

September 9, 1966

Michael Stuart Salesin, M.D.
1730 Chester Road
Royal Oak, Michigan

Dear Doctor Salesin:

We are enclosing your Certificate of Michigan Medical Licensure which is to be framed and conspicuously displayed in your business office or consultation room.

May we extend our best wishes for your success.

Sincerely yours,

MICHIGAN STATE BOARD OF
REGISTRATION IN MEDICINE

E. C. Swanson, M.D.
Executive Secretary

ecs:mec

Enclosure

Approved by.....

Michigan
State Board of Registration in Medicine
EXAMINATION APPLICATION

I hereby apply for a Certificate of Registration under Section Three, Act 237, Laws of 1899, and Acts amendatory thereto:

SWORN STATEMENT:

1. Name MICHAEL STUART SALESIN
2. Place of birth [REDACTED] Date of birth [REDACTED] Age [REDACTED]
3. Are you a citizen of the United States? YES
4. Present mailing address 1730 CHESTER APT. #8, ROYAL OAK, MICHIGAN, 48073
5. Permanent residence SAME
Name, address, of nearest relative SUSAN S. SALESIN, (WIFE), same address
6. Where do you intend to practice? MICHIGAN
7. In what states do you hold a license to practice medicine? NONE
8. Have you ever been denied a license to practice medicine in any state? NO
9. Military service: Date of Entry..... Date of Discharge..... Branch of service and particulars.....
Rank.....

10. What was your premedical education?

Name and location of Institution attended

Period and date of study

UNIVERSITY OF MICHIGAN

SEPT 1957 - JUNE 1961

What literary degrees did you obtain, when and from what schools or colleges?

UNIVERSITY OF MICHIGAN

A.B.

11. MEDICAL EDUCATION: (Submit dates for each school year)

Day	Month	Year		Day	Month	Year	Name and Address of Medical College
29	Sept	1961	to	16	JUNE	1962	Wayne State University, School of Medicine, Detroit, Michigan
1	Oct	1962	to	8	June	1963	"
12	August	1963	to	6	June	1964	"
30	July	1964	to	26	June	1965	"
			to				
			to				

12. POST GRADUATE EDUCATION:

Year		Year	School or Clinic	Degrees Obtained
	to			
	to			
	to			
	to			

13. Have you ever attended any other college or school teaching any of the healing arts? NO

14. Have you been certified by the Michigan State Board of Examiners in the Basic Sciences? YES

Certificate Number 2790

15. Internship: _____ at Sinai Hospital of Detroit Hospital, located
(Rotating, Mixed or Straight)
 at 6767 W. Outer Dr., Detroit, from June 1, 1965 to
June 30, 1966
(Date)
16. Received degree of Doctor of Medicine from Wayne State University School of Medicine
 on 10th day of June, 1965
17. Have you carefully read Michigan Medical Practice Act No. 237 as amended? Yes
18. Have you ever been convicted of any crime in any state? NO
19. Have you ever been connected, directly or indirectly, with any concern, company, institution, or individual medical advertising organization? NO
20. Do you hereby agree, should a certificate of registration or license be granted entitling you to practice medicine and surgery in the State of Michigan, not to become connected, directly or indirectly, with any medical concern, company, institute, advertising specialty or advertising specialist? Yes
21. Do you unreservedly agree to comply with all the provisions in the laws governing the practice of medicine in Michigan? Yes
22. Have you been examined by the National Board or any State Board of Medicine? Yes - National Board
 If so, are you licensed in any state? NO

(Signed) Michael Stuart Salesin

AFFIDAVIT OF APPLICANT

State of MICHIGAN
 County of WAYNE } ss.

MICHAEL STUART SALESIN, being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Certificate to practice Medicine and Surgery in the State of Michigan; that he has read the foregoing application and knows the contents thereof and swears the same to be true.

ANNE DORB SIOMAN
 Notary Public, Wayne County, Mich.
 My Commission Expires Jan. 7, 1969

Subscribed and sworn to before me, Anne Dorb Sioman
 a Notary Public, this 25th day of March, 1965
 Address 19650 E. 12th Rd
 My Commission expires Jan 7 - 1969

I hereby certify that the photograph hereto attached is a
 genuine likeness of MICHAEL STUART SALESIN

of _____

(SEAL)

Photo of applicant (2" x 3") taken within
 60 days next preceding the date of this
 application, must be attached here.

23. CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE

In the application of MICHAEL STUART SALESIN, of
1730 Chester, #8
ROYAL OAK, MICHIGAN, dated FEB. 3, 1965,

I hereby certify that I have reviewed the answers of the above named applicant. I certify that to the best of my knowledge all of the within answers or statements are true and are a matter of official record in this school, and that said applicant is of good moral and professional character.

