

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN MEDICINE  
Application for Examination for Registration in Medicine  
(Fee must accompany application)

Nat. Bd.  
JUN 25 1975  
40827

Make check or money order payable to the Massachusetts Board of Registration in Medicine.

Applicant: Please do not write in this space.

CERTIFICATE No. 38615  
ISSUED AUG 28 1975

Handwritten: 40827, JUN 25 1975, 40827

Date, June 23, 1975

To the Board of Registration in Medicine:

I, Marshall Andrew Levine of [state] (Write full name. Do not use initials.) (Legal residence; town or city, and state.)

hereby make application for examination, that I may be registered as a qualified physician, as provided by the laws of the Commonwealth.

I was born in Huntington State of W. Va., the [day] of [Month], the name on my birth certificate is Marshall Andrew Levine

Are you a citizen of the United States? Yes  
I have spent 3 years in High School as follows: George Washington, Denver, Colo.

graduating in the year 1963 from George Washington High School. (Give name of school and date for each year of High School.)

I have spent 3 years in College as follows: Dartmouth College: Sept 63 - June 66 (Give name of College and date for each year of College.)

graduating in the year 1966 from Dartmouth College.

I have attended 4 years of instruction of not less than thirty-two school weeks in each year in medical school as follows: University of Colorado School of Medicine (Give name of Medical School and dates (month, day of month, year) for each year of Medical School.)

Fresh: Sept 23, 1966 - June 8, 1967; Soph: Sept 23, 1967 - June 7, 1968; Junior: Sept 20, 1968 - June 17, 1969; Senior - June 20, 1969 - May 23, 1970

graduating in year 1970 from University of Colorado School of Medicine Medical school, and receiving the degree of M.D. (Give name)

I have had hospital experience, as follows: Intern and Resident: Beth Israel, Boston; Clinical Associate in Nat'l Cancer Inst's Baltimore Lab Res Unit - 1972-pres.

I am licensed to practice medicine as follows: Maryland (March 1975) and New York (1975) (Give name of State and date of license.)

I have practiced medicine [ ] years in [ ]

Has said license been revoked, suspended, or cancelled? [ ] If answer is Yes, give details

Have you ever been requested to appear before any State Medical Board in regard to charges filed against you? No. If answer is Yes, give details

Have you ever been denied a certificate by, or the privilege of taking an examination before any State Medical Board? No. If answer is Yes, give details

Have you ever failed any Part of National Boards or any State Board Examination? [ ] If answer is Yes, give details

Have you ever been requested to withdraw from any hospital staff? [ ] If answer is Yes, give details

Have you ever been in an institution for treatment for insanity, drug addiction, or inebriety? [ ] If answer is Yes, give details

Have you ever been arrested, or summoned into court as a defendant, or indicted, or convicted, or fined, or imprisoned, or placed on probation, or has any case against you been filed, or have you ever forfeited collateral for breach or violation of any law or police regulation or ordinance whatsoever? [ ] If answer is Yes, give details

My system of practice is (underline) Regular, Homeopathic, Eclectic, Osteopathic  
I am a member of the following medical societies, Maryland State Medical Society

A true statement made under the penalties of perjury. Marshall O. Levine (Signature)

(Be sure to sign)

(Be sure to complete all statements on this form)

(OVER)

Verification of Medical Instruction and Graduation

Date January 13 1975

I hereby certify that Marshall Andrew Levine has attended 4 years of instruction of not less than thirty-two weeks in each year in University of Colorado School of Medicine Freshman September 23, 1966 Sophomore September 25, 1967 Junior Oct. 1, 1968 Senior June 23, 1969 and that he has received the degree of Doctor of Medicine from University of Colorado Medical School on May 27, 1970

(School Seal)

Isla Montgomery Registrar, I. Montgomery

(If the candidate has attended more than one Medical School, additional verification of medical instruction in the other schools will be required).

CERTIFICATES OF MORAL AND PROFESSIONAL CHARACTER

Each of which must be signed by a physician legally authorized to practice medicine. If said physician is registered outside of Massachusetts, the number of his certificate of registration shall be given.

This certifies that I have been personally acquainted with Marshall Andrew Levine of Baltimore, Md for 2 years; that I believe him to be of good moral and professional character, and in every respect worthy of confidence. I hereby recommend him to the Massachusetts Board of Registration in Medicine.

Date 8/19/1974 Signature of R. A. ... M.D. 22 So. ... St Baltimore, Maryland

This certifies that I have been personally acquainted with Marshall Andrew Levine of Baltimore, Maryland for two years; that I believe him to be of good moral and professional character, and in every respect worthy of confidence. I hereby recommend him to the Massachusetts Board of Registration in Medicine.

Date 8/19/1974 Signature of ... M.D. 321 E. 30th St. Baltimore Md 21218

Certificate of National Board of Medical Examiners accepted.

Heard W. ... Secretary

DO NOT WRITE BELOW THIS LINE

Application received by S. Prusk Filed 8-4-75 mail Form of fee \$75.00 ck

7-63-941010  
The Commonwealth of Massachusetts

BOARD OF REGISTRATION IN MEDICINE

VERIFICATION OF MEDICAL INSTRUCTION AND GRADUATION  
(To be filled out or completed ONLY by the Dean of the School)

Date July 24, 1975

I hereby certify that 1966/ Andrew Levine has  
attended four y<sup>r</sup> instruction of not less than thirty-two weeks  
in each year in the University of Colorado School of Medicine  
(Give name of Medical School)

\*\*\* (give dates, including month, and year to show number of school  
weeks, excluding vacations year):

From <u>Sept. 23, 1966</u>	To <u>June 9, 1967</u>
From <u>Sept. 25, 1967</u>	To <u>June 7, 1968</u>
From <u>Oct. 1, 1968</u>	To <u>June 6, 1969</u>
From <u>June 23, 1969</u>	To <u>May 27, 1970</u>
From .....	To .....
From .....	To .....

and received the degree Medicine on May 27, 1970

Beano  
(Signature of Dean)

(Official School Seal)

If the candidate has attended a medical school, additional verification of medical instruction in the other schools

# The Commonwealth of Massachusetts

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From <u>Oct. 1, 1968</u>	To <u>June 6, 1969</u>
From <u>June 23, 1969</u>	To <u>May 27, 1970</u>
From .....	To .....
From .....	To .....

and received the degree of Doctor of Medicine on May 27, 1970

*Paul Belmont*

(Signature of Dean)

(Official School Seal)

If the candidate has attended more than one medical school, additional verification of medical instruction in the other schools will be required.