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STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY

EDMUND G. BROWN, JR., Governor



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONES:

Applications and Examinations (916) 322-2040
Complaint and License Records (916) 322-3030
Corporations (916) 322-5043

FEB 3 2 04 PM '76



08105
08106

APPLICATION FOR A WRITTEN EXAMINATION

For Graduates of Foreign Medical Schools Applying Under Sections 2103 and 2193.5 of the California Business and Professions Code

144100
007566

ANSWER ALL QUESTIONS

1. Name: (Please print) First Mohammad Middle Kazem Last Saboori-Shirazy

2. Other Names you have used:

3. Address: No. and Street [Redacted] City [Redacted] State [Redacted] Zip Code [Redacted]

4. Date of Birth: [Redacted] Citizen of (Country): [Redacted] Social Security #: [Redacted]

5. Send California certificate, if issued, to: No. and Street [Redacted] State [Redacted] Zip Code [Redacted]

6. High School Education: Name of School Hajobavam Location Shiraz Period of Attendance From (mo./yr.) Oct. 1961 To (mo./yr.) June 1967

7. Premedical Education—College/University: Name of College Medical School of Tehran University Location Tehran Period of Attendance From (mo./yr.) Oct. 1967 To (mo./yr.) June 1969

8. Premed Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	✓		Medical School Tehran Univ.	Tehran	Oct. 1967	Feb. 1968
Physics	✓		" "	"	Feb. 1968	June 1968
Biology	✓		" "	"	Oct. 1967	Feb. 1968

9. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st. Physio. Practic. Microbio.	Medical School Tehran Univ.	Tehran	Oct. 1969	Feb. 1970
2nd. Patho. Sero. Microbio. Histology, Embryo. Ecology.	" "	"	Feb. 1970	June 1970
3rd. Patho. Pharmacology. Parasitology, Histology.	" "	"	Oct. 1970	Feb. 1971
4th. Surgery, Internal Med. Epidemiology	" "	"	Feb. 1971	June 1971
5th. Surgery, Inf. Medicine	" "	"	Oct. 1971	Feb. 1972
6th. Hygiene, OB, Surgery	" "	"	Feb. 1972	June 1972

7th. Training Oct. 72 - June 73 8th. Internship June 73 to July 1974

07A-172 (REV. 8-74)

IRAN

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

UNIV. OF TEHRAN CAL. O.P.M.E.D. Location
Tehran Univ. Tehran

Exact Date of Issuance

July 1, 1974

11. Internship in United States Hospitals:

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)

12. Postgraduate Instruction:

Name of Institution	Location	From (mo./yr.)	To (mo./yr.)
Sina Hospital Surgeon resident	Tehran, Iran	Oct. 1974	Present

13. Have you been admitted to practice medicine in any state or country?

in Iran.

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

Yes No

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

Yes No

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

Yes No

17. Have you ever been charged with drug addiction?
If YES, explain below.

Yes No

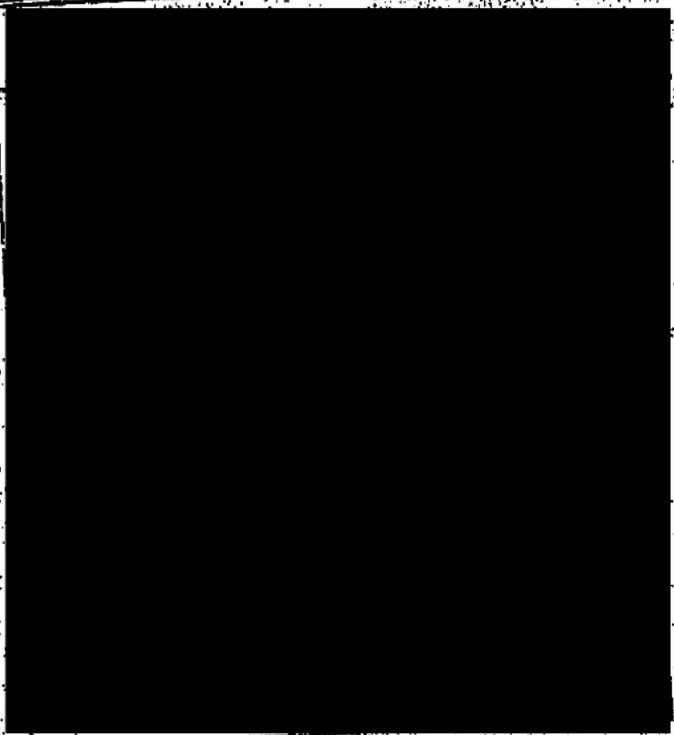
Charge	Date	Disposition

18. Have you ever been charged with a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)?

Yes No

19. Have you ever been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country? If YES, explain below.

Yes No



I hereby declare that the photo of myself attached hereto, was taken on or about _____

19____ my age then being _____ years, and my physical description then being as follows:

native of _____ complexion;

color of hair _____ color of eyes _____

height _____ heavy _____ medium weight _____ lbs. light _____

marks _____

STATE OF _____

COUNTY OF _____

BEREAN, IRAN

EMERSON OF SAH H. Patterson
GENERAL CONSUL
CONSUL OF IRAN
EMBASSY OF THE UNITED STATES
OF AMERICA

Sue H. Patterson

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 strictly true in every respect.

Signature of applicant IN FULL. (Do not use INITIALS ONLY).

Signed and sworn to before me this _____ 19th day of January, 1976

Sue H. Patterson

Sue H. Patterson
Vice Consul of the
United States of America

Address _____

My commission expires _____

[SEAL]



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE: 1

Applications and Examinations (916) 322-5040
Complaints and Licensure Records (916) 322-3020
Corporations (916) 2043



PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

This CERTIFIES That Mohammad Kazem Saboory Shirazy, M.D.

Full name of applicant

of [Redacted] enrolled in the Faculty of Medicine, University of Tehran

Address when enrolled

Name of medical school (college)

on the 23rd day of September 1967

Location

Month

and was granted the following credits on enrollment:

Freshman

Specify whether entered freshman or with advanced credits

based upon the following credentials: High School Diploma

Give a transcript of premedical education or advanced credit either above or on an attached page

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

a seven year training program courses of lectures of

Specify number Specify number of weeks weeks each, completing the following schedule totaling at least 4,000 hours in the subjects required by Article 5, Section 2102 of the Business and Professions Code, relating to the

practice of medicine, as set forth hereunder, and that ... he was granted the degree { BACHELOR } of Medicine { DOCTOR }

by the above-mentioned Medical (College) on the 1st day of July 1974

Month

Year

Please list clock hours completed in each subject

Anatomy
Embryology
Histology
Neuroanatomy

Physiology
Psychobiology
Biochemistry
Pathology, bacteriology and immunology

Pharmacology
Preventive medicine
Hygiene and sanitation
Radiology, including roentgenologic technique and radiation safety

Medicine
Pediatrics
Psychiatry
Neurology
Dermatology
Physical medicine
Therapeutics
Tropical medicine
Surgery, including orthopedic surgery
Urology
Ophthalmology
Anesthesiology
Otolaryngology
Obstetrics and gynecology

has spent 6412 hours studying the above subjects.

Signed and the College seal affixed this 10th day of January

AFFIX SEAL HERE



Professor M. Roushanzamin
Co-ordinator, General Secretary for Medical Studies,
President, Secretary, Dean

* If premedical work has been completed state the time devoted thereto and institution where completed.
† An applicant matriculating in a medical school before January 1, 1964, need only present evidence satisfactory to the Board of having completed a TWO-year resident course of college grade including the subjects of physics, chemistry and biology.
‡ Each medical school attended must complete one of these forms covering period of attendance.
§ Strike out the degree NOT CONFERRRED.
The law requires a term of 52 weeks each totaling 4,000 hours medical education completed in a school approved by the Board.

A-Pre +
A-Pring

TEHRAN UNIVERSITY

Since Mr. MOHAMMAD-KAZEM SABOURY-SHIRAZY-FARD, holding Identity Card
[redacted] issued at [redacted] born in the year [redacted] in [redacted] completed
the program of the Faculty of Medicine in July 1974 and has been
entitled to receive the degree of Doctor of Medicine, therefore,
according to the Statute of Establishment of the University approved
in May 1934, this Degree of Doctor of Medicine is conferred upon him
enabling him to benefit from its privileges.

Signed and sealed: Dean of the Faculty of Medicine
Chancellor of Tehran University

Attestation

Certified True Copy

Dr. Franklin T. Burroughs
Director, AFME/Iran

N.S. - 12.28.74



University of Teheran
Faculty of Medicine

January 10, 1976

TO WHOM IT MAY CONCERN :

This is to certify that: Mohammad Kazem Saboory Shirazy, M.D. has attended and creditably completed a seven-year training program in the Faculty of Medicine, University of Teheran. He has also served a one year Rotating Internship as part of his seventh year training graduating in July, 1974.

was awarded the Degree, of " DOCTOR OF MEDICINE", on July, 1, 1974.

Dr. M.K.S. Shirazy, has shown special interest in his work and his conduct and character have been quite satisfactory.

Professor A.M. Roushanzamin,

A.M. Roushanzamin
Co-Ordinator General Secretary For Medical Studies,

۲۱
Morteza Nosrat
Official Translator to the
Ministry of Justice
Razi Bldg., Fakhri Ruzi St.,
Shah Raza Ave., Tehran, Iran.
Tel. 49404

C
مهندس مرتضی نصرت
مترجم رسمی وزارت دادگستری
دیروی درب بزرگه دانشگاه تهران - ساختمان نقش بلا
طبقه ۳ - شماره ۶ تلفن ۴۹۴۰۴

Imperial Iranian Emblem
Ministry of Science & Higher Education

Photo of the Holder
No.: 55/3786
Date: July, 8, 1974

Provisional Medical License

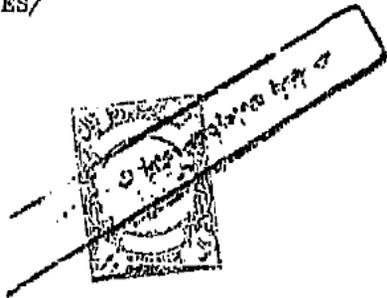
By virtue of the Provisions of the Law of Medical Practice passed on June 1, 1911
Whereas Dr. Mohammad Kazem Sabouri Shirazi Fard, son of [redacted] holder of I.D. Card
[redacted] issued in [redacted] born in [redacted] has completed the curriculum of medicine, in
according to the diploma of medicine doctor of the University of Tehran, therefore
he is awarded this license, so that he may practice medicine in Iran, out of Tehran
area and the cities, having faculty of medicine.

For, Minister of Science & Higher Education: Signed and Sealed.

True translation certified. M. NOSRAT



ES/



مهندس مرتضی نصرت مترجم رسمی
کواهی میشود اداره دنی وزارت دادگستری

۱۳۵۲ / ۱۰ / ۲۷
وزارت دادگستری
تاریخ ۱۳۵۲ / ۱۰ / ۲۷
مهندس مرتضی نصرت





BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825

(916) 920-6343



NOTIFICATION OF NAME CHANGE AND APPLICATION FOR DUPLICATE CERTIFICATE

Handwritten notes: XX 151, KY 101801, 82-110, 82-110

Handwritten fees: +2.00, 9.00, 155167

The Board of Medical Quality Assurance may recognize a name change by a licensee if that name is now his or her new adopted name for all purposes and if the change is not made for fraudulent purposes. Section 2415 of the Business and Professions Code is not applicable.

SECTION 1. AFFIDAVIT

I, David Michael Cornell hereby certify that I am currently licensed to practice as a M.D. in the State of California and am the holder of Certificate Number A.C.35210 issued under the name of Mechanical Kazem Sabery-Shirazy and that I have assumed the name of DAVID MICHAEL CORNELL based on the following (check one):

- Court Order
- Marriage
- Naturalization
- Dissolution of Marriage
- Other (Specify) Court Order

I DECLARE UNDER PENALTY OF PERJURY UNDER THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT. THIS DECLARATION IS EXECUTED ON (date) 3/10/82

SIGNATURE David M. Cornell M.D.

Submit certified copies of the following documents where applicable with this form to the Board of Medical Quality Assurance, 1430 Howe Avenue, Sacramento, CA 95825.

- Marriage Certificate/Final Dissolution Decree
- Notarized Statement Attesting to the Fact of Name Change due to Naturalization or other reason
- Copy of Court Order

You may apply for a duplicate wall certificate which will reflect your new name by completing the PHOTO and ORDER sections on the reverse of this form and returning it with the required documents and fee.

Handwritten initials: DM, GMC, 5/16/82

SECTION II. PHOTOGRAPH

Attach a 3 inch by 4 inch photograph taken within 60 days in the space provided. Your signature must appear on the photograph, placed as not to interfere with identification.

I certify under penalty of perjury under the laws of the State of California that the attached was taken within 60 days of the date hereof; that I am the person who was issued the original California certificate by the Board of Medical Quality Assurance; a duplicate of which is requested here.

David M. Dr. Weil M.D.
Signature

01 25 87
Month Day Year

SECTION III. ORDER

Request the issuance of a standard duplicate wall certificate, fee of \$2.00 and original Wall Certificate (9 1/2 X 12 1/2) enclosed.

Standard duplicate certificate provided with type written entries for name, date, etc. Allow 3 weeks for delivery.

Request the issuance of a calligraphed duplicate wall certificate, fee of \$7.00 (\$2.00 standard fee plus \$5.00 for calligraphy and special handling) and original Wall Certificate (9 1/2 X 12 1/2) enclosed.

Provided with calligraphed entries for name, date, etc. Allow 6 to 8 weeks for delivery.

Mail Certificate to:

David M. Dr. Weil M.D.
1511 E. Stonecutter Ct
Baltimore MD. 21237

BMQA CASHIERS USE ONLY	
Fees Received _____	date _____
amount _____	Initials _____



IN RE:

CHANGE OF NAME OF

KAZEM MOHAMMED SABOORY
7511 E. Stonecutter Court
Baltimore County,
Maryland 21237

IN THE

CIRCUIT COURT

FOR BALTIMORE COUNTY

IN EQUITY

Equity No.

DECREE FOR CHANGE OF NAME

Upon consideration of the foregoing petition and affidavit:

It is thereupon, this 9th day of March 1982, Anno
Domini one thousand nine hundred and Eighty-
by the
Circuit Court for Baltimore County, and by the authority of this
Court ADJUDGED, ORDERED, and DECREED, that the name of KAZEM
MOHAMMED SABOORY be and the same is hereby changed from

KAZEM MOHAMMED SABOORY

to

DAVID MICHAEL O'NEIL

as is prayed in said petition; and that the said petitioner pay
the cost of these proceedings to be taxed by the Clerk.

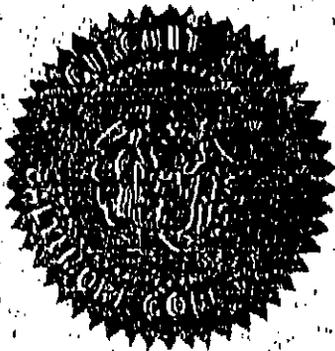
James Sfekas
JUDGE

STATE OF MARYLAND, COUNTY OF BALTIMORE, TO WIT:

I HEREBY CERTIFY that the foregoing is a true photo copy
of the original Decree for change of name filed March
10, 1982

taken from the Equity records of the Circuit Court
for Baltimore County as recorded in Docket E.H.K., JR. No. 164
Page 62 Case 111574

Signed and Seal affixed this 10 day of March 1982.



Edmund H. Kallene, Jr.
Clerk of the Circuit Court for
Baltimore County.

IN RE:

CHANGE OF NAME OF

KAZEM MOHAMMED SABOORY
7511 E. Stonecutter Court
Baltimore County,
Maryland 21237

IN THE

CIRCUIT COURT

FOR BALTIMORE COUNTY

IN EQUITY

Equity No.

DECREE FOR CHANGE OF NAME

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to

DAVID MICHAEL O'NEIL

as is prayed in said petition; and that the said petitioner pay
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James Sfeka

JUDGE

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10, 1982

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for Baltimore County as recorded in Docket E.H.K. JB. No. 164
Page 62 Case 111574

Signed and Seal affixed this 10 day of March 1982.



Edwin H. Kable, Jr.
Clerk of the Circuit Court for
Baltimore County

The Board of Medical Quality Assurance of the State of California

This is to Certify, that DAVID MICHAEL ONEIL a graduate of
UNIVERSITY OF TEHRAN COLLEGE OF MEDICINE on the 1ST day of JULY 1974,
having submitted due proof of change of name from MOHAMMAD KAZEM SABOORY-SHIRAZY
by CHOICE holder of original certificate No. A 35210 issued
on the 15TH day of APRIL 1980, by WALTER EXAMINATION and signed by
FLORENCE STROUD President, FRANK MILLER Secretary-Treasurer,
is hereby issued a

Physician and Surgeon Certificate

in this State

WITNESS my hand and seal of the Board of Medical Quality Assurance of the State of California
this 12TH day of MAY 1982

The Board of Medical Quality Assurance
OF THE STATE OF CALIFORNIA

Frank Miller M.D.
Secretary-Treasurer

COPY NOT A VALID LICENSE



The Board of Medical Quality Assurance
of the State of California

This is to Certify, that Mohammad Kazem Saboory-Shirazy a graduate of
University of Tehran College of Medicine
having shown to the satisfaction of this Board that he possesses the qualifications required by law, and having
successfully passed an examination by this Board as to his qualifications, is hereby granted a

Physician's and Surgeon's Certificate
to Practice Medicine and Surgery
in this State

In Testimony Whereof, THE BOARD OF MEDICAL QUALITY ASSURANCE of the STATE OF
CALIFORNIA has issued this CERTIFICATE and caused the same to be signed by its PRESIDENT and
SECRETARY-TREASURER, and its SEAL to be hereto affixed this 15th day of April
A. D. 1980.

The Board of Medical Quality Assurance

OF THE STATE OF CALIFORNIA

Phyllis Storch
President

Jan. Miller
Secretary-Treasurer

No. A 35210