

CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons Who Have Known Applicant for at Least One Year
(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, character and standing, as required by the Board.)

This certifies that I have been personally acquainted with RICHARD ARNOLD GROSSMAN M.D. for 7 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Richard Arnold Grossman Address [Redacted]
Graduated from Washington U. Med. School date JUNE 1962 Licensed in Missouri No. 8528

This certifies that I have been personally acquainted with Richard A Grossman M.D. for 3 years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Richard A Grossman Address [Redacted]
Graduated from U. of Illinois date 15 May 1952 Licensed in Illinois No. 1401

RECIPROCITY INFORMATION

Dear Doctor: Sacramento, California
Answering your recent inquiry, we submit the following information regarding the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week. No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an applicant any special privileges, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then only after said certificate has been recorded in the county wherein such practice is conducted. See sections 2141 to 2143 of the Business and Professions Code. Applicants must not establish an office nor circulate professional printed matter using the prefix "Dr." or suffix "M.D." before a California certificate has been issued.

Application cost of \$10.00 (foreign exchange to be added) in any form other than a personal check must accompany this application and be deposited in the office of the Board, 1921 O Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 certificate fee to be paid if certificate is issued, together with the current license fee as provided by law and the Board rules and regulations.

Misleading or partially completed applications not acceptable. Read footnotes on pages 1-2-3.
Application based on a certificate issued "on Reciprocity" is not acceptable.

If admitted to examination in another state without possession of diploma, an applicant must submit a certified copy of the document used as a basis of his admission to examination.

Applicants who have failed in a California written or oral examination are not eligible to file a Reciprocity Application.

This Application must be based on a certificate of medical license, issued by a Board of Medical Examiners (or similar medical licensing body) of any State or Territory of the United States that maintained a standard equal to California on the same date. After September 22, 1953, the requirements of the Business and Professions Code for the issuance of a physician and surgeons certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical, clinical, oral examination complying with the enclosed notice re dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed therein. The Board must be notified when and where you will report for oral examination.

Amendment (Chapter 309, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" courses in a school approved by the Board.

Amendment (Chapter 670, Statutes 1937, effective September 15, 1937, and subsequent amendments) requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING A REGULAR WRITTEN EXAMINATION

Read This Application to 1921 O Street, Sacramento, California, and NOT in San Francisco
NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS
MEDICAL CREDENTIALS CONDITIONS ON THIS BLANK MUST BE COMPLIED WITH IN FULL

The applicant will file a copy of this application with the Board of Medical Examiners of the State of California. The Board will examine the application and may require any further information to open to review or to conduct any method of testing the applicant. The Board will advise the applicant of the results of its action. All foreign documents must be translated into English over the seal and signature of the Consul of the country wherein the document was issued. See last page for details. The English translation must be attached to this application.

DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA

RECIPROCITY APPLICATION—CLASS C

I hereby apply for a physician's and surgeon's reciprocity certificate in the State of California and submit the following credentials as required by the Business and Professions Code (Chapter 3) and the rules of the Board of Medical Examiners of the State of California.

Name in full Richard Arnold Grossman Address [Redacted]
Date of birth [Redacted] Age this date [Redacted]

Are you a citizen of the United States? Give particulars [Redacted]

Did you attend high school? [Redacted]

Did you graduate from high school? [Redacted]

Did you attend college or university? [Redacted]

Have you any degree OTHER than M.D.? [Redacted]

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of:

- a. Physics YES College NYU MANHATTAN CITY from SEPT. 1951 to JUNE 1954
- b. Chemistry YES College NYU MANHATTAN CITY from SEPT. 1951 to JUNE 1956
- c. Biology YES College NYU MANHATTAN CITY from SEPT. 1951 to JUNE 1956

(If any applicant presenting an application based on a certificate or license issued after January 1, 1918, by any state licensing board, must show that "before beginning the first half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade in each of the subjects of Physics, Chemistry and Biology." After January 1, 1954, such premedical course must have been completed prior to commencing the study of medicine. After September 22, 1953, an applicant must show the completion of a two-year college course, including the subjects of Physics, Chemistry and Biology and an equivalent premedical course in a medical school after January 1, 1954 must show the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.)

Indicate your medical education in the following manner. Be specific:

(Applicants attending medical schools and graduated therefrom between August 1, 1901, and August 16, 1911, must show the medical college attended for both preliminary and professional education was such as prescribed by the Association of American Medical Colleges for the use of postgraduate and physicians.)

