STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY GEORGE DEUKMEJIAN, *Governor*

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DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
APPLICATIONS AND EXAMINATIONS (916) 920-6413

006450
315.00

APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE

BASED ON NATIONAL BOARD CREDENTIALS

CLASS G

PLEASE TYPE OR PRINT NEATLY. WHEN SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEETS.

1. NAME: LAST DALY FIRST CORNELIA MIDDLE BAIRD MAIDEN — 2. TELEPHONE NO: [redacted]

3. LIST OTHER NAMES, IF ANY, YOU HAVE USED:

4. ADDRESS: STREET AND NO./RURAL ROUTE [redacted] CITY [redacted] STATE [redacted] ZIP CODE [redacted]

5. NAME YOU WISH ON LICENSE: CORNELIA BAIRD DALY — BIRTHDATE: MONTH, DAY, YEAR [redacted]

6. PREMEDICAL EDUCATION: NAME OF COLLEGE OR UNIVERSITY: UCLA — LOCATION: LA, CA

PERIOD OF ATTENDANCE: FROM: 9/73 TO: 6/77

CHECK PREMED COURSES SUCCESSFULLY COMPLETED: [X] CHEMISTRY [ ] PHYSICS [X] BIOLOGY OR ZOOLOGY

7. MEDICAL SCHOOL:

YEAR / NAME OF INSTITUTION	LOCATION	FROM	TO
1 UCLA Medical School	LA, CA	9/79	6/83
2			
3			
4			
5			
6			

8. DOCTOR OF MEDICINE DEGREE GRANTED BY: UCLA Sch of Med — DATE: 6/83 — FOR OFFICE USE ONLY SCHOOL CODE: CA014

9. 1ST YEAR POSTGRADUATE TRAINING/INTERNSHIP:

LOCATION	TYPE OF SERVICE	FROM	TO
SANTA MONICA HOSPITAL	Family Practice	6/83	6/84

10. LIST ALL STATES IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE MEDICINE: CALIFORNIA

11. HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN REGARDING ANY LICENSE WHICH YOU NOW HOLD OR HAVE EVER HELD? [redacted] YES [redacted] NO

IF YES INDICATE BELOW

STATE	DATE	CHARGE	DISPOSITION

12. HAVE YOU EVER BEEN DENIED A LICENSE TO PRACTICE MEDICINE IN ANY STATE OR COUNTRY? [redacted] YES [redacted] NO

IF YES INDICATE BELOW

STATE OR COUNTRY	DATE OF DENIAL	REASON FOR DENIAL

13. ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO NARCOTIC DRUGS? [redacted] YES [redacted] NO

14. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO A VIOLATION OF ANY FEDERAL STATE OR LOCAL LAW RELATING TO THE MANUFACTURE, DISTRIBUTION OR DISPENSING OF CONTROLLED SUBSTANCES/NARCOTICS, OR TO DRUG ADDITION? [redacted] YES [redacted] NO

15. HAVE YOU EVER BEEN CONVICTED OF, OR PLED NOLO CONTENDERE TO ANY OFFENSE, MISDEMEANOR OR FELONY IN ANY STATE? (EXCEPT VIOLATIONS OF TRAFFIC LAWS RESULTING IN FINES OF $50.00 OR LESS.) [redacted] YES [redacted] NO

16. IF YOU ANSWERED "YES" TO EITHER NO. 14 OR 15 ABOVE, PLEASE PROVIDE THE FOLLOWING INFORMATION:

VIOLATION AND LOCATION	DATE	PENALTY/DISPOSITION

17. HAVE YOU EVER HAD STAFF PRIVILEGES IN A HOSPITAL SUSPENDED OR REVOKED? [redacted] YES [redacted] NO
IF "YES" PLEASE EXPLAIN ON ANOTHER SHEET OF PAPER.