I further certify that MICHAEL STUART SALESIN ~~XXXX~~

matriculated in the WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE,
Name of medical school

September 25, 1961, and ~~was~~ ^{will be} graduated JUNE 10, 1965, at which time he ~~was~~ ^{will be}
Date Date

granted the degree, ~~XXXXXX~~ Doctor of Medicine

If the degree, Bachelor of Medicine, is conferred upon completion of four years of medical school, further state the conditions and time the degree, Doctor of Medicine, will be granted.

Dated at Detroit, Michigan

this 15th day of April, 1965

Sharon Ickes
Signature of Dean, Secretary or Registrar

Mrs. Sharon Ickes, Recorder

Wayne State University School of Medicine
1400 Chrysler Expressway
Detroit, Michigan 48207
Name and address of medical college

(SEAL)

Seal of college must be attached

24. INSTRUCTIONS TO APPLICANTS:

1. Written examinations are conducted by the Board at such times and places as the Board may from time to time designate.
2. This application will not be accepted unless properly signed and sworn to by the applicant and unless all blank spaces are properly filled in.
3. Examination application, premedical form, and required fee must be on file at the Michigan State Board of Registration in Medicine, Lansing, Michigan, at least 30 days prior to the date of the examination.
4. Material omissions covering questions in this application will bring the applicant under the provisions of Section 3, Subdivision Fourth to Seventh inclusive of Act No. 368, P. A. 1913.
5. The examination fee must accompany the application, and should be transmitted by POSTAL MONEY ORDER, EXPRESS MONEY ORDER, or CERTIFIED or CASHIER'S CHECK. No responsibility will be assumed for fees transmitted in any other manner.
6. Before issuance of a license, a personal appearance with medical school diploma may be required.
7. The filing of this application does not grant any special privileges.
8. Graduates of foreign medical schools are required to comply with one of the extra educational requirements set forth under Paragraph H of the Board's Administrative Rules and Regulations and serve one year of rotating internship in a United States or Canadian hospital approved for internship training.
9. If after a license has been issued on this application, it is ascertained that misrepresentation of facts, or fraudulent statements have been made, the license so issued will be immediately revoked by this Board and the applicant becomes subject to prosecution.

25. HOSPITAL INTERNSHIP:

(This space should be left blank if the required internship has not been completed at the date the application is submitted)

I hereby certify that Dr. MICHAEL S. SALESIN satisfactorily
served 12 months rotating internship in
Suncoy Hospital of Detroit
(12 months rotating, or 24 months mixed or straight)
Hospital
from the day of , 19 , to the day of , 19

(Signed)
(Medical Director, Superintendent or Chief of Staff)

Date
(Name of hospital)

(SEAL)

(Address of hospital)

26. (For Secretary's Use Only)

SUBJECTS	Question	NO. OF MARKS	
		Primary	Final
1. Anatomy, Gross, Microscopic and Neuro.....	10		
2. Biological-Chemistry.....	5		
3. Bacteriology, Microbiology and Immunology.....	5		
4. Physiology.....	10		
5. Pathology.....	10		
6. Medicine, includes Dermatology.....	10		
7. Preventive Medicine and Public Health.....	5		
8. Obstetrics and Gynecology.....	5		
9. Materia Medica, Pharmacology and Therapeutics.....	10		
10. Medical Jurisprudence.....	5		
11. Eye, Ear, Nose and Throat.....	5		
12. Surgery, includes Anesthesiology and Radiology.....	10		
13. Neurology and Psychiatry.....	5		
14. Pediatrics.....	5		

Answers Marked on Scale of 1 to 10 Each Question

Number of questions, 100. Possible number of marks, 1000. Necessary to pass 750, or 75 per cent, with not less than 50 per cent on each subject.

	Marks	Average Percentage
Date Primary Examination..... <i>Detroit</i>		
Date Final Examination..... <i>June 7-9, 1965</i>		
(Total)		

REMARKS:

27.

Names and addresses of three legally registered practitioners of medicine in good standing to whom reference may be made, if necessary, relative to applicant's moral and professional character:

<i>H.S. Mellen</i>	Name	M. D.	<i>1680 Greenfield Detroit Mich</i>
<i>S. Senecoff</i>	Name	M. D.	<i>1680 Greenfield, Detroit Mich</i>
<i>M. Garber</i>	Name	M. D.	<i>23603 Farmington Rd, Farmington Mich</i>

EXAMINATION APPLICATION

Certificate No. *Salvatore, Michael*
 Name *Salvatore, Michael*
 Address

MICHIGAN
STATE BOARD OF REGISTRATION
IN MEDICINE

E. C. Swanson, M.D., Secretary,
 118 Stevens T. Mason Building
 Lansing, Michigan

OFFICE RECORD

Examination Fees

Final Examination, Ann Arbor, \$25.00.....

