#### DEPARTMENT OF PROFESSIONAL REGULATION BOARD OF MEDICINE

Harthwood Centre, 1940 North Monroe Street Tallahassee, Florida 32399-0770

MAR 90 193:

(904) 488-0595 ENDORSEMENT APPLICATION 8469.00 817.62618709 NG: 938298888 81-015-10 \$460.00

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### All applicants must answer the following questions: 1. Have you ever studied to become, or do you hold licensure in any state as a Chiropractor, Naturopathic or Osteopathic physician? Yes No x 2. Have you ever failed State Board/FLEX/National Board Examination? Yes No 3. Have you ever been denied an application for licensure to practice medicine by any state board or other governmental agency of any state or country? Yes No x . 4. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge or violation of the medical province act, unprofessional or unethical conduct? Yes $\sim No_{-N}$ 5. Have you ever had a license to practice medicine/surgery/revoked, suspended, or other disciplinary action taken in any state, territory or country? Yes No No. 6. Have you ever been convicted of a felony? Yes $\frac{1}{2}$ No. $\frac{1}{2}$ ; a misdeneanor? Yes Have any judgments ever been entered against you? Yes No x . Have you ever been sued for malpractice? Yes $\underline{\hspace{0.1in}}$ No $\underline{\hspace{0.1in}}^{\times}$ . 7. Mave you ever had to discontinue practice for any reason for a period of one month or longer? Yes \_ Mc\_\_\_\_\_ 8. Are you now or have you ever been emotionally/mentally ill? you ever received psychotherapy? 9. Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barhiturates, or any other medication? 10. Have you ever voluntarily or otherwise been a patient in a hospital, institution, clinic or medical facility for the treatment of mental/emotional illness, drug addiction/abuse, or excessive use of alcohol No x . Have 11. Have you ever been denied staff privileges in any hospital? Yes you ever had your staff privileges suspended, revoked, modified, restricted, placed on procession, or otherwise acted against (explain "otherwise" actions)? Yes ko If "YES", last name(s) and address(es) of hospital(s) If "YES", list name(s) and address(es) of hospital(s) If "YES", list name(s, and address(es) of hospital(s)

12. Have you ever been allowed to resign from any hospital, institution, clinic or medical facility in lieu of disciplinary action? Yes No. 18.

If "YES", please explain and list name(s) and address(es) of practice setting from which you resigned

"" "YES", please explain and list name(s) and address(es) of practice setting from which you resigned.

13.	Has an application for medical society membership ever been rejected? Yes No $_{\rm X}$ . Have you ever had your medical society membership suspended? Yes No $_{\rm X}$ .
	Have you ever been notified to appear before a medical society in regard to charges/complaints filed against you? Yes No $x$ .
	IF ANY OF THESE QUESTIONS ARE ANSWERED "YES", GIVE NAME(S) AND ADDRESS(ES) OF MEDICAL SOCIETY.
serie Naie	LIST MEDICAL AFFILIATIONS: State, county, national, including date(s) and complete address (street, city, state)
	AMERICAN COLLGE OF OBSTETRICS AND GYNECOLOGY 409 10th Coret, SV Washington DC 20024
	SOCIETY OF PERINATOLOGISTS 409 12th St. SW Washington DC 20024
14.	Have you ever been warned or called before the Bureau of Narcotics and Dangerous Drugs? Yes No $_{\rm X}$ . Have you ever been made an offer to compromise in connection with the Harrison Narcotic Law? Yes No $_{\rm X}$ . Have you ever been denied, or surrendered, a narcotic tax stamp? Yes No $_{\rm X}$ .
* * *	***************************************
	any of the questions numbered 1) through 14) are answered "YES", applicant must submit idayit under cath explaining in detail, the basis for such answer.
In	addition to applicant's affidavit, the reports listed below are also required:
psy phy dia	Applicants who have a history of emotional/mental illness, treatment, chotherapy, chemical dependency, etc., are required to have their treating sician/program submit to this cifice, a report of such tree ment to include gnosis/programs. In addition, such applicants may be required to undergo current chiatric evaluation by a board approved physician independent of applicant's treating

pending, Statemen, from applicant's attorney, explaining current status of complaint.

physician.

c) Misdemeanor/Felony/Convictions - Certified Copy of Charges/Indictment and Judgment.