- I have spent 6 1/2 years in the study of medicine and surgery each year comprising 6 1/2 each in the following institutions:
(Name—Include dates of EACH COURSE, its Position, Semester, Junior and Senior, and complete each with: CHRONOLOGICALLY, IN ORDER OF COMPLETION, (beginning with the first) WASHINGTON U. MEDICAL SCHOOL, ST. LOUIS, MISSOURI
From the 14 day of SEPT. 1951, to the 6 day of JUNE 1952, at ST. LOUIS, MISSOURI
From the 14 day of SEPT. 1952, to the 4 day of JUNE 1956, at "
From the 12 day of SEPT. 1956, to the 3 day of JUNE 1961, at "
From the 11 day of SEPT. 1961, to the 4 day of JUNE 1962, at "
From the 1 day of JULY 1962, to the 30 day of JUNE 1963, at WASH. UNIV. MEDICAL SCHOOL, ST. LOUIS, MISSOURI

*From what school did you obtain the degree Doctor of Medicine or Doctor of Medical (See footnote.)
WASHINGTON U. MEDICAL SCHOOL, ST. LOUIS, MO. on 4 day of JUNE 1962

Is this application accompanied by the original diploma or a photographic copy thereof? ONLY - M.D.

Upon what license or certificate do you base this application? MISSOURI MEDICAL BOARD on 4 day of JUNE 1962

JUNE 1962 upon (1) written or (2) oral examination or (3) registration of diploma MISSOURI MEDICAL BOARD

Have you ever filed an application in California? NO

Have you ever failed in a written or oral examination in California? NO Give particulars [Redacted]

How long since you have ceased the active practice of medicine and surgery? [Redacted]

What has been your vocation since you ceased practice? [Redacted]

In what other states have you applied for license or registration? [Redacted]

Have you ever been denied a certificate or license by any licensing board or the right to take an examination? NO

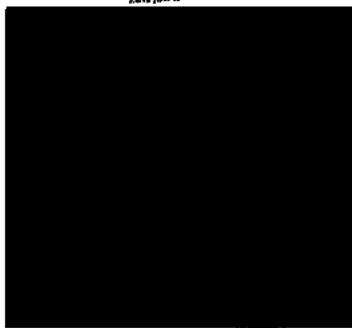
If applicants taking their application on a license issued after September 22, 1953, must show the completion of a post-internship satisfactory to the Board prior to the filing of the application. Submit with the application a photographic copy of your licensure certificate.

An applicant admitted to a State Medical Board Examination prior to POSSESSION OF DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.

*Graduates from foreign medical schools must comply with instructions on page 6.
DIPLOMA EXAMINATION REQUIRED IN STATE CERTIFICATE IS DATED FIVE OR MORE YEARS BEFORE APPLICATION IS FILED.

Has any license enabling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? No If so, specify None
 Have you ever been or are you now addicted to narcotic drugs? No Have you ever been charged with alcoholism? No
 Specify charges: None
 Have you ever made an offer in compromise in connection with the Harrison Narcotic Law? No
 Have you ever been called before a Federal, State or local enforcement officer? No
 Have you ever been charged with a violation of any law of a foreign country, or within violation of a U. S. STATUTE or STATE STATUTE? No If so, give full particulars: None

My physical description on this date is as follows:
 Height 5'10" inches weight 160 lbs. eyes Blue of hair Brown identification mark None
 Are you suffering from any ailment or ailment to communicate or to be treated? No Have you ever practiced as an itinerant physician? No
 Have you ever been convicted, directly or indirectly, with any medical concern, conspiracy, malpractice, advertising specialty or advertising specialties? No If so, when and where? None



Do you hereby agree, should a certificate be granted you by the State Board of Registration for the Healing Arts, not to become concerned, directly or indirectly, with any medical concern, conspiracy, malpractice, advertising specialty or advertising specialties?
 Was the photo attached to this application a likeness taken within sixty days next preceding the date of the above stated hearing?
 Have you answered the above questions from your own knowledge and upon information from your own recollection?

Reciprocity not granted if the following certificate was issued "on reciprocity."
 APPLICANT WILL LEGALLY COPY or attach a photostatic copy in the space provided below, the entire original State Certificate of Reciprocity on which this application is based. Do not make a Carbon Copy Certificate of Reciprocity as a receipt for original Reciprocity Certificate.

No. 21510 THE STATE BOARD OF REGISTRATION FOR THE HEALING ARTS OF MISSOURI

By Authority of the Healy Licensee
 RICHARD A. GROSSMAN, M.D.
 GRADUATE OF
 WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
 TO PRACTICE AS

Physician and Surgeon
 GIVEN UNDER THE HANDS AND SEAL OF THE STATE BOARD OF REGISTRATION FOR THE HEALING ARTS OF MISSOURI THIS 7th day of July in the year A.D. 1962
 BY RICHARD A. GROSSMAN, M.D. Secretary
 WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
 642 S. RAYBURN AVENUE, ST. LOUIS, MO. 63101
 State of Missouri
 County of St. Louis
 I, Richard A. Grossman, Secretary of the State Board of Registration for the Healing Arts of Missouri, do hereby certify that the above named applicant has read the foregoing application and knows the contents thereof to be true and correct.

Certificate of Secretary of State Board Which Issued the License Used as the Basis of This Application
 (Do not make your own copy or alter the original; has official PHOTOGRAPH on the reverse page and make the required AFFIDAVIT)
 I, John A. Hailey, Executive Secretary of the State Board of Registration for the Healing Arts of Missouri, do hereby certify that the foregoing certificate No. 21510 was issued on the 7th day of July 1962.