Final Examination, Detroit, \$25.00.....

Final Examination, Lansing, \$25.00.....

Complete Examination, Ann Arbor, \$50.00.....

Complete Examination, Detroit, \$50.00.....

Complete Examination, Lansing, \$50.00.....

Certificate sent.....

License sent.....

Personal appearance with medical school diploma.....

Status Michigan Basic Science Board—

Certified () Exempt ()

9-10-56-4000



June 16, 1966

Michael Stuart Salesin, M.D.
1730 Chester Road
Royal Oak, Michigan

Dear Doctor Salesin:

We are enclosing a certified copy of your Michigan medical registration # 27057 dated June 16, 1966.

This certificate will enable you to practice legally and apply for your narcotic licenses, membership in your county medical society, and hospital staff privileges. This number should be immediately registered with the medical director of the hospital concerned.

The certificate of Michigan medical licensure, which is to be framed and conspicuously displayed in your business office or consultation room, will be forwarded as soon as it can be hand inscribed and the seal and signatures affixed.

PLEASE NOTIFY THIS BOARD IF YOU WISH THIS CERTIFICATE MAILED TO AN ADDRESS OTHER THAN THE ONE USED ABOVE.

We are also enclosing for your information a memorandum which explains Annual Re-registration in Michigan.

Sincerely yours,

E. C. Swanson, M.D.
Executive Secretary,

ecs:mec

Enclosures

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE

JUN 16 1966

CERTIFICATION OF INTERNSHIP

This is to certify that Michael S. Salesin, M.D.
satisfactorily completed rotating
internship in the Sinai Hospital
extending from July 1, 1965 to June 30, 1966
in conformation with the requirements of the Michigan State Board of
Registration in Medicine.

SIGNED: _____

Anthony C. Palmer
(Medical Director or Superintendent)

Sinai Hospital of Detroit
(Name of Hospital)

6767 W. Outer Drive, Detroit, Michigan 48235
(Address)

Dated: June 15, 1966

SEAL OF
HOSPITAL

This form is to be returned when completed to the address below,
THIS CERTIFICATION WILL NOT BE ACCEPTED IF DATED EARLIER THAN JUNE 15
OR FIFTEEN (15) DAYS PRIOR TO COMPLETION WHICH IS TIME ALLOWED FOR
ILLNESS OR VACATION. Your certificate of registration will be
mailed to the address which you indicate below.

MICHIGAN STATE BOARD OF REGISTRATION IN MEDICINE
118 Stevens T. Mason Building
West Michigan Avenue
Lansing 26, Michigan

E. C. Swanson, M.D., Executive Secretary

ADDRESS: Michael S. Salesin, M.D.

(Name)

1730 Chester Road

(Street)

Royal Oak, Michigan

(City and State)

September 2, 1965

Michael Stuart Salasin, M.D.
1730 Chester, Apt. 8
Royal Oak, Michigan 48073

Dear Doctor Salasin:

This is to advise you that you were successful in writing
the Michigan State Board licensure examination on

~~June 8, 9, and 10, 1965~~

Upon receipt of the enclosed Certification of Internship
form, which can be accepted fifteen (15) days prior to
completion, we will issue your permanent Michigan Medical
License.

Sincerely yours,

E. C. Swanson, M.D.
Executive Secretary

ecs:j
encl.

May 20, 1965

Michael Salesin
1730 Chester Apt 8
Royal Oak, Michigan 48073

Dear Mr. Salesin:

Your name has been placed on the eligible roster to write the Michigan State Board licensure examinations on Monday, Tuesday and Wednesday, June 7, 8 and 9, 1965 in Detroit and Ann Arbor.

_____ You are to report on the first morning at 8:00 a.m. to Room _____, Medical Science Building, Ann Arbor.

 x You are to report on the first morning at 8:00 a.m. to Room 8 , Rackham Educational Memorial Building, located at 60 Farnsworth Avenue, Detroit, Michigan (in the city block just south of the Detroit Art Institute.

We are enclosing a schedule of examinations for your information.

Sincerely yours,

E. C. Swanson, M.D.
Executive Secretary

ecs:mec

Enclosure

CERTIFICATE

Nº 12790

STATE OF MICHIGAN

CERTIFICATE OF ELIGIBILITY IN THE BASIC SCIENCES

By EXAMINATION

Recorded: Book 3 Page 484

Board MEDICAL

THIS IS TO CERTIFY THAT MICHAEL STUART SALESIN

residing at DETROIT County of WAYNE State of MICHIGAN, aged years,
a native of DETROIT has fulfilled the requirements prescribed by the Michigan Basic
Science Law as enacted by the Fifty-ninth Legislature.