Once the application process has been fully completed, the applicant may be required to make a personal appearance before the Credentials Committee and/or The Board of Medicine.

Please Note: Copies of all documents submitted with the application must be certified by a Notary Public as being true and correct copies of the original documents which the Notary Public has compared. (Notary Public must see the original document and the copy in order to make such a comparison).

If adequate space is not provided on the application form to respond to the requested information, please attach additional sheets as may be required.

TO BE COMPLETED BY APPLICANT:		·		
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POOR DOCUMENT

DEPARTMENT OF PROFESSIONAL REGULATION SOARD OF MEDICINE mosthwood Centre, 1940 North Monroe Street Tallahassee, Plorida 32399-0770

(904) 488-0595

ENDORSEMENT APPLICATION REVENUE

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TELEPHONE: (505) 303- 08 (2) Reve you ever legally CHANGED YOUR NAME? Yes No. If so, enclose certified copy of legal document giving change, e.g. by marriage, etc.

OFFICE NUMBER

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniformed Guidelines on Employee Selection Procedure (1978) 43 FR)8296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way ar lect your candidacy for licensure.

RACE: Caucasian Black Mispanic Oriental Mative American Other SEX: Male Female x

DOCTOR OF HEDICINE DEGREE WAS OBTAINED FROM: WAYNE STAFF UNIVERSITY

(Medical School and Location) SCHOOL OF CHARGINE PETROLT ME

on (Month) (Day) (Year) Are you or have you ever been licensed in any State, Canada, Guam, Puerto or U.S. Virgin Islands? Yes No (If yes, list state(s), license number(s) and date(s) of issuance.

NOV 1991

NEW YORK 179 474 - NOV 1991 NEW YORK 179 474 - PAUG 1989

FOR OFFICE USE ONLY, PLEASE DO NOT

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CANDIDATE NO: \_\_\_\_EXAM CODE:

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MAR 31 1991

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MAR **SO** 1993

Tallahassee, Florida 32399-0770 (104)488-0595

ENDORGENENT APPLICATION

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# DEPARTMENT OF PROFESSIONAL REGULATION BGARD OF MEDICINE Pthwood Centre, 1940 North Monroe Street Nallabassee, Florida 32399-0770

(904)488-0595 ENDORSEMENT APPLICATION

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### POOR DOCUMENT

IPE YOU A CITIZEN OF THE UNITE	TO STATES? Yes x No - 1. JF FOREIGN BORN, GIVE DATE AND
PLACE OF NATURALIZATION:	
DID YOU ATTEND A COLLEGE OR UN	NIVERSITY? Yes X No IF SO, GIVE NAME AND LOCATION,
DATE(S) IN ATTENDANCE: WAYNE	STAIR UNIVERSITY DETROID MT 1977- 1983
DID YOU RECEIVE A DEGREE OTHER	R THAN AN M.D., TO INCLUME UNDERGRADUATE DEGREE? Yes Now .
List degree BS BIOL	LDGY
LIST ALL PLACES OF RESIDENCE : POSTGRADUATE TRAINING:	WHER TOVED) DURING MI PERIODS OF MEDICAL SCHOOL AND
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(5)	dates of attendance	(Month/Dey/Let	Deene	desigency/fellowship;
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	and/or practice setting.		10200.); 003	y, as ampadyment
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	AIRFORCE BASE	NM 87117-	530 D	
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	(enciose copy of Board	certificate or lett	er verifying elig	ibility)
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ore	ign Medical Graduates: E	CFMG standard certif	icate number	
SSU	after pa	ssing english and me	edical exami <b>nati</b> on	. Attach copy of



<b>V11</b>	applicants	must answer	the	following	questions:

