



Medical Center Hospital of Vermont

BURLINGTON, VERMONT 05401

September 18, 1974

Division of Professional Licensing  
Attention Cindy Lane  
126 State Street  
Montpelier, Vermont 05602

Dear Ms. Lane:

Enclosed is application for limited temporary license  
for Philip F. Waterman II, M. D., Resident physician.

Also enclosed are checks for \$10 and \$5.00 respectively  
for the license and recording fees.

Sincerely,

(Mrs.) Marion E. Ashton  
Administrative Assistant

ma/  
Enclosures

#530  
Paid  
9/24/74  
\*

# Vermont State Board of Medical Registration

## APPLICATION FOR LIMITED TEMPORARY LICENSE TO PRACTICE MEDICINE

To the Vermont State Board of Medical Registration:

I hereby make application for a limited temporary license to practice medicine and surgery as an interne, resident, fellow or medical officer in the State of Vermont at the MEDICAL CENTER OF VERMONT Hospital and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name in full PHILIP F. WATERMAN II

2. Address 

3. Place and date of birth 

4. I have never been charged with violation of any Federal, State or Local Statute, except as follows:

5. I have practiced medicine as an interne, fellow, resident or medical officer as follows:

From ..... To ..... At .....

From ..... To ..... At .....

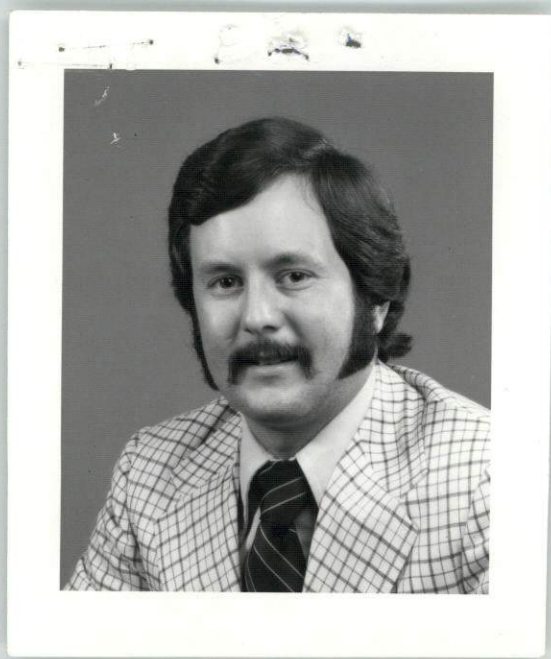
6. Have you ever been denied a certificate by, or the privilege of taking an examination before any State Medical Examining Board? No

7. Has any State Medical Examining Board revoked or suspended a certificate issued to you? No  
Are you a citizen of the U.S.A.? YES If naturalized, have you full papers? .....

### MEDICAL EDUCATION

I have spent 4 years in the study of medicine in the institutions named below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>Aug. 1970</u>	to <u>JUNE 1974</u>	<u>U. OF MICHIGAN</u>	<u>ANN ARBOR, MICH.</u>
From .....	to .....	.....	.....
From .....	to .....	.....	.....
From .....	to .....	.....	.....



I received the degree of BA + MD from the U. OF MICHIGAN College,  
located at ANN ARBOR MICH on the BA - APRIL 1970  
MD - JUNE 1974 day of .....

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

(An extra, unmounted copy of photograph is required)

Dated 9-11-74 Signed Philip F. Waterman II MD  
(Name in full)

County of Chittenden State of Vermont, ss.

In Burlington in said county on this 11<sup>th</sup> day of

September A.D. 19 74 personally appeared before me Philip F. Waterman II  
who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions.

Marion E. Ashton Notary Public

My commission expires 2/10/75 19.....

I certify that the said Dr. Philip F. Waterman

is engaged as an interne, resident, fellow or medical officer for the Med. Ctr. Hospital of Vt.  
Hospital for one year.