Richard A. Grossman on the 7th day of July 1962 based on Written examination that (1) said applicant was then the actual possessor of a diploma as evidence of his completion of his medical course; (2) that said applicant BEFORE ADMISSION TO SAID EXAMINATION presented to this Board a diploma issued by Washington University Sch. of Med. on the 4th day of June 1962 that no charge against Dr. Richard A. GROSSMAN has ever been filed with this Board or any other board so far as our records show, nor has the certificate been revoked and that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION CERTIFICATE. (If it be "DUPLICATE" please add as explanatory note.)

If further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.
 (Further certify that the applicant referred to herein passed the written examination given by this Board on 5/20, 6, 7, 8, 9, 1962, and obtained a general average of 80% per cent in the following subjects: Anat., Phys., Chem., Path., Bact., Gen. Phys., and Surgery.)

ENTER THE SUBJECTS OF EXAMINATION	Pts. Out of 100	ENTER THE SUBJECTS OF EXAMINATION	Pts. Out of 100
Anat.	83	Hist.	83
Phys.	84	Phys. Diag.	83
Chem.	85	Med.	84
Path.	83	Surg.	80
Bact.	86	Os.	78
Gen. Phys.	81	Gen.	77

I hereby certify that the above license is in good standing; that the above applicant's record is clear and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof witness my hand and seal.
 John A. Hailey, Executive Secretary of the State Board of Registration for the Healing Arts of Missouri
 dated at Jefferson City, Missouri, this 17th day of February 1965.

It is hereby certified that Richard Arnold Grossman, general the fresh on date in the Washington Univ. School of Medicine on the 10th day of September 1958.

1. That as evidence of preparatory education (high school) he presented 20 units of high school credits from the Bronx H.S. of Science, New York - shown on transcript from New York University dated August 8, 1958.

2. That as evidence of preparatory education (college) he presented 97 semester hours of preclinical credits earned at New York University (Washington Square College) transcript dated August 8, 1958.

3. That prior to commencing the study of medicine he completed a one-year course of college grade in each of the subjects of chemistry, physics and biology as shown on the accompanying certification. These credits are based on a certificate issued after January 1, 1950, and state that the applicant has completed the study of medicine. On and after September 22, 1951, an applicant must show the completion of a two-year college course including the subjects of physics, chemistry and biology prior to commencing the study of medicine, and an applicant receiving by a medical school after January 1, 1950, and after the completion of a three-year college course, including the subjects of Physics, Chemistry and Biology.

4. That he completed four courses of lectures given by this institution completed during a period of four months.

He was awarded the degree of Doctor of Medicine on the 4th day of June 1962.

1961 OF 1910001 this 28th day of February 1965

Students after August 30, 1958, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of 4000 hours in the subjects set forth in the Business and Professions Code of California.

7-5-63

Certification of Completion of Internship



THIS IS TO CERTIFY, That Richard Arnold Grossman, M.D., who holds a medical diploma or a certification
of completion issued by Washington University, located in St. Louis, Mo.
Name of medical school Street address City

USA, dated June, 1962, commenced service.
County Month Day Year

as an intern in this hospital on the First day of July, 1962, and has served a satisfactory

Straight internship for a period of twelve months ending June 30, 1963,
(Indicate type of service: Month Day
i.e., rotating, mixed, straight)

in University of California Hospital, Los Angeles California
Name and address of hospital State

Signed in the city of Los Angeles, State of California

this 25th day of June, 1963

Daniel G. Morton
To be signed by Chief of Staff or Chairman
Daniel G. Morton, M.D.

K. M. Eastman
Superintendent
K. M. Eastman

David H. Solomon
Chairman of Internship Committee
David H. Solomon, M.D.

[SEAL]

Universitas Washingtoniana

SANCTI LUDOVICI
IN CIVITATE MISSOURIENSI

Omnibus ad quos haec Literae pervenerint, Salutem in Domino sempiternam:
Vos, Praeses et Socii Universitatis Washingtonianae
et commendatione Cancellarii honorandi, Professoremque creditum in Cemitio salutem.

Richard A. Grayman

Medicinae Doctoris

admissionis eique dedimus et concessimus insignia et jura omnia ad hunc honorem spectantia.
In cuius rei Testimonium litteris hae Universitatis sigillo munitis, teste Secretario, die
Juni IV. Anno Domini MCMLXII et Republicae Americanae CLXXXVI.
Vos promeritate nobis commissa nomine subscripsimus.

Ed. Lohmeyer
Cancellarius

John H. Evans
Praeses

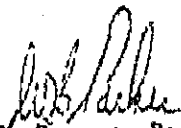
Edw. W. Deerpsey
Secretarius

WASHINGTON  UNIVERSITY
SAINT LOUIS

SCHOOL OF MEDICINE
OFFICE OF THE REGISTRAR

May 29, 1962

This is to certify that Richard A. Grossman
has satisfactorily completed the requirements
for the degree of Doctor of Medicine and that
he will be awarded the degree by Washington
University at the Commencement exercises to be
held on June 4, 1962.


W. B. Parker, Registrar
School of Medicine