Given under the hands and Seal of the Board of Examiners in the Basic
Sciences, of the State of Michigan, at Lansing, on the 9th
day of July in the year One Thousand Nine Hundred
and sixty-three

SEAL

LAWRENCE WEINER President

Anne Secretary

Sec. - Treas.



Michigan State Board of Registration In Medicine

ORIGINAL RECOMMENDATION FOR ENDORSMENT OF SECONDARY AND COLLEGIATE EDUCATION FOR ADMISSION TO MEDICAL SCHOOL APPROVED BY THIS BOARD

It is required that all blank spaces should be filled in completely and accurately, and the blank returned directly to E. C. Swanson, M.D., Secretary of the Board of Registration in Medicine, 118 Stevens T. Mason Building, Lansing, Michigan.

Colleges and other institutions are recognized by the Michigan Board only upon the understanding that their records are accurately kept and can be obtained promptly.

IT IS HEREBY CERTIFIED That Michael Stuart Salesin

Full name

13223 W. Eight Mile Road

Address

has had a four year high school education, or its full equivalent, and two years of work in a college of literature, science and the arts approved by the Michigan State Board of Registration in Medicine.

That the two years of work in an acceptable college of literature, science and the arts has been a minimum 60 semester hours of collegiate work, exclusive of military and physical education, extending throughout two years of 32 weeks each, exclusive of holidays.

That the following required subjects and semester hours in those subjects have been passed: Chemistry, 12 semester hours; Physics, 8 semester hours; Biology, 8 semester hours; English Composition and Literature, 6 semester hours; Latin, French, Greek, German, Russian or Spanish, two semester sequence in college; or certification of equivalent achievement in a language proficiency examination; other non-science subjects, 12 semester hours.

That the required courses taken and passed are in accordance with the following descriptions of them listed on the reverse side of this document, and that credits for same are on file in this office subject to inspection; and if requested, complete, detailed transcript of same will be furnished the Michigan State Board of Registration in Medicine.

Sol Rossman

Signed Sol Rossman - Registrar

~~Secretary~~

(Seal)

Name of College or University

WAYNE STATE UNIVERSITY
COLLEGE OF MEDICINE

1401 RIVARD ST.

DETROIT 7, MICH.

Address

November 16, 1961

Date

SECONDARY AND COLLEGE GRADE
CREDITS

No. 10054

Name Salvatore Michael

Address _____

Application for Endorsement of
Secondary and Collegiate
Education for Admission
to Medical School

by

Michigan
State Board of Registration
In Medicine

E. C. Swanson, M.D., Secretary
118 Stevens T. Mason Building
Lansing, Michigan

19____ Student

of _____
(Medical College)

Received (Certificate)
(Diploma) from _____

Returned _____
(College)

Endorsement issued _____

To _____

The required courses taken and passed must be in accordance with the following descriptions:

(a) Chemistry—Twelve semester hours required, of which at least eight hours must be in general inorganic chemistry, including four semester hours of laboratory work; and four semester hours in organic chemistry, including two semester hours of laboratory work. In the interpretation of this rule, work in qualitative analysis may be counted as general inorganic chemistry.

(b) Physics—Eight semester hours required (including laboratory work). It is urged that this course be preceded by a course in trigonometry.

(c) Biology—Eight semester hours required, of which four must consist of laboratory work. This requirement may be satisfied by a course of eight semester hours in either general biology or zoology, or by courses of four semester hours each in zoology and botany, but not by botany alone.

(d) English Composition and Literature—The usual introductory college of six semester hours, or its equivalent is required.

(e) Latin—Two years of high school, or one year of college must be presented.

(f) Non-science Subjects—Of the sixty semester hours required as the measurement of two years of college work, at least eighteen including the six semester hours of English, should be in subjects other than the physical, chemical or biologic sciences.

(g) In General—This premedical course in both quantity and quality must be such as to make it acceptable as the equivalent of the first two years of the course leading to the degree of Bachelor of Science or Bachelor of Arts in approved Colleges of Arts and Sciences.



STATE OF MICHIGAN
Board of Registration in Medicine
LANSING

Official Receipt

Nº 50159

Received of

Michael Salesin
Thirty and 00/100

Dollars on account of:

100

FOR WHAT		Quality	Unit	Amount		Account No.
<i>State Bids</i>				<i>30</i>	<i>-</i>	<i>100</i>

Date

5/4/65

Signed E. C. SWANSON, M.D., Executive Secretary

Per

CM