18. HAVE YOU EVER VOLUNTARILY SURRENDERED YOUR LICENSE TO PRACTICE IN ANOTHER STATE? [redacted] YES [redacted] NO

[redacted]

APPLICANT: PLEASE COMPLETE THE FOLLOWING:

HEIGHT: [redacted] FT [redacted] IN WEIGHT: [redacted] LBS

HAIR COLOR: [redacted] EYE COLOR [redacted]

IDENTIFYING MARKS: _____

NOTE: THE INFORMATION ON THIS APPLICATION IS REQUIRED AND MAINTAINED PURSUANT TO SECTION 2312 OF THE BUSINESS AND PROFESSIONS CODE. ALL ITEMS IN THIS APPLICATION ARE MANDATORY, NONE ARE VOLUNTARY. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE. THE INFORMATION PROVIDED WILL BE USED TO DETERMINE QUALIFICATION FOR LICENSURE. APPLICANTS HAVE THE RIGHT TO REVIEW THEIR APPLICATIONS SUBJECT TO THE PROVISIONS OF THE CALIFORNIA INFORMATION PRACTICES ACT.

NOTE: APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I HEREBY CERTIFY (OR DECLARE), UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE FOREGOING INFORMATION CONTAINED IN THIS APPLICATION AND ANY ATTACHMENTS IS TRUE AND CORRECT, AND THAT THE ATTACHED PHOTO AND DUPLICATE COPY ARE A TRUE LIKENESS OF MYSELF, THE APPLICANT IDENTIFIED HEREIN."

SIGNATURE OF APPLICANT Cornelia B Daly

DATE September 14, 1984

SUBSCRIBED AND SWORN TO BEFORE ME THIS 14th DAY OF September 1984.

OFFICIAL SEAL
PAMELA J PATINO
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAY 20, 1986
(SEAL)

SIGNATURE OF NOTARY Pamela J. Patino

ADDRESS 1575 Westwood Boulevard, Los Angeles, CA 90024

MY COMMISSION EXPIRES May 20, 1986

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY — GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE
1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT Cornelia BAIRD Daly
FULL NAME OF APPLICANT

OF [redacted]
ADDRESS WHEN ENROLLED

ENROLLED IN UCLA School of Medicine
NAME OF MEDICAL SCHOOL

Los Angeles
LOCATION

ON THE 17 DAY OF September 19 79
MONTH YEAR

AND WAS GRANTED THE FOLLOWING CREDITS ON ENROLLMENT:

PREMEDICAL EDUCATION. TWO YEARS OF PREPROFESSIONAL POSTSECONDARY EDUCATION, INCLUDING THE SUBJECTS OF PHYSICS, CHEMISTRY, AND BIOLOGY (BUSINESS AND PROFESSIONS CODE SECTION 2088).

UCLA
EDUCATIONAL INSTITUTION

9/73 - 6/77
DATES

ADVANCED CREDITS. CREDITS PREVIOUSLY OBTAINED AT AN APPROVED MEDICAL SCHOOL.*

MEDICAL SCHOOL | TOTAL CREDITS | DATES

TRANSCRIPTS OF PREMEDICAL EDUCATION, ADVANCED CREDITS, AND MEDICAL SCHOOL CREDITS MUST BE SUPPLIED WITH THIS CERTIFICATE

THE UNDERSIGNED FURTHER CERTIFIES THAT THE RECORDS OF THIS INSTITUTION SHOW THAT SHE ATTENDED IN THIS INSTITUTION 40 (SPECIFY NUMBER) COURSES OF RESIDENT INSTRUCTION OF 143 (NUMBER OF WEEKS) WEEKS EACH, COMPLETING AT LEAST 4,000 HOURS, OF WHICH AT LEAST 80 PERCENT ACTUAL ATTENDANCE IS REQUIRED, IN THE SUBJECTS SET FORTH HEREUNDER (BUSINESS AND PROFESSIONS CODE SECTION 2089), AND THAT SHE WAS GRANTED THE DEGREE BACHELOR/DOCTOR OF MEDICINE BY THE ABOVE MENTIONED MEDICAL SCHOOL ON THE 14th DAY OF June (MONTH), 1983.