I further state that I shall be legally responsible and liable for all negligent or wrongful acts or omissions of the limited temporary licensee.

Signed E. L. Amidon M. D.  
E. L. Amidon, M.D.

{ Seal of } NOTE:—If Hospital has no seal the signature must be acknowledged before a  
{ Hospital } notary public.

State of .....  
County of .....

In ..... on the ..... day of .....

A. D., 19 ..... before me personally appeared .....  
to me known and known by me to be the party executing the foregoing instrument, and he acknowl-  
edged said instrument, by him executed, to be his free act and deed.

.....  
Notary Public



PROCURATORES OMNIBUS HAS LITERAS PERLECTURIS

Salutem

Sciatis Philip R. Waterman II ingenius  
 moribus nobis a Collegii Medicinae, et Chirurgiae Professoribus commendatum, ut qui in  
 studio, et disciplina scientiaeque Medicinae, et Chirurgiae Artium bene probatus sit, gradu  
 Doctoris in Arte Medica  
 nos ornavisse, cuius in rei testimonium has literas Praesidis, et Secretarii, et Professorum nomina  
 manusque gerentes, sigilloque Universitatis signatas, in manus ejusdem dedimus.

Datum ex aedibus Universitatis die tricesimo primo Maii anno  
 salutis millesimo nonagesimo septuagesimo quarto Annoque Universitatis Republicae  
 Michiganensium centesimo quinquagesimo septimo

R. L. Kenney Secretarius

R. L. Henning Praeses

Professores



John A. Gronwall, M.D.	Decanus
George P. D. Jones, M.D., M.S., M.C.	Neurob. Prof.
Robert Os. Smith, B.S., M.D.	Anaesthesiol. Prof.
James W. Carr, B.S., M.S., M.D.	Phy. Med. et Rehab. Prof.
James V. Neal, M.D., Ph.D.	Hum. Gen. Prof.
Herbert H. Lovejoy, D.Sc.	Physiol. Prof.
Anna Zeena, B.S., M.D.	Path. Prof.
Quinton A. Baker, Ph.D.	Anat. Prof. Acting Chairman
William R. Robinson, G.S., M.D.	Str. Med. Prof.
Jeanette S. Hunter, B.S., M.D.	Chirurg. Prof.

Walter P. Work, A.B., M.D.	Otorhinolaryngol. Prof.
J. Rosette Wilson, M.S., M.D.	Bot. Hist. et Gynaecol. Prof.
William H. Thomas, M.S., M.D.	Radiol. Prof.
S. Richard Harger, M.D.	Dermat. Prof.
Frederick C. Allen, M.D.	Int. Med. et Med. Cont. Prof.
John W. Hendeman, M.D., Ph.D.	Ophthalmol. Prof.
Albert F. Silberman, M.D.	Psychiat. Prof.
Fredrick C. Hendeman, Ph.D.	Microbiol. Prof.
Walter P. Work, Ph.D.	Chem. Biol. Prof.
Robert H. Jones, M.D., Ph.D.	Pharmacol. Prof.
Neal A. Vanderschuer, M.D.	Postgrad. Med.

**LIMITED TEMPORARY LICENSE**  
**ISSUED BY THE**  
**VERMONT STATE BOARD OF**  
**MEDICAL REGISTRATION**

Before sending application to the State Board for certification the applicant should paste photograph below.

NOTE: — Recent photograph must be pasted here. Must be unmounted and on thinnest paper obtainable. After pasting, place under weight till dry, to insure smooth surface. Must be 3½ x 5 inches.

License Granted .....

Date .....

License No. ....

**Action of Board Members**

Name	Action	Date
A.D. SUTHERLAND		
D.M. STEWART	App Den	10-2-74
W.D. WORTHINGTON	App Den	10-5-74
H.M. FARMER	App Den	10-15-74
W.L. THARBAULT		
W.A. STIMETS	App Den	10-18-74

Interviewed by  
*Noise Needed*