Have you ever studied to become, or do you hold-licensure in any state 63 a Chiropractor, Naturopathic or Osteopathic physician? Yes No  $_{
m N}$  . Have you ever failed State Board/FLEX/National Board Examination? Yes 3. Have you ever been denied an application for licensure to practice medicine by any state board or other governmental agency of any state or country? Yes 4. Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge or violation of the medical practice act, unprofessional or unethical conduct? Yes No x 5. Have you ever had a license to practice medicine/surgery/revoked, suspended, or other disciplinary action taken in any state, territory or country? Yes  ${\color{red} \mathbb{N}}$  No  ${\color{red} \mathbb{N}}$  . 6. Have you ever been convicted of a felony? Yes No x; a misdemeanor? Yes Have any judgments ever been entered against you? Yes No x . Have you ever been sued for malpractice? Yes No x . 7. Have you ever had to discontinue practice for any reason for a period of one month or longer? Yes 8. Are you now or have you ever been emotionally/mentally ill? Have you ever received psychotherapy g. Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or any other medication? 10. Have you ever voluntarily or otherwise been a patient in a hospital, institution, clinic or medical facility for the treatment of mental/emotional illness, drug addiction/abuse, or excessive use of alcohol? 11. Have you ever been denied staff privileges in any hospital? Yes No 3 you ever had your staff privileges suspended, revoked, modified, restricted, placed on probation, or otherwise acted against (explain "otherwise" actions)? Yes If "YES", list name(s) and address(es) of hospital(s) If "YES", list name(s) and address(es) of hospital(s) If "YES", list name(s) and address(es) of hospital(s) 12. Have you ever been allowed to resign from any hospital, institution, clinic or medical facility in lieu of disciplinary action? Yes No . . . If "YES", please explain and list name(s) and address(es) of practice setting from

If "YES", please explain and list name(s) and address(es) of practice setting from which you resigned.

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which you resigned.

13.	Has an application for medical society membership ever been rejected: Yes No	٠_ــه
	Have you ever had your medical society membership suspended? Yes No $_{ m N}$ .	
t	Have you ever been notified to appear before a medical society in regard to	7
	charges/complaints filed against you? Yes No $\times$ .	

IF ANY OF THESE QUESTIONS ARE ANSWERED "YES", GIVE NAME(S) AND ADDRESSAES) OF MEDICAL SOCIETY.

LIST MEDICAL AFFILIATIONS: State, county, national, including date(s) and complete address (street, city, state)

AMERICAN COLLGE CF OBSTETRICS AND GYNECOLOGY 400 12th Street, SW Washington DC 20024

SOCIETY OF PERINATOLOGISTS 409 12th St. SW Washington DC 20024

14. Have you ever been warned or called before the Bureau of Narcotics and Dangerous No  $_{\times}$  . Have you ever been made an offer to compromise in connection Drugs? Yes with the Harrison Narcotic Law? Yes No. . Have you ever been denied, or surrendered, a narcotic tax stamp? Yes

If any of the questions numbered 1) through 14) are answered "YES", applicant must submit affidavit under oath explaining in detail, the basis for such answer.

In addition to applicant's affidavit, the reports listed below are also required:

- a) Applicants who have a history of emotional/menual illness, treatment, psychotherapy, chemical dependency, etc., are required to have their treating physician/program submit to this office, a report of such treatment to include diagnosis/prognosis. In addition, such applicants may be required to undergo current psychiatric evaluation by a board approved physician independent of applicant's treating physician.
- o) Malpractice Suits Notarized Copy of Complaint and Judgment. If litigation is pending, statement from applicant's attorney, explaining current status of complaint.
  - c) Misdemeanor/Felony/Convictions Certified Copy of Charges/Indictment and Judgment.

Once the application process has been fully completed, the applicant may be required to make a personal appearance before the Credentials Committee and/or The Board of Medicine.

Please Note: Copies of all documents submitted with the application must be certified by a Notary Public as being true and correct copies of the criginal documents which the Notary Public has compared. (Notary Public must see the original document and the copy order to make such a comparison).

If adequate space is not provided on the application form to respond to the requested information, please attach additional sheets as may be required.

-5a Notary Public as being true and correct copies of the criginal documents which the Notary Public has compared, (Notary Public must see the original document and the copy in

### TO BE COMPLETED BY APPLICANT:

19,7

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(notary seal/stamp)