subjects:

Subject	Rating	Subject	Rating
Anatomy ✓	[REDACTED]	Obstetrics	[REDACTED]
Physiology ✓		Public Health & Prev. Med.	
Biochemistry ✓		Pediatrics	
Pathology ✓		Psychiatry	
Bacteriology ✓		Practical, clinical (Part III)	
Pharmacology			
Medicine			
Surgery			

Total \_\_\_\_\_  
General Average \_\_\_\_\_

With reference to memorandum to all State Medical Examining Boards from Frederick T. Merchant, M.D. dated December 1, 1970, please note: "The National Board of Medical Examiners is to be regarded as an examining agency with no function in determining the moral character of its Diplomates or their fitness to practice other than that related to the completion of educational requirements and successful completion of its examinations in accordance with the rules and regulations established by the National Board of Medical Examiners."

John P. Hubbard, M.D., President, National Board of Medical Examiners

In Testimony Thereof, Witness my hand and seal.

William B. Kennedy, M.D.  
Associate Director National State  
Secretary of the Medical Examiners  
Board of Medical Examiners  
Street address 3930 Chestnut St  
Philadelphia, Pa. 19104

Dated at Philadelphia, Pennsylvania  
this 7<sup>th</sup> day of February 19 72  
(SEAL)

14. Affidavit of Applicant

Pro. British Columbia, County of — 0 —, ss.

Dr. IRENE ELIZABETH HELLER of VANCOUVER, B.C. personally appeared before me, a notary public, in said County and State; and who, being duly sworn, deposes and says that 5 he is the person referred to in the foregoing application for License to practice Medicine and Surgery, Osteopathy or Chiropractic in the State of Kansas; that 5 he has read carefully the statements and answers to questions therein contained, and that each and all are strictly true in every respect.

Irene Elizabeth Heller  
Applicant.

Sworn to before me, this 14<sup>th</sup> day of March, 19 72.

A Justice of the Peace in and for  
Province of British Columbia  
My commission expires until recalled, 19 —  
By Pro. Order du Conseil  
[Signature] Notary Public.

15. Certificate of Interne Service if Applicable

This certifies that Dr. IRENE ELIZABETH HELLER has rendered satisfactory and continuous service as an interne in the PENNSYLVANIA Hospital at PHILADELPHIA, PENNA. from JUNE 18, 1966 to JUNE 18, 1967

Dated March 1, 19 72  
Joyce K Cooper  
Assistant to President Superintendent of Hospital.

# THE KANSAS STATE BOARD OF HEALING ARTS

Application No. 8268

*This Filing to be Filled Out  
by the Secretary Only.*

Reciprocal Certificate No. 87573  
Application for Certificate through Endorsement with

National Board

(11-3-74) → 15910

Kansas Certificate No. 14988

Granted JUN 10 1972 19

Application received APRIL 20, 1972 19

Fee 100.00 Paid APRIL 20, 1972 19

Issued JUN 10 1972 19

Certificate Forwarded JUL 5 1972 19

Sent by Certified Mail express

Notified of rejection 19

*Mary Davis*  
Secretary

## 16. Certificate

Of Ethical and Moral Character, from President or Secretary of County, District or State Professional Society

P. O. address \_\_\_\_\_ date \_\_\_\_\_, 19\_\_

I certify that Dr. 2 STATEMENTS ENCLOSED of \_\_\_\_\_ is a

member in good standing of the \_\_\_\_\_ and that \_\_\_\_\_ he is an ethical practitioner and is of good moral and professional character.

\_\_\_\_\_  
President or Secretary.

## 17. Certificate

A certified statement from the Dean or Registrar of the Professional College attended by the applicant, giving the exact number of months attended in each year during the four years' course, must follow here, over the seal of the College.

I hereby certify that Dr. IRENE ELIZABETH HELLER attended 8½ months during the first year and 8½ months during the second year and 8½ months during the third year and 8½ months during the fourth year, in the University of Penna. School of Medicine Professional school, located at Phila., Pa., and was graduated on the 23 day of May 1966

*Rudolph M. Gault*  
President, Secretary, Registrar

Dated February 21, 1972

NOTE.—The fee must accompany each application. Fee is payable by bank draft, post office or express money order. PERSONAL CHECKS NOT ACCEPTABLE. Certificates will be sent by Certified Mail only. Return this application when properly filled and make the fee payable to the Kansas State Board of Healing Arts.

18. This application must be accompanied with an unmounted photograph of the applicant, 3 by 4 inches, bust size, not full length, with certificate of the photographer on the back thereof, giving his address, date when taken, and setting forth that it is a true picture of the applicant, and must be taken within sixty (60) days prior to the date of the application, and across the front thereof the applicant will write his name in full. A photograph larger than 3 by 4 inches, a kodak, or a photographic proof will positively not be accepted.



19. The applicant will have give the address to which license is to be forwarded by express:

Name DR. IRENE E. HELLER  
Street #1603-1260 WELSON ST  
City WYANDOTT  
County Overland Park, KS  
State KANSAS  
96 Leonard Bldg

NOTE.—If applicant is not a member of an approved local professional society, he must submit satisfactory certificates of good moral and professional character from at least two reputable doctors who are licensed or certified to practice and are members in good standing in their local county professional society. Signers of this certificate will give any additional information regarding the applicant, if requested by the board. The sworn statement of a licensed practitioner of any state is acceptable.

RECEIVED  
APR 20 1972  
KANSAS STATE BOARD  
OF HEALING ARTS

Date March 13 1972

To the Kansas State Board of Healing Arts:

This is to Certify, That I have been personally acquainted with IRENE ELIZABETH HELLER for three years or more, and that I know <sup>her</sup> ~~him~~ to be an ethical practitioner and of good moral and professional character, and not addicted to the use of alcohol or narcotic drugs. And I hereby recommend <sup>her</sup> ~~him~~ to the Board of Healing Arts of the state of Kansas as most worthy to be licensed to practice the medical profession in the state of Kansas.

I am a graduate of the Mc Gill College of Medicine, date of graduation 1941, and licensed in the state of BC, certificate number 3171.

Date of license 1946

I am a member in good standing of the BC College of Physicians & Surgeons Professional Society, Royal College of Physicians & Surgeons of Canada.

Name Erne K. Mathison

Address 1227 - 925 Keele St  
Vancouver

Subscribed and sworn to before me, this 13<sup>th</sup> day of March 1972

(SEAL)

[Signature] Notary Public.

My commission expires on death 19

NOTE.—If applicant is not a member of an approved local professional society, he must submit satisfactory certificates of good moral and professional character from at least two reputable doctors who are licensed or certified to practice and are members in good standing in their local county professional society. Signers of this certificate will give any additional information regarding the applicant, if requested by the board. The sworn statement of a licensed practitioner of any state is acceptable.

RECEIVED

APR 20 1972

Date March 14<sup>th</sup> 1972

To the Kansas State Board of Healing Arts:

KANSAS STATE BOARD  
OF HEALING ARTS

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I am a graduate of the Medical College of University of Rome, date of graduation July, 1931, and licensed in the state of BRITISH Columbia certificate number 2416  
Date of license August 3<sup>rd</sup>, 1948

I am a member in good standing of the Canadian PSYCHIATRIC Professional Society.

Name H. Zeldowicz, MD  
Address 112-750 W. Broadway  
Vancouver 8, B.C. Canada.

Subscribed and sworn to before me, this 15 day of March 1972

(SEAL)

R. J. Russell Notary Public.

My commission expires January 1, 1973