ANATOMY	DERMATOLOGY	PREVENTIVE MEDICINE, INCLUDING NUTRITION
OTOLARYNGOLOGY	EMBRYOLOGY	PHYSICAL MEDICINE
OBSTETRICS AND GYNECOLOGY	HISTOLOGY	THERAPEUTICS
RADIOLOGY, INCLUDING RADIATION SAFETY	HUMAN SEXUALITY AS AS DEFINED IN SECTION 2090	NEUROANATOMY
TROPICAL MEDICINE	MEDICINE	CHILD ABUSE DETECTION AND TREATMENT
PHYSIOLOGY	SURGERY, INCLUDING ORTHOPEDIC SURGERY	GERIATRIC MEDICINE
BIOCHEMISTRY	UROLOGY	PEDIATRICS
PATHOLOGY, BACTERIOLOGY AND IMMUNOLOGY	PSYCHIATRY	PHARMACOLOGY
OPHTHALMOLOGY	NEUROLOGY	ANESTHESIA

[AFFIX SEAL HERE]

SIGNED AND THE COLLEGE SEAL AFFIXED THIS 8 DAY OF August, 1984.

BY Charlotte Myers
PRESIDENT, SECRETARY, DEAN

*EACH MEDICAL SCHOOL ATTENDED MUST COMPLETE ONE OF THESE FORMS COVERING PERIOD OF ATTENDANCE.

17A-33 (REV. 6/83)

Application Summary

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? [redacted]

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? [redacted]

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? [redacted]

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. [redacted]

Family Physician Training Program Voluntary Fee

Would you like to contribute? [redacted]

Attachments

Physician Survey

Are you retired?	**No**
Activities in Medicine	**Administration - None**
	Other - None
	Patient Care - 40+ Hours
	Research - None
	Teaching - None
	Telemedicine - None
Patient Care Practice Location	**Zip: 90404 County: LOS ANGELES**
Telemedicine Practice Location	**Zip: County:**
Patient Care Secondary Practice Location	**Zip: County:**
Telemedicine Secondary Practice Location	**Zip: County:**
Current Training Status	**Fellow**
Areas of Practice	**Obstetrics and Gynecology - Primary**
Board Certifications	**American Board of Obstetrics and Gynecology - Obstetrics and Gynecology**
Postgraduate Training Years	**4 Years**
Cultural Background	[redacted]
Web Site Profile	**Cultural Background - No**
	Foreign Language Proficiency - No
	Gender - Yes
E-mail:	[redacted]

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

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? [redacted]

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? [redacted]

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? [redacted]

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. [redacted]

Financial Interest Disclosure Summary

Health-Related Facility Name: [redacted]

Address:

Family Physician Training Program Voluntary Fee

Voluntary Fee: [redacted]

Attachments

Physician Survey

Are you retired?	**No**
Activities in Medicine	**Administration - None**
	Other - None
	Patient Care - 40+ Hours
	Research - None
	Teaching - None
	Telemedicine - None
Patient Care Practice Location	**Zip: 90404 County: LOS ANGELES**
Telemedicine Practice Location	**Zip: County:**
Patient Care Secondary Practice Location	**Zip: County:**
Telemedicine Secondary Practice Location	**Zip: County:**
Current Training Status	**Not in Training**
Areas of Practice	**Obstetrics and Gynecology - Primary**
Board Certifications	**American Board of Obstetrics and Gynecology - Obstetrics and Gynecology**
Postgraduate Training Years	**4 Years**
Cultural Background	[redacted]
Web Site Profile	**Cultural Background - No**
	Foreign Language Proficiency - No
	Gender - Yes
E-mail:	[redacted]

Fees

Biennial Renewal Fee	**$783.00**
DUE TO CURES FUND	**$12.00**
Steven M. Thompson Physician Corps Loan Repayment Program	**$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:

(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)	[redacted]	
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 of discharge and/or retirement from active service or full-time training (mm/dd/yyyy):

☐☐/☐☐/☐☐☐☐

(DO NOT DETACH)

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

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW
DALY, CORNELIA B	**G54179**	**03/31/14**	**$808.00**

267764

LICENSEE MUST CHECK CORRECT BOXES

"H" [redacted] Completed Continuing Education

"E" [redacted] Change of Address (fill in reverse side)

"I" [redacted] Conviction Disclosure

"J" [redacted] Conviction Disclosure

"F" [redacted] Family Physician Training Program ($25)

"G" [redacted] Financial Interest Statement

"D" SIGNATURE REQUIRED

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

Signature Cornelia B Daly Date 1-9-14

ENTER YOUR PHONE NUMBER FOR REFERENCE:

[redacted] 560407

630107000007000060005417970103311400080800000886D0