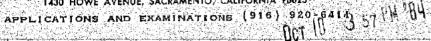


BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 98023





APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE

BASED ON NATIONAL BOARD CREDENTIALS

CLASS G

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n N	OTE: APPLICANT WILL SIGN	THIS STATEMENT	IN PRESENCE OF NOTARY PUBLIC.
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	AND ANY ATTACHMENTS I	S TRUE AND CORR	ING INFORMATION CONTAINED IN THIS APPLICATION ECT, AND THAT THE ATTACHED PHOTO AND DUPLICATE
	COPY ARE A TRUE LIKEN	JESS OF MYSELF,	THE APPLICANT IDENTIFIED HEREIN.
		SIGNATURE OF APP	olicant Cornelia Booky
			DATE September 14, 1984
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To a series	NOTARY PUBLIC - CALIFORNIA (LOS ANGELES COUNTY	ADDRESS 1575 W	estwood Boulevard, Los Angeles, CA 90024
	My comm. expires MAY 20, 1986		



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825



PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT	Cornella BAIRD De	فيكرع
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*EACH MEDICAL SCHOOL ATTENDED MUST COMPLETE ONE OF THESE FORMS COVERING PERIOD OF ATTENDANCE.

Application Summary

12/20/17 10:39 AM

Page 1 of 3

License Type:

Physician and Surgeon G

License Number:

54179

File Number:

207281

Application:

Physician's and Surgeon's Renewal

Application Number:

14480797

Application Date:

12/20/2017 (mm/dd/yyyy)

Application Questions

Have you served or are you currently serving

in the military?



Personal Detail

First Name:

CORNELIA

Middle Name:

BAIRD

Last Name:

DALY

Birthdate:

** (** |****

Gender:

Female

Addresses

License Related Addresses Address of Record (Required)

Warning:

In order to protect your privacy and identity, address will not be displayed.

Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver?

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.





12/20/17 10:39 AM Page 2 of 3

Family Physician Training Program Voluntary Fee

Would you like to contribute?

Attachments

Physician Survey

Are you retired?

Activities in Medicine

No

Administration - None

Other - None

Patient Care - 40+ Hours

Research - None

Teaching - None

Telemedicine - None

Patient Care Practice Location

Telemedicine Practice Location

Patient Care Secondary Practice Location

Telemedicine Secondary Practice Location

Current Training Status

Areas of Practice

Board Certifications

Postgraduate Training Years

Cultural Background

Web Site Profile

Zip: 90404 County: LOS ANGELES

Zip: County:

Zip: County:

Zip:

County:

Fellow

Obstetrics and Gynecology - Primary

American Board of Obstetrics and

Gynecology - Obstetrics and Gynecology

4 Years

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

StephenM.ThompsonLRP

\$25.00

Total Amount Due:

\$820.00

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that all statements,
answers, and representations provided, including supplementary attached hereto, are true,
complete and accurate.

Signature:

Date:

Application Summary

12/17/15 3:18 PM

Page 1 of 3

License Type:

Physician and Surgeon G

License Number:

54179

File Number:

207281

Application:

Physician's and Surgeon's Renewal

Application Number:

14256771

Application Date:

12/17/2015 (mm/dd/yyyy)

Application Questions

Have you served or are you currently serving in the military?



Personal Detail

First Name:

CORNELIA

Middle Name:

BAIRD

Last Name:

DALY

Birthdate:

//***

Gender:

Female

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity,

address will not be displayed.

Confidential Address

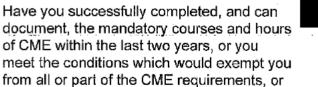
Warning:

In order to protect your privacy and identity, address will not be displayed.

Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?

you hold a permanent CME waiver?



12/17/15 3:18 PM Page 2 of 3

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.



Financial Interest Disclosure Summary

Health-Related Facility Name:

Address:

Family Physician Training Program Voluntary Fee

Voluntary Fee:

Attachments

Physician Survey

Are you retired?

Activities in Medicine

No

Administration - None

Other - None

Patient Care - 40+ Hours

Research - None

Teaching - None

Telemedicine - None

Patient Care Practice Location

Telemedicine Practice Location

Patient Care Secondary Practice Location

Telemedicine Secondary Practice Location

County:

Zip: County:

Zip:

Zip:

County:

Current Training Status

Areas of Practice

Board Certifications

Postgraduate Training Years

Cultural Background

Web Site Profile

Not in Training

Obstetrics and Gynecology - Primary

Zip: 90404 County: LOS ANGELES

American Board of Obstetrics and

Gynecology - Obstetrics and Gynecology

4 Years

Cultural Background - No

Foreign Language Proficiency - No

Gender - Yes

E-mail:

Fees

12/17/15 3:18 PM Biennial Renewal Fee \$783.00 DUE TO CURES FUND \$12.00

Steven M. Thompson Physician Corps Loan Repayment Program

\$25.00

Page 3 of 3

Total Amount Due:

\$820.00

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

Signature:

Date:

(Continued from Page 6)

Question 6: Financial Interest Disclosure (California B&P Code section 2426)

If you, or your immediate family, have any financial interests in a health-related facility, you MUST disclose the names and addresses of each interest below. If more space is needed, please attach additional listings.

,	Health-Related Facility Name	Address
1)		
2)		
3)		
4)		
5)		

I certify under penalty of perjury, under the laws of California, that I have disclosed on this renewal application form the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.

If Yes, check box "G," at the bottom of page 7.

Question 7: Armed Forces Personnel (military status)

If you currently hold an Armed Forces Personnel license, please update the following information:

Expected date o	f discharge and/or	retirement from	active service o	r full-time training	(mm/dd/yyyy)
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	/			/			·	
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(DO NOT DETACH)

Medical Board of California - Physician's and Surgeon's Initial Renewal

LICENSEE NAME

DALY, CORNELIA B

LICENȘE NO. **G54179**

EXPIRATION DATE AMOUNT DUE NOW

26764

"1-	CENSEE MUST CHECK CORRECT BOXES - Completed Continuing Education
"E	Change of Address (fill in reverse side)
"I"	Conviction Disclosure -
"J	Conviction Disclosure -
"F	Family Physician Training Program (\$25)
"G	Financial Interest Statement

"D"	SIGNATURE REQUIRED
1 declare	nder penalty of perjury under the laws of the State of California that all
statement	answers, and representations on this form, including supplementary
attached	ereto, are true, complete and accurate.
Signature_	ABDay Date 1-9-14

ENTER YOUR PHONE NUMBER FOR REFERENCE: