



BOARD OF MEDICAL QUALITY ASSURANCE

1400 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
APPLICATIONS AND EXAMINATIONS (916) 920-4411

SACRAMENTO
BOARD OF MEDICAL
QUALITY ASSURANCE



SEP 14 8 43 AM '83

APPLICATION FOR A WRITTEN EXAMINATION
OR
FOR AN ORAL AND CLINICAL EXAMINATION

For Graduates of Foreign Medical Schools Applying Under Sections 2101 and 2102
of the California Business and Professions Code

003021
9/14/83 # 11450

001486
200.00

ANSWER ALL QUESTIONS

1. Name: (Please print) First Middle Last
GORL HARISH

2. Other Names you have used:

3. Address: No. and Street City State Zip Code

4. Date of Birth: Mo./Day/Yr. Citizen of: (Country) Telephone No.

5. Have you ever taken the Federal Licensing Examination (Flex)? Yes. Where? NORTH CAROLINA. When? DEC 1974.

6. Premedical Education—College/University		Period of Attendance	
Name of College	Location	From (mo./yr.)	To (mo./yr.)
ST JOSEPH COLLEGE	BANGALORE - INDIA	7/1963	6/1964
J. J. M. MEDICAL COLLEGE	DAVANGERE - INDIA	7/1965	6/1966

7. Premed Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	✓		ST JOSEPH COLLEGE	BANGALORE, INDIA	7/63	6/64
Physics	✓		J. J. M. MED COLLEGE	DAVANGERE, INDIA	7/65	6/66
Biology	✓					

8. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st ANATOMY, PHYSIOLOGY, BIOCHEMISTRY	J. J. M. MED COLLEGE	DAVANGERE - INDIA	7/66	12/67
2nd PHARMACOLOGY	— II —	— II —	12/67	6/69
3rd PATHOLOGY, BACTERIOLOGY	— II —	— II —	"	"
4th FORENSIC MEDICINE, PREVENTIVE MEDICINE	— II —	— II —	"	"
5th MEDICINE SURGERY	— II —	— II —	7/69	1/71
6th				

9. Doctor of Medicine Degree Granted by: ATTACH ORIGINAL MEDICAL DEGREE

Name of Institution: UNIVERSITY OF MYSORE
Location: INDIA
Exact Date of Issuance: JAN 1971

JNA09

10. Internship in United States Hospitals

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)
CHARLESTON AREA MED CENTER	CHARLESTON W.Va.	JULY 75	JUNE 76

11. Postgraduate Instruction:

Name of Institution	Location	From (mo./yr.)	To (mo./yr.)
CHARLESTON DIVISION OF W.VA. UNIVERSITY MED CENTER	CHARLESTON W.Va.	JULY 76	JUNE 79

12. Have you been licensed to practice medicine in any state or country? If YES, where? Yes No
 ① NORTH CAROLINA # 19754
 ② WEST VIRGINIA # 10453

13. Have you ever had a medical license suspended or revoked? If YES, give details

14. Have you been denied a license to practice medicine by any state or country? If YES, give details

15. Are you now, or have you ever been, addicted to narcotic drugs?

16. Have you ever been convicted of, or pled no contest to drug addiction? If YES, explain below.

Charge	Date	Disposition

17. Have you ever been convicted of, or pled no contest to a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)? If YES, explain.

18. Have you ever been convicted of, or pled no contest to any violation of any law of any state, the United States, or a foreign country? If YES, explain below.

You are required to list any conviction that has been set aside and dismissed under Section 1200.45 Penal Code or under any other provision of law.



I hereby declare under penalty of perjury under the laws of the State of California, that the photo of myself attached hereto, was taken

on or about _____ 19____, my age then being _____ years, color of hair _____; color of eyes _____; height _____; weight _____ lbs. marks _____

STATE OF W.VA.
 COUNTY OF KANAWHA

_____ being duly sworn, says _____ he is the person referred to in the foregoing application for admission to examination for a physician's and surgeon's certificate in California and that _____ he has carefully read and thoroughly understands all the requirements therein and that the statements made herein are true and correct under penalty of perjury under the laws of the State of California.

Steven G. [Signature]
 Signature of applicant (IN FULL, Do not use INITIALS ONLY)
 Signed and sworn to before me this 21st day of August, 1979.
Andria Dege [Signature]
 5153 Westfield Lane, Charleston W.Va.
 My commission expires November 17, 1990

(SEAL)

Phone: 4222

Bapu Educational Association

J. J. M. MEDICAL COLLEGE

DAVANGERE - 577 004.

(Karnataka)

Ref. No. JJMNCI 224/1 84-85

Date 23-4-1984

CERTIFICATE OF MEDICAL EDUCATION.

This is to certify that Dr. N. Harish G was a student of this College and has studied 4½ years MBBS Course during the years 1965 to 1971 January. He has passed Final MBBS. Examination held in January, 1971 vide Reg. No. 1224. The records of this institution show the number of clock hours completed in each Subject as follows:-

<u>SUBJECT</u>	<u>NO. OF CLOCK HOURS</u>
Anatomy; Embryology, Histology including Neuro Anatomy.	800 - 1000 hours
Physiology; Biochemistry, Psychobiology, Biophysics	900 - 1000 hours
Pharmacology; Toxicology and Forensic-Medicine	250 - 300 hours
Pathology; Bacteriology, Immunology, Parasitology	- 520 hours
Preventive & Social Medicine; Hygiene Sanitation, Biostatistics	800 - 900 hours
Radiology	50 - 100 hours
Medicine , Obstetrics , Psychiatry , Neurology, Dermatology, Tropical Medicine.	1000 - 1200 hours
Surgery , Orthopaedics, Ophthalmology, Anaesthesia, Urology, E.N.T	1250 - 1400 hours
Obstetrics & Gynaecology	600 - 800 hours.

He has completed Satisfactorily One year compulsory rotating Housemanship after passing the Final MBBS., Degree Examination.

H. S. S. S.

PRINCIPAL
J. J. M. Medical College,
DAVANGERE.

31
39
18



BOARD OF MEDICAL QUALITY ASSURANCE
 1130 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
 Applications and Examinations (916) 920-6411



PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT **GORLI HARISH.**

of [REDACTED] FULL NAME OF APPLICANT
 enrolled in **J.J.M. MEDICAL COLLEGE (UNIVERSITY OF MYSORE)**

DAVANGERE, INDIA. on the **7th** day of **September** 19 **68**

and was granted the following credits on enrollment:

FRESHMAN

based upon the following credentials:

The undersigned further certifies* that the records of this institution show that he attended in this institution

200 courses of lectures of 200 weeks each, completing the following schedule totaling at least 4,000 hours in the subjects required by Article 4, Section 2089 of the California Business and Professions Code, relating to

the practice of medicine, as set forth hereunder, and that he was granted the degree **BACHELOR DOCTOR** of Medicine by the above-mentioned Medical (College) on the **20th** day of **JANUARY** 19**74**.

Anatomy	Dermatology	Preventive medicine, including nutrition	Otolaryngology
Embryology	Physical medicine	Radiology, including radiation safety	Obstetrics and gynecology
Histology	Therapeutics	Medicine	Human sexuality as defined in Section 2090
Neuroanatomy	Tropical medicine	Pediatrics	Child abuse detection and treatment
Physiology	Surgery, including orthopedic surgery	Psychiatry	
Biochemistry	Urology	Neurology	
Pathology, bacteriology and immunology	Ophthalmology	Anesthesia	
	Pharmacology		

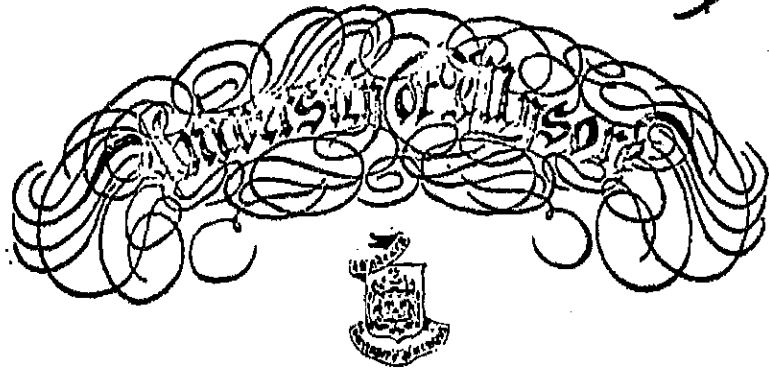
Signed and the College seal affixed this **23rd** day of **APRIL** 19**84**



By [Signature]
J.J.M. Medical College
DAVANGERE

- * If premedical work has been completed state the time devoted thereto and institution where completed.
- † Each medical school attended must complete one of these forms covering period of attendance.
- ‡ strike out the degree **NOT CONFERRED**.

B



We, the Chancellor, the Pro-Chancellor,
the Vice-Chancellor and the Members of the Senate of
the University of Mysore, do hereby certify that
..... Harish G.

has been admitted to the Degree of

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

at the Convocation held in Mysore on the day
of January 1914, he having been duly certified
to have passed the prescribed examination in the year 1911,
and he having been placed in the Second Class.



Given under the seal of the University.

[Signature]
Vice-Chancellor



F. J. HOLROYD, M.D.
President
PRINCETON
H. S. WEEKS, JR., M.D.
VICE-PRESIDENT
WHEELING
L. CLARK HANSBARGER, M.D.
SECRETARY
OFFICE LOCATION:
3412 CHESTERFIELD AVE.
CHARLESTON 25304
Telephone:
12041 348-3321

State of West Virginia

WEST VIRGINIA BOARD OF MEDICINE
CHARLESTON 25308

June 9, 1983

JUN 14 1 39 PM '83
M. JAMIL AHMED, M.D.
BECKLEY
MRS. CLAUDE BLANKENSHIP
MATOAKA
REV. RICHARD BOWYER
FAIRMONT
ROBERT C. GOW, M.D.
ELKINS
IRA F. HARTMAN, II, M.D.
BUCKHANNON
BILL P. MAY, D.P.M.
HUNTINGTON
LEONARD SIMMONS, D.P.M.
CLARKSBURG
A. A. YSRKO, JR., M.D.
WEIRTON

California Board of Medical
Quality Assurance
1430 Howe Avenue
Sacramento, California 95825

To Whom It May Concern:

Re: Gorli Harish, M.D.
License Number: 10453

This letter is to confirm that the above-named
physician was licensed to practice medicine and
surgery in the state of West Virginia on July 7, 1975.
He is currently licensed and in good standing.

Sincerely,

Nancy Clay

Nancy Clay
West Virginia Board of Medicine

NC/dly

LOUIS T. KERMON, M.D., PRESIDENT
RALEIGH, N. C.



FRANK N. SULLIVAN, M.D., SECRETARY
WILSON, N. C.

JUN 20 3 14 PM '83

BRYANT D. PARIS, JR.
EXECUTIVE SECRETARY
SUITE 214 222 NORTH PEARSON ST
RALEIGH, N. C. 27601
TELEPHONE 833-5521

BOARD OF MEDICAL EXAMINERS
OF THE
STATE OF NORTH CAROLINA

MEMBERS OF THE BOARD
CHARLES M. DUCKETT, M.D., GREENVILLE
THOMAS E. FITZ, M.D., HICKORY
LOUIS T. KERMON, M.D., RALEIGH
JAC. A. KOONTZ, M.D., GREENVILLE
A. T. PAGTIR, JR., M.D., TRYON
ROSE PULLY, M.D., KINSTON
FRANK N. SULLIVAN, M.D., WILSON
MARTHA KIRKLAND WALSTON, WILSON

June 10, 1983

Mr. Robert Rowland
California Board of Medical Quality
Assurance
1430 Howe Avenue
Sacramento, California 96825


Re: Gorli Harish, M. D.

Dear Mr. Rowland:

This is to certify that the above physician was issued North Carolina medical license number 19754 on December 5, 1974.

Dr. Harish's license is currently registered with this Board and has never been revoked, suspended or placed on a probationary status. There is no derogatory information of record regarding the licensure of Gorli Harish, M.D.

Sincerely yours,


Mrs. Betty Joe Barick, Asst. Executive Secretary
NORTH CAROLINA BOARD MEDICAL EXAMINERS

BJB:jb

SEAL

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK, MAKE A PHOTOCOPY FOR YOUR RECORDS.

License Renewal Application
Physician and Surgeon

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? PLEASE READ INSTRUCTIONS BEFORE ANSWERING I YES J NO

F. YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.
SIGNATURE REQUIRED HERE [Signature] DATE: 9/28/13

LICENSE NO.
A 41095

EXPIRES
09/30/13

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 10/30/13
\$808.00	\$886.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$ 808.00	\$

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

ACTIVE GORLI HARISH
STE A
5003 VENABLE AVE
CHARLESTON WV 25304

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.
Signature required here _____

OVER

63010100000100002000410951010930130008080000088600

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

10092013 20002245 20010023

(DO NOT DETACH)


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


LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER OCTOBER 30, 2015
HARISH, GORLI	A41095	09/30/15	\$820.00	\$898.00

LICENSEE MUST CHECK CORRECT BOXES

"H" 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-Read instructions above

"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 Harish Gorli Date OCT 1, 2015

ENTER YOUR PHONE NUMBER FOR REFERENCE:



63010100000100002000410951010930150008200000089800

CHANGE OF MAILING ADDRESS

HARISH, GORLI

A41095

10292015 20002115 20030017

Street Address (this address is public information except when a PO Box is used for the public address of record; this address then becomes confidential)

1 5 0 K E N S I N G T O N W A Y

City: L O S G A T O S State: CA Zip: 9 5 0 3 2

PO Box (if used, must provide a confidential physical street address, above)

PO Box address grid

City: State: Zip:


Application Summary

8/7/17 9:47 AM

Page 1 of 3

License Type: **Physician and Surgeon A**
License Number: **41095**
File Number: **58014**
Application: **Physician's and Surgeon's Renewal**
Application Number: **14425423**
Application Date: **08/07/2017 (mm/dd/yyyy)**

Application Questions

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

Personal Detail

First Name: **GORLI**
Last Name: **HARISH**
Birthdate: ****/**/******
Gender: **Male**

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? 

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.



Family Physician Training Program Voluntary Fee

Voluntary Fee:



Attachments

Physician Survey

Are you retired?

No

Activities in Medicine

Administration - None

Other - 1-9 Hours

Patient Care - 30-39 Hours

Research - None

Teaching - None

Telemedicine - None

Patient Care Practice Location

Zip: 96002 County: SHASTA

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 - Secondary

Occupational Medicine - Primary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Postgraduate Training Years

9+ Years

Cultural Background



Foreign Language Proficiency

Hindi

Other (not listed)

Web Site Profile

Cultural Background - No

Foreign Language Proficiency - Yes

